

QEC

LEARNING.
PARENTING.
TOGETHER.



2006-07
89TH ANNUAL REPORT

OUR MISSION

To help young children and families get the best start.

OUR VISION

To be the leading developer and provider of parenting services for the benefit of young children and families.

OUR VALUES

Child focused – a belief that children's rights are paramount

Family centred – fostering strengths-based, non-directive facilitation

Regardful – engendering respect, tolerance and non-judgmental listening

Responsive – displaying receptivity to community needs and issues

Accessible – ensuring equitable access, irrespective of means or cultural differences

Innovative – learning and exploring possibilities creatively

Quality-driven – promoting and providing safe, evidence-based practices

Accountable – being transparent; regularly reviewing and evaluating our services

Introduction

Every child and family deserves the best start possible...

Thousands of families across Victoria face physical, psychological, intellectual or environmental issues that compromise their ability to nurture infants and young children.

As one of Victoria's leading providers of parenting services, QEC has helped parents to manage challenges that arise during early parenthood for 90 years. All this time it has kept its finger on the community pulse – adapting its services to best meet the changing needs and emerging risks facing families.

QEC's core business is to provide specialised care, support and education to families who are experiencing difficulties rearing infants and children up to three years of age.

QEC advocates family-centred practices underpinned by a philosophy that family is the principal source of care for children. It offers services and programs that are culturally relevant and equally accessible to all clients.

Residential, Day Stay, home visiting and telephone advice services are delivered at state-of-the-art, purpose-built premises at Noble Park or through regional Outreach bases at Morwell, Reservoir, Wangaratta, Wodonga and Wonthaggi.

QEC is a registered public hospital and a body corporate with perpetual succession in accordance with the Health Services Act 1988. The organisation is governed by a Board which has responsibility for overseeing hospital management and ensuring all services comply with the requirements of the Act and QEC objectives, which are to:

- develop parenting competence and confidence, enabling families to nurture and protect their children and to enhance family health and development;
- enhance access to services by ensuring the availability of residential, Day Stay and home visiting services;
- provide services that are individually and culturally sensitive to all families experiencing parenting difficulties, including those challenged by a disability or chronic illness, maternal depression, a substance dependency, adolescent parents or family members who do not speak English;
- enable families to function independently within their own communities by maintaining productive linkages with community-based services;
- promote community and professional awareness and knowledge about the care and nurturing needs of young children; and
- respond to the changing needs of families by monitoring service effectiveness and quality, and by regular review and redevelopment.

The Minister for Children, the Hon Lisa Neville, and the Minister for Community Services, the Hon Gavin Jennings, have joint portfolio responsibility for QEC, while government policy and funding are administered through the Department of Human Services' Office for Children and the Southern Metropolitan Region.

QEC endorses and participates in the achievement of national and state child health goals and targets to:

- increase breast feeding and immunisation rates;
- prevent illness and injury (accidental and non-accidental);
- promote healthy nutrition, fitness and positive family functioning;
- identify health and developmental problems early; and
- facilitate early intervention.





“I found the staff here to be very respectful of what we as a family have been doing to correct any issues and they didn’t try and force any new ideas – just the opposite, they worked with what we already had in place”

— CLIENT FEEDBACK FORMS – RESIDENTIAL PROGRAM

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REPORT OF OPERATIONS & FINANCIAL STATEMENTS FOR
THE YEAR ENDED 30 JUNE, 2007

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This report was released to the public on
Monday 19 November 2007

Queen Elizabeth Centre
53 Thomas Street Noble Park
Victoria 3174, Australia
Telephone: +61 3 9549 2777
Fax: +61 3 9549 2779
E-mail: theqec@qec.org.au
www.qec.org.au

QEC Financial Statements 2006-07 are
available in a separate report.
Copies are available on the QEC website at
www.qec.org.au

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President's report

The 2006-07 year was one of change for QEC, shaped by new programs and new facilities. Making these operational changes will ensure QEC adapts to changing community needs and keeps delivering services that are of greatest benefit.

Balancing limited resources with rising demand for our parenting services continues to be a major challenge. This challenge has required QEC to review its programs and create new ones. Going forward, QEC must clearly identify the needs of each client in order to better prioritise access to the most appropriate programs and interventions.

Critical to our core parenting services is QEC's relationship with the Victorian Department of Human Services (DHS). DHS supports QEC with funding and through facilitating partnerships between our staff and Child Protection. Importantly, QEC delivers the Government's public policy position of putting the interests of the child first.

Also important to growing our services, are the partnerships and financial support QEC receives from other organisations. For example, QEC's new facilities at Noble Park were built with both QEC's own funds and with financial support from the Jack Brockoff Foundation. The new facilities will help reduce waiting lists for families with multiple children and offer both flexibility in practice and continued quality service.

Closer to home is the assistance from the QEC Foundation. Its ongoing support has helped expand services and facilities to ensure ongoing improvement. Sadly founding member, Walter Jona, passed away in July after many years supporting our work. We shall always remember and be grateful for the personal support Walter gave.

Equally important is our Board whose members bring a wealth of knowledge and experience to QEC. We thank them for their commitment and contribution. I welcome new board members, Tony Salce, Shelley Racine and Larry Osborne.

Driving ahead with building our roadmap for growth and operational excellence is incoming CEO, Robyn Gillis. One year in, we thank her for the energy she brings to her leadership in enhancing QEC's operations and environment for our staff and the families and communities we support.

As risk factors and challenges facing families increase, it is important we provide the right mix of skills and experience to assist. Only through professional practice and by continuing to support our committed staff, will we improve their health and wellbeing. And I thank our talented, passionate team for delivering outstanding service and outcomes.

I look forward to QEC continuing to provide high quality parenting services to more Victorian families, better than ever before.



Bruce Morley
PRESIDENT
QUEEN ELIZABETH CENTRE

CEO's report

My first year at QEC has been exciting and challenging, as we continue to provide parenting services to more Victorian families experiencing complex challenges.

Demand for QEC services continues to rise. Calls to the QEC telephone service have risen by 38 per cent over the last three years.

Yet, with limited funding, pressure mounts on waiting lists, particularly for the more involved Day Stay and Residential programs.

A critical objective for QEC is to help families in their own environment through our Outreach programs. There are two benefits for this approach. It is proving successful for engaging with high risk families and ensures families who cannot easily access parenting support are not denied help. QEC continues expanding outreach services and is boosting this capability by improving access to supports for Outreach staff.

DHS remains our primary funding partner and their support this past year ensured we could provide our services to families. Working with DHS and its Child Protection Unit means that together we ensure our services reach those most vulnerable. Furthermore, new laws in the Children, Youth and Families Act, reinforces just how crucial our work is now and in the years ahead. It has already provided partnership opportunities for QEC to act as key advisors and service providers.

QEC also continued its commitment to evidence-based practice with several independent studies reporting on the outcomes of our programs. The evaluation findings are encouraging and have been summarised in the QEC Research Briefs publication.

We also promoted critical thinking in the early parenting sector with our fourth International Conference titled Early Parenting: evidence into practice. The conference was a great success as speakers challenged ideas to advance early parenting practice with an audience of over 530 delegates.

One of the challenges of working with vulnerable families is to provide a safe and supportive environment for the QEC team. Last year, we made extensive improvements to staff safety, security, communication and the support system. Further developments to information technology will help achieve efficiency in service delivery so more time is dedicated to working with families.

When you come to QEC you quickly realise the success we enjoy is due to the high standards in service, skills and experience our staff provide. With our extensive program of education and support we will continue to support their professional development.

Finally, I wish to thank the QEC team for their commitment and support during my first year. Together we will continue to give Victorian children the best start in life.

Robyn Gillis
CHIEF EXECUTIVE OFFICER
QUEEN ELIZABETH CENTRE



Board of management members, office bearers & senior staff

PATRON

Mrs June Shaw

PRESIDENT

Mr Bruce Morley, B Com, ARMTC, FCPA, FCIS, FAICD

VICE PRESIDENTS

Ms Dale Fisher, RN, BBA, MBA, AFACHSE

Mr Keith Lambert, Grad Dip Bus Admin, F FinSIA, FACIB (UK)

CHAIRMAN FINANCE COMMITTEE

Mr Keith Lambert, Grad Dip Bus Admin, F FinSIA, FACIB (UK)

COMMITTEE MEMBERS

Ms Gaye Britt, MBA, B App Sc

Ms Susan Harper OAM, Dip KTC, Grad Dip Education Studies

Ms Joanne McMillan (from 1 November 2006 until 6 December 2006)

Dr Larry Osborne, B Med Sci, MB, BS, Dip Education (Tertiary) (from 1 November 2006)

Associate Professor Campbell Paul, MBBS, FRANZCP

Ms Shelley Racine, Ba Law, (from 1 November 2006)

Mr Antonio Salce B.Jur, LLB (from 1 November 2006)

Mr Timothy Staker, MBA, Grad Dip Bus (Tech Mgmt), Dip Eng (Biomed), Dip Eng (Electronic)

Dr Lakshmi Sumithran, MBBS, MHA, FRACMA, FCHSE

AUDIT COMMITTEE

Mr Keith Lambert

Mr Tim Staker

Mr B Morley

CHIEF EXECUTIVE OFFICER

Ms Robyn Gillis, B Sc (Biol & Hlth Sci), Ass Dip Occ Hlth & Safety, GAICD

DIRECTOR OF NURSING

Ms Sue Couper, RN, RM, MCHN, Dip App Sc (CHN)

DIRECTOR MEDICAL SERVICES

Dr Gideon Saaroni, MBBS

MANAGER FINANCE & COMMERCIAL SERVICES

Mr Peter Davis, B Bus (Acc), BHA, MBA, Cert Hlth Ec, FCPA, AFCHSE

Ms Liz Davenport, Grad Dip Acc, B Bus (Mgt) CPA (from 26 March 2007)

MANAGER, OPERATIONS SERVICES

Ms Janelle Crossett, Adv Dip Bus Mgt

MANAGER, CLINICAL SERVICES

Ms Kirsty Evans, RN, RM, MCHN, Grad Dip Sc (Hlth Ed & Hlth Prom), Cert Paeds

MANAGER, OUTREACH SERVICES

Ms Sue Gardiner, RN, RM, MCHN, B App Sc (CHN)

HONORARY SOLICITORS

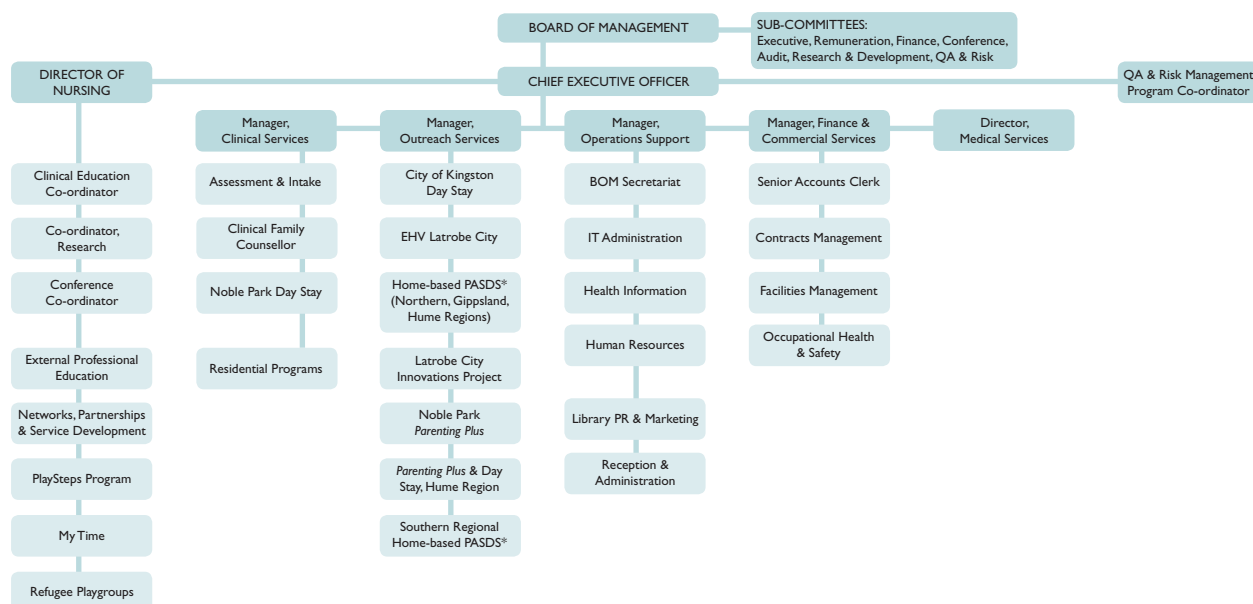
Mallesons Stephen Jaques

AUDITORS

Auditor-General Victoria

BANKERS

National Australia Bank Limited



* PASDS Parenting Assessment & Skill Development Services



“The presenting problem is not always
the real problem or issue”

— EDUCATION FEEDBACK SURVEYS FROM FAMILY PARTNERSHIP TRAINING PROGRAM

QEC programs and services

Child centred, family focused practice

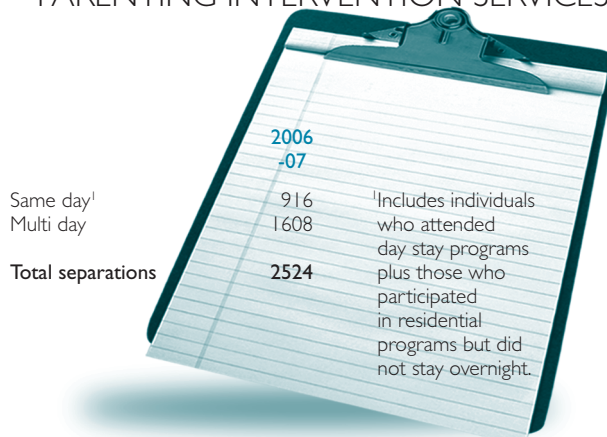
QEC designs and delivers programs that apply a practice model which acknowledges parenting assistance and intervention within a family context.

Every family situation is different, and therefore, QEC support is provided in a way that is flexible, individualised, responsive and both supports and strengthens family functioning.

Staff and families or carers work together to determine and set goals, solve problems and put solutions or practices into action. It involves engaging with families in a sensitive way that identifies and builds on their strengths and current parenting practices.

Key components of the child centred, family focused approach are: acknowledging the family goals, needs and desires; working to increase family competencies and problem solving skills; and helping families build their own social resource networks.

GRAPH 1 ADMITTED CLIENTS, 2006-07 – PARENTING INTERVENTION SERVICES



Due to the introduction of the PlaySteps programs, Day Stay services were reduced by one day per week.

Programs delivered in 2006-07

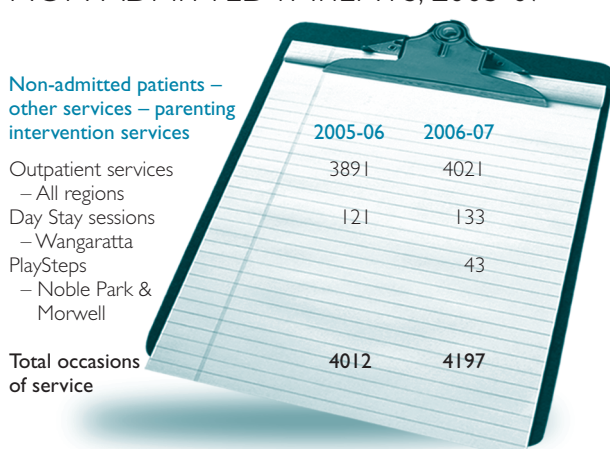
Core programs and services

Under a Health Service Agreement, the Victorian Government Department of Human Services (DHS), through the Office for Children, funded the following QEC parenting services:

- Telephone consultation, assessment and intake (Location: Noble Park; Catchment: Victoria)
- 5 Day (live in) Residential program (Location: Noble Park; Catchment: Victoria)

- Day Stay program (Location: Noble Park; Catchment: Victoria) (Location: Wangaratta; Catchment: Upper Eastern Hume Region)
- Parenting Plus, home-based (Catchments: Southern Metropolitan Region, City of Latrobe, Gippsland Region)
- Parenting Assessment and Skills Development Services (PASDS):
- Residential (Base: Noble Park; Catchment: Victoria)
- Home-based (Gippsland Region Southern and North and West Metropolitan Regions, Upper Eastern Hume Region)

GRAPH 2 OCCASIONS OF SERVICE FOR NON-ADMITTED PATIENTS, 2005-07



Parenting initiatives in the Community

QEC provides additional innovative services to communities which are funded through local and Commonwealth governments, community service organisations or agencies, and philanthropic sources. Last year these included:

- Parenting Plus Phase 3, refugee play and parenting group program (Dandenong)
- Parenting Plus (Wodonga, Towong, Indigo, City of Greater Dandenong, Casey and Cardinia, Eastern and North and West Metropolitan Regions)
- Day Stay (Kingston)
- PlaySteps (Noble Park and City of Latrobe)
- Education services including the Biennial International Conference, professional seminars and professional development workshops.

TABLE 3 FAMILIES BY PROGRAM AND LOCATION, 2006-2007

Service Type	Program and Location	2006-2007 Families
Residential	Early Parenting – Noble Park	661
	Parenting Assessment & Skill Development Services (PASDS) – Noble Park	122
Day Stay	Noble Park	431
	Wangaratta	62
	City of Kingston	165
Home Visiting	Enhanced Maternal Child Health	102
Home-Based Parenting Plus	Southern Metropolitan Region – FaCS funded Phase 3	11
	Southern Metropolitan Region – DHS funded	40
	Upper Hume Region	12
Home-Based Parenting Plus Innovations	Family Matters Innovations Program Latrobe Valley Gippsland	40
	Casey, Cardinia, City of Greater Dandenong (SEFS)	9
	Frankston (FIFS)	0
	Wodonga	11
Home-based PASDS	Upper Hume Region	11
	Gippsland Region	30
	Northern Metropolitan Region	49
	Southern Metropolitan Region	57
PlaySteps	Noble Park	37
	Morwell	6
CALD	Noble Park - Groups	80
	Noble Park - Participants	1631
Telephone advice only	From Noble Park Triage	2328
Total		5895



Risks on the rise

QEC's intake and assessment process identified several increases in risk factors that impede child development and positive parenting outcomes.

The PASDS and Parenting Plus programs found an increase in the number of families with a history of child abuse experienced by the parent or carer.

More families using QEC services had a history of previous Child Protection involvement. This increased by 44 per cent in the Residential program and by 14 per cent in the home based programs.

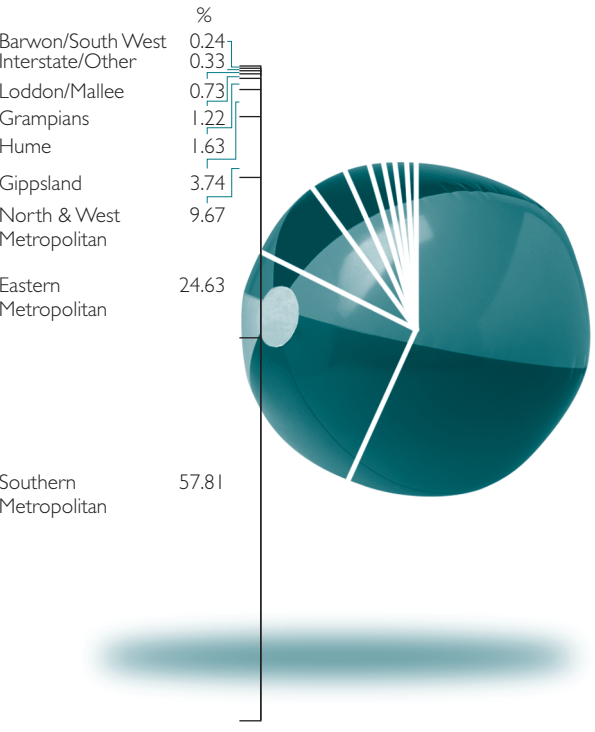
An increased number of families also identified themselves as 'more chaotic and unstable', as well as lacking social and family connections which led to feeling isolated. This trend is a concern as current evidence demonstrates a strong correlation between social and community connectedness and improved outcomes for children.

The most significant risk factors continue to stem from single parenthood, parental mental health issues, substance abuse and domestic violence (QEC PASDS and Parenting Plus programs).

More help at home

QEC's Outreach programs recognise that families who find it difficult to get to QEC still deserve access to services. This is especially important for those based in regional areas where fewer support options are available.

GRAPH 4 FAMILIES ADMITTED TO RESIDENTIAL AND DAY SERVICES AT NOBLE PARK: PERCENTAGE DISTRIBUTION BY HOME LOCATION (DHS REGION), 2006-07



In 2006-07 QEC home-based services were available in the rural districts of Gippsland and Hume and some Southern, Eastern and Northern Suburbs. The two programs offered are:

- **Parenting Plus**
A highly intensive, specialised parenting skills program for families experiencing significant parenting difficulties and where one or more risk factors are present. With the support of staff, parents identify their area of need and create individualised plans that build on their family strengths.
- **Parenting Assessment and Skills Development Service (PASDS)**
This intensive parenting assessment and skills development program was established to help high risk families involved with Child Protection. The program runs for up to 12 weeks and involves assessment, skills development and in-house monitoring. Assessments focus on parents' current parenting competencies and their capacity to learn and enhance their parenting skills.

Increasingly, evidence supports home-based services as an effective way to engage high-risk, vulnerable families. Programs have been shown to improve resilience and reduce vulnerability through improving the knowledge of child development and parenting, improving language and cognitive development of children, and improved mental health as adolescents.

GRAPH 5 FAMILIES AT COMBINED QEC NOBLE PARK AND REGIONAL SERVICES (RESIDENTIAL, DAY STAY AND HOME-BASED): PERCENTAGE DISTRIBUTION BY HOME LOCATION (DHS REGION), 2006-07

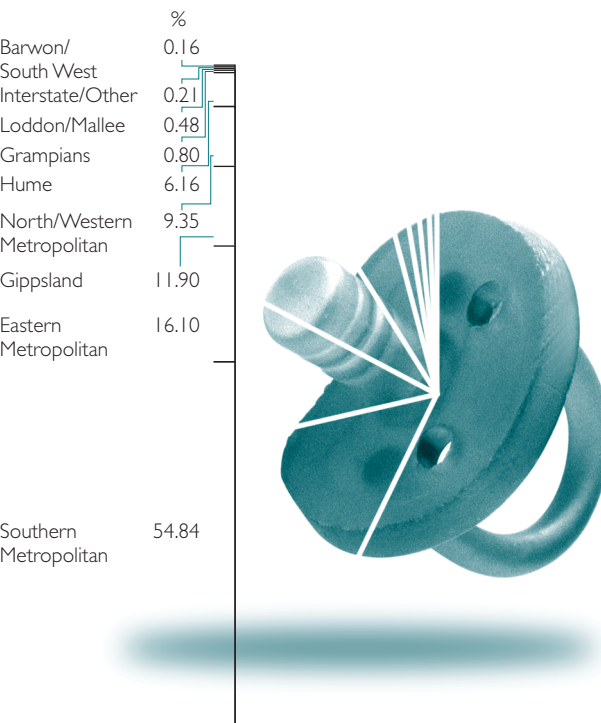


TABLE 6 SEPARATIONS OF FAMILIES FROM PASDS BY REFERRING REGION, 2006-07

Referring DHS Region	Residential PASDS 06-07	Home-Based PASDS 06-07
Eastern Metropolitan	22	–
North & West Metropolitan	25	49
Southern Metropolitan	52	57
Gippsland	9	30
Hume	–	11
Others ¹	14	–
Total	122	147

1. Others incorporates Barwon South West, Grampians and Loddon Mallee regions.

Giving infants the best start possible

Infants under one year of age continue to account for more than 60 per cent of the children serviced by QEC. Graph 7 provides an age break-down of children enrolled in QEC residential, day and home-based programs last year:

GRAPH 7 AGES OF QEC CLIENTS, 2006-07
CHILDREN (n=1311)



Last year demand for QEC home-based services outstripped funding available to provide these services. The new legislation, the Children, Youth and Families Act 2005, has also contributed to rising demand for services across the family services sector.

Success with home visiting saw Parenting Plus offered to high-risk families not in Child Protection. This was possible through funding partnerships for state-wide Family Support Innovations initiatives.

Supporting families with a disability

The number of families where the carer has a disability increased on the previous year:

Families on a disability pension receiving QEC services rose by 3.7 per cent. PASDS and Parenting Plus programs also showed an increase in the number of families with an intellectual disability or recognised as having low cognitive functioning.

In addition, QEC introduced My Time, a group program to support parents of children aged 0-5 years with a disability or chronic medical illness. The My Time program aims to improve access to parenting and social support for these families, and link the disability and parenting services sector to improve outcomes for families.

Victoria's growing cultural diversity

QEC is servicing a growing multicultural community that share different backgrounds, experiences and languages.

Nearly 10 per cent of adults in Residential or Day Stay programs were born overseas.

At home, two per cent speak one of 19 languages other than English, mainly Vietnamese, Russian, Pushtu, Urdu or Tamil.

Play and parenting education groups were run for Afghan and Sudanese families at Noble Park. QEC conducted 80 groups involving 1631 participants. The groups are funded by FaCSIA and co-facilitated by community leaders and QEC Parenting Plus staff.

QEC also continued working with key organisations through partnership initiatives to improve access to parenting support services for Victoria's Indigenous Australians and Torres Strait Islanders.

12

Celebrating 90 years of supporting Victorian families

1910s

First Baby Health Centre opens in 1917 in North Richmond and tackles Victoria's high mortality rate in infants under 12 months (74 per 1000 births).

Victorian Baby Health Centres Association (VBHCA) established in 1918.

Newspaper Depot waste fundraising scheme starts. Bins set up in Melbourne CBD to collect old papers and program profits shared with VBHCA.

Government subsidy one to one pound basis for Maternal Child Health Centres.



1920s

EDUCATION BUILDING

Graduate Nurse Training School opens in South Melbourne.

Mothercraft Home opened, catering for two mothers and eight babies.

First lecturing Sister travels through metropolitan and rural areas to promote infant welfare.

Initiatives help cut infant mortality (46.5 per 1000 births).



1930s



Residential training school registered as a public hospital (1934) under the Hospitals and Charities Act.

Training included lectures and demonstrations for Diploma of Obstetrics and Gynaecology curricula.

Infant mortality drops further (34 per 1000 births).



1940s

WAR HITS HEALTH AT HOME

Rations in petrol, firewood and milk lead to rise in preventable illnesses as babies' resistance to infection falls.

Travelling Baby Centre costs rise due to petrol rationing.

VBHCA campaign against Government to reinstate cancelled Sunday milk delivery, declaring it an essential service.



1950s

NEW HOME AND NEW NAME

VBHCA moves to Keppell Street, Carlton. New facilities can accommodate double the number of patients with facilities including a Nursing Mothers Wing, Infants' hospital and Baby Health Centre.

Operations renamed Queen Elizabeth Maternal & Child Health Centre after Her Majesty, the Queen Mother.

Infant mortality rate falls below 20 per 1000 births.



1960s

HELPING MORE MUMS

The number of nursing mothers attending residential care quadruples and waiting lists grow.

Queen Elizabeth Maternal & Child Health Centre campaigns to educate mothers on 'Home safety and accident prevention'.

Fifty years on, the centre's work outgrows its voluntary capacity and close collaboration with the Department of Health and Maternal and Child Welfare is necessary.



1970s



Mothercraft trainees receive salaries while training.

Day care centre opens in 1974.

Waiting list and enquiries to admit mentally handicapped children increase.

A CHANGING SOCIETY

Medicare system introduced in 1976.



1980s

Renamed to Queen Elizabeth Centre in 1986.

Parent units open with capacity for two families to stay at the hospital for one to two weeks.

Day Stay and outpatient programs introduced to help reduce the growing waiting list, particularly for parent units.

Fairlea Prison program run for mothers returning to the community.

The Community Outreach program begins in 1987.



1990s



NEW SERVICES AND NEW LOCATION

Operations move to purpose-built premises in Noble Park in 1998.

New services include Parenting Assessment and Skills Development Service (PASDS), Southern Metropolitan Day Stay and 5 Day Residential and home visiting programs.

Services delivered to 186 clients in parent units and 628 clients in the Day Stay program.



2000s



QEC hosts first biennial Conference in 2000.

Program delivery expands to Hume, Southern, Northern and Gippsland regions.

Parenting Plus program piloted and expanded.

PlaySteps program piloted at Noble Park and extended to Morwell.



LEARNING. EMPOWERING. TOGETHER.



Dr-Younger Ross, Victorian Baby Health Centres' Association Paper Fund Newspaper collection depot exterior and interior; VBHCA training school.

SPREADING THE WORD

VBHCA jumps on board the Better Farming Train to take parent education to remote areas.

VBHCA lectures are broadcast on radio.

Myer Ltd sponsor VBHCA parenting / infant care window during health week.



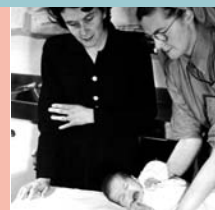
Carlton Creche, Propaganda sister, Muriel Peck.

IN THE COMMUNITY

As a memorial to the Pioneer Women of Victoria, the Women's Centenary Council donates 600 pounds for the travelling Baby Health Centre.

Travelling Baby Health Centre begins in the Mallee region with Dodge caravan trucks providing living quarters for two nurses and consultation area.

Poliomyelitis epidemic means less people visit health centres and nurses start visiting families at home.



VBHCA travelling van and its interior, mobile services.

CELEBRATING 25 YEARS

164 centres across 93 rural districts and a total of 192 districts are affiliated with VBHCA.

Public appeal for funds raises 5402 pounds to keep VBHCA activities going.

Baby Health quarterly magazine launches in 1948 and runs for 20 years.

Weekly radio broadcasts expand to 3UZ in 1949.



VBHCA logo and a Model Baby Health Centre, Women's Hospital



RAISING PROFILE

Government increases subsidy to 2 to 1 pound basis for Maternal Child Health Centres.

VBHCA television debut in 1958, sponsored by Women's Weekly, the Channel 7 program offers advice to mothers.

Funds raised for the centre by the Business Men's Committee and first Coronation Doll Pageant hosted by the Myer Emporium.

VBHCA travelling centre combi van and propaganda



Donations received for milk, food products, baby clothes and dish cloths.



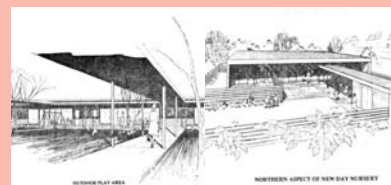
1963 Doll Pageant: Lady Delacombe after opening the Pageant, kitchen where nurses prepare babies food, a nurse weighing babies.

Increase in single mothers as stigma attached weakens. A single parent pension is introduced and more mothers are admitted to the centre with high risk babies.

More referrals received from government and social welfare organisations.

Fashion parade at the Windsor Hotel raises over \$3200.

Volunteers set up men's hair salon in 1972 with all funds donated to QEC.



Mothers' dining room — Elvie Curtis Wing of The Queen Elizabeth Hospital for Mothers and Babies, 1970s QEC logo and day nursery sketches

CLIENT PROFILE SHIFTS

Rise in QEC services provided to clients with an intellectual disability and mothers experiencing emotional issues.

Increase in fathers and grandmothers as primary support person to client.

QEC Foundation established in 1988 to raise funds for QEC services.

Myer sponsor QEC participation at the World Lego exhibition and raise \$13650.

THE SATURDAY MAN

Every Saturday morning an elderly man went to the Victoria market to buy a bunch of flowers and two large bags of fruit. After leaving the flowers on his wife's grave at the Melbourne Cemetery, he would bring fruit to the children in the Nursery. He always arrived at 8.30 and stayed precisely one hour. All the regular children knew him and looked forward to his visit. Throughout the eleven years he came, he insisted on maintaining his anonymity, wanting only to be known as the 'Saturday Man'.

A family attending Day Stay.



Government focus on High Risk Infants Initiative.

Fundraising continues, led by Hospital Auxillary with fashion parades, card days and theatre nights.

1999 Carlton Creche sold and funds help establish research and development program.



Clients relax in the grounds at QEC. QEC conference and function facilities.

90 YEARS ON AND STILL HELPING VICTORIA'S VULNERABLE FAMILIES

Social workers engaged to help with increasing complexity of clients.

QEC's history captured in 'Save the Babies' book published by CD Crockett.



A family arriving at QEC in Noble Park. Launch of the QEC brand. International Conference attendees 2006.



“Value of reflecting on others’ constructions
of the issues they face rather than making
assumptions”

New legislation



QEC welcomed new Victorian Government legislation, the Children, Youth and Families Act 2005, which aligns with QEC's philosophy and practice.

The main policy objectives are to:

- promote children's best interests, including a new focus on child development;
- support a more integrated system of effective and accessible child and family services, with a focus on prevention and early intervention; and
- improve outcomes for children and young people in Child Protection and out of home care.

Linked to the Act, and supporting QEC's work, is research identifying the important role of attachment relationships and

early brain development in infants. Nurturing infant-caregiver relations lead to improved child health and development outcomes and builds resilience and competence in children.

QEC's services support these findings and the new legislation. It delivers services to families or carers with infants and children up to the age of four. Its practice model and latest assessment tools from NCAST focus on parent-child interactions.

In a significant move, the Act allows QEC to reach out further and consider the best interests of the unborn child. Potential risks for children can be identified in parents before a child is born. This raises the opportunity to be pro-active and provide future parents with services to prepare for life after birth.

Improvements in the pipeline

New IT System

In 2006 an IT strategy was developed for QEC. Implementation began in early 2007 and will continue over three years.

Improved IT infrastructure and policies will help QEC deliver consistent, high quality service, as well as support operational objectives around governance, security and information risk.

The strategy will introduce new client information and intranet systems which staff can access from any location.

Importantly, new systems will enable QEC to identify clients most in need or at risk, and ensure they receive priority access to services.

New buildings at Noble Park

In 2006, QEC began building new facilities at Noble Park to reduce waiting lists, engage fathers and young parents, and provide families with access to additional professional support services.

Two new baby rooms in the residential unit will help QEC reduce waiting times for families with multiple children. It now has 16 family suites and 22 baby rooms.

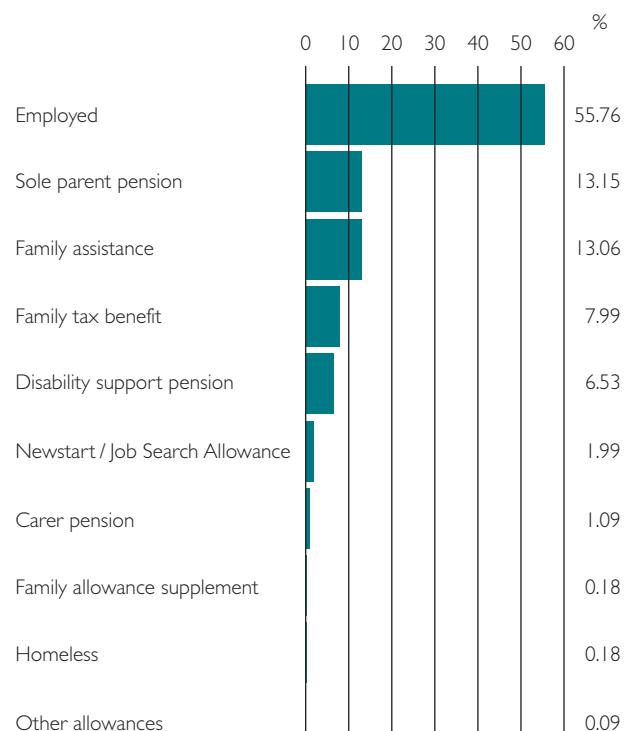
In addition, the dining area was expanded into a more family friendly space to support meal time. There are also work zones that give staff appropriate areas to work as specialised teams.

QEC built the SHED to support fathers and young dads. It offers a relaxed environment for them to communicate with each other, and provides a space to run activities such as music or assembling a cot.

A basketball ring was also installed to help parents expend some positive energy while enjoying outdoor play with their children.

A new group room will host group sessions, while consulting suites will accommodate visiting specialists such as psychiatrists, psychologists, and drug and alcohol counsellors. This will increase access to support services needed by more families as well as improving access to the local community.

GRAPH 8 PERCENTAGE OF FAMILIES ADMITTED TO RESIDENTIAL AND DAY STAY PROGRAMS BY SELF-REPORTED PENSIONS/BENEFITS RECEIVED, 2006-07



Access to QEC services in 2006-07

Rising numbers of families with risks and Child Protection intervention led to increased demand for high risk services at QEC. The number of families admitted to its 10 Day Residential program increased by 25 per cent.

With fixed resources, this situation limited QEC's ability to provide other services. The number of families in a Residential program fell 12 per cent, and overall the number of families in programs at Noble Park were down on the previous year:

The Day Stay program was reduced by one day a week so it was unable to accommodate as many families as in previous years. In total, 431 families comprising a total of 916 individual members attended Day Stay.

The shift in resources allowed QEC to introduce the therapeutic play program, PlaySteps. This new program was accessed by 37 families at Noble Park and six families at Morwell.

Regional access continued with home visits across all Victorian regions and Day Stay sessions in Wangaratta exceeding 4150.

Telephone consultations

Telephone consultation is the main way for families to access QEC services.

QEC is funded to support 900 calls for assessment and intake, yet increasing demand saw it provide over 3600 telephone consultations to families last year. Over 90 per cent of families received a return telephone appointment within two weeks.

For families who called, 661 received admission to the Residential program and 431 attended a Day Stay service.

The remaining 2500 received telephone advice based on a professional needs assessment.

Recognising the limited capacity to provide services to all families, QEC increased the length of consultation calls to 30 minutes. This allowed for more advice to be provided to families.

Demand for programs was managed on a priority basis, with precedence given to cases assessed as most urgent or complex. Thirty four per cent of families consulted via telephone consultation were allocated to a program within three days with 17 per cent admitted either to a Residential program or a Day Stay program.

Families requiring two children's bedrooms experienced the longest waiting time due to limited capacity to accommodate this need. The situation will improve with two new children's bedrooms which allow six families with multiple children in any given admission period.

Family illness or personal circumstances also contributed to admission delays.

Professional referrals to QEC

Professional referrals are an important way for QEC to reach vulnerable families and prioritise services for them. Last year, QEC received more referrals from professionals than the previous year:

Maternal and Child Health Nurses accounted for 37 per cent of referrals. This group is the main source of referral to QEC's Residential and Day Stay programs.

Referrals from Child Protection rose by four per cent while medical practitioner referrals increased by two per cent.

Elena and Josiah are all smiles when they get up for breakfast these days

We came to QEC for help with Josiah's feeding and sleeping problems. For 13 months our little boy suffered from reflux. He was constantly vomiting, underweight and often very tired.

Feeding time was a real struggle. So never in my imagination did I think we'd get sleep and that he'd be feeding and into a routine.



Creating a safe work place

The health and safety of QEC staff and clients is the number one priority at QEC, and it continually looks for ways to improve their safety and well being.

Although the incident rate is low, occupational violence is the most significant risk to QEC staff.

QEC installed a new communication duress system which quickly connects staff with Victoria Police. It combines a nurse call, telephony and duress system in the one handset carried by staff. Outreach staff also have a phone system that integrates telephony, GPS positioning and direct duress contact with Victoria Police.

Another key initiative is the Employee Assistance program which provides debriefing and staff supervision sessions. These services enable our staff to feel supported in the challenging work they perform.

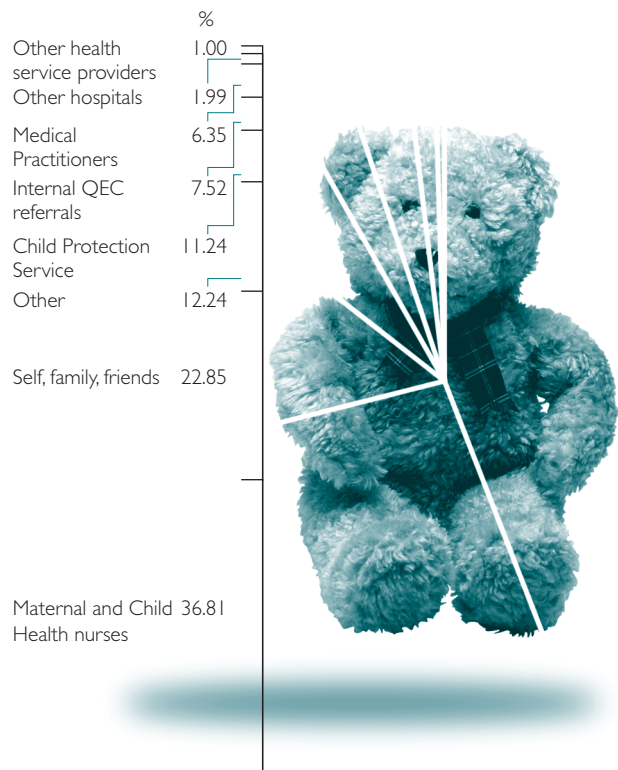
QEC reported 94 incidents during 2006-07. No serious injuries or incidents were reported and 10 reports related to minor injuries. The other reported incidents relate to near misses, property damage or neighbourhood complaints.

Feedback from clients is an essential part of how we improve the quality and effectiveness of QEC service and programs.

Of the 13 complaints logged last year, the four main themes were:

- Client complaints about QEC staff practice (4)
- Client and staff complaints about staff behaviour (4)
- Client complaints about QEC policy/ process (2)
- Client complaints about other client behaviour (3)

GRAPH 9 REFERRAL SOURCES FOR FAMILIES ADMITTED TO RESIDENTIAL AND DAY STAY PROGRAMS AT QEC NOBLE PARK, 2006-07



We lived at the centre for five days where staff provided individual support and coaching to help work through our issues.

By working together with staff we got Josiah into an eating and sleeping routine.

Staff just care so much. They've been very supportive and gentle, yet instructive on how to do things.

They'll sit there with you and not look at their watches. It's genuine. They want to be there and help you.

Josiah's now happy about eating. He comes to the table, takes in solids and finishes his milk bottles.

Our progress has been so sharp and so positive. I've now got real expectations, I know what I can do and how my boy will respond.

I'm leaving here with a truckload of information and ideas that add up to have a really big impact on making our lives better.

Who we help

QEC provides its services to a range of parents, carers and families living across Victoria.

QEC services are for carers with children up to four years.

Last year, the majority (87 per cent) of carers and parents QEC supported were between 21 and 40 years of age. Those over 40 years accounted for 8.3 per cent and those under 20 made up 3.6 per cent of clients.

Over 60 per cent of children seen by QEC were infants aged less than 12 months. The balance comprised 14.5 per cent between 12-18 months, and 22 per cent over 18 months old.

Reaching across Victoria

QEC support and education services were provided to families across Victoria, with concentrations from metropolitan Melbourne, Gippsland and the North East regions.

Families state-wide can access Residential programs, whereas Day Stay programs in Noble Park and Wangaratta service local communities or families living within a reasonable travel distance.

More than half the families admitted to these programs were from the Southern Metropolitan region. About one quarter were from the Eastern metropolitan region while 10 per cent were from North and West metropolitan areas. Regional Victorian families comprised around eight per cent of

TABLE 10 RISK FACTORS IN FAMILIES IN PASDS AND PARENTING PLUS PROGRAMS (ALL REGIONS), 2006-07 (n=1977)

Risk Factor	Home-based PASDS 06-07	Residential PASDS 06-07	Parenting Plus 06-07	Total
Single parent	94	62	61	217
Domestic violence	85	57	50	160
Parental substance abuse	93	63	29	185
Parental mental illness	75	65	73	213
Child protection history	79	75	35	189
Mother <20 at birth of 1st child	56	54	50	160
Family isolated	64	51	11	126
Mother <20 years	36	28	22	86
A previous child removed/deceased	41	47	17	105
Family chaotic	92	58	0	150
Parental history of abuse as child	41	23	33	97
Opiate dependency	22	17	0	39
Parental low cognitive functioning	19	20	13	52
Homelessness/frequent moves	37	40	14	91
Parental intellectual disability	20	22	14	56
Koori	13	4	2	19
Total	867	686	424	1977

QEC's total Noble Park service recipients.

Home based services cover geographic areas specified in funding agreements, and last year were supplied to Southern, North and West metropolitan, Gippsland and North-eastern Hume regions.



Delivering outcomes

QEC continues to deliver outcomes that help families and children get the best start in life. Much of the success it enjoys with families stems from its commitment to using proven practice and regularly reviewing its performance.

Evidence-based practice

As a leading developer and provider of early parenting services, QEC remains committed to evidence-based practice and regular review of its work.

This commitment to evidence-based practice grounds the centre's work in proven research and current thinking. Implementing proven and safe practice approaches means that QEC strives to give families access to consistent, high quality programs.

QEC regularly reviews and evaluates programs to remain accountable and transparent to its clients, communities, supporters and government. Commitment to regular quality improvement means that it can verify meeting its regulatory and funding obligations as well as its own objectives.

In 2006 QEC completed several independent evaluations of its programs. The results were summarised in a collection of research briefs which QEC use to keep key stakeholders updated.

QEC's focus on outcomes and maintaining quality improvements means it knows and understands its clients and can remain responsive to their changing needs.

The Implementation of QEC's new parenting practice model

In November 2006, Victoria University's Wellness Promotion Unit released its report which tracked the change process for developing and implementing QEC's parenting practice model.

The report identified that the process saw QEC establish a contemporary, evidence-based approach that improves how vulnerable families' needs are met and enhances the development of young children.

Staff involvement in developing the model was critical to achieving this outcome. Their input helped create an approach that advocates collaborative partnerships in decision making and problem solving. It also meant the model was supported and successfully implemented.

Key outcomes from implementing the model are that:

- parents are more empowered about parenting because they have more say in the process;
- parents receive long-term solutions instead of a quick-fix; and
- formalised practices ensure families receive consistent, reinforced advice while minimising misunderstandings.

TABLE 1 | ACTUAL WAITING TIMES FOR RESIDENTIAL AND DAY STAY PROGRAMS, 2006-07

	Assessment & Intake Program n=3644	Five Day Residential Program n=1633	Day Stay Program n=1037
0-3 days	3.90	17.45	17.16
4-7 days	23.24	9.00	6.08
1-2 weeks	60.81	12.55	11.28
2-3 weeks	10.90	8.09	14.56
3-4 weeks	1.15	11.94	23.72
1-2 months		19.47	23.24
2-3 months		9.80	3.09
> 3 months		11.70	0.87

Evaluation of QEC's 5 Day Residential program

In 2006 the Parenting Research Centre evaluated the effectiveness of QEC's 5 Day Residential program.

The study explored parents' perceptions about the acceptability of the program's objectives, approaches and techniques. It also reviewed the impact the program had on parents' skills and knowledge and on outcomes for children.

The program was found to improve parental wellbeing. Stress, depression and anxiety levels fell progressively from the time parents began the program, with changes sustained a month after its completion.

Parents reported that difficult child behaviours were less frequent and less severe. They also felt that goals set were realistic and were able to continue making achievements at home. Less reliance on other health services was also reported.

Program evaluations in progress

QEC contracted the Parenting Research Centre to evaluate outcomes of its new therapeutic playgroup program, PlaySteps. Funded by Tattersall's, the study follows 40 families during and after their involvement with the program. The final report is expected in 2009.

Several measurement tools will be used to track changes in parents and children at the end of the eight week playgroup and then three, seven and 12 months later. The quality of parent-child interactions is measured using NCAST Parent Child Interaction assessment scales.

The Centre for Community Child Health (CCH) continued its evaluation of the Parenting Plus program Phase 3. This involved testing enhancements to the core program model to engage recently arrived Afghan and South Sudanese communities.

CCH also continued the evaluation of the violence prevention program "Strengthening Multi Ethnic Families". The evaluation is now following peer leaders as they teach parents in their community and look at the implementation of the program in the Australian context. Results are expected in early 2008.

Innovation

QEC has continued its commitment to innovation during 2006-2007. In addition to reviewing and developing current service models and practice approaches we have commenced two major innovations.

My Time

In partnership with the Parenting Research Centre QEC commenced delivering support group programs for parents caring for a 0-5 year old child with a disability or chronic medical illness.

Two groups are run at Noble Park using QEC's new group space facilities. In Gippsland the program is delivered with Noah's Ark to parents in Morwell and Wonthaggi.

The MyTime program is funded by FaCSIA which will provide funding across four years. Eventually there will be 390 groups operating nationally.

Communities for Children – capturing the 'antenatal' window of opportunity

QEC developed the Communities for Children initiative - a childbirth preparation program that helps parents prepare for the future relationship with their child. Parents learn about infant cues and the expected behaviour patterns of their unborn child, and explore issues around being a parent.

The program is based on the NCAST Motherhood in Pregnancy program and incorporates material based on attachment theory and the relationship approach.

Programs were run in partnership with Southern Health Maternity Services in the City of Greater Dandenong with sessions also delivered to Sudanese women. Sessions are also planned for the Afghan community next August.

Midwives from Southern Health Dandenong Hospital maternity services and the community team located at the Springvale Community Health Service participated in Keys to Caregiving workshops.

PlaySteps

PlaySteps is a therapeutic parenting education program to assist caregivers to develop a positive relationship with their child. Core elements of healthy parent-child interaction are introduced and developed through play.

The program is based on the strong link between the quality of parent-child interactions and the competence of a child as he or she develops. The attachment relationship is important in promoting resilience in children and improving health and developmental outcomes for them. Secure attachment operates as a protective factor with high risk families or those with little social support.

The quality of infant care has been found to correlate strongly to psychosocial and cognitive outcomes for children. Early brain development in infants is reliant on a reciprocal, nurturing relationship with the primary carer.

QEC delivers the eight week program in an informal group setting which allows families and parents to build a network of support. Attendees gain practical skills while having fun with their children.

The program helps deliver the following key benefits for attending parents and children, which include:

- developing trust and security;
- understanding infant cues and states of consciousness;
- learning to take the child's lead;
- developing self esteem and confidence;
- fostering emotional growth; and
- improving communication with others.

NCAST strengthens QEC's practice

Last year QEC incorporated into its assessment approach the validated Nursing Child Assessment Satellite Training (NCAST) Parent Child Interaction and Personal Environment Scales.

By implementing NCAST tools into its work, QEC is linking its practice approach to the current research on early brain development and its strong correlation with the quality of carer-infant interactions in the early years.

Scale scores have high predictive validity on future behaviour for feeding and teaching. For example, child scores at one and four months will indicate development on the expressive language score at 36 months.

Developed by the University of Washington, NCAST covers:

- parent-child interaction, including social-emotional and cognitive growth fostering;
- physical health and safety; and
- personal environment.

Importantly, these three areas align with new legislation and its Best Interests Assessment and Case Practice Framework.

QEC uses NCAST in its high risk programs. It has improved the ability to identify families and children that need immediate help. It also helps identify the type of intervention and skills development required.

NCAST also supports evidence-based practice by providing validated data used in reporting outcomes to DHS. It also provided data used in the research behind the PlaySteps program.

QEC clinical managers, PASDS coordinators, education coordinators and several team leaders are certified to score the Feeding and Teaching Scales.

Annual recertification is needed to maintain high standards of analysis and evidence for QEC PASDS programs and related court reports. With only one certified instructor in Australia, QEC needed to look overseas for support.

In March 2007, Denise Findlay from the University of Washington was invited to run a Certified Instructor training course which provided QEC with seven instructors.

“PlaySteps has changed my family life because it showed me how to relate to my child”

Talented and diverse staff

QEC employs a talented, highly skilled and diverse team. Dedicated and caring, these professionals are at the heart of the organisation and its reputation.

The breadth of diverse experience and skills equips QEC to work collaboratively with clients facing many different, complex needs and challenges. Staff do this in an open, encouraging, non-judgemental and insightful manner that inspires confidence and empowers clients to care for their children.

The majority of staff are early childhood workers and mothercraft nurses (47.2 per cent), and maternal child and health nurses (32.8 per cent). Increasingly, staff come from varied professional backgrounds in fields such as midwifery, psychology, social, community and welfare work, family therapy, counselling and drug and alcohol programs.

The diversity of staff skills increases QEC's ability to work with families facing challenging issues. Client feedback reports that staff members' ability to understand, not pass judgement, improvise, respect, reassure and collaborate with families, are the most valued part of QEC programs.

A vast range of age groups make up the QEC workforce with over 34 per cent aged over 50 years of age, approximately 50 per cent aged 30-50 and nine per cent in the 20-30 year bracket.

While the majority of QEC staff were employed in the last five years, over 12 per cent have been with QEC for over 10 years.

QEC staff professional development

During 2006-2007, QEC increased staffing in the education team from 2.03 to 3.0 full-time employees. This increase in education team staffing represents a strong commitment to supporting the development of our clinical staff.

Last year, QEC continued its commitment to supporting staff development. Training initiatives included the following.

- In February two staff members attended a six day 'Train the Trainer' workshop in the Family Partnership model. Now they are qualified to train facilitators in the model and bring a deeper understanding to supporting staff using the model.
- Five day Family Partnership training commenced for all staff in August 2007. The training program gave staff the opportunity to reflect upon and practice skills in how to sensitively explore issues and support families who are experiencing emotional social challenges in their life.
- Seven members of the clinical management and education teams attended a six day NCAST instructor level workshop. This certified staff to apply, and train others in, the measurement tools.
- Keys to Caregiving, the core NCAST training program in understanding the non-verbal communication patterns and behaviours of young children, was continued to be offered to all staff. It is essential training for new employees at QEC. Program coordinators and team leaders participate in NCAST PCI training, enabling them to achieve greater reliability in the use of these tools in QEC's programs.
- All QEC staff were supported to attend its 2006 international conference.
- QEC clinical education coordinators continued to work

with staff to develop a reflective practice model to enhance work with families.

- All QEC staff teams have the opportunity to participate in regular monthly team staff support sessions. In 2006 QEC contracted with Caraniche, a well regarded provider of psychological services to the health and welfare sector, to provide our staff support program. Caraniche was also contracted to provide QEC's employee assistance package and this service was promoted to staff to increase their awareness of the service. QEC recognises the continual demand on staff of working with families and their young children who are experiencing complex life challenges and are committed to providing support for them in carrying out their work.

TABLE 12 QEC STAFF ESTABLISHMENT AT 30 JUNE 2007

Program	FTE 30/6/07	
Residential Services	12.60	Maternal & Child Health Nurses
	2.00	Social Worker
	2.00	Psychologist
	17.20	Mothercraft Nurses/ Early Childhood Workers
Day Stay and Home Visiting Programs	9.60	Maternal & Child Health Nurses
	1.00	Social Worker
	12.27	Mothercraft Nurses/ Early Childhood Workers
Telephone Triage	1.65	Maternal & Child Health Nurses
Education, Research	1.40	Maternal & Child Health Nurses
	0.70	Psychologist
Management & Admin.	1.00	Chief Executive Officer
	1.00	Director of Nursing
	0.53	Director Medical Services
	2.00	Managers, Parenting Programs
	2.00	Financial & Commercial Services Manager
	1.00	Manager Administrative Services
	0.22	Health Information Manager
	6.80	Clerical/Reception
	1.00	Senior Accounts Clerk
Total	75.97	

Sharing know-how and ideas



Sarah Stewart-Brown

Strengthening professional development in the early parenting sector

QEC's research initiatives and use of evidence-based practice approaches means it is well placed to lead education in the early parenting sector. Through partnership with research institutions, public and private sector health and welfare professionals, local governments and communities, it can promote the sharing of knowledge, set standards and lead change in caring for young children.

Last year QEC delivered 25 workshops to a total of 641 people. Participants included nurses, social workers, psychologists, therapists, family workers, teachers and childcare workers. These professionals worked in areas such as universal and enhanced maternal and child health, primary health, early education and intervention, family and children's services.

The workshops covered professional development topics which included: NCAST Keys to Caregiving and Parent Child Interaction Scales; Parenting Plus; Documentation and Family Partnership Training. Specialised education services were also provided to organisations in metropolitan and regional Victoria.

Overall, QEC receives positive feedback on the education services it provides as professionals report the information was useful and practical.

Fourth Biennial International Conference

On 23 and 24 November 2006, 530 delegates attended QEC's fourth biennial conference at The University of Melbourne.

The conference provided an opportunity to bring professionals together and introduce innovative ideas from overseas and challenge current thinking in service provision.

QEC hosted international keynote speakers, Professor Sarah Stewart-Brown (sponsored by DHS) and Professor Linda

Gilkerson. Each presented conference papers and conducted workshops that allowed participants to tap into their wealth of experience.

Sarah Stewart-Brown is the Professor of Public Health at the Warwick University Medical School in the UK. Her special interests are in child public health and health promotion.

Professor Stewart-Brown spoke on "Supporting parenting in high risk and hard to reach families" and her pre-conference workshop addressed "The impact of parent child relationships on health throughout the life course". A key take away from her evaluation of parenting interventions is interventions that give parents skills and coaching are needed, instead of those which only offer support.

Professor Gilkerson is from Erikson Institute's Graduate School in Child Development in Chicago, USA. She directs the Irving B Harris Infant Studies Program which focuses on relationship-based approaches in troubled parent-child relationships, and children at risk of poor social and emotional outcomes.

One of the invited Australian keynote speakers, Mr Grant Sarra, presented a post-conference half-day workshop, "Strategic Indigenous Awareness: to understand the present we must understand the past", to great acclaim from participants.



Our supporters

Walter Jona

Walter Jona, founding Chairman of the QEC Foundation, active supporter and long time friend of QEC for over 30 years, recently passed away.

The board and staff of QEC would like to express their sympathy to his wife Alwynne, family and friends. Walter will be greatly missed by everyone at QEC.



DAVID ISRAEL PHOTOGRAPHY

Alwynne Jona

TABLE 13 DONATIONS, 2006-07

Donor	\$
Collier Charitable Fund	20,000
Estate Sir Walter Leitch	1,522
Lord Mayor's Fund	5,984
Dame Elizabeth Murdoch	3,000
The QEC Foundation	170,000
Sandhurst Trustees: Estate E G Batchelder	682
Joe White Bequest	3,000
Dfacs	10,000
TOTAL	214,188

Partnerships

Forming partnerships with community and government ensures QEC can provide more Victorian families with access to its services.

These partnerships have improved QEC's understanding of local area services and built sustainable robust family support systems. It has also fostered good communication with consideration and respect for each other.

Partnerships with Family Support Innovations programs gave more regional Victorian families access to the home-based Parenting Plus program, while a contract with the City of Latrobe improved outreach to specialised QEC services through the Enhanced Maternal and Child Health Service.

Collaboration is consistent with recent legislative changes which advocate pathways that connect vulnerable children and families to the prevention and early intervention services they may need.

New partnerships in 2006-07

Best start is a new program that aims to improve the health, development, learning and well-being of all children from pregnancy through to transition to school (0-8 years) across Victoria.

The intent was to develop Best Start partnerships with health, education, community service providers, local government, parents and other community leaders. QEC is a signatory to the partnership agreement in:

- Best Start Latrobe City;
- Best Start City of Greater Dandenong; and
- Aboriginal Best Start, City of Greater Dandenong and Casey.



Continuing partnerships supporting regional care

Latrobe Valley – Family Matter Innovations Program

The QEC Gippsland team continued to provide home-based Parenting Plus services in the Latrobe Valley, with 40 families completing the program last year.

The service is funded as part of the Family Matters Innovations Program. Since 2004, QEC has worked with lead agency, Anglicare Gippsland, and funded partners Berry Street Victoria, Quantum Support Services and Wanjana Lidj. Other partners include non-funded agencies Gippsland Centre against Sexual Assault, Good Beginnings, Latrobe City Council, Relationships Australia, Latrobe Community Health Service and Salvation Army Gippsland.

Upper Eastern Hume - Parenting Plus

This program formed part of the 'early years' component of the Stronger Family Services Innovations project in Wodonga

and the Shires of Indigo and Towong. The QEC Hume team operates the service from Wodonga and last year Parenting Plus was completed by eleven families.

Parenting Plus was offered in partnership with a range of agencies including lead organisation and funds administrator, Upper Murray Family Care. Contracted fellow partners include: Central Hume Support Service, Upper Hume Community Health Service, City of Wodonga, and Indigo and Towong Shire Councils.

Casey, Dandenong, Cardinia

Connections, South East Family Services (SEFS) subcontracted QEC to deliver Parenting Plus. In 2006-2007 nine families were referred by SEFS and participated in a Parenting Plus program under the State Government's Family Support Innovations Project.

GENERAL REPORTS

BUILDING ACT 1993

QEC fully complies with the building and maintenance provisions of the Building Act 1993.

CONSULTANCIES

Delta Management Consulting and Peter McDonald Architect were engaged for consultancies during FY 2007.

ENVIRONMENTAL PERFORMANCE

In compliance with governmental environmental policy, QEC has installed power factor correction equipment to reduce energy consumption.

FREEDOM OF INFORMATION

For the year ended 30 June 2007, two requests were received under the Freedom of Information Act 1982.

LEGISLATIVE CHANGES

Legislation enacted during 2006-07 was the Children, Youth and Families Act 2005. As a public hospital, QEC does not administer any Acts directly. The Health Services Act 1988 is the vehicle by which the hospital is incorporated and prescribes the manner in which it is regulated.

MERIT AND EQUITY PRINCIPLES

QEC applies merit and equity principles in accordance with the Public Sector Management and Employment Act 1998. It reported on the application of the principles to the Office of Public Employment in Organisation Self Assessment during 2004.

MINISTERIAL DIRECTIONS

The information listed in the Directions of the Minister for Finance, Financial Reporting Directions (FRD 22) is available on request.

NATIONAL COMPETITION POLICY

QEC complies with National Competition Policy guidelines when tendering. The Centre has outsourced all non-core services.

OCCUPATIONAL HEALTH & SAFETY

QEC has established an Occupational Health and Safety Management System. The OHS Management System monitors safety incidents and accidents.

REVENUE INDICATORS

During FY 2007, QEC had nil collection days in Private, TAC, VWA, Other Compensable, Psychiatric or Nursing home categories.

WHISTLEBLOWERS PROTECTION ACT

There were no disclosures under the Whistleblowers Protection Act 2001.

WORKFORCE REPORTS

QEC submitted reports on executive Remuneration Panel (GSERP) and on monthly workforce data to the Department of Human Services (DHS) in accordance with the DHS Minimum Dataset.



“The whole set-up is fantastic. My toddler and baby both thoroughly enjoyed the play room and activities. All staff were kind, friendly, helpful, giving fantastic advice and strategies”

ACRONYMS

AIMS	Agency Information Management System
CALD	Culturally and Linguistically Diverse
CASA	Centre Against Sexual Assault
CPS	Child Protection Services
DHS	Victorian Government Department of Human Services
FaCSIA	Australian Government Department of Family and Community Services and Indigenous Affairs
FIFS	Frankston Integrated Family Services
NCAST	Nursing Child Assessment Satellite Training, University of Washington, USA
PASDS	Parenting Assessment and Skills Development Services
PCI Scales	Parent Child Intervention Scales
QEC	Queen Elizabeth Centre
SEFS	South East Family Services
VAED	Victorian Admitted Episodes Database
VBHCA	Victorian Baby Health Centres Association

TABLE 14

SUMMARY OF FINANCIAL RESULTS 2002-2007

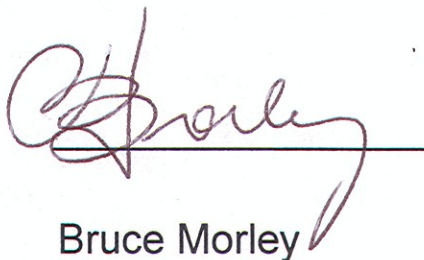
	2007 \$	2006 \$	2005 \$	2004 \$	2003 \$	2002 \$
Total Expenses	7,439,544	6,657,476	6,180,455	4,996,095	5,221,177	5,742,492
Total Revenue	7,111,865	6,557,349	6,192,394	5,375,768	5,182,308	5,053,483
Operating Surplus/(Deficit)	(327,679)	(100,127)	11,939	379,673	(38,869)	(689,009)
Retained Surplus/(Accumulated Deficit)	(412,312)	(84,633)	(340,045)	(351,985)	(731,657)	(689,009)
Total Assets	8,501,527	8,712,807	8,620,389	7,660,466	7,046,303	6,960,949
Total Liabilities	1,412,118	1,295,720	1,103,175	967,333	871,492	769,992
Net Assets	7,089,408	7,417,087	7,517,214	6,693,133	6,174,811	6,190,957
Total Equity	7,089,408	7,417,087	7,517,214	6,693,133	6,174,811	6,190,957
Net Cash Surplus Operating Activities	176,548	381,540	345,041	691,512	156,729	487,985

Accountable Officer's, Chief Finance and Accounting Officer's and Member of Responsible Body's Declaration

We certify that the attached financial statements for The Queen Elizabeth Centre have been prepared in accordance with Part 4.2 of the *Standing Directions of the Minister for Finance* under the *Financial Management Act 1994*, applicable *Financial Reporting Directions*, Australian Accounting Standards and other mandatory professional reporting requirements.

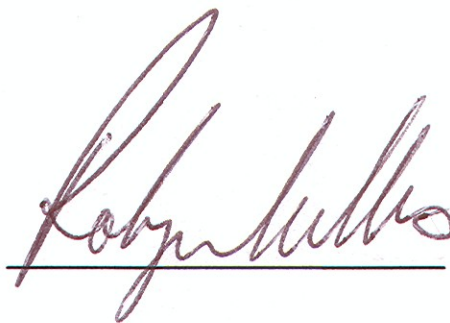
We further state that, in our opinion, the information set out in the operating Statement, balance sheet, statement of recognised income and expense, cash flow statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2007 and financial position of The Queen Elizabeth Centre as at 30 June 2007.

We are not aware of any circumstances which would render any particulars included in the statements to be misleading or inaccurate.



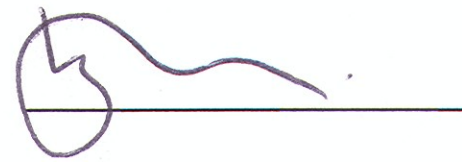
Bruce Morley
President

Noble Park
10 August 2007



Robyn Gillis
Chief Executive Officer

Noble Park
10 August 2007



Liz Davenport CPA
Finance and Commercial Manager

Noble Park
10 August 2007

INDEPENDENT AUDIT REPORT

The Queen Elizabeth Centre

To the Members of the Parliament of Victoria and Members of the Board of the Centre

Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor's report for the financial year ended 30 June 2007 relates to the financial report of The Queen Elizabeth Centre included on its web site. The Members of the Board of The Queen Elizabeth Centre is responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The auditor's report refers only to the statements named below. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

The Financial Report

The accompanying financial report for the year ended 30 June 2007 of The Queen Elizabeth Centre which comprises operating statement, balance sheet, statement of recognised income and expense, cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the accountable officer's, chief finance and accounting officer's and member of responsible body's declaration has been audited.

The Responsibility of the Members of the Board for the Financial Report

The Members of the Board of The Queen Elizabeth Centre are responsible for the preparation and the fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the financial reporting requirements of the *Financial Management Act 1994*. This responsibility includes:

- establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error
- selecting and applying appropriate accounting policies
- making accounting estimates that are reasonable in the circumstances.

Auditors Responsibility

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. These Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to internal control relevant to the Board Members' preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Centre's internal control. An audit also includes evaluating the appropriateness of the accounting policies used, and the reasonableness of accounting estimates made by the Board Members, as well as evaluating the overall presentation of the financial report.

Independent Audit Report (continued)

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

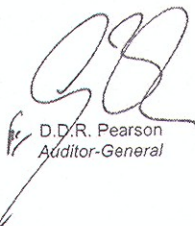
Independence

The Auditor-General's independence is established by the *Constitution Act* 1975. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. The Auditor-General, his staff and delegates comply with all applicable independence requirements of the Australian accounting profession.

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of The Queen Elizabeth Centre as at 30 June 2007 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards (including the Australian Accounting Interpretations), and the financial reporting requirements of the *Financial Management Act* 1994.

MELBOURNE
31 August 2007



D.D.R. Pearson
Auditor-General

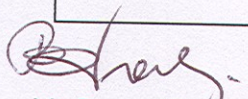
ERRATUM

The Queen Elizabeth Centre Annual Report 2006-07

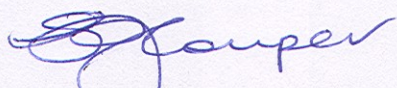
On page 1 Introduction

Delete paragraph 7 'The Minister for Children, the Hon Lisa Neville, and the Minister for Community Services, the Hon Gavin Jennings, have joint portfolio responsibility for QEC, while government policy and funding are administered through the Department of Human Services' Office for Children and the Southern Metropolitan Region.'

And insert 'The Minister for Children, the Hon Lisa Neville has portfolio responsibility for QEC. The Department of Human Services' Office for Children and Southern Metropolitan Region administer government policy and funding.'



Mr Bruce Morley
President



Ms Sue Couper
Acting CEO



The Queen Elizabeth Centre
53 Thomas Street Noble Park
Victoria 3174, Australia
T +61 3 9549 2777
F +61 3 9549 2779
E theqec@qec.org.au
W www.qec.org.au