



QEC

LEARNING. PARENTING. TOGETHER.

10

93RD ANNUAL REPORT

11

OUR VISION

To help young children and families get the best start by being the leading developer and provider of parenting services, prioritising for those of greatest need.

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

Collaborative – seeking and sustaining partnerships

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 to QEC



PHOTOGRAPHER: ROSS BIRD

FAMILIES ARE AT THE CORNERSTONE OF EVERYTHING WE DO

QEC has a long history of providing specialised care, support and guidance to help parents to manage the many challenges that arise during early parenthood; from before birth until 48 months. There is a growing need to offer help to families who face physical, psychological, intellectual or environmental challenges. These challenges compromise families' ability to provide an environment which nurtures and supports the health and wellbeing of their infants.

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

It has a broad reach across residential, day, group, home visiting and telephone advice services. As well as delivering services from the head office and facility at Noble Park, it has a strong presence and support at regional outreach bases – Morwell, Coburg, Wangaratta, Wodonga and Wonthaggi.

QEC is a registered public hospital 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.
- Collaborate and develop partnerships with other service providers to facilitate access to QEC services.

- Provide services that are individually and culturally sensitive to aboriginality, ethnicity, gender, religion and sexual orientation.
- Prioritise access to families experiencing parenting difficulties, based on identified risk factors that impact on child outcomes.
- 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 care and nurturing needs of young children with respect to families' unique circumstances, beliefs and values.
- Respond to changing needs of families by monitoring service effectiveness and quality, and by regular review and redevelopment.

The Minister for Mental Health, Womens' Affairs and Community Services, the Hon Mary Wooldridge MP, has portfolio responsibility for QEC, while government policy and funding are administered through the Department of Human Services' Children, Youth & Families Division and the Southern metropolitan region.

QEC continues to endorse 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.
- Facilitate early intervention.

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Executive report



It is with pleasure that I present the Annual Report of the Queen Elizabeth Centre for the year ended 30 June 2011.

The year has been one requiring energy, commitment and patience from all stakeholders – but particularly staff and Board members, in order for the organisation to progress its vision.

In November 2010, the CEO, Robyn Gillis announced her decision to resign from QEC at the end of her parental leave. Accordingly, a recruitment agency was contracted to assist the Board with the task of undertaking a formal recruitment process for a new CEO.

The Board has undertaken this responsibility with diligence and after much consideration has appointed Ms Athina Georgiou to the position of CEO. Ms Georgiou will commence in July 2011. The Board acknowledges the contribution of Ms Sue Couper and the staff of QEC, many of whom acted in new roles, during the year. After a significant period of service, Ms Couper has resigned. The Board wishes Ms Couper well and thanks her most sincerely for her commitment to the organisation and to children and families over many years.

SUPPORTING THE WORKFORCE

In November 2010, QEC conducted its 6th International Conference, titled "Connecting with Families: Creating Opportunities for Growth". It was officially opened by the Victorian Children's Safety Commissioner, Mr Bernie Geary OAM. A number of highly regarded international and national speakers presented research and practical papers which participants found inspiring. The Conference provides opportunities for professionals working in the field and for QEC staff to hear the latest in evidence based practice. Sincere thanks must go to Associate Professor Campbell Paul, a member of our Board, for his continuing support and advice provided to our staff throughout the planning and preparation for this biennial event.

BUILDING, STRENGTHENING PARTNERSHIPS AND COLLABORATION

The Strategic Planning Day held in March was a resounding success. We were pleased that Ms Fabiola Mazzocco was available to facilitate the session and delighted that so many of our key stakeholders from such a broad range of organisations were willing to spend the morning with us and then join us for lunch. The session provided us with invaluable feedback which will be incorporated into our business plan and guide our operation in the future.

Over the last year we have been privileged to have the opportunity of working with the other two Early Parenting Centres, Tweddle Child + Family Health Services and the O'Connell Family Centre. From a Board perspective we have encouraged and supported collaboration and partnerships as a way of making best use of limited resources. During the year we have seen the development of a shared IT client information system and there has been an opportunity for joint financial training.

PRUDENT MANAGEMENT

QEC continues to recognise the importance of responsible management. The board has introduced a system to review its operations and will continue to monitor all aspects of its decision making, taking particular regard to finances in an environment of economic constraint. This may require some analysis of the way QEC conducts aspects of its operations.

THANKS

QEC expresses appreciation to the Victorian and Commonwealth Governments for the funds, interest and support of the work undertaken by the staff in working hard to achieve the very best outcomes for our clients.

The QEC Foundation, ably chaired by Mrs Wendy Spry, continues to support QEC by providing funds for items that would otherwise be out of our reach. Mrs Spry and her fellow Trustees maintain a strong interest in the organisation and value the importance of the work undertaken by staff every day.

QEC remains grateful to the agencies who continue to support and encourage us with their generous financial support. Sincere thanks to you all. Your assistance enables us to continue this important work.

Hall and Wilcox Lawyers have been very liberal in the provision of advice to both the organisation and to the Board. QEC thanks Hall and Wilcox and its partners sincerely and unreservedly for their time, knowledge, expertise and generosity.

QEC Board members are volunteers and receive no remuneration for their involvement with the organisation. It is indeed fortunate that such a highly skilled Board membership is in place that understands the legal responsibilities, shares sound knowledge bases, supports each other and takes challenging decisions in the interest of QEC and its future viability.

Susan Harper
PRESIDENT

THE QUEEN ELIZABETH CENTRE ANNUAL REPORT 2010-11

Responsible Bodies Declaration

In accordance with the Financial Management Act 1994, I am pleased to present the report of Operations for the Queen Elizabeth Centre, for the year ending 30 June 2011.

Susan Harper
President
QEC

Strategic directions

PLANNING DAY

In March 2011, the Board of Management and QEC's senior management team met over a full day to consider its future directions on a range of areas.

For the first time ever, external stakeholders were invited to attend the morning program.

Nineteen representatives from a range of government agencies and departments, as well as sector peers were active participants. The session resulted in very positive and constructive feedback that reinforces QEC's collaborative and partnership approach to the issues surrounding the sector.

COLLABORATION AND CO-OPERATION

External co-operation and relationships can be enhanced in a number of ways. These include:

- Cross-membership, especially at Board level in order to enhance existing communication channels.
- Information technology cross-linkages.
- Provision of specialist knowledge for pre-birth to 4 year olds. Advocating strongly for this age group.
- Exploration of more opportunities for co-location. This overcomes the need to find more space and helps reduce the fixed costs. Collaboration is a proactive way to address limited resources, and nurture and grow philanthropic and corporate partnerships.

An EPCs Planning Day that will cover all services is a new idea to build on the collaborative approach that came out of the discussions. This will prove vital to the sector. It will enable more discussion to take place on initiatives that are already in place and that are operating in both metropolitan and regional locations such as:

- QEC's and Tweddle's end-to-end client information system (TWEQ).
- QEC's and Tweddle's Family Coaching in the northwest region.
- ChildFirst Services – Senior Childcare Development Worker 'connecting' positions.
- Communities for Children Plus – QEC training practitioners on *PlaySteps*.
- Tweddle and O'Connell workers being trained in QEC's *PlaySteps*. Research will run alongside the rollout and this will be conducted in partnership with the Parenting Research Centre (PRC).
- A pre-and-post natal project developed specifically for Aboriginal women living in the Mildura region. This will be under the auspices of the local Aboriginal service and it will support families from 26 weeks of pregnancy, through the first 3 months postnatally, utilising elements of QEC's *Tummies-to-Toddlers*®.

BUSINESS PLANNING

The Planning Day bore out five clear areas for the Board of Management and the staff team to focus on when planning the programs and key components:

- Positive culture.
- Recruitment/retention.
- Increased diversity (staff and clients).
- Clinical practice: leadership and innovation.
- Working environment.

PEOPLE PLANNING: A HOLISTIC PLAN

QEC is its people. How they work with families and with external providers is dependant on how they feel about themselves, and others.

The key objectives developed revolve around people: staff, clients and sector peers. To achieve these, the plan includes all aspects of staffing:

- Provide flexible working arrangements.
- Recruitment of a more diversified workforce. This will include cultural and age diversity, appropriate skills and qualifications and greater gender balance.
- The implementation of a cultural competency plan.
- Continuing learning and development for all staff (including managers).
- Engaging with staff to support a positive culture.
- Reward and recognition for staff.
- Incentive schemes for exceptional employees.
- Technology to link in Outreach Staff.

Action Plans can deliver the objectives and fully explore the potential through:

- Management.
- Reflective practice.
- Professional development.
- Scholarship program.
- Engaging staff.
- Scheduled social activities.
- Identified staff rewards and recognition.
- Annual performance appraisal program.
- Staff and client diversity.

QEC — the organisation

PATRON: June Shaw

LIFE GOVERNORS: Frank Slutzkin, Bruce Morley

BOARD OF MANAGEMENT MEMBERS, OFFICE BEARERS:



PRESIDENT

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

■ Susan Harper joined the QEC Board in 2005 becoming President in 2009. Susan originally trained as a kindergarten teacher and has a long commitment to the importance of the early years. She is currently a member of the Victorian Government and Victorian Children's Council; a member of the Community Advisory Committee

at the Royal Children's Hospital and is a former CEO of the Lady Gowrie Child Centre in Carlton. Susan was awarded a Centenary Medal and an Order of Australia for her work in early childhood and early childhood associated organisations. Susan was President of the Board until 31/5/2011, when she began a leave of absence. Board of Management meeting attendance for the period was 100%.



PRESIDENT (ACTING)

Ms Hannah Crawford LLB, B Com, CA, F Fin

■ Hannah is a Director of Grant Samuel. She is a chartered accountant and has expertise in corporate strategy, the preparation of independent expert's reports, business valuations, mergers and acquisitions. Hannah has provided independent corporate advice in respect to capital market transactions to a wide range of public and private companies including the

healthcare sector. She is a director of Alfred Health and Chair of the Alfred Health Finance Committee. Hannah has been a member of the Board since 2007, Chair of the Finance Committee and also a member of the Executive, Remuneration and Audit Committees. Board of Management meeting attendance for the period was 86%.



VICE PRESIDENT

Ms Kym Forrest RN, BN, MMgt

■ Kym has a 30 year career in nursing and is currently the Operations Director / Director of Nursing Monash Medical Centre and Women and Children Services Southern Health. Kym has substantial experience in hospital management, nursing, public health policy and practice, human resource management, financial management and clinical service planning. She has been on

the Board for three years. Kym is a Vice President and a member of the Quality Assurance and Risk Committee, Conference, Research, Education and Development Committee, Remuneration and Executive Committees. Board of Management meeting attendance for the period was 71%.



MEMBER

Assoc Prof Campbell Paul MBBS, FRANZCP Cert Child & Adolescent Psych

■ Associate Professor Paul is a child psychiatrist practicing at the Royal Children's Hospital. He is a founding course director of the Graduate Diploma and Masters courses in Infant and Parent Mental Health and an academic at the University of Melbourne. Campbell has published several books in infant psychiatry, as

well as a main speaker in countless congresses and conferences. He is a leading practitioner, academic and dedicated campaigner for promoting and progressing service and workforce development to support infant mental health, both in Australia and internationally. Campbell has been a member of the Board for 20 years, joining in 1991 and currently Chairs the Conference, Research Education and Development Committee. Board of Management meeting attendance for the period was 100%.



MEMBER

Ms Mary Sayers BA, Grad Dip HR, MCom

■ As Associate Director of Programs at the Centre for Community Child Health, Mary is responsible for wide-ranging activities concerned with early childhood policy, translation of research into practice, workforce development, service development and evaluation. She has a keen interest in early childhood service system development and community-level planning

to improve children's outcomes. Mary was previously the National Program Manager of the Australian Early Development Index (AEDI) and coordinated the first national implementation of the AEDI. Mary is currently on the Performance and Data Working Group supporting the National Framework of Protecting Australia's Children. She is also a fellow at the Department of Paediatrics, University of Melbourne. Mary joined the Board in 2010 and is a member on the Quality Assurance and Risk Committee and Conference, Research, Education and Development Committee. Board of Management meeting attendance for the period was 100%.



MEMBER

Ms Mary Beth Bauer FAICD, ACA

■ Mary Beth is a trusted and respected advisor to many of Australia's top companies. She has more than 20 years' professional experience in corporate finance, investor relations and chartered accounting. She has management and board-level experience both as an executive and as a consultant, in some of Australia's largest public companies. Mary Beth also has experience as a director, deputy chair

and chair of listed companies and board-level responsibility for governance. She is a fellow of the Australian Institute of Company Directors. Mary Beth joined the Board in 2009 and is an independent Chair of the Audit Committee and a member of the Finance Committee. Board of Management meeting attendance for the period was 86%.

**MEMBER**

Mr Mark Dunphy BA, Ba Law, Grad Dip Labour Law

■ Mark is a partner at Hall and Wilcox Lawyers where he heads up the Employment and Work Plan relations team. He acts for employer clients in all industry sectors. Mark joined the Board in 2010 and is a member of the Remuneration and Conference, Research, Education and Development Committee and

Quality Assurance and Risk Committee. Board of Management meeting attendance for the period was 86%.

**MEMBER**

Mr Keith Lambert Grad Dip Bus Admin; FSIA FAIB, FCIB (UK)

■ Keith is an Associate of The Chartered Institute of Bankers UK, a fellow of the Australian Institute of Banking and Finance and a fellow of the Securities Institute of Australia. He has been an auditor and treasury consultant in the banking industry for over 25 years. His areas of expertise include credit analysis, securitisation,

credit and risk management, bank policies and procedures, international banking and finance. Keith has also acted as a Corporate Strategist and Treasury Adviser in a range of large and small companies and government departments. Keith joined the Board in November 2003 and during this time he has initiated new strategies for service development, together with accompanying financial projections, financial reporting and planning. He has chaired the Finance Committee and was appointed as Vice President, a role he held until 2009. Keith is currently a member of the Finance Committee and an independent member of the Audit Committee. Board of Management meeting attendance for the period was 86%.

**MEMBER**

Ms Shelley Racine Ba Law

■ Shelley is a former lawyer with experience in family law, legal aid matters, wills and estates, estate planning and property law. Shelley is currently at home with her children, studying photography and acting as a volunteer fundraising co-ordinator for a local government primary school. Shelley has a strong interest in children and child welfare. She joined the Board

in 2006 and is a member of the Finance and Quality Assurance and Risk Committees. Board of Management meeting attendance for the period was 71%.

**MEMBER**

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

■ Tim is a bio-medical and electronic engineer with extensive experience and qualifications in business administration. He is currently the National General Manager of Cabrini Health. Tim provides consultation and expertise in management, finance, quality and contract negotiations for health services across Australia

and New Zealand. Tim joined the Board in 2002 and is Chair of the Quality Assurance and Risk Committee, member of the Finance Committee and an independent member of the Audit Committee. Board of Management meeting attendance for the period was 71%.

**MEMBER**

Ms Karen Wells B Comm, FCA, MAICD

■ Karen is a chartered accountant with more than 15 years experience with Grant Thornton Australia. She is a director of HLB Mann Judd. Karen specialises in the areas of external auditing, financial reporting, internal audit and risk management. Throughout her career she has advised boards and audit committees of listed companies, large private groups, government

authorities and not for profit entities on a range of matters. Karen is a Registered Company Auditor. She joined the Board in 2010 and currently is Chair of the Finance Committee since 1/6/2011 and an independent member of the Audit Committee. Board of Management meeting attendance for the period was 86%.

SENIOR STAFF:

CHIEF EXECUTIVE OFFICER: Athina Georgiou, B App Sc (Sp Path), M.Ed, M.Bus.Mgmt, FACHSM commenced 11th July 2011

ACTING DIRECTOR OF NURSING: Kirsty Evans, RN, RM, MCHN, Grad Dip Hlth Sc (Hlth Ed & Hlth Prom), Grad Cert Hlth Services M'Ment, Cert Paeds

DIRECTOR OF MEDICAL SERVICES: Dr Gideon Saaroni, MBBS

COMMERCIAL MANAGER: Dean Stubley, B Bus (Acct) CPA

MANAGER, OPERATIONS SERVICES: Janelle Crossett, Adv Dip Bus Mgt, Cert Gov

MANAGER, CLINICAL SERVICES: Claire Powell, RN, RM, Ba Nursing, Grad Dip Child Health and Community Nursing

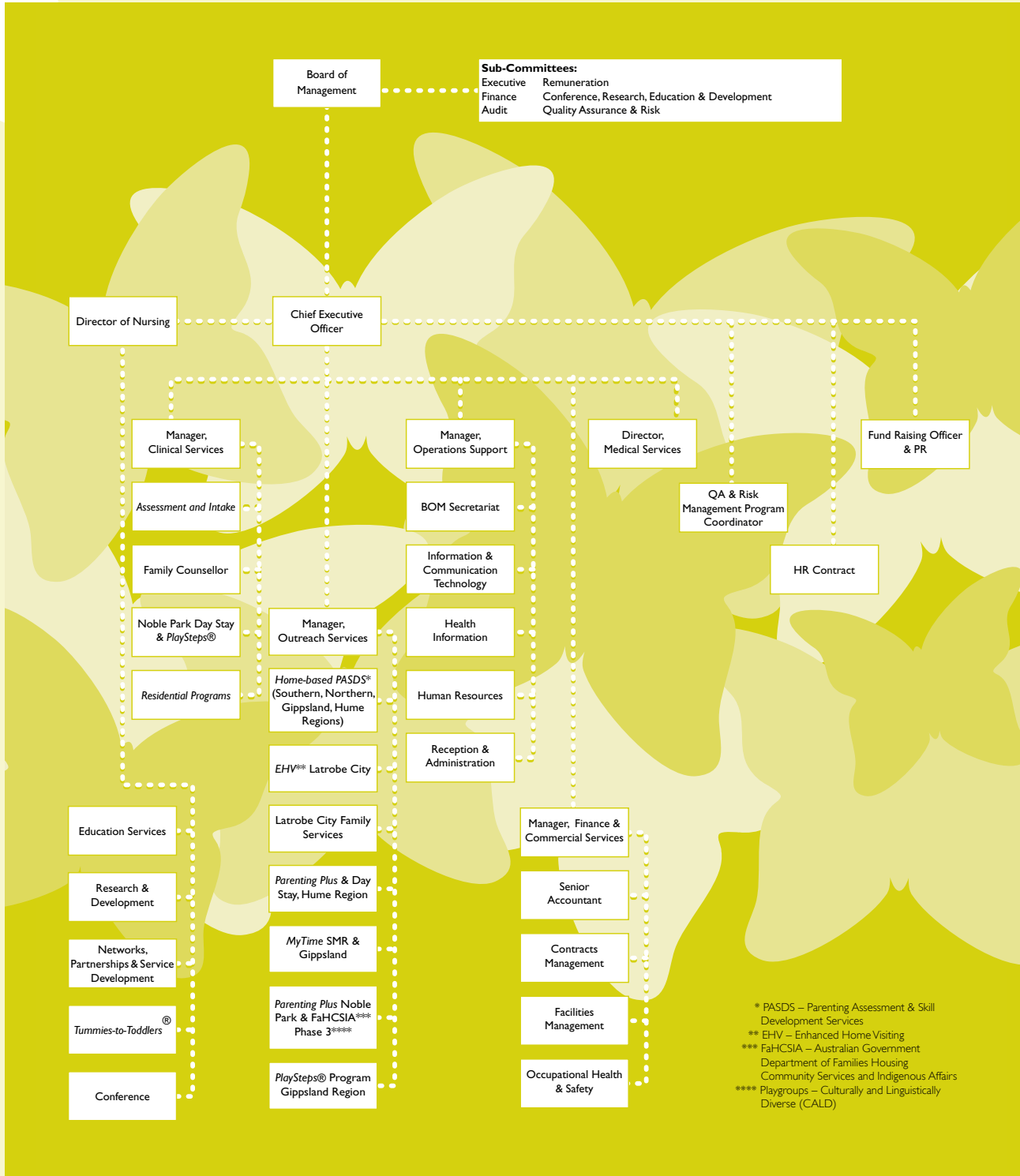
ACTING MANAGER, OUTREACH SERVICES: Jan Bedlington, RN, RM, MCHN Dip App Sc (Community Health)

HONORARY SOLICITORS: Mallesons Stephen Jaques

AUDITORS: Auditor-General Victoria

BANKERS: National Australia Bank Limited

QEC organisation chart



* PASDS – Parenting Assessment & Skill Development Services
 ** EHV – Enhanced Home Visiting
 *** FaHCSIA – Australian Government Department of Families Housing Community Services and Indigenous Affairs
 **** Playgroups – Culturally and Linguistically Diverse (CALD)

Our client profile

QEC provides services to a range of parents, carers and families living across Victoria. Young parents are highly represented in the PASDS programs; with just under 30 per cent being less than 20 years of age. Through the *Home-based* program and over 50 per cent of parents were represented in the 10 day *Residential* programs.

OFFERING INFANTS THE BEST START IN LIFE

QEC's specialised services are directed at infants from before birth to 48 months. The past year has shown an emerging trend of families presenting for a QEC PASDS service with younger aged children than previous years with over 30 per cent of children less than 3 months of age. *DayStay*, *PlaySteps*® and the five day *Residential* program included 60 per cent of infants aged less than 12 months. The balance comprised of 17 per cent of children between 12 and 18 months, and 22 per cent over 18 months.

REACHING OUT TO MEET A NEED

QEC's early parenting services were provided to families across Victoria, with concentrations from metropolitan Melbourne, Gippsland and the North East regions.

Families statewide can access *Residential* programs, whereas *DayStay* programs service local communities or families living within a reasonable travel distance of Noble Park and Wangaratta. Our *Home-based* programs service metropolitan and regional areas, as specified in funding agreements and in order to meet an identified need. Over 85 per cent of the families admitted to QEC programs were from the Southern metropolitan region. One per cent of families were from the Eastern metropolitan area and two per cent from North and West metropolitan areas. Regional Victoria accounted for 13 per cent of families participating in QEC services. 53 per cent of this total came from the Gippsland region.

CULTURAL DIVERSITY: NEEDS GROW IN LINE WITH VICTORIA'S POPULATION


QEC provides services to Victoria's broad multicultural population. Responding to the special needs and cultural sensitivities evident within the refugee and CALD communities is a priority. Last year, just over 11 per cent of adults in *Residential* or *DayStay* programs were born overseas. Of these clients just over two per cent speak a language other than English in their homes, mainly Turkish, Arabic, Vietnamese, Oromo and Spanish.

Specifically tailored peer-led playgroups and parenting education groups continue to be run for Afghan and Sudanese families at Noble Park. These are growing in popularity, evidence that word continues to spread on the sessions being run at QEC. Last year 78 groups involving 1887 participants were held. The groups were funded by the Australian Government Department, FaHCSIA and were co-facilitated by community leaders and QEC *Parenting Plus* staff.

QEC continues to work with key organisations through partnership initiatives to improve access to parenting support services for Victoria's Aboriginal Australians and Torres Strait Islanders. These successful networks enabled QEC to provide services to a minimum of 28 Aboriginal and Torres Strait Islander clients through their Noble Park programs, of *DayStay*, *Residential* and *PlaySteps*® programs.



QEC programs and services



At the core of all of QEC's services is placing every child's wellbeing first and foremost.

The priority for QEC continued to be to meet the needs of the most vulnerable families who are faced with multiple complex life issues, from chronic or debilitating illnesses; depression or anxiety; a history of anger management or violent behaviour; restricted in communication because of low-level education or a lack of English; challenged by a range of disabilities; presenting with substance dependency, and generally exhibiting the signs of social isolation or lack of a stable home-life.

QEC's programs readily adapt and respond to a changing demographic and varying client profiles. Every family situation is different.

QEC staff, families and external providers work together to determine the needs, define the outcomes and develop a specific plan that 'fits' each family. The process involves working in a non-threatening and case-sensitive manner. This helps to draw out the strengths as well as highlight the challenges in parenting practices that need developing. Positive outcomes are achieved through this family focused approach.

QEC delivered its core early intervention services in both metropolitan and regional locations. They are covered separately reflecting the breadth of QEC's work.

Programs delivered in 2010-2011

Table one: Admitted clients to Parenting Intervention Services, 2010-11

Separations	
Same day - <i>DayStay</i> program	451
Same day - <i>PlaySteps</i> ® program – Noble Park	186
Multi day - <i>Residential</i> program	1548
Total separations	2185

Table two: Occasions of service for non-admitted clients, 2010-11

Assessment and Intake – advice only & attempted consultations	2198
<i>DayStay</i> Program - Wangaratta (separations)	121
Home visits – <i>PASDS</i> , <i>Family Coaching</i> , <i>Parenting Plus</i> , <i>Innovations</i> , <i>Enhanced Maternal Child Health</i> – all regions	5993
<i>MyTime</i> Noble Park, Morwell, San Remo & Warragul	189
<i>PlaySteps</i> ® Morwell & Dandenong	189
Psychological Consultations – Noble Park	913
<i>Tummies-to-Toddlers</i> ® Antenatal Pilot – (groups and home visits)	127
Total occasions of service	9730

Over 60 percent of QEC's programs and services are funded through state or federal government funding.

CORE SERVICES

Under a Service Agreement, the Victorian Government Department of Human Services' (DHS), Children, Youth and Families Division funded the following services across the QEC catchment areas:

- Five day (live in) *Residential* program (Location: Noble Park; Catchment: Victoria).
- *DayStay* program (Location: Noble Park; Catchment: Victoria; Location: Wangaratta; Catchment: Upper Eastern Hume region).
- Parenting Assessment and Skills Development Services (*PASDS*).
 - Residential (Base: Noble Park; Catchment: Victoria).
 - Home-based (Gippsland region, Southern, North and West metropolitan regions, Upper Eastern Hume region).
- *Parenting Plus*, Home-based (Location: Noble Park, Morwell, Wangaratta; Catchments: Southern metropolitan region, Latrobe City, Hume region).
- *PlaySteps*® (Location: Noble Park).
- Telephone consultation, *Assessment and Intake* (Location: Noble Park; Catchment: Victoria).

INNOVATIVE PROGRAMS AND SERVICES

QEC offers a range of innovative services to families and communities funded through local and Commonwealth governments, community service organisations, and philanthropic sources.

In the past year funding was received to cover:

- Education services including the biennial conference, a range of training seminars and continuing professional development workshops.
- Enhanced Home Visiting – (Location: Latrobe City).
- Family Coaching Placement Prevention Pilot (Locations: Noble Park, Coburg).
- Male facilitated education and support groups for fathers (In collaboration with Southern Health. Location: Noble Park).
- *MyTime* (Locations: Noble Park, Morwell, San Remo).
- *Parenting Plus* (Locations: Wodonga, Toowong, Indigo).
- *Parenting Plus* Home-based and refugee play and parenting group program (Location: Dandenong).
- *PlaySteps*® SPPI Latrobe (Location: Morwell).
- Psychology Services Mental Health NPDI (Location: Noble Park).
- Senior Early Childhood Development Workers (Locations: Morwell, Central Hume, Upper Hume).
- Sing & Grow music therapy program (In collaboration with Queensland Playgroup Association. Location: Noble Park).
- *Tummies-to-Toddlers*®, Antenatal pilot program (Location: Noble Park).



Programs and results 2010-2011 (metropolitan area)

ASSESSMENT AND INTAKE

Telephone consultation remains the most common method used by the general public to access services. As EPCs move further towards a secondary level of intervention, professional referrals have been actively encouraged through the dissemination of information regarding admission criteria.

Self-referral is reducing in percentage of intake and professional referral is becoming more accepted. Maternal & Child Health

Table three: Number of families risk factors in *DayStay, Residential, PlaySteps*® EPC Programs 01/07/10-31/03/11

FAMILY ISSUES/RISK FACTORS	NUMBER OF FAMILIES
Significant parenting difficulties	501
Mental health	166
Child protection history (of parent)	114
Family violence	94
Social isolation	67
Drug and alcohol abuse	52
Instable housing	27
Health (chronic)	15
Teenage pregnancy	15
Intellectual disability	14
Health (acute)	4
Physical disability	4
Total number of risks recorded	1073
CHILD ISSUES/RISK FACTORS	
Sleep and settling	182
Bonding and attachment	61
Feeding difficulty	52
Developmental delay/risk of	38
Chronic neglect	37
Infant/child mental health	10
Physical disability	10
Low weight/poor weight gain	7
Prematurity	7
Infant born drug dependant	6
Health (acute)	4
Health (chronic)	4
Infant birth defect	4
Total number of risks recorded	422

Centres remain the major referrers; however, referrals from DHS, ChildFirst and general practitioners are becoming more frequent. The numbers of professional referrals continue to display a steady increase. They contribute appropriate admissions into QEC's *Residential* program.

Admission and intake nurses conducted over 2700 consultations for the financial year. The continued use of Client Assessment and Intake System (CAIS) has assisted in determining those clients considered most 'at risk' and in need of intervention. The routine collection of 35 risk factors and 10 protective factors provides a clear picture of the hurdles facing a family and the most appropriate intervention required to meet the family's needs. Depression continues to be a specific indicator for recommending admission into the *Residential* program.

Almost half of the clients presenting with multiple risk factors have a documented history with Child Protection (DHS). High levels of feelings of hopelessness, family violence, drug and alcohol issues and mental health are clearly evident in this cohort. The statistics indicate QEC is servicing those clients who are very vulnerable and whose children are at risk of poor life-long outcomes.

DIRECTIONAL GOAL

- Maintain and strive to improve the current level of response time to achieve best practice.

ORGANISATIONAL HIGHLIGHTS

- In collaboration with Tweddle, a recent review of the CAIS system has resulted in a refining of client information collected by both organisations. This will enable the construction of a considerable database of consistent information collected by and from Victoria's two largest EPCs.
- Waiting times have been considerably reduced from the time a client makes initial phone contact with QEC to then receiving a booked telephone consultation.

Table four: Waiting period for admission to QEC program, 2010-11

PROGRAM WAITING TIMES	DAYSTAY SERVICES	RESIDENTIAL SERVICES	HOME-BASED SERVICES	PLAYSTEPS
0-7 days	24%	27.0%	13.0%	
1-2 week	19%	18.0%	6.0%	
2-4 weeks	33%	22.0%	26.0%	33.0%
1-2 months	19%	16.0%	35.0%	17.0%
2-3 months	3%	13.0%	15.0%	50.0%
> 3 months	2%	4.0%	5.0%	
Total	100%	100.0%	100.0%	100.0%

RESIDENTIAL 5-DAY PROGRAM

Demand for residential services remains consistently high reflecting the community need.

As cancellations remain common, QEC's policy is to overbook families into the program in order to achieve the target of 528 intakes.

Families cancel their program admission for a number of reasons. Some parents are able to implement the advice provided to them during the telephone consultation, which subsequently resolves the initial concern. Other families cancel due to illness.

Unfortunately, a steady 14% of families are treated as 'no shows', because they do not arrive, nor do they advise the reason for non-attendance. Although considerable effort is made to replace the cancellations, it is not always possible to find another family who can attend at short notice. This lack of contact is becoming increasingly evident, as the clients booked into the *Residential* program are more and more complex.

QEC continues to direct its services to families experiencing the greatest difficulties. Risk factors for parents include intellectual disabilities, poor mental health (particularly depression and anxiety), drug and alcohol issues and low-level education.

FAMILY HIGHLIGHT

- "...I came out with so much more, my batteries were recharged... the support and energy that I gained, seems to have contributed to the family maintaining their progress at home."

Residential Program Client

Additional mental health funding has enabled eligible clients to receive increased psychological support. This has taken the form of pre-admission contact, one-to-one consultation during the program participation, increased group work and post-discharge follow up.

PROGRAM HIGHLIGHT

- **Sing and Grow** is a program conducted by Playgroup Association of Queensland. It chose QEC for a pilot program. The organisation provided a music therapist for four months for QEC's *Residential* program. This was completed in October 2010. This highly successful project provided QEC with the services of a music therapist two days per week. The group sessions provided a non-threatening environment to encourage positive parent-child interactions and educate parents on child development and age appropriate stimulation. One-to-one sessions were also provided to those families where additional needs were identified.

FAMILY HIGHLIGHT

- "It was both encouraging and rewarding to walk past a client's bedroom and hear a mother whose interactions with her child had been minimal to date, now singing a nursery rhyme after attending a group session. A quick peek into the room showed an engaged child smiling up at its mother". *QEC Practitioner*



CHRISSE MESARICH,
MUSIC THERAPIST,
IN SESSION

DIRECTIONAL GOALS

- Continue the partnership with Sing & Grow into the 2011-2012 year and aim to source ongoing funding beyond the next year.
- Explore new ways to provide high quality support and education for vulnerable families.
- Provide additional group education sessions to clients to enhance their opportunity to gain further understanding of their children's cues and provide the opportunity to connect and improve the parent/child relationship.

PASDS 10-DAY PROGRAM

With a target of 125 families, the 10-day Parenting Assessment and Skills Development Service (PASDS) is an intensive program for clients with complex life issues.

Admissions for the PASDS program are initiated by each of the regional High Risk Infant Managers. Despite their best efforts, there were occasions when a region was unable to provide a client for

admission. This was due to a variety of circumstances including the readmission of a client to hospital, illness, or the refusal by the client to attend. On these occasions every effort was made to replace the vacancy with a family from another region.

During the year, 119 families were admitted into this program.

The partnership between QEC and Take Two (Berry Street) started last financial year continued into this year. Dr. Nicole Milburn attended the Noble Park site fortnightly to support QEC's PASDS team, providing secondary consultations and staff education. Her added expertise proved most useful in supporting decision-making and best outcomes for families.

DIRECTIONAL GOAL

- Adopt and reinforce a holistic approach to client management.

DAYSTAY

QEC's *DayStay* is a long-standing service that provides families with seven hours of intensive support and education surrounding a number of parenting concerns. Sleep and settling is still cited as the most common.

QEC continues to accept bookings above the targeted 198 participants in an attempt to compensate for large numbers of cancellations, which are mainly due to child illness or a general improvement in the initial concern thus negating the need to attend for support and guidance.

DIRECTIONAL GOAL

- Maintain and attain targets.

PLAYSTEPS®

QEC continues to direct 192 places to the *PlaySteps*® program. It is a 9-week group program that focuses on improving parent-child relationships for vulnerable families. Four group programs were held over the year with a total of 186 families attending.

This innovative program initiated as a pilot project several years ago, continues to grow in importance, not only within QEC but also externally. It has proven to be very successful in engaging with families with children 0-4 years in a playful manner that shows them, rather than dictate to them, how to engage and learn through play.

FAMILY HIGHLIGHTS

- "Before the program I was second guessing myself. Now I am more confident."
- "I really had fun with my child and experienced things that not even my mum knew...real good."
"When I started, I felt like a wet wrung-out teabag. Now I feel empowered."
- "Before the program I was angry and frustrated. After coming here, I've learned to let go and look more at the positives."



Table five: Families admitted to PASDS 10-Day Program by home location (DHS region), 2010-11

LOCAL DHS REGION	NUMBER OF FAMILIES
Barwon region	1
Eastern metropolitan region	23
Gippsland region	9
Grampians region	7
Hume region	4
Loddon Mallee region	4
Northern metropolitan region	23
Southern metropolitan region	48
TOTAL	119

PHOTOGRAPHER: ROSS BIRD



Vulnerable, 'at risk' families residing within the area covered by the 3175 postcode were specifically targeted. Four programs were run from Dandenong's Meeting Place allowing either or both parents to attend, while another two programs were for fathers only.

The latter program was run in collaboration with male representatives from Southern Health. Male practitioners had to undertake training in Keys to Caregiving and *PlaySteps*® facilitation which was conducted at QEC's training facility. The combined training enabled two male facilitators to partner with one female QEC practitioner. The program was run at QEC on alternate Saturdays to accommodate the participants working schedules.

Overall, 81 families attended these programs.

PARTICIPANT HIGHLIGHTS

- "The program makes a father feel good about himself"
- "Now I know what to do. It gave me confidence and I'm relaxed and happier in myself."

FAHCSIA – CALD PLAY GROUPS

Thursday is a bright and inspiring day

Every Thursday, the Noble Park centre is filled with laughter, vibrant conversation and a variety of foods brought in by participants in the Sudanese and Afghan play groups held in the Day Centre.

The groups continue to flourish thanks to the support of the respective peer group leaders, QEC's dedicated staff and the butterfly bus.

Morning and afternoon sessions are held for marginalised families who meet there, make new friends, learn new skills and share food. The success of these groups is obvious by the new-found confidence mothers' display in managing their children, moving within their communities and speaking English.

On fine weather days, the children cannot wait to get outside and play in the Shane Warne Playground, safely supervised by staff, whilst the mothers enjoy some shared time with fellow community members.

DIRECTIONAL GOAL 

- Impart the knowledge and training to more practitioners and professionals working across the early parenting sector; not just restricted to EPCs.

COMMUNITIES FOR CHILDREN: PLAYSTEPS®

As a Community Partner, QEC received funding during the year from FaHCSIA's Communities for Children Fund to run six *PlaySteps*® programs.

Table six: Families admitted or booked to *DayStay* Program, 2010-11

FAMILIES ADMITTED	FAMILIES BOOKED	FAMILY NO SHOW
205	243	35

QEC Conference 2010

Connecting with Families: Creating Opportunities for Growth

In November 2010, a year's planning culminated in an informative and stimulating two days continuing professional development and networking for almost 500 early parenting sector professionals.

This was the 6th conference organised by QEC. The aim of the program was to:

- Present cutting edge information on early childhood development and parenting.
- Assist service providers to develop long-term positive outcomes for the health, development and wellbeing of children and their families, and the staff who provide the services.
- Provide a forum for interdisciplinary debate.
- Present research informed best practice models of service.
- Integrate theory and practice.

In order to meet the aims, QEC sought out and invited a range of plenary speakers and industry practitioners who presented workshops or posted their papers for the benefit of their peers and the sector as a whole.

As in past events, word-of-mouth and regular emails proved to be the most effective way of securing registrations for the conference.

Once again, through the generosity of organisations and departments who support the leading edge subject matter, QEC was able to invite high profile and highly regarded international speakers to join an impressive suite of Australian-based academics and industry leaders.

Who they were, the topic they presented on, and what delegates thought of them collectively reinforces the need to keep the sector abreast of international trends and new ways of learning.

QEC thanks the following for their insights and thought-provoking discussion that stimulated and engaged delegates who were able to take time out from their busy work schedules to attend the 6th international conference, that was held at the Sebel on Queens Road, Melbourne.

INTERNATIONAL KEYNOTE SPEAKERS

Arietta Slade, Ph.D.

Arietta Slade, Ph.D. is Professor of Clinical and Developmental Psychology at the City University of New York, and Visiting Research Scientist at the Yale Child Study Center. A clinician, researcher, and teacher, she has published widely in a number of areas, including the clinical implications of attachment theory and research, the interface between psychoanalysis and attachment theory, the development of parental reflective functioning, and the relational contexts of play and early symbolization.

Workshop

SEE ME, HEAR ME, TOUCH ME: HELPING PARENTS BECOME MORE REFLECTIVE

This pre-conference workshop focused on how practitioners can help parents of young children develop their capacity to keep their baby in mind, seeing, hearing and being with the baby in a way that recognises the baby's uniqueness and separateness.

Drawing on perspectives from attachment and mentalisation theories, Professor Slade defined parental reflective functioning, established its relevance for emotional and social development and outlined ways to identify these processes in the clinical situation.

The second half of the workshop concentrated on strategies and techniques that enhance parental reflective capacities, using the Minding the Baby program as a model reflective parenting intervention.

Presentation: Plenary Keynote

MINDING THE BABY: ATTACHMENT, TRAUMA, AND THE DEVELOPMENT OF REFLECTIVE CAPACITIES

Professor Slade's keynote presentation covered the excellent work of the program that has now been running for over ten years, who is involved, and the outputs/outcomes. A great deal of her work surrounding mentalisation-based mother-infant work was explored during the address and it expanded on the following:

- Promoting the development of mentalising capacities in children.
- Promoting mentalisation in mothers whose abilities to make sense of the mental states of themselves and others are enormously challenged (as a function of their own histories).
- The particular demands of reflecting on a highly charged, complex, and developing relationship.
- Mothers vulnerable to intense arousal, unmodulated affect, coercive (procedural) efforts to create a "match" and loss of access to one's (and the baby's) intentionality and subjectivity (Bleiberg, 2010)
- Leading to mentalising breakdown in others, including family members (and treaters), leading to self-reinforcing impasses and coercive cycles of non-mentalising. (Bleiberg, 2010).
- Insecure, primarily avoidant or unresolved attachment.



Delegate highlight

Arietta was a real highlight with an engaging style. We were all very fortunate to hear from someone who is so highly regarded internationally.

Dianne Lees

Due to personal circumstances, Carolyn Webster-Stratton was unable to attend, but very generously arranged for Dianne Lees, an Incredible Years Mentor from New Zealand, to present her papers.

Dianne is a clinical psychologist working with families and children who have challenging behaviour. She has had a long-standing interest in parent training and child behaviour management. Dianne's first career was Secondary School Teaching. She was then involved in Playcentre with her own children for 10 years and completed her Early Childhood Certificate.

Dianne subsequently trained as a Clinical Psychologist and evaluated the Incredible Years as part of her Masters Thesis. She has delivered Incredible Years Programs for nine years and is committed to maintaining the integrity of the program.

Presentation

THE INCREDIBLE YEARS PROGRAMS

Dianne Lees presented an overview of Carolyn Webster-Stratton's evidence-based prevention and treatment programs for teachers, parents and children including a review of research outcomes and video examples of the different programs. As many as eight per cent of young children are highly aggressive, oppositional, impulsive, inattentive and difficult to parent or teach. Long-term studies show that such children are at high risk for developing conduct disorders that lead to school drop out, delinquency, violence and substance abuse. Because conduct disorders are the most expensive mental health disorder in this country, this is a problem of public health importance. Identifying and helping these high risk children as early as possible is imperative.

AUSTRALIAN INVITED SPEAKERS

Belinda Horton

Belinda completed studies in a Master of Health Science in Occupational Therapy, which provided an opportunity for her to explore maternal and family health and perinatal depression from the perspective of occupational therapy.

Belinda completed the Graduate Diploma in Family Therapy in 2001 and practiced family therapy counselling for six years in a Postnatal Depression Program. In 2004 Belinda joined PANDA as CEO. Belinda co-authored the Postnatal Depression and Breastfeeding booklet with ABA in 2007 and PANDA's Guide to Postnatal Depression Support Groups with Playgroup Victoria at the end of 2007.

Presentation

PLANTING SEEDS – JUST IN CASE: SUPPORTING FAMILIES LIVING WITH PERINATAL DEPRESSION AND ANXIETY

In her presentation, Belinda Horton discussed the barriers to seeking and accepting help by those experiencing mental health issues of a permanent or temporary nature.

She focused on how trained practitioners plant seeds for parents that enable them to talk about their emotional wellbeing and mental health. It is Okay!

It is all about screening, and offering antenatal education. Underlying the practices are being the right person, in the right place, at the right time, for when new parent chooses to seek or accept help. It also means greater involvement of the person's partner and family.

There needs to be validation, not a stigma attached to the work being done to bring perinatal depression and anxiety to light and support families in order for them to seek help.

- PANDA was highlighted. It was set up in Victoria in the 1980s to provide support and raise awareness of postnatal depression.
- It now has a national perspective. Belinda Horton's presentation provided the background to the work undertaken.
- Highlighted the 24-hour helpline initiative.
- Launch of the DVD 'Behind the Mask: the Hidden struggle of parenthood'.

Delegate highlight

It was great to hear more about a 'national' initiative such as Belinda's presentation and insights into PANDA.



Fiona McDonald

Fiona McDonald is a social welfare worker who has worked in both the community and government sectors for over twenty years. Her particular interest is infant and parent welfare and she has worked as both a Specialist Infant Practitioner and High Risk Infant Manager for the Department of Human Services. She currently works for QEC in our NMR team.

Fiona has also written several stories and articles which have explored the nature of social work practice from both the family and professional perspective. 'Baby Nobody' is Fiona's first play.

Presentation

BABY NOBODY

This spoken play followed the 18 months of Baby Nobody, a baby girl born in Prison to a young mother, Suzie. The play was delivered from the infant's perspective of her experiences as she moved through various foster care placements. It also dealt with the mother, as she attempted to regain control of her life once released from prison.

The play demonstrated how the upheaval of this disjointed care is experienced by the infant and the effect it has on its physical, emotional and psychological states. Parallel to Baby's narrative was the mother's story of loss and grieving; not only for her child, but for herself, as her unresolved and difficult relationship with her own parents was played out, (often unconsciously), as she struggled to adjust to life as a young woman on her own, and in her role of a mother.

Delegate highlight

Fiona's play really set the tone for the conference. It made me reflect on the child and since then, I have kept the child in mind while working with families. It was incredible.

Louise Newman

Louise Newman is the Professor of Developmental Psychiatry and Director of the Monash University Centre for Developmental Psychiatry & Psychology. Prior to this appointment she was the chair of Perinatal and Infant Psychiatry at the University of Newcastle and the previous director of the New South Wales Institute of Psychiatry. She is a practising infant psychiatrist with expertise in the area of disorders of early parenting and attachment difficulties in infants. She has undertaken research into the issues confronting parents with histories of early trauma and neglect, focusing on the evaluation of infant-parent interventions in high-risk populations, the concept of parental reflective functioning in mothers with borderline disorders and the neurobiology of parenting disturbance.

Presentation

PARENTING WITH FEELING: WORKING WITH TRAUMATISED PARENTS AND INFANTS

Trauma experienced early in life may have major impacts on psychological and emotional development and mental health.

Trauma shapes early brain development and may result in dysregulation of affect and impaired stress regulation. In many cases of early attachment related trauma and neglect, parents themselves have had experiences of early maltreatment and abuse and are struggling to parent effectively.

During her presentation, Dr Newman spoke about:

- How the impact of trauma is trans-generational with direct effects on parenting capacity.
- The ability to care for the child.
- Current approaches to intervention for 'high-risk' parents focus on the concept of parental reflective capacity and interventions for improving the parents' ability to reflect on, and interpret, the child's emotional states and communication.

'Parenting with Feeling' was explained as a manualised group program targeted at parents with histories of early adversity. Dr Newman offered an example an example of an attachment and mentalisation-based approach to early intervention.

Delegate highlight

What a fantastic local speaker. Louise has so much to teach us. I could have listened to her for much longer.

Stefan Gruenert

Stefan is a registered psychologist with more than 10 years experience in the Drug and Alcohol sector as a clinician, supervisor, researcher, manager and father of two boys. He is currently the Chief Executive Officer for Odyssey House Victoria. His clinical and research interests include intimacy and sexual coercion, community

alcohol use and treatment interventions, parenting, especially the role of fathers, and the experiences and needs of children with substance dependent parents.

Stefan has developed a number of resources for workers in the Drug and Alcohol field, provides advice to government, and regularly presents his work at national and international conferences.

Presentation

DOING IT FOR THE DADS: UNDERSTANDING MAN AND FATHER INCLUSIVE PRACTICE

Drawing on his research with men and their relationships, Stefan will outline a range of factors to consider when promoting father-inclusive practice in children's early years. Stefan will also discuss his experiences of working with substance dependent fathers and their children to highlight a number of tips and traps for engaging with and working with dads.

Delegate highlight

Stefan was a highlight for me, having a keynote speaker talking about father-inclusive approaches was very affirming for fathers.

Tracey Westerman

Dr Tracy Westerman, is the Managing Director of Indigenous Psychological Services (IPS), a company developed in 1998 to address the inequity between the high rates of mental ill health amongst Aboriginal people and low rates of service access. She is of the Nyamal people near Port Hedland, WA.

Dr Westerman has a Bachelor of Psychology, a Masters and Doctor of Philosophy (Clinical Psychology, Curtin University). She has won numerous awards including the NAIDOC National Scholar of the Year (2002); the Vice Chancellors Award for the top ten per cent of PhD's submitted (2003); NH&MRC Post Doctoral Fellowship into Aboriginal ADHD (2004); Suicide Prevention Australia Award (2006) and the WA Business News Strategic Alliance Award (2010).

Presentation

ABORIGINAL CULTURE AND ITS STRENGTH: HOW A FOCUS ON CULTURAL DIFFERENCE HAS LED TO THE DEVELOPMENT OF EVIDENCE-BASED PRACTICE.

Dr Westerman provided the delegates with an overview of the challenges behind the development of an Indigenous specific psychological service and discussed the value with an approach which merges science and culture to create evidence based-models of practice within this complex field.

Dr Westerman's discussion centred on on:

- Why Aboriginal mental health research has failed to provide a solid foundation for evidence based practice across all facets of service delivery, where the research gaps are and what is needed to advance effective practice.
- Why IPS has focused on providing quality research despite the absence of any funding for this purpose.
- Practitioner and Workforce Development Issues including: (a) the Aboriginal Mental Health Cultural Competency Test (CCT: Westerman, 2003, 2010) and its value with individuals and organisations in determining service efficacy; and (b) the Aboriginal mental health cultural competency intervention programs delivered by IPS to over 300 practitioners in the last year.
- Discussed the differences in how Aboriginal people view mental health in terms of causality and manifestation.
- Discussed Aboriginal parenting practice differences and how these result in different learning styles for Aboriginal people.

Also covered was how best to utilise these differences in the delivering of effective counselling, therapy and intervention programs with Aboriginal people.

Delegate highlight

What a ball of energy and what a powerful presentation. I really enjoyed listening to her. We were all talking about her afterwards.

CONFERENCE THANK YOU

QEC's Board of Management extends its sincere thanks to the coordinating committee, the speakers, sponsors and everyone who contributed to making the 6th International Conference such a success.

- Australian Institute of Family Studies
- St John of God Health Centre
- Creswick Foundation
- DEECD
- DHS
- The QEC Foundation

DIRECTIONAL GOAL



- Campaign to be developed to reach many more peripheral practitioners. Try and bring together the early education and early health communities.
- Explore social media as a way to engage with potential and registered delegates.
- Allow more practitioner posters to be on display and to have them positioned in a more prominent location. Offer an opportunity for interaction and discussion between authors and the readers; either in person or on line, both during and after the conference period.
- Factor in a student delegate rate.

Programs and results 2010-2011 (regional and rural districts)

MORE HELP AT HOME – NO MATTER HOW FAR OUT OF TOWN

Increasingly, evidence supports Home-based services as an effective way to engage high risk, vulnerable families living in regional and rural areas and provide them the same level of access to services as those offered to metropolitan-based family units.

In 2010-11, QEC *Home-based* services were once again available in the rural districts of Gippsland, Hume and some Southern, Eastern, Northern and Western suburbs. QEC provided a total of 422 families a *Home-based* service in the 2010-11 year.

Operating the programs without sufficient funding to meet the demand and to ensure appropriate staff backfill continues to be a challenge.

HOME-BASED: PARENTING PLUS

Parenting Plus is a highly intensive, specialised parenting skills program for families experiencing significant parenting difficulties and where one or more risk factors for poor child outcomes are present. With the support of staff, parents identify their area of need and create individualised plans that build on a family's strengths.

Parenting Plus is provided in 3 of QEC's sites – Southern metropolitan region (SMR), Gippsland and Hume.

In Gippsland and Hume regions, these programs are provided through QEC's alliance with ChildFirst.

PARENTING ASSESSMENT AND SKILLS DEVELOPMENT SERVICE (PASDS)

PASDS is available and provided by all of QEC's offsite Outreach services.

This intensive PASDS program was established to help high-risk families linked into DHS's Child Protection Unit. It involves in-home monitoring and assessment and long-term (up to 12 weeks) skill development. Assessments cover not only parents' current parenting competencies, but also their capacity to learn and enhance their skills.

During this financial year DHS purchased additional PASDS programs; three in Hume, five in Gippsland and 10 in Southern metropolitan region.

PLAYSTEPS® PROGRAM: GROWING IN NEW AREAS

This therapeutic playgroup program is run over a nine week period in regional locations.

Gippsland region continued to offer two programs a year and further programs have been purchased to provide wait list management for the ChildFirst clients awaiting placement with *Parenting Plus* or other services. The alliance has been very happy with this support and decided to purchase further programs as necessary.

FAMILY COACHING PLACEMENT PREVENTION: TEAM WORK

Family Coaching commenced in 2010 as part of the implementation plan of the strategic framework for Family Services. It is an integrated placement and re-unification service utilising a therapeutic model of assessment and intervention for children and their families.

The target group encompasses children and their families who are part of the *Family Coaching* pilot. The focus is on children aged 0-2 years including a pre-birth response component and young people aged 10-15 years. QEC is working in partnership with Tweddle (another EPC) to provide this service.

The model helps prevent first time placement in 'out of home' care or to re-unify families within a short time frame where they have entered care for the first time. It provides a co-ordinated and enhanced service system response through dedicated casework and support to children and families for up to 12 months. The model also includes programs that are individually tailored for children and their families.

There is a multi-disciplinary team that supports each other in working with children and their families. They share the knowledge and skills for the benefit of families and for each other.

QEC has been involved with this pilot program in the North East subregional catchment in the North and West metropolitan region of DHS (NWMR) and the Southern metropolitan region (SMR). The pilot in NWMR is provided in a collaborative agreement with QEC, Tweddle, DHS, Therapeutic Treatment Service (Take2), Melbourne City Mission and Kildonon as the lead agency.

Table seven: Families at combined QEC regional services (*Home-based* programs) by home location (DHS region), 2010-11

	PASDS HOME-BASED	ENHANCED HOME-VISITING	TUMMIES-TO- TODDLERS® (HOME-VISITING)	PARENTING PLUS	FAMILY COACHING	TOTAL FAMILIES FOR REGION
Eastern metropolitan region	4					4
Hume region	15			16		31
Gippsland region	32	106		56		194
Northern metropolitan region	44				3	47
Southern metropolitan region	63		17	63	3	146
Total families for program	158	106	17	135	6	422

Partnerships: directing the way forward

In the SMR pilot, QEC has been working in collaboration with DHS, Take Two, and Connections as the lead agency.

These pilots work along side VACCA in their provision of the pilot program.

QEC supports these pilot programs by providing intensive in-home parenting support services for approximately 120 hours of more sustained and intensive in-home parenting support. A further 60 hours of service may be provided in conjunction with either a residential PASDS or in-home PASD service.

The service also provides secondary consultation and advice on parenting and early childhood needs of these families to the case work service or other services providing long term support for these families. Intensity and length of service provided is based on the needs of the infant and their family to ensure the service delivered is flexible and individually tailored to the family.

SENIOR EARLY CHILDHOOD DEVELOPMENT WORKER (SECDW)

SECDW's are specifically skilled early parenting practitioners with a high level of knowledge of early childhood development and with demonstrated experience in responding to the needs and challenges faced by vulnerable children and families. QEC was requested to assist in the selection and management of workers in three regions, Hume, Central Hume and Gippsland over the 18 month Pilot period. An Early Childhood Development Project Plan for each region has been developed which identifies the key tasks and actions that will be undertaken by the new Senior Early Childhood Development Worker (SECDW). They have been supported by the QEC teams in these regions and managed by the Clinical Services Outreach Manager.

MYTIME: SUPPORTING FAMILIES WITH A DISABILITY

QEC continued to deliver *MyTime*, a group program to support parents of children aged 0-5 years with a disability or chronic medical illness. As well as offering the program at its Noble Park location, QEC also ran the program at Morwell and San Remo sites. Unfortunately, the San Remo site closed due to decreasing numbers. The new Warragul site however has been a popular move and is run out of the Grace Berglund Centre and complements the activities provided for families with children with disabilities. The families participating in the *MyTime* groups value the opportunity to connect with other parents with similar experiences and challenges.

Parents engage in *MyTime* groups because they feel more accepted and respected when other group members understand the difficulty their child might have in settling into new situations.

During the 2010-2011 period, 42 families participated in *MyTime* at Noble Park, Morwell, San Remo and Warragul. QEC in partnership with Noah's Ark Gippsland, delivered *MyTime* to participating families in Morwell.

Working collaboratively is consistent with recent legislative changes, which advocate pathways that connect vulnerable children and families towards prevention and early intervention services that they may need. QEC has embedded this inclusive approach.

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 amongst local service providers.

Partnerships with ChildFIRST programs continue to give more regional Victorian families access to the *Home-based Parenting Plus* program, while a contract with the Latrobe City improved outreach access to specialised QEC services through the Enhanced Maternal and Child Health Service.

NEW PARTNERSHIPS

QEC has developed and been working in partnership with the other EPC's and together with Tweddle is providing PASDS Plus in the NWMR Family Coaching pilot.

Partnerships have been developed with VACCA, Take2, Kildonnon and Connections so as to provide these group Family Coaching Pilot programs.



Continuing partnerships: supporting regional care

BEST START

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

QEC continues as a signatory to the Best Start partnership agreement with other health, education, community service providers, local government, parent and community leaders in:

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

Table eight: Families participating and episodes in Integrated Family Services Program, 2010-11

REGION	FAMILIES ATTENDING PROGRAM	HOME VISITS COMPLETED	HOME VISITS NOT ABLE TO COMPLETE
Hume Region (Upper Murray Family Care)	10	83	21
Morwell	56	870	118
Total	66	953	139

INTEGRATED FAMILY SERVICES

The service has been funded since 2004 as part of the Family Matters Innovations Program. In 2008 ChildFIRST and Integrated Family Services Latrobe/Baw Baw was established, continuing to build on the previous service structure in Latrobe, and incorporating family services in Baw Baw.

Latrobe/Baw Baw (IFS) and ChildFIRST (formerly known as Family Matters which serviced the City of Latrobe and family services in Baw Baw) are the principal drivers of the service.

The Child FIRST Integrated Family Services Latrobe/Baw Baw alliance is a partnership between Anglicare Victoria, Berry Street Victoria, Quantum Support Services, QEC, Ramahyuck District Aboriginal Corporation (Wanjana Lidj), West Gippsland Healthcare Group and DHS.

The ChildFIRST Integrated Family Services Latrobe/Baw Baw alliance has developed to progress the implementation of the Children, Youth and Families Act 2005 and to provide services to the catchments of Latrobe and Baw Baw municipalities. The Department of Human Services has funded the alliance to work collaboratively with Child Protection and provide a stronger and a more responsive service system across the catchments.

UPPER EASTERN HUME – PARENTING PLUS

QEC's *Parenting Plus* formed part of the 'early years' component of ChildFIRST in Wodonga and the Shires of Indigo and Towong. The QEC Hume team operates the service from Wodonga and last year 10 families completed *Parenting Plus*.

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

DIRECTIONAL GOALS

- Continue to provide support to all Outreach staff and the programs they run.
- To be responsive and flexible to the specific needs of staff working within regional and rural communities.

ORGANISATIONAL HIGHLIGHTS

ChildFIRST lead agencies in Gippsland (Anglicare) and Hume and Central Hume (Upper Murray Family Services) enlisted the services of QEC to provide, support and manage their Senior Early Childcare Development Worker positions. Pilot Programs directed through Department of Human Services Southern Region and North West Region promoted and requested QEC's involvement in assisting to support and develop the Family Coaching pilots.

QEC, the current regional provider of outreach services was the selected provider of the intensive in-home parenting support services and was integral in providing a service system and approach by developing joint structures and government arrangements that are dependant on a strong collaboration.

Due to a change in the funding arrangements, the Enhanced Home Visiting contract in Gippsland and the *DayStay* Mental Health contract in Wangaratta ceased at the end of the financial year.

QEC is committed to providing high quality, evidence-based programs, particularly in rural Victoria and would welcome the opportunity to explore any options that may present to enable the delivery of these valuable services by highly skilled and qualified QEC staff.

Table nine: Families participating and episodes in Enhanced Home Visiting Program – Morwell Gippsland, 2010-11

FAMILIES ATTENDING PROGRAM	HOME VISITS COMPLETED
106	406

Table ten: Families participating in *DayStay* Program – Hume Wangaratta, 2010-11

FAMILIES ATTENDING PROGRAM	INDIVIDUALS ATTENDING PROGRAM
52	121

Table eleven: Families participating and episodes in *Parenting Plus* Program in Upper Eastern Hume, 2010-11

REGION	FAMILIES ATTENDING PROGRAM	HOME VISITS COMPLETED	HOME VISITS NOT ABLE TO COMPLETE
Hume – IFS Psychiatric Disability Service System (PDSS)	6	80	4

Leading edge programs and services: report card

Table twelve: Families participating and episodes in *Tummies-to-Toddlers*® Program, 2010-11

NUMBER OF FAMILIES	NUMBER OF GROUPS	TOTAL FAMILY ATTENDANCE TO GROUPS	HOME VISITS COMPLETED	HOMEVISITS UNABLE TO BE COMPLETED
17	6	36	79	12

Last year QEC outlined a range of innovative programs it had developed and for which it had secured funding from government agencies and philanthropic trusts/foundations.

This year we report on their progress and achievements.

ORGANISATIONAL HIGHLIGHTS

Tummies-to-Toddlers®

Two-year pilot project – successful completion – outstanding success

TTTs offered a new way of working with non-communicative, untrusting, or anti-social individuals suffering from mental health issues, violent or abusive relationships, substance abuse or a lack of stable accommodation.

- Twelve families remained in the program until the end and now display more positive attributes in engaging with their child. They no longer feel as isolated or fear their parenting role.
- External stakeholder group involved throughout and informed of progress reports.
- Interim evaluations reported at QEC biennial conference in 2010.
- QEC invited to present the program outline and the action learning outcomes at an international conference in Tuscany, Italy and a regionally based conference in Newcastle, NSW.
- QEC submitted a proposal to the State Government in April to run three additional programs. Outcome will be known in November 2011.

Thank you to the Lord Mayor's Charitable Fund and the Alfred Felton Bequest Committee for the faith shown in QEC to develop and deliver an untested, innovative program.

Reflective Practice Project

A two-year workplace innovation project facilitated by QEC education team members – great results – positive outcomes for skilled, yet stressed workers.

- 256 sessions were provided to 114 participants.
- It enabled practitioners to work with clients in a partnership model rather than an expert model. This led to forming good relationships and delivering better outcomes for clients and their organisations.
- A significant increase was shown in participants' level of ability in their work with families/colleagues.

- By the end of the program, participants reported a shift in their constructs, were able to understand colleagues' perspectives, help colleagues or families to see challenges differently, identify strengths and tackle challenges.

Thank you to the William Buckland Foundation for funding this project in recognition of the need for practitioners to take time out to reflect on their work and share experiences with their peers.

PlaySteps®

Learning-through play – one step at a time, continues to make strides – outside QEC

QEC's leadership role continues to be recognised with two new projects funded:

(i) Successful submission to Communities for Children Plus to provide *PlaySteps*® program in Cardinia Shire.

- Staff from region now trained in the program.
- Four programs will be co-facilitated by staff from within the region with QEC staff.

Thank you to the Family Support Program Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), for providing the funds for this project.

(ii) Training and collaboration with fellow EPCs (O'Connell Family Centre and Tweddle Child + Family Health Centre) has enabled the program to expand with a research partner (Parenting Research Centre).

Thank you to the Mental Health Branch of the Department of Human Services for providing the funding for this project.

The knowledge of QEC's *PlaySteps*® coordinators and educators has been captured in a step-by-step resource guide for practitioners. During the year, subsidised training was offered to interested professionals to attend workshops and sessions on *PlaySteps*® and the Family Partnership model. Excellent feedback will ensure that many more families located across Victoria will benefit from the program trainees. More are planned.

*Thank you to Collier Charitable Fund for providing the funding for the production of the reference manual and associated CD Rom; and to Flora & Frank Leitch Charitable Trust for the funds that enabled QEC to offer subsidised training for two *PlaySteps* training programs.*

New project achievements

BUMPS TO BABES AND BEYOND

QEC made a successful submission to Department of Health through the Vulnerable Aboriginal Children and Families Strategy to develop a program to strengthen and support vulnerable, pregnant Aboriginal and Torres Straight Islander women in Mildura.

The program will encompass domiciliary care, structured home visits, educational activities and resources, family appointments and facilitated transition to 'In Home Support', mothers' group and Maternal and Child Health.

When complete, the project learnings will be shared with the Koori maternity sector.

E LEARNING

Preliminary investigations have commenced between the Centre for Excellence and QEC exploring the possibility of a partnership to provide online training – E Learning Portal – for the QEC Good Documentation workshop that has been a highly regarded education program for a diverse range of practitioners across the sector.

There is the possibility of this training being a stand-alone course or a preliminary course towards a face-to-face workshop in order to build the thinking before practitioners move onto a discussion course.

INFORMATION FLOW: EXCHANGING PAPER FOR TECHNOLOGY

During the past year, QEC has focused its attention on 'going green.' It has been moving away from paper-based processes towards technology-based tools.

As well as being environmentally friendly, the new ways of communicating with clients, Board representatives and staff members enables greater efficiency and cost savings, benefiting the bottom line.

THE BOARD OF MANAGEMENT

To communicate and assist QEC's Board of Management, a secure extranet site with password access was set up to post a range of information relating to meetings, reports, general information and various government regulations and resources.

A communication page enables information exchange to take place anywhere and at any time.

As well as being able to post more information online, it means instantaneous postings, rather than having to print and distribute manually.

ORGANISATIONAL HIGHLIGHT

- Time and money saved.

CLIENTS

Until last year, QEC relied on an external and independent resource to undertake exit surveys and program evaluations. The person would contact clients and carry out a phone survey. This was both time-consuming and costly.

As an option, QEC introduced an online survey that clients could complete in their own time. The option was offered to complete the survey on site at QEC's internet kiosk after completing the program, or privately after returning home.

The online survey form utilised free software developed by a reputable company. It has worked well and has been considered a safe bridge between past practices and new fully-integrated technology based evaluations.

Increased utilisation of new mediums has enabled QEC to also provide clients with a greater level of post-program support. Rather than provide the families with limited paper-based reference information, CD Roms are given to them on entering programs. They are provided with additional references and hints, or solutions to reference, on an as needed basis. The information extends beyond the program they attended, so that help is at hand for new parent-child issues that may arise.

PARTICIPANT HIGHLIGHT

- CD's are proving a winner with families.

STAFF

Outreach staff are no longer disadvantaged by distance. Through greater use of Skype technology meetings can be held via a computer screen. This negates the need for added travel time to be factored into work schedules by regional and rural staff.

Managers need to be contactable at any time. During the year, QEC introduced email access on mobile phones. As many of the managers are in the field for many hours each day, it becomes difficult to keep in touch with their metropolitan or regional bases.

For those who spend days out of the office, they can now access their emails without spending hours going through numerous emails on return to their office desk.

ORGANISATIONAL HIGHLIGHT

- An efficient use of manager's time and less stress experienced for urgent matters.

MAJOR INITIATIVE: TECHNOLOGY PARTNERSHIP

As the demand for early parenting assistance grows, so should the client health information management systems that support the sector. To help streamline processes, assist in collecting data for more targeted programs for families and to help government and health agencies better monitor children 'at risk', there is a need to move to a system that caters for sector-wide communication.

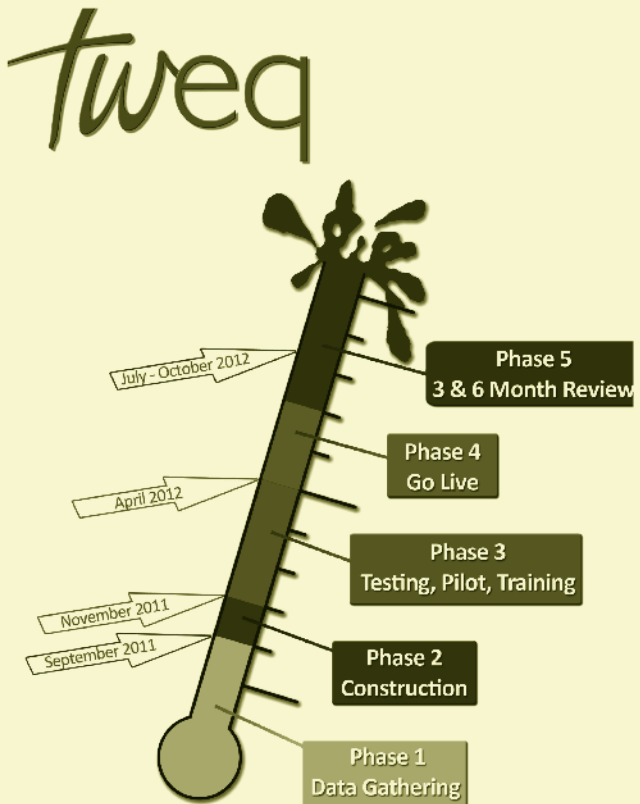
QEC and Tweddle decided to work together to develop a tailored, integrated interagency information technology system. The project will introduce a cohesive and innovative sector-wide system that would work specifically for families and health professionals.

The objective is to supersede the current model of operation, which is not compatible with Microsoft software, is unable to be accessed remotely, and which does not allow for integrated client case management. The new system will allow all programs to be reported into a 'single' system at each organisation and move to an electronic system from referral through admission, program care, discharge and reporting.

Furthermore, the Department of Human Services is seeking new performance reporting requirements that demands evidence and data that is both clinical as well as economical in its delivery. Both Tweddle and QEC require IT systems that enable planning for care episodes, which demonstrate the delivery of interventions, measure and review interventions, and provide evidence of outcomes.

DIRECTIONAL GOALS

- As a result of this capital infrastructure, the vital collection of data will assist the sector to research, plan and fund new targeted parenting programs. Families will only have to share their story once, rather than repeat it at admission into every new program, at a new site, or organisation.
- To offer a whole of client relationship solution that will be fully rolled out by the end of the financial year 2012-2013.



Staff: a valuable resource

Creating a safe work place

Table thirteen: Composition of QEC staff as at 30 June 2011 & 30 June 2010

ROLE	JUNE CURRENT MONTH FTE		JUNE YTD FTE	
	2011	2010	2011	2010
Administration/ Finance	8.4	8.9	8.9	8.9
Chief Executive Officer	1.0	2.0	1.9	2.0
Clinical Education Coordinators (Inc Maternal & Child Health Nurses)	3.1	3.0	3.3	3.0
Director of Medical Services	0.5	0.5	0.5	0.5
Director of Nursing	1.0	1.0	1.0	1.0
Early Parenting Practitioners (Inc Maternal & Child Health Nurses)	38.5	36.2	37.6	35.8
Family Counselling Psychologist	1.8	0.8	1.2	0.8
Managers	4.0	4.0	4.0	4.0
Program Coordinators (Inc Maternal & Child Health Nurses)	13.8	12.1	13.3	12.4
Team Leader (Inc Maternal & Child Health Nurses)	10.2	9.6	9.9	9.4
Total	82.3	78.1	81.6	77.8

QEC practices and procedures are family centres. Professions work in partnership with families to articulate and facilitate achievement of family goals and objectives. Access to QEC's services must be prioritised for children and families who need it most. Services and programs offered, strive to be culturally relevant at all times and for all clients. In order to meet the complex needs in both metropolitan and regional locations, it is necessary to secure and retain the services of highly skilled and often very specialised staff.

This proves to be a constant challenge, especially in light of growing government funding pressures. QEC continues to find alternative ways to address the needs without neglecting its own, stretched workforce.

In 2010 QEC upgraded its personal staff security systems. Duress alarms were purchased through Intrinsic Choice Solutions. The TR-203 GPS Tracker offers a sense of safety at all times for staff whose security is of paramount importance. Security monitoring of the duress alarm is provided from 7am-7pm. In the event that staff members are required to work off-site outside of these hours individual arrangements are made for monitoring.

All staff were initially provided with training in the use of portable duress alarms and as new staff are appointed, they are trained in the system as part of their induction into QEC.

It is a condition of employment that outreach staff utilise these units at all times when working with clients including home visiting and associated activities. To complement the duress alarms all mobile telephones were upgraded.

RiskMan is used to record all incidences in the workplace.

PROFESSIONAL DEVELOPMENT

QEC continues to offer a range of professional development opportunities across a full year.



Table fourteen: Education Services, Training and Development Programs, 2010-11

PROGRAMS	NUMBER OF TRAINING PROGRAMS	
	PROVIDED TO QEC STAFF AND EXTERNAL PARTIES	PROVIDED TO EXTERNAL PARTIES
Keys to Caregiving City of Monash, Tweddle & O'Connell, Flora & Frank Leith/Collier, Aboriginal In-Home support – Mildura, Shepparton Bairnsdale, Geelong (two day)	4	8
Family Partnership Training (FPT) Mildura Family Care, City of Frankston, Aboriginal In-Home support – Mildura, Geelong	3	4
Family Partnership Facilitator Training	1	
NCAST – Scales & Recertifications Tweddle & O'Connell Recertifications / Scales	6	1
PlaySteps® Dads group, Cardinia Shire, Flora & Frank Leith/Collier, Tweddle & O'Connell	5	
Team Reflective Practice Residential, <i>DayStay</i> , SMR, NMR, Gippsland, Hume – monthly sessions for each service Child Protection, MCHN Dandenong (2-3 groups monthly) City of Casey, Monthly Aboriginal In-Home support Mildura	191	48
Individual Reflective practice Caraniche as needed/required QEC Educators	52	
Staff Education Professional Development days for QEC Staff	4	
Psychologist case-study de-briefing Residential staff education sessions as follows: – Working with children with autism – Working with aboriginal families – Exploring the psychology role – Note taking – Duress training – Aim'n High – young mums education initiative – ChildFIRST presentation – Spectrum presentation	12	
Customised Seminars Multiple Birth, Child Dev, Aboriginal In-Home support, video as a learning tool	8	3
Good Documentation DHS- Warragul, New Hope Foundation DEECD in Geelong & Warrnambool, Wimmera Uniting Care – Horsham, Network of Counsellors from Community health centre in Benalla, Scope, Bapcare	2	6

Sharing the knowledge

SKILLS TO MEET AND EXCEED SERVICE DELIVERY

In order to effectively meet the growing need and provide appropriate programs that engender positive responses and outcomes for very complex families, the sector must adapt the practices and enhance the skills of its professionals.

QEC continues to be at the forefront of Clinical Practice; however, it needs to constantly evaluate its range of services to ensure that it can meet the complexities of its client base. The planning day in March reinforced the need to reaffirm and strengthen WEC's collaborative partnerships when delivering services. This way the strengths of one organisation can be applied to benefit the other.

Increase diversity

QEC continues to enhance the organisation's position in secondary services. To this end in the past year it has been fortunate to secure additional placements.

SENIOR EARLY CHILDHOOD DEVELOPMENT WORKERS

QEC was fortunate in securing funding for three new roles. SECDW workers are responsible for supporting the engagement of vulnerable families in early childhood services, by providing professional development, secondary consultation regarding risk assessment and referral to Child Protection/ChildFIRST.

Each person in the role will facilitate effective service linkage between Family Services/ChildFIRST and the universal sector; thus enhancing the capacity of early years and family service professionals to respond to the early developmental needs of vulnerable young children (0-5 years).

The objective of this Early Childhood Development pilot project is to strengthen the integration, linkages and partnerships between early years service providers and ChildFIRST Family Services to maximise vulnerable children and families opportunities in accessing and remaining engaged with universal and secondary early years services.

Statewide data indicates that ChildFIRST and Family Services collectively provided services to 22,500 Victorian children aged 0-5 years in financial year 2008-2009. This alarming statistic led to the Child Safety Commissioner releasing a report in November 2009 highlighting statewide systemic concerns around the linkages between mainstream children services such as Childcare and Maternal and Child Health Centres and the family support system, as well as the Child Protection system.

As a direct result of this report, the 18-month ECD pilot was instigated.

There are 24 ChildFIRST Regions in Victoria and a SECDW has been appointed to work with each region. The allocation for each ChildFIRST catchment is 0.6 effective full time (EFT).

Their work will focus on two key objectives:

- (i) Systemic improvement for vulnerable children (0-5 years) through developing and enhancing partnerships between ChildFIRST/Family Services and universal and secondary early years' services.
- (ii) Service enhancements for vulnerable children (0-5 years) through developing and facilitating targeted capacity building activities to enhance family services and early years' practitioner skills in assessing, planning and responding to early childhood development needs.

As at June 2011, the SECDW workers have already commenced the 18-month pilot period.



PSYCHOLOGIST FOR RESIDENTIAL PROGRAMS

During the year, QEC received funding from the Department of Health for an additional clinical psychologist to offer specialised skills to individuals, families and/or groups and to support staff in relation to client assessment, case planning, implementation, review and referral.

This new position has responsibility for providing psychological therapeutic services where needed to individuals, families and/or groups. QEC's two psychologists participate in relevant case and team meetings. They contribute to client assessment, care planning, implementation and review as well as liaising with external service providers.

They also provide advice and share the information with fellow QEC staff.

SOCIAL WORKERS

Reflecting the ever-growing need, during the year QEC recruited two additional social workers to PASDS Co-ordinator positions.

STUDENTS

People wishing to gain entry employment into the sector need to work in environments where they can gain practical knowledge that explains and puts into practice the theory they learn in the classroom.

QEC proactively engages with tertiary institutions to offer students an opportunity to work within its various departments and offers regional locations where appropriate.

During the year, 76 individuals were offered student placement at QEC.

Table fourteen: Tertiary Student Placements, 2010-11

TERTIARY ORGANISATION	NUMBER OF STUDENTS	PLACEMENT LENGTH
Chisholm	24	2 weeks
Deakin	5	1 day
Latrobe	23	1 week
Additional placements from Latrobe for Day Stay participation	5	1 day
RMIT	9	2 day
Swinburne	10	1 week
TOTAL	76	

ORGANISATIONAL HIGHLIGHTS

- An excellent working relationship has developed over the past year with QEC's sector partners – O'Connell and Tweddle.
- Department of Human Services funded the SECDW positions.
- The Department of Health, Mental Health Branch funded the psychologist.

DIRECTIONAL GOALS

- A learning and development plan for all employees. Promote a Scholarship Program.
- Develop a cultural competency plan for the organisation, extending beyond Aboriginal cultural competence.
- Utilise 'Skype' as a tool for regional re-certification attendance.
- Increase use of technology when connecting with Outreach staff.

Grants, donations and bequests, 2010-2011

Table fifteen: Grants, donations and bequests, 2010-11

\$48,352	Mission Australia
\$38,800	Anglicare
\$29,000	Collier Charitable Fund
\$28,000	The Creswick Foundation
\$15,453	The QEC Foundation
\$3,000	Dame Elizabeth Murdoch
\$3,000	Joe White Bequest
\$2,015	Queen of Hearts event donation
\$1,589	Sir Walter Leith Estate

QEC grants, donations and bequests raised by QEC Foundation

\$ 86,000	The William Buckland Foundation
\$2,000	The Estate of the Late Frank Slutzkin
\$257,209	Total of Grants, Donations and Bequests received to support the work of the organisation

This year, the major grants and donations have been referenced under the specific program they have funded or subsidised.

All the organisations listed below collectively provide the difference between what QEC receives from government allocations and what is needed to value-added the services and to ensure staff can turn their thoughts to creative and new ways of reaching very vulnerable families. QEC has developed strong relationships with a number of organisations operating in the philanthropic sector. It is their support that ensures QEC is able to take some risks and put into practice new and innovative projects. QEC thanks them all and in particular, Dame Elizabeth Murdoch and the Joe White Bequest, for their long-standing and ongoing contributions.

Smaller, regular donations are equally valued because they help QEC to buy equipment and toys that are always needed because of the high turnover of clients in the *DayStay* and Residential Units.

The QEC Foundation continues to support the efforts of QEC. During the year, the memory and efforts of its long term Secretary, Frank Slutzkin, (dec) were recognised through the generosity of his family. They kindly donated \$2,000 from his estate to be used to purchase equipment and toys – for the *Mums' and Babes*. A morning tea was held in the Walter Jona wing at Noble Park to acknowledge the donation, view the gifts first hand and to admire the plaque placed in the room signifying Frank's permanent presence at the organisation he worked so hard to raise money for, over an impressive 22 years.

QUEEN OF HEARTS COMMUNITY PROJECT: FUNDRAISER

A new addition to the donor list during the year was a very enthusiastic local resident who wanted to devote her time to a community fundraising project.

With the support of her network, Nita Perdikakis held a film and morning tea function at Chadstone. The cinema screening and refreshments at the Pancake Parlour raised just over \$2,000.

At a morning tea function held at QEC Noble Park, Nita presented a cheque and gifts of clothing, toys and games for the Residential Unit.

The money was immediately put to good use including the replacement of portable video units used by staff when engaging privately with families in the Residential Unit.

The event has helped to raise greater local awareness of QEC's programs.



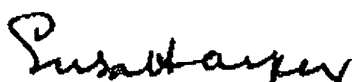
The
**Queen Elizabeth
Centre Foundation**

Table sixteen: Financial summary 2007-11

SUMMARY OF FINANCIAL RESULTS	2010-11 \$	2009-10 \$	2008-09 \$	2007-08 \$	2006-07 \$
Total Revenue	8,777,851	7,693,661	7,712,961	7,096,775	7,109,087
Total Expenses	8,776,731	7,791,334	8,093,810	7,979,249	7,436,766
Operating Surplus/(Deficit)	1,120	(97,673)	(380,849)	(882,474)	(327,679)
Retained Surplus/(Accumulated Deficit)	(1,772,187)	(1,773,307)	(1,675,634)	(1,294,785)	(412,312)
Total Assets	10,261,408	10,280,334	10,078,244	8,130,219	8,501,526
Total Liabilities	2,361,702	2,381,748	2,081,985	1,482,092	1,412,118
Net Assets	7,899,706	7,898,586	7,996,259	6,648,127	7,089,408
Total Equity	7,899,706	7,898,586	7,996,259	6,648,127	7,089,408

ATTESTATION ON COMPLIANCE WITH AUSTRALIAN/NEW ZEALAND RISK MANAGEMENT STANDARD

I, Susan Harper certify that the Queen Elizabeth Centre has risk management processes in place consistent with the Australian/ New Zealand Risk Management Standard and an internal control system is in place that enables the executives to understand, manage and satisfactorily control risk exposures. The Quality and Risk Committee verifies this assurance and that the risk profile of the Queen Elizabeth Centre has been critically reviewed within the last 12 months.



Susan Harper
President
June 2011

ATTESTATION ON DATA INTEGRITY

I, Kirsty Evans certify that the Queen Elizabeth Centre has put in place appropriate internal controls and processes to ensure that reported data reasonably reflects actual performance. The Queen Elizabeth Centre has critically reviewed these controls and processes during the year:



Kirsty Evans
Acting Director of Nursing
QEC
June 2011

General Reports

BUILDING ACT 1993

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

COMMUNITY SERVICE REGISTRATION

QEC is a registered Community Service Organisation under Section 46 of the Children, Youth and Families Act 2005. QEC is registered to meet the needs of children requiring care, support protection or accommodation and of families requiring support.

QUALITY ACCREDITATION

QEC operates a management system compliant with the requirements of AS/NZS ISO 9001:2008. Scope of certification is specialised Residential, Hall & Wilcox Lawyers or Home-based, early parenting support, care and educational services to families and professionals who work with families.

CONSULTANCIES

The following organisations were engaged for consultancies during the financial year 2010-11 to a total cost of \$107,523:

- Arinex
- Bell Partners
- Hall & Wilcox
- Marketing Acumen
- NCS International
- Parenting Research Centre
- QuestMetrics
- Ridgeline Human Resources
- Satley Group
- Talent Partners
- Victorian Auditor-General's Office

ENVIRONMENTAL PERFORMANCE

In compliance with governmental environmental policy, QEC has installed power factor correction equipment to reduce energy consumption. QEC continues a recycling program within the Noble Park site, including education and encouragement to all staff, contractors and clients to utilise situated bins and disposal processes within the program.

FREEDOM OF INFORMATION

For the year ended 30 June 2011, seven requests were received under the Freedom of Information Act 1982.

LEGISLATIVE CHANGES

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. All staff members are made aware of and are expected to comply with the Public Sector Code of Conduct.

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 2011, 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.

Glossary

Act	Whistleblowers Protection Act 2001
Act	Freedom of Information Act 1982
Act	Public Sector Management and Employment Act 1998
Act	Child Youth and Families Act 2005
Act	Health Services Act 1988
<i>Assessment and Intake</i>	(A&I) QEC telephone consultation program based at Noble Park
<i>Bumps, Babes and Beyond</i>	Pre and Post natal program based at Mildura
CAIS	Client Assessment and Intake System - QEC software utilised in A&I
CALD	Cultural and Linguistically Diverse
DayStay program	QEC day program based at Noble Park and Wangaratta
DEECD	Department of Education and Early Childhood Development
Department of Human Services Children, Youth and Families division	Victorian Department of Human Services (DHS)
EPC's	Early Parenting Centres
FaHCSIA	Commonwealth Government's Department of Families, Housing, Community Services and Indigenous Affairs
<i>Family Coaching</i>	DHS funded <i>Home-based</i> program
High Risk Infant Manager	DHS Child Protection Manager with expertise regarding infants
<i>Home-based program</i>	QEC programs based at clients home throughout Victoria
IT	Information technology
<i>MyTime</i>	Group program – working with families with children with disabilities
No shows	Admission to a program unable to proceed, due to client not attending or not being available
OAM	Order of Australia Medal
Parenting Intervention Services	Intervention services provided for parenting
<i>Parenting Plus</i>	Home-based program based in SMR, Hume and Gippsland
PRC	Parenting Research Centre
PASDS	Parenting Assessment and Skills Development Services
PDSS	Psychiatric Disability Service System
<i>PlaySteps</i> ®	QEC group program
<i>Residential program</i>	Overnight program for 5-10 days, based at Noble Park
RiskMan	Risk management software system
<i>Sing & Grow</i>	Music therapy program
Take Two	Take Two (Berry Street)
Tummies-to-Toddlers®	Pilot program for pregnant women and their children 0-2 years old
TWEQ	Client Information System being implemented jointly through QEC and Tweddle
VACCA	Victorian Aboriginal Child Care Association

Disclosure index

The Annual Report of QEC is prepared in accordance with all relevant Victorian legislation. This index has been prepared to facilitate identification of the Department's compliance with statutory disclosure requirements.

LEGISLATION	REQUIREMENT	PAGE REFERENCE
Ministerial Directions		
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FRD 22B	Objectives, functions, powers and duties	3
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Queen Elizabeth Centre

2010-11

93rd Annual Report

Financial Statements

For the year ended 30 June 2011



QEC

LEARNING. PARENTING. TOGETHER.

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Financial Statements

Deliberately left bank

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Victorian Auditor-General's Office

INDEPENDENT AUDITOR'S REPORT

To the Board Members, The Queen Elizabeth Centre

The Financial Report

The accompanying financial report for the year ended 30 June 2011 of The Queen Elizabeth Centre which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a statement of significant accounting policies and other explanatory information, and the Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's declaration has been audited.

The Board Members' Responsibility for the Financial Report

The Board Members of The Queen Elizabeth Centre are responsible for the preparation and 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*, and for such internal control as the Board Members determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's 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. Those Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about 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 the internal control relevant to the entity's 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 entity'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.

I believe that the audit evidence I have 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. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Independent Auditor's Report (continued)

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 2011 and of its financial performance and its 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*.

Matters Relating to the Electronic Publication of the Audited Financial Report

This auditor's report relates to the financial report of The Queen Elizabeth Centre for the year ended 30 June 2011 included both in The Queen Elizabeth Centre's annual report and on the website. The Board Members of The Queen Elizabeth Centre are responsible for the integrity of The Queen Elizabeth Centre's website. I have not been engaged to report on the integrity of The Queen Elizabeth Centre's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.

MELBOURNE
31 August 2011



D D R Pearson
Auditor-General

The Queen Elizabeth Centre

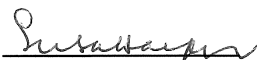
Board Member's, Accountable Officer's and Chief Finance and Accounting Officer's Declaration

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

We further state that, in our opinion, the information set out in the Comprehensive Operating Statement, Balance Sheet, Statement of Changes in Equity, Cash Flow Statement and notes to and forming part of the financial statements, presents fairly the financial transactions during the year ended 30 June 2011 and the financial position at that date of the Queen Elizabeth Centre at 30 June 2011.

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

We authorise the attached financial statements for issue on this day.



Susan Harper
President



Kirsty Evans
Acting Chief Executive Officer



Dean Stuble CPA
Commercial and Finance Manager

Noble Park

31 August 2011

Noble Park

31 August 2011

Noble Park

31 August 2011

Comprehensive Operating Statement

For the Year Ended 30 June 2011

	Notes	2011 \$	2010 \$
Revenue from Operating Activities	2	8,587,584	7,489,312
Interest Received	2	180,556	123,684
Employee Benefits	3	(6,445,738)	(5,871,841)
Supplies & Consumables	3	(190,590)	(181,140)
Other Expenses from Continuing Operations	3	(1,855,928)	(1,343,180)
Net Result before Capital and Specific Items		275,884	216,835
Capital Purpose Income	2	9,711	80,665
Depreciation and Amortisation	4	(336,904)	(418,662)
Net Gains/(Losses) on Disposal of Non-Current Assets	3c	52,429	23,489
NET RESULT FOR THE YEAR		1,120	(97,673)
Other Comprehensive Income		-	-
COMPREHENSIVE RESULT FOR THE YEAR		1,120	(97,673)

This Statement should be read in conjunction with the accompanying notes

Balance Sheet

As at 30 June 2011

	Notes	2011 \$	2010 \$
ASSETS			
Current Assets			
Cash and Cash Equivalents	5	3,168,352	3,065,097
Receivables	6	65,022	98,523
Total Current Assets		3,233,374	3,163,620
Non-Current Assets			
Receivables	6	304,929	330,551
Property, Plant and Equipment	7	6,723,105	6,770,640
Intangible Assets	8	-	15,523
Total Non-Current Assets		7,028,034	7,116,714
TOTAL ASSETS		10,261,408	10,280,334
LIABILITIES			
Current Liabilities			
Interest Bearing Liabilities	9	6,842	4,202
Payables	10	214,639	168,773
Revenue Received in Advance	12	331,855	526,148
Provisions	11a	1,619,815	1,542,152
Total Current Liabilities		2,173,151	2,241,275
Non-Current Liabilities			
Provisions	11a	188,551	140,473
Total Non-Current Liabilities		188,551	140,473
TOTAL LIABILITIES		2,361,702	2,381,748
NET ASSETS		7,899,706	7,898,586
EQUITY			
Asset Revaluation Reserve	13a	3,787,355	3,787,355
General Purpose Reserve	13a	990,000	990,000
Contributed Capital	13b	4,894,538	4,894,538
Accumulated Surpluses/(Deficits)	13c	(1,772,187)	(1,773,307)
TOTAL EQUITY		7,899,706	7,898,586

This Statement should be read in conjunction with the accompanying notes

Statement of Changes in Equity

For the Year Ended 30 June 2011

	Equity at 1 July 2010	Comprehensive result	Transactions with owners in its capacity as owner	Equity at 30 June 2011
Notes	\$	\$	\$	\$
Accumulated (Deficit)	(1,773,307)	-	-	(1,773,307)
Comprehensive Result	-	1,120	-	1,120
	(1,773,307)	1,120	-	(1,772,187)
Contribution by Owners	4,894,538	-	-	4,894,538
Transfer (To)/From accumulated funds	-	-	-	-
	4,894,538	-	-	4,894,538
Reserves				
Asset Revaluation Reserve	3,787,355	-	-	3,787,355
General Reserve	990,000	-	-	990,000
Contributed Capital	-	-	-	-
	4,777,355	-	-	4,777,355
Total Equity at the end of the financial year	7,898,586	1,120	-	7,899,706

	Equity at 1 July 2009	Comprehensive result	Transactions with owners in its capacity as owner	Equity at 30 June 2010
Notes	\$	\$	\$	\$
Accumulated (Deficit)	(1,675,634)	-	-	(1,675,634)
Comprehensive Result	-	(97,673)	-	(97,673)
	(1,675,634)	(97,673)	-	(1,773,307)
Contribution by Owners	4,894,538	-	-	4,894,538
Transfer (To)/From accumulated funds	-	-	-	-
	4,894,538	-	-	4,894,538
Reserves				
Asset Revaluation Reserve	3,787,355	-	-	3,787,355
General Reserve	990,000	-	-	990,000
Contributed Capital	-	-	-	-
	4,777,355	-	-	4,777,355
Total Equity at the end of the financial year	7,996,259	(97,673)	-	7,898,586

This Statement should be read in conjunction with the accompanying notes.

Cash Flow Statement

For the Year Ended 30 June 2011

	Notes	2011	2010
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts			
Government Grants		7,214,592	6,986,034
Donations and Bequests		122,789	152,796
Interest Received		181,797	125,488
GST received from ATO		122,258	120,437
Other Receipts		903,998	586,773
Payments			
Employee Benefits Paid		(5,966,711)	(5,689,403)
Payments for Supplies Consumables and Other Expenses		(2,254,051)	(1,631,839)
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	14	324,672	650,286
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Properties, Plant and Equipment and Intangible Assets		(288,378)	(372,809)
Proceeds from Sale of Properties, Plant and Equipment		66,961	64,495
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(221,417)	(308,314)
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD		103,255	341,972
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		3,065,097	2,723,125
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	5	3,168,352	3,065,097

This Statement should be read in conjunction with the accompanying notes

Note 1: Statement of Significant Accounting Policies

(a) Statement of Compliance

These financial statements are a general purpose financial report which have been prepared in accordance with the *Financial Management Act 1994* and applicable Australian Accounting Standards (AAS's) and Australian Accounting Interpretations and other mandatory requirements. AAS's include Australian equivalents to International Financial Reporting Standards.

The financial statements also comply with relevant Financial Reporting Directions (FRDs) issued by the Department of Treasury and Finance, and relevant Standing Directions (SDs) authorised by the Minister for Finance. The Queen Elizabeth Centre is a not-for profit entity and therefore applies the additional AUS paragraphs applicable to "not-for-profit" Health Services under the AAS's.

(b) Basis of Accounting Preparation and Measurement

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2011 and the comparative information presented in these financial statements for the year ended 30 June 2010.

The financial statements are prepared in accordance with the historical cost convention, except for the revaluation of certain non-current assets, as noted. Cost is based on the fair values of the consideration given in exchange for assets.

In the application of AASs management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgements. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

(c) Reporting Entity

The financial statements include all the controlled activities of the Queen Elizabeth Centre.

(d) Rounding Off

All amounts shown in the Financial Statements are expressed to the nearest dollar.

(e) Functional and Presentation Currency

The presentation currency of the Queen Elizabeth Centre is the Australian dollar, which has also been identified as the functional currency of the entity.

(f) Cash and Cash Equivalents

Cash and cash equivalents comprise cash on hand and cash at bank, deposits at call and highly liquid investments with an original maturity date of 3 months or less, which are readily convertible to known amounts of cash and are subject to insignificant risk of changes in value.

(g) Receivables

Trade receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest method, less any accumulated impairment.

Trade receivables are carried at nominal amounts due and are due for settlement within 30 days from the date of recognition. Collectability of debts is reviewed on an ongoing basis, and debts which are known to be uncollectible are written off. A provision for doubtful debts is raised where doubt as to collection exists.

(h) Intangible Assets

Intangible assets represent identifiable non-monetary assets without physical substance such as computer software and development costs.

Intangible assets are initially recognised at cost. Subsequently, intangible assets with finite useful lives are carried at cost less accumulated amortisation and accumulated impairment losses. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to the entity.

Amortisation is allocated to intangible assets with finite useful lives on a straight-line basis over the asset's useful life. Amortisation begins when the asset is available for use, that is, when it is in the location and condition necessary for it to be capable of operating in the manner intended by management. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount.

(i) Property, Plant and Equipment

Land and buildings are recognised initially at cost and subsequently measured at fair value less accumulated depreciation and impairment.

Plant, equipment and vehicles are measured at cost less accumulated depreciation and impairment.

Cultural assets that the State intends to preserve because of their unique historical, cultural or environmental attributes are measured at their fair value three yearly and are not depreciated.

Revaluations of Non-Current Physical Assets

Non-current physical assets measured at fair value are revalued in accordance with FRD 103D Non-current physical assets. This revaluation process normally occurs every five years, based upon the asset's Government Purpose Classification, but may occur more frequently if fair value assessments indicate material changes in values. Independent valuers are used to conduct these scheduled revaluations and any interim revaluations are determined in accordance with the requirements of the FDR's. Revaluation increases or decreases arise from differences between an asset's carrying value and fair value.

Revaluation increases are credited directly to equity in the asset revaluation reserve, except to the extent that an increase reverses a revaluation decrement in respect of that class of property, plant and equipment, previously recognised as an expense in the net result, the increment is recognised as income in the net result. Revaluation decreases are recognised immediately as expenses in the net result, except to the extent that a credit balance exists in the asset revaluation reserve in respect of the same class of property, plant and equipment, they are debited to the revaluation reserve.

Revaluation increases and decreases relating to individual assets within a class of property, plant and equipment, are offset against one another within that class but are not offset in respect of assets in different classes. Revaluation reserves are not normally transferred to accumulated funds on de-recognition of the relevant asset.

(j) Depreciation and Amortisation

Assets with a cost in excess of \$1,000 (2009-10 and 2010-11) are capitalised and depreciation has been provided on property, plant and equipment, including freehold buildings but excluding land. Depreciation is generally calculated on a straight line basis so as to write off the net cost or other revalued amount of each asset over its expected useful life to its estimated residual value. Estimates of the remaining useful lives for all assets are reviewed at least annually.

The following table indicates the expected useful lives of non-current assets on which the depreciation and amortisation charges are based:

	2011	2010
Buildings	50 to 55 years	50 to 55 years
Plant & Equipment	5 to 10 years	5 to 10 years
Furniture & Fittings	8 to 10 years	8 to 10 years
Motor Vehicles	4 to 5 years	4 to 5 years
Computers & Communication	3 to 16 years	3 to 16 years
Computer software developed	3 years	3 years

As part of the buildings valuations its useful life was assessed.

(k) Payables

Payables represent liabilities for goods and services provided to the Queen Elizabeth Centre that are unpaid at the end of the financial year. Payables are initially recognised at fair value, being the cost of the goods and services, and then subsequently measured at amortised cost. The normal credit terms are 30 days.

(l) Tax**Goods and Services Tax**

Income, expenses and assets are recognised net of the amount of associated Goods and Services Tax (GST), unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cash flow.

Income Tax

The Queen Elizabeth Centre is a public hospital and deductible gift recipient and is therefore exempt from paying Income Tax.

(m) Employee Benefits**Wages and Salaries, Annual Leave, and Accrued Days Off**

Liabilities for wages and salaries, including non-monetary benefits, annual leave, and accrued days off expected to be settled within 12 months of the reporting date are recognised in the provision for employee benefits in respect of employee's services up to the reporting date, classified as current liabilities and measured at nominal values. When liabilities that are not expected to be settled within 12 months are recognised in the provision for employee benefits as current liabilities, it is because the Queen Elizabeth Centre will not have the unconditional right to defer the settlement should an employee take leave within 12 months. Those liabilities are measured at present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

Long Service Leave

Liability for long service leave (LSL) is recognised in the provision for employee benefits.

Current liability – unconditional LSL is disclosed in the notes to the financial statements as a current liability even where the Queen Elizabeth Centre does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

The components of this current LSL liability are measured at:

- present value—component that the Queen Elizabeth Centre does not expect to settle within 12 months; and
- nominal value—component that the Queen Elizabeth Centre expects to settle or may be obliged to settle within 12 months.

Non-Current liability – conditional LSL is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service. Conditional LSL is required to be measured at present value.

Superannuation**Defined contribution plans**

Contributions to defined contribution superannuation plans are expensed when incurred.

Defined benefit plans

The amount charged to the Operating Statement in respect of defined benefit plan superannuation represents the contributions made by the entity to the superannuation plan in respect to the current services of current entity staff. Superannuation contributions are made to the plans based on the relevant rules of each plan.

Employees of the Queen Elizabeth Centre are entitled to receive superannuation benefits and the Queen Elizabeth Centre contributes to both the defined benefit and defined contribution plans. The defined benefit plan(s) provide benefits based on years of service and final average salary.

The name and details of the major employee superannuation funds and contributions made by the Queen Elizabeth Centre are as follows:

Fund	Contributions Paid or Payable for the year	
	2011 \$	2010 \$
Defined Benefit plans		
Health Super	20,222	20,139
Defined Contribution plans		
- Health Super	394,701	389,195
- HESTA	44,847	36,387
Others	47,541	35,482
Total	507,311	481,203

The Queen Elizabeth Centre does not recognise any defined benefit liability in respect of the superannuation plan because the Queen Elizabeth Centre has no legal or constructive obligation to pay future benefits relating to its employees; its only obligation is to pay superannuation contributions as they fall due. The Department of Treasury and Finance administers and discloses the State's defined benefit liabilities in its financial statements.

On-Costs

Employee benefits on-costs for workers compensation and superannuation are recognised separately from provision for employee benefits.

(n) Leases

Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases. All leases held by the Queen Elizabeth Centre are classified as operating leases.

Entity as lessee

Operating lease payments, are recognised as an expense in the operating statement on a straight line basis over the lease term

Lease Incentives

All incentives for the agreement of a new or renewed operating lease shall be recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

(o) Revenue Recognition

Revenue is recognised in accordance with AASB 118 *Revenue*. Income is recognised as revenue to the extent they are earned. Unearned income at reporting date is reported as income in advance.

Amounts disclosed as revenue are, where applicable, net of returns, allowances and duties and taxes.

Government Grants

Grants are recognised as revenue when the Queen Elizabeth Centre gains control of the underlying assets in accordance with AASB 1004 *Contributions*. Where grants are reciprocal, revenue is recognised as performance occurs under the grant. Non-reciprocal grants are recognised as revenue when the grant is received or receivable. Conditional grants may be reciprocal or non-reciprocal depending on the terms of the grant.

Indirect Contributions

Insurance is recognised as revenue following advice from the Department of Health.

Long Service Leave (LSL) - Revenue is recognised upon finalisation of movements in LSL liability in line with the arrangements set out in the Metropolitan Health and Aged Care Services Division Hospital Circular 14/2009.

Donations and Other Bequests

Donations and bequests are recognised as revenue when received. If donations are for a special purpose, they may be appropriated to a reserve, such as specific restricted purpose reserve.

Interest Revenue

Interest revenue is recognised on a time proportionate basis that takes in account the effective yield of the financial asset.

(p) Services Supported By Health Services Agreement and Services Supported By Hospital And Community Initiatives

Activities classified as *Services Supported By Health Services Agreement* (HSA) are substantially funded by the Department of Human Services while *Services Supported By Hospital and Community Initiatives* (Non HSA) are funded by the Queen Elizabeth Centre's own activities or local initiatives and/or the Commonwealth.

(q) Comparative Information

Where necessary the previous year's figures have been reclassified to facilitate comparisons.

(r) Asset Revaluation Reserve

The asset revaluation reserve is used to record increments and decrements on the revaluation of non-current assets.

(s) General Purpose Reserve

The general purpose reserve was created from funds received on the sale of the Carlton Crèche and Day Nursery in 1999. The purpose of the reserve is to provide an income stream from interest on investing the reserve to be used for the continuation of research and development by QEC.

(t) Contributed Capital

Consistent with Interpretation 1038 *Contributions by Owners Made to Wholly-Owned Public Sector Entities* and FRD119 *Contributions by Owners*, appropriations for additions to the net asset base have been designated as contributed capital.

(u) Net Result Before Capital & Specific Items

The subtotal entitled 'Net Result Before Capital & Specific Items' is included in the Comprehensive Operating Statement to enhance the understanding of the financial performance of the Queen Elizabeth Centre. This subtotal reports the result excluding items such as capital grants, assets received or provided free of charge, depreciation, and items of an unusual nature and amount such as specific revenues and expenses. The exclusion of these items are made to enhance matching of income and expenses so as to facilitate the comparability and consistency of results between years and Victorian Public Health Services. The 'Net Result Before Capital & Specific Items' is used by the management of the Queen Elizabeth Centre, the Department of Health and the Victorian Government to measure the ongoing performance of Health Services in operating hospital services.

Capital and specific items, which are excluded from this sub-total, comprise:

- Capital purpose income, which comprises all tied grants, donations and bequests received for the purpose of acquiring non-current assets, such as capital works, plant and equipment or intangible assets. Consequently the recognition of revenue as capital purpose income is based on the intention of the provider of the revenue at the time the revenue is provided.
- Specific income/expense, comprises the following items, where material:
 - Non-current asset revaluation increments/decrements.
- Depreciation and amortisation, as described in Note 1 (k).

(v) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2011 reporting period. As at 30 June 2011, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2011. The Queen Elizabeth Centre has not and does not intend to adopt these standards early.

<i>Standard / Interpretation</i>	<i>Summary</i>	<i>Applicable for Annual Reporting periods beginning on</i>	Impact on QEC financial statements
AASB 124 Related party disclosures (Dec 2009)	Government related Health Services have been granted partial exemption with certain disclosure requirements.	Beginning 1 Jan 2011	Preliminary assessment suggests that impact is insignificant. However, the Health Service is still assessing the detailed impact and whether to early adopt.
AASB 1053 <i>Application of Tiers of Australian Accounting Standards</i>	This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements.	Beginning 1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) for certain public sector entities and has not decided if RDRs will be implemented to the Victorian Public Sector.
AASB 2009-12 Amendments to Australian Accounting Standards [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 and 1031 and Interpretations 2, 4, 16, 1039 and 1052]	This standard amends AASB 8 to require an entity to exercise judgement in assessing whether a government and Health Services known to be under the control of that government are considered a single customer for purposes of certain operating segment disclosures. This standard also makes numerous editorial amendments to other AASs.	Beginning 1 Jan 2011	AASB 8 does not apply to Health Services therefore no impact expected. Otherwise, only editorial changes arising from amendments to other standards, no major impact. Impacts of editorial amendments are not expected to be significant.
AASB 2009-14 Amendments to Australian Interpretation – Prepayments of a minimum funding requirement [AASB Interpretation 14]	Amendment to Interpretation 14 arising from the issuance of Prepayments of a minimum funding requirement	Beginning 1 Jan 2011	Expected to have no significant impact.
AASB 9 Financial instruments	This standard simplifies requirements for the classification and measurement of financial assets resulting from Phase 1 of the IASB's project to replace IAS 39 Financial instruments: recognition and measurement (AASB 139 financial Instruments: recognition and measurement).	Beginning 1 Jan 2013	Detail of impact is still being assessed.
AASB 2009-11 Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12]	This gives effect to consequential changes arising from the issuance of AASB 9.	Beginning 1 Jan 2013	Detail of impact is still being assessed.

<i>Standard / Interpretation</i>	<i>Summary</i>	<i>Applicable for Annual Reporting periods beginning on</i>	<i>Impact on QEC financial statements</i>
AASB 2010-2 <i>Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements</i>	This Standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities.	Beginning 1 July 2013	Does not affect financial measurement or recognition, so is not expected to have any impact on financial result or position. May reduce some note disclosures in financial statements.
AASB 2010-4 <i>Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 1, AASB 7, AASB 101 & AASB 134 and Interpretation 13]</i>	This Standard makes numerous improvements designed to enhance the clarity of standards.	Beginning 1 Jan 2011	No significant impact on the financial statements.
AASB 2010-5 <i>Amendments to Australian Accounting Standards [AASB 1, 3, 4, 5, 101, 107, 112, 118, 119, 121, 132, 133, 134, 137, 139, 140, 1023 & 1038 and Interpretations 112, 115, 127, 132 & 1042]</i>	This amendment contains editorial corrections to a range of Australian Accounting Standards and Interpretations, which includes amendments to reflect changes made to the text of IFRSs by the IASB.	Beginning 1 Jan 2011	No significant impact on the financial statements.
AASB 2010-6 <i>Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets [AASB 1 & AASB 7]</i>	This amendment adds and changes disclosure requirements about the transfer of financial assets. This includes the nature and risk of the financial assets.	Beginning 1 July 2011	This may impact on departments and public sector entities as it creates additional disclosure for transfers of financial assets. Detail of impact is still being assessed.
AASB 2010-7 <i>Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Interpretations 2, 5, 10, 12, 19 & 127]</i>	These amendments are in relation to the introduction of AASB 9.	Beginning 1 Jan 2013	This amendment may have an impact on departments and public sector bodies as AASB 9 is a new standard and it changes the requirements of numerous standards. Detail of impact is still being assessed.
AASB 2010-8 <i>Amendments to Australian Accounting Standards – Deferred Tax: Recovery of Underlying Assets [AASB 112]</i>	This amendment provides a practical approach for measuring deferred tax assets and deferred tax liabilities when measuring investment property by using the fair value model in AASB 140 <i>Investment Property</i> .	Beginning 1 Jan 2012	This amendment provides additional clarification through practical guidance.

<i>Standard / Interpretation</i>	<i>Summary</i>	<i>Applicable for Annual Reporting periods beginning on</i>	<i>Impact on QEC financial statements</i>
AASB 2010-9 <i>Amendments to Australian Accounting Standards – Severe Hyperinflation and Removal of Fixed Dates for First-time Adopters [AASB 1]</i>	This amendment provides guidance for entities emerging from severe hyperinflation who are going to resume presenting Australian Accounting Standards financial statements or entities that are going to present Australian Accounting Standards financial statements for the first time. It provides relief for first-time adopters from having to reconstruct transactions that occurred before their date of transition to Australian Accounting Standards.	Beginning 1 July 2011	Amendment unlikely to impact on public sector entities.
AASB 2011-1 <i>Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project [AASB 1, AASB 5, AASB 101, AASB 107, AASB 108, AASB 121, AASB 128, AASB 132 & AASB 134 and Interpretations 2, 112 & 113]</i>	This amendment affects multiple Australian Accounting Standards and AASB Interpretations for the objective of increased alignment with IFRSs and achieving harmonisation between both Australian and New Zealand Standards. It achieves this by removing guidance and definitions from some Australian Accounting Standards, without changing their requirements.	Beginning 1 July 2011	This amendment will have no significant impact on public sector bodies.
AASB 2011-2 <i>Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements [AASB 101 & AASB 1054]</i>	The objective of this amendment is to include some additional disclosure from the Trans-Tasman Convergence Project and to reduce disclosure requirements for entities preparing general purpose financial statements under Australian Accounting Standards – Reduced Disclosure Requirements.	Beginning 1 July 2013	The Victorian Government is currently considering the impacts of Reduced Disclosure Requirements (RDRs) and has not decided if RDRs will be implemented to Victorian Public Sector.
AASB 2011-3 <i>Amendments to Australian Accounting Standards – Orderly Adoption of Changes to the ABS GFS Manual and Related Amendments [AASB 1049]</i>	This amends AASB 1049 to clarify the definition of the ABS GFS Manual, and to facilitate the adoption of changes to the ABS GFS Manual and related disclosures.	Beginning 1 July 2012	This amendment provides clarification to users on the version of the GFS Manual to be used and what to disclose if the latest GFS Manual is not used. No impact on performance measurements will occur.

Note 2: Revenue

	HSA 2011 \$	HSA 2010 \$	Non HSA 2011 \$	Non HSA 2010 \$	Total 2011 \$	Total 2010 \$
Revenue from Operating Activities						
Government Grants						
- Department of Health	151,920	6,490,959			151,920	6,490,959
- Department of Human Services	7,010,535				7,010,535	-
- Commonwealth Government			136,435	225,097	136,435	225,097
Indirect Contributions by Department of Health						
- Insurance	57,840	44,043	-	-	57,840	44,043
- Long Service Leave	-	-	-	-	-	-
Donations and Bequests	-	-	160,075	142,557	160,075	142,557
Other Revenue from Operating Activities			1,070,779	586,656	1,070,779	586,656
Sub-Total Revenue from Operating Activities	7,220,295	6,535,002	1,367,289	954,310	8,587,584	7,489,312
Revenue from Non-Operating Activities						
Earnings on Investments (refer Note 2b)	102,482	61,842	78,074	61,842	180,556	123,684
Sub-Total Revenue from Non-Operating Activities	102,482	61,842	78,074	61,842	180,556	123,684
Revenue from Capital Purpose Income						
Donations and Bequests	-	-	9,711	80,665	9,711	80,665
Capital Earnings on Investments (refer Note 2b)	-	-	-	-	-	-
Other Capital Purpose Income	-	-	-	-	-	-
Sub-Total Revenue from Capital Purpose Income	-	-	9,711	80,665	9,711	80,665
Total Revenue (refer Note 2a)	7,322,777	6,596,844	1,455,074	1,096,817	8,777,851	7,693,661

Indirect Contributions by Department of Health

Department of Health makes insurance payments on behalf of the Queen Elizabeth Centre (QEC). These amounts have been brought to account in determining the operating result for the year by recording them as revenue and expenses.

Note 2a Analysis of Revenue by Source

(Based on the consolidated view of Note 2)

	2011 \$	2010 \$
Revenue from Sources Supported by Health Services Agreement		
Government Grants:		
- Department of Health	151,920	6,490,959
- Department of Human Services	7,010,535	
Indirect Contributions by Department of Health		
- Insurance	57,840	44,043
Interest Received	102,482	61,842
Sub-Total Revenue from Services Supported by Health Services Agreement	7,322,777	6,596,844
Revenue from Services Supported by Hospital and Community Initiatives		
Education Services	174,801	91,050
Conference	320,169	-
Parenting Programs	872,319	863,260
Capital Purpose Income (refer Note 2)	9,711	80,665
Interest Received - Research and Development	78,074	61,842
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	1,455,074	1,096,817
Total Revenue	8,777,851	7,693,661

Reconciliation to Comprehensive Operating Statement

	2011 \$	2010 \$
Revenue from Operating Activities	8,587,584	7,489,312
Interest Revenue from Investments	180,556	123,684
Capital Purpose Income	9,711	80,665
Total Revenue	8,777,851	7,693,661

Note 3: Expenditure**Note 3a Analysis of Expenses by Source**

	2011	2010
	\$	\$
Services Supported by Health Services Agreement		
Employee Benefits:		
Salaries & Wages	5,101,725	4,622,542
Work Cover	52,050	41,320
Long Service Leave (refer Note 11a)	108,473	143,328
Superannuation	461,708	441,320
Supplies & Consumables:		
Medical & Pharmacy Supplies & Services	7,669	8,115
Food & Kitchen Supplies	138,166	139,030
Cleaning & Toilet Materials	25,539	20,908
Other Expenses:		
Domestic Service Contracts	344,050	337,870
Administrative Expenses	225,828	170,987
Insurance	59,772	44,043
Repairs & Maintenance	99,825	109,211
Consultants & Contracted Services	183,188	87,101
Computer Services	51,729	57,954
Staff Development	45,089	69,370
Security Services	12,397	12,946
Minor Furniture & Equipment	21,414	24,293
Motor Vehicle and Travel	166,134	160,000
Light, Power & Fuel	71,201	62,798
Waste Removal	13,303	10,761
Transfer of Overheads to Services Supported by Hospital and Community Initiatives	(359,925)	(304,789)
Other	98,060	64,806
Sub-Total Expenses from Services Supported by Health Services Agreement	6,927,395	6,323,914
Services Supported by Hospital and Community Initiatives		
Employee benefits:		
Salaries & Wages	657,923	562,661
Work Cover	7,795	6,569
Long Service Leave (refer Note 11a)	10,461	14,218
Superannuation	45,603	39,883
Supplies & Consumables:		
Food Supplies	19,216	13,087
Other Expenses:		
Administrative Expenses	31,666	22,772
Consultants & Contracted Services	346,114	40,184
Repairs & Maintenance	3,212	344
Motor Vehicle & Travel	26,650	25,635
Staff Development	19,491	13,057
Transfer of Overheads from Services Supported by Health Services Agreement	359,925	304,789
Other	20,185	8,490
Sub-Total Expenses from Services Supported by Hospital & Community Initiatives	1,548,241	1,051,689
Depreciation (refer Note 4a)	321,381	340,033
Amortisation (refer Note 4b)	15,523	78,629
Audit Fees - Auditor General	8,620	7,958
Audit Fees - Internal Audit	8,000	12,600
Total Expenses from Continuing Operations	8,829,160	7,814,823
Employee Benefits	6,445,738	5,871,841
Supplies and Consumables	190,590	181,140
Other Expenses	1,855,928	1,343,180
Capital Items	336,904	418,662
Total Expenses as per Comprehensive Operating Statement	8,829,160	7,814,823

Note 3b Analysis of Expenses by Internal Specific Purpose Funds for Services Supported by Hospital and Community Initiatives

	2011	2010
	\$	\$
Research & Development	7,273	13,330
Education Services	473,373	351,582
Conference	308,509	-
Parenting Programs	759,086	686,777
	<u>1,548,241</u>	<u>1,051,689</u>

Note 3c Net Gain/(Loss) on Disposal of Non-Current Assets

	2011	2010
	\$	\$
Proceeds from Disposal of Non-Current Assets:		
Motor Vehicles	66,761	61,913
Other Equipment	200	2,582
Total Proceeds from Disposal of Non-Current Assets	<u>66,961</u>	<u>64,495</u>
Less Written Down Value of Assets Sold:		
Motor Vehicles	14,532	41,006
Other Equipment	-	-
Total Written Down Value of Non-Current Assets Sold	<u>14,532</u>	<u>41,006</u>
Net Gain/(Loss) on Disposal of Non-Current Assets	<u>52,429</u>	<u>23,489</u>

Note 4: Depreciation and Amortisation**Note 4a Depreciation**

	2011	2010
	\$	\$
Buildings	106,534	105,729
Plant & Equipment:		
-Motor Vehicles	158,742	155,460
- Computers & Communication	14,227	30,233
-Other Equipment	27,310	33,122
Furniture & Fittings	14,568	15,489
Total Depreciation (refer Note 7)	<u>321,381</u>	<u>340,033</u>

Note 4b Amortisation

Computer Software	15,523	78,629
Total Amortisation (refer Note 8)	<u>15,523</u>	<u>78,629</u>
Total Depreciation and Amortisation	<u>336,904</u>	<u>418,662</u>

Note 4c Allocation of Depreciation and Amortisation:

Services Supported by Health Services Agreement	334,881	385,385
Services Supported by Hospital and Community Initiatives	2,023	33,277
Total Depreciation and Amortisation	<u>336,904</u>	<u>418,662</u>

Receipts from the Department of Health and Department of Human Services do not include Depreciation.

Note 5: Cash and Cash Equivalents

A reconciliation of the amounts classified as cash and cash equivalents for the balance sheet purposes and cash flow statement purposes is as follows:

	2011	2010
	\$	\$
Cash on Hand	920	870
Cash at Bank	481,074	837,395
Term Deposits with maturity date < 90 days	2,686,358	2,226,832
Total	3,168,352	3,065,097
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	3,168,352	3,065,097
Total	3,168,352	3,065,097

Note 6: Receivables

	2011	2010
	\$	\$
Current		
Trade Debtors	46,760	39,927
Accrued Investment Income	8,446	9,686
Prepayment	7,758	34,860
GST Receivable	2,058	14,050
Total Current Receivables	65,022	98,523
Non Current		
Accrued Revenue - DHS Long Service Leave	304,929	330,551
Total Non-Current Receivables	304,929	330,551
Total Receivables	369,951	429,074

6a Allowance for Doubtful Debts

At 30 June 2011 there is no doubtful debt provision, due to the low level of risk for receivables.
At 30 June 2010 there was no doubtful debt provision, due to the low level of risk for receivables.
There have been no bad debts during the financial year.

6b Ageing Analysis of Receivables

Please refer to Note 15 (b) for the ageing analysis of receivables.

6c Nature and Extent of Risk Arising from Receivables

Please refer to Note 15 (b) for the nature and extent of credit risk arising from receivables.

Note 7: Property, Plant and Equipment

	2011	2010
	\$	\$
Land		
Crown Land at Valuation (i)	1,451,000	1,451,000
Total Land	1,451,000	1,451,000
Buildings		
Buildings at valuation (i)	4,769,000	4,769,000
Building Improvements at Cost	47,909	48,479
Less Accumulated depreciation	(212,261)	(105,729)
Total Buildings	4,604,648	4,711,750
Plant and Equipment at Fair Value		
Plant and Equipment	402,326	406,412
Less Accumulated depreciation	(389,154)	(366,408)
Total Plant and Equipment	13,172	40,004
Computers and Communication at Fair Value		
Computers and Communication	481,131	407,536
Less Accumulated depreciation	(348,872)	(346,780)
Total Computers and Communications	132,259	60,756
Furniture and Fittings at Fair Value		
Furniture and Fittings	189,415	183,840
Less Accumulated depreciation	(117,441)	(102,386)
Total Furniture and Fittings	71,974	81,454
Motor Vehicles at Fair Value		
Motor Vehicles	780,456	752,105
Less Accumulated depreciation	(335,404)	(331,429)
Total Motor Vehicles	445,052	420,676
Cultural Assets		
Cultural Assets at Valuation (ii)	5,000	5,000
Total Cultural Assets	5,000	5,000
TOTAL	6,723,105	6,770,640

Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Land and Buildings at Valuation:

(i) The Noble Park land, buildings and improvements were revalued at its fair value by independent valuer The Market Line Property Group Pty Ltd dated 30 June 2009. FRD 103D dictates that the next revaluation occur on 30 June 2014.

Cultural Assets at Valuation:

(ii) Cultural Assets were revalued by Leonard Joel - Australia, 30 June 2008. FRD 103D dictates that the next revaluation occur on 30 June 2013.

Reconciliations of the Carrying Amounts of each Class of Assets at the Beginning and End of the Previous and Current Financial Year

	Crown Land	Buildings	Motor Vehicles	Equipment	Cultural Assets	Total
	\$	\$	\$	\$	\$	\$
Balance at 1 July 2009	1,451,000	4,769,800	345,393	207,677	5,000	6,778,870
Additions	-	47,679	271,749	53,381	-	372,809
Disposals	-	-	(41,006)	-	-	(41,006)
Revaluation Increments	-	-	-	-	-	-
Depreciation (refer Note 4a)	-	(105,729)	(155,460)	(78,844)	-	(340,033)
Balance at 1 July 2010	1,451,000	4,711,750	420,676	182,214	5,000	6,770,640
Additions	-	(568)	197,650	91,296	-	288,378
Disposals	-	-	(14,532)	-	-	(14,532)
Depreciation (refer Note 4a)	-	(106,534)	(158,742)	(56,105)	-	(321,381)
Balance at 30 June 2011	1,451,000	4,604,648	445,052	217,405	5,000	6,723,105

Note 8: Intangible Assets

	2011	2010
Intangible Assets at Cost	\$	\$
Intangible Assets (Software)	253,290	253,292
Less Accumulated amortisation	(253,290)	(237,769)
Total Intangible Assets	-	15,523

Reconciliation of the Carrying Amounts of Intangible Assets at the Beginning and End of the Previous and Current Financial Year

	Software Development	Total
	\$	\$
Balance at 1 July 2009	94,152	94,152
Amortisation (refer Note 4b)	(78,629)	(78,629)
Balance at 30 June 2010	15,523	15,523
Amortisation (refer Note 4b)	(15,523)	(15,523)
Balance at 30 June 2011	-	-

Note 9: Interest Bearing Liabilities

	2011	2010
	\$	\$
Credit Card National Australia Bank	6,842	4,202
Total Interest Bearing Liabilities	6,842	4,202

Note 10: Payables

	2011	2010
	\$	\$
Current		
Trade Creditors	193,165	124,053
Accrued Expenses	21,474	44,720
Total Current	214,639	168,773

10a Ageing Analysis of Payables

Please refer to Note 15 (b) for the ageing analysis of payables

10b Nature and Extent of Risk Arising from Payables

Please refer to Note 15 (b) for the nature and extent of credit risk arising from payables

Note 11: Employee Benefits and Related On-Costs Provisions

	2011	2010
	\$	\$
Current		
Employee Benefits		
- Unpaid wages	261,129	244,944
- Annual Leave	634,515	548,336
- Long Service Leave	724,171	748,872
Total Current	1,619,815	1,542,152
Non-Current		
Employee Benefits	188,551	140,473
Total Non-Current	188,551	140,473

Note 11a Employee Benefits

	2011	2010
	\$	\$
Current		
Employee Benefits		
- Unconditional and expected to be settled within 12 months after the end of the period	1,482,796	1,329,984
- Unconditional that do not fall due within 12 months after the end of the period	137,019	212,168
Total Current	1,619,815	1,542,152
Non-Current		
Employee Benefits		
- Conditional Long Service Leave entitlements measured at present value	188,551	140,473
Total Non-Current	188,551	140,473

	2011	2010
	\$	\$
Movement in Long Service Leave:		
Balance at the beginning of the reporting period	889,345	777,294
Provision made during the year	118,934	157,546
Settlement made during the year	(95,557)	(45,495)
Balance at end of the reporting period	912,722	889,345

Note 12: Revenue Received in Advance

	2011	2010
	\$	\$
Revenue Received in Advance		
Not later than one year	331,855	526,148
Later than one year and not later than 5 years	-	-
Total	331,855	526,148

Note 13: Equity & Reserves

	2011	2010
	\$	\$
(a) Reserves		
Asset Revaluation Reserve		
Balance at the beginning of the reporting period	3,787,355	3,787,355
Balance at the end of the Reporting Period	<u>3,787,355</u>	<u>3,787,355</u>
Represented by:		
- Land	1,451,000	1,451,000
- Buildings	2,331,355	2,331,355
- Cultural Assets	5,000	5,000
	<u>3,787,355</u>	<u>3,787,355</u>
General Purpose Reserve		
Balance at the beginning of the reporting period	990,000	990,000
Balance at the end of the Reporting Period	<u>990,000</u>	<u>990,000</u>
Total Reserves	<u>4,777,355</u>	<u>4,777,355</u>
(b) Contributed Capital		
Balance at the beginning of the reporting period	4,894,538	4,894,538
Capital contribution received from Victorian Government	-	-
Balance at the end of the Reporting Period	<u>4,894,538</u>	<u>4,894,538</u>
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	(1,773,307)	(1,675,634)
Net Result for the year	1,120	(97,673)
Balance at the end of the Reporting Period	<u>(1,772,187)</u>	<u>(1,773,307)</u>
(d) Total Equity at the end of Financial Year		
	<u>7,899,706</u>	<u>7,898,586</u>

Note 14: Reconciliation of Net Result for the Year to Net Cash Inflow/(Outflow) from Operating Activities

	2011	2010
	\$	\$
Net Result for the Year	1,120	(97,673)
(Profit)/Loss from Sale of Property, Plant and Equipment	(52,429)	(23,489)
Depreciation and Amortisation	336,904	418,662
Changes in assets and liabilities		
(Increase)/Decrease in Receivables	59,123	53,023
Increase/(Decrease) in Payables	48,506	29,204
Increase/(Decrease) in Revenue received in advance	(194,293)	104,862
Increase/(Decrease) in Employee Benefits	125,741	165,697
Net Cash Inflow/(Outflow) from Operating Activities	<u>324,672</u>	<u>650,286</u>

Note 15: Financial Instruments**(a) Categorisation of Financial Instruments**

Details of each category of financial instrument held by the Queen Elizabeth Centre are disclosed in the table below.

	Category	Carrying Amount 2011 \$	Carrying Amount 2010 \$
Financial Assets			
Cash and Cash Equivalents (refer Note 5)	Cash	3,168,352	3,065,097
Trade Debtors (refer Note 6)	Loans and Receivables	46,760	39,927
Other Receivables (refer Note 6)	Loans and Receivables	313,375	340,237
		<u>3,528,487</u>	<u>3,445,261</u>
Financial Liabilities			
Interest Bearing Liabilities (refer Note 9)	Credit Cards	6,842	4,202
Current Payables (refer Note 10)	Financial liabilities (at amortised cost)	214,639	168,773
		<u>221,481</u>	<u>172,975</u>

(b) Credit Risk

The Queen Elizabeth Centre's exposure to credit risk and weighted average effective interest rate is set out in the following table.

Interest Rate Exposure and Analysis of Financial Assets

	Weighted Average Effective Interest Rate %	Interest Rate Exposure				Not Past Due and Not Impaired \$	Past Due and Not Impaired (> 30 days) \$
		Carrying Amount \$	Fixed Interest Rate \$	Variable Interest rate \$	Non Interest Bearing \$		
2011							
Financial Assets							
Cash	4.7	481,994	-	481,074	920	481,994	-
Cash Equivalents (Term deposits)	6.0	2,686,358	2,686,358	-	-	2,686,358	-
Trade Debtors	0.0	46,760	-	-	46,760	45,380	1,380
Other Receivables	0.0	313,375	-	-	313,375	313,375	-
Total Financial Assets		<u>3,528,487</u>	<u>2,686,358</u>	<u>481,074</u>	<u>361,055</u>	<u>3,527,107</u>	<u>1,380</u>
2010							
Financial Assets							
Cash	3.4	838,265	-	837,395	870	838,265	-
Cash Equivalents (Term deposits)	5.4	2,226,832	2,226,832	-	-	2,226,832	-
Trade Debtors	0.0	39,927	-	-	39,927	28,690	11,237
Other Receivables	0.0	340,237	-	-	340,237	340,237	-
Total Financial Assets		<u>3,445,261</u>	<u>2,226,832</u>	<u>837,395</u>	<u>381,034</u>	<u>3,434,024</u>	<u>11,237</u>

The Queen Elizabeth Centre's exposure to credit risk arises from the potential default of counterparties to their contractual obligation resulting in financial loss to the organisation.

The Queen Elizabeth Centre manages the credit risk by assessing potential clients and utilising revenue contracts, investing surplus funds with an Australian bank and reviewing ageing analysis in a timely manner.

The objective of managing credit risk is to minimise the possibility of defaulting on repayments.

(c) Liquidity Risk

The following table discloses the contractual maturity analysis for the Queen Elizabeth Centre's financial liabilities.

The Queen Elizabeth Centre manages liquidity risk by maintaining some investments at call and by budgeting and projecting cash flows to meet contractual commitments.

Interest Rate Exposure and Analysis of Financial Liabilities

	Interest Rate Exposure						
	Weighted Average Effective Interest Rate %	Carrying Amount \$	Fixed Interest Rate \$	Variable Interest rate \$	Non Interest Bearing \$	Contractual Cash Flows \$	Not Past Due \$
	2011						
Payables							
Interest bearing liabilities	16.5	6,842	-	6,842	-	6,842	6,842
Trade creditors and accruals	0.0	214,639	-	-	214,639	214,639	214,639
Total Financial Liabilities		221,481	-	6,842	214,639	221,481	221,481
2010							
Payables							
Interest bearing liabilities	15.5	4,202	-	4,202	-	4,202	4,202
Trade creditors and accruals	0.0	168,773	-	-	168,773	168,773	168,773
Total Financial Liabilities		172,975	-	4,202	168,773	172,975	172,975

(d) Market Risk Exposure

The Queen Elizabeth Centre's exposure to market risk is mainly through interest rate risks.

The Queen Elizabeth Centre assess the currency risk and other prices as insignificant, because the Queen Elizabeth Centre undertakes all transactions in Australian dollars and have no financial assets or financial liabilities subject to changes due to volatility in the market. Objectives, policies and processes used to manage each of these risks are disclosed as follows.

Policy on Managing the Interest Rate Risk

The objective of managing market risk is to minimise negative impacts on financial assets value due to the volatility of variables, mainly due to changes in the interest rates.

Sensitivity Analysis on the Return, to Interest Rate Exposure

	Carrying Amount \$	Interest Rate Risk			
		-1% (100 basis points)		+1% (100 basis points)	
		Profit \$	Equity \$	Profit \$	Equity \$
2011					
Financial Assets					
Cash and cash equivalents (i)	3,168,352	(31,684)	(31,684)	31,684	31,684
Financial Liabilities					
Interest bearing liabilities (ii)	6,842	68	68	(68)	(68)

(i) Sensitivity of cash and cash equivalents to a -1% movement in rates: ie $(3,168,352 \times 5.4\% - 3,168,352 \times 4.4\%) = (\$31,684)$. Similarly for a +1% movement the impact is \$31,684.

(ii) Sensitivity of interest bearing liabilities to a -1% movement in rates: ie $(6,842 \times 16.5\% - 6,842 \times 15.5\%) = \68 . Similarly for a +1% movement the impact is (\$68).

