



QEC

LEARNING. PARENTING. TOGETHER.

09
10

92ND ANNUAL REPORT



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



EVERY CHILD AND FAMILY DESERVES THE BEST START POSSIBLE

For over 90 years QEC has provided specialised care, support and guidance to help parents to manage the many challenges that arise during early parenthood, from before birth until 48 months. Priority is given to families that face physical, psychological, intellectual or environmental challenges that compromise their ability to provide an environment that nurtures and supports the health and wellbeing of their infants.

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

Residential, day, group, home visiting and telephone advice services are delivered at QEC's Noble Park site, or through regional outreach bases at 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 Community Services, the Hon Lisa Neville, 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 endorses and participates in the achievement of national and state child health goals and targets to:

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

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QEC'S BUTTERFLY LOGO SYMBOLISES FRAGILITY, TRANSITION OF LIFE PHASES, GRACE AND BEAUTY.

This report was released to the public on Wednesday 8 November 2010
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Executive report

During the year QEC appointed a new President, Sue Harper and an Acting Chief Executive Officer, Sue Couper.

Robyn Gillis is currently on maternity leave and Sue Couper has moved from her Director of Nursing role in her place. Bruce Morley retired as long-term President with Sue Harper stepping up from Vice President to take on this important mantle.

This joint report from the President and Acting CEO, provides a prelude to the annual report and reflects the move towards increased collaboration and partnership internally and when working with the sector and interfacing with government. It offers insights into future plans as well as reflecting on the past year.

GOODBYE AND WELCOME

We sadly bid Bruce Morley goodbye and in appreciation we honoured him with Life Governorship at the 2009 AGM. Bruce steered QEC with steady and capable leadership. He first joined the Board in November 2000 and was appointed Treasurer from this date until 2003. He was Vice President for year 2002-2003 and then elevated to President, a position he held between 2004 and 2009.

His achievements have been many and varied. There is not sufficient space to list them all here; however, we credit him with leading the initiative to establish the international conference hosted by QEC for the benefit of the entire sector. This year will be the sixth such event which attracts over 500 delegates. Along with his commitment to the professionals operating in the sector Bruce has been at the forefront of initiatives that raise the level of safety, well-being and professional opportunities of QEC staff.

Bruce's dedication to the early parenting sector and his commitment to the benefits arising from the early intervention initiatives promoted by QEC, has helped raise its profile to government and within the sector. This direction has been welcomed and supported by the philanthropic sector.

We sincerely thank you Bruce for your ten years of leadership.

At the last annual meeting Frank Slutzkin joined Bruce Morley as a Life Governor. Sadly Frank Slutzkin did not get a chance to be personally congratulated and farewelled by QEC Staff, Board of Management and QEC Foundation Trustees at the annual Christmas lunch. He passed away suddenly in early December 2009. QEC Board and Foundation are indebted to Frank for his tireless work and commitment to 'Mums and Babes' (as he fondly referred to them) as Secretary of the QEC Foundation for 22 years.

We thank Jean Andrews for her service as a QEC Board Member and congratulate Shelley Racine on her appointment for another term. Sincere thanks to the entire Board for their willingness to give their time, skills and knowledge to QEC in such a generous way.

The Board thanks Michael Holdway of Talent Partners, for his counsel regarding Board recruitment. We welcome Mark Dunphy, Mary Sayers and Karen Wells as new Board Members for the coming year.

QEC was in an enviable position of being able to call upon an excellent management to step in during the CEO's maternity leave. We congratulate Robyn Gillis and her husband on the birth of their

daughter. Kirsty Evans has been appointed to the position of Acting Director of Nursing and Jan Bedlington has taken up Kirsty's position as Manager of Outreach Services.

We are committed to continuing the strong partnership between the QEC Board and Executive Management. It is important to ensure the interest, drive and passion of each respective group is retained within appropriate boundaries. The QEC Board does what it can to support the staff through the CEO in everything it does and the staff respect and calls upon the Board Members specialist skills set.

The strategic planning day provides the opportunity for Board and the Executive Management team to further develop aspirations and understandings that will take QEC forward into the future.

2009-10 was a year of consolidation to ensure the programs being piloted were relevant and made inroads into effecting change for vulnerable and at risk families.

COLLABORATION AND PARTNERSHIP

The key to sustainability is working cooperatively and strategically with government, other early parenting services and the community sector:

In the past year QEC was invited to sit at the policy development table with State Government advisors and other stakeholder groups, to develop the new Victorian Early Parenting Strategy, to be implemented over the coming years. EPC's will be positioned as secondary services, moving away from the universal system and towards strengthening links within the community sector. This policy emphasises the strength of the sector to work closer together to provide services in the best interests of children and their families. QEC is at the forefront of this change.

Innovation and Excellence

QEC considers itself a reflective organisation that does not rest on its laurels. It is always searching for new ways to engage with at risk and vulnerable families. Both *Tummies to Toddlers* and *PlaySteps* programs developed by QEC, were based on international programs and research findings.

The coming year will be one where we share our findings and our skills and continue to work cooperatively to partner with our Early Parenting Centre peers - Tweddle Child and Family Health Service and Mercy Health, O'Connell Family Centre to implement proven methods to support infants at risk and their parents.

In December 2009 QEC participated in an international conference attendance by Kirsty Evans. Kirsty met with a number of service providers whilst in the US before attending the Zero to Three Conference, in Dallas Texas. The information gleaned by Kirsty confirms the worth of our own initiatives with a focus on attachment and innovation. It also provides QEC with new ways of thinking or working that can be adapted for use in Australia.

Equity of Access

Reaching and supporting the families that need us most is proving an ongoing challenge for QEC and the sector generally. Issues such as

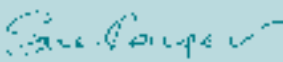
referral pathways, communication, stable accommodation and the cost of delivering personal services in the rural and regional areas cannot be solved overnight. Greater pressure must be placed on government to fund programs where there is greatest need. This includes providing adequate resources for existing programs in addition to the introduction of new ones.

Staff and Services

The Board and the Management greatly value the work of the staff across the organisation. Ensuring we offer professional development opportunities for staff and enhancing the capacity of our workforce through the reflective practice project was high on the agenda last year and continues to be at the top of the list.

The cost of providing services to the rural sector has meant we have needed to rely on staff working overtime and under challenging circumstances. We have been working collaboratively with other EPC's and partner agencies to gain greater recognition by government for the value of the work of staff and the need to provide 'backfill' funding to allow for sick leave, annual leave and additional referrals. We cannot have a 'casual based workforce approach'. Our specialised sector requires considerable training and service delivery skills that cannot be obtained through a brokerage approach. It takes years to train staff and we need to ensure we have adequate resources in place to keep them highly skilled or risk losing them, not only from the organisation but from the sector altogether.

We look towards the future with a renewed focus on collaboration with our government and early parenting and community sector peers to support better outcomes for Victoria's vulnerable children and families.



Sue Couper
ACTING CEO



Susan Harper
PRESIDENT

The Board recognises and sincerely thanks Sue Couper and the Executive Management team. Sue has continued the work at QEC with charm and respect for children, families and staff in an environment of economic constraint. The entire dedicated staff, led by a group of highly professional managers, continue to deliver programs of excellence. Never wavering, their dedication to children and families is remarkable and extraordinarily inspirational.

Sincere thanks to you all.

SUE HARPER, BOARD PRESIDENT



The Queen Elizabeth Centre Annual Report 2009-10 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 2010.



Susan Harper
President
QEC
1 July 2010

Board of Management Members, Office Bearers & Senior Staff

PATRON: June Shaw

LIFE GOVERNORS: The late Frank Slutzkin (appointed 11 November 2009)
Bruce Morley (appointed 11 November 2009)

PRESIDENT: Susan Harper; OAM, Dip KTC, Grad Dip Education Studies (from 2 December 2009)
Bruce Morley, B Com, ARMTIC, FCPA, FCIS, FAICD (until 2 December 2009)

VICE PRESIDENTS: Hannah Crawford, LLB, B Com, CA, F Fin
Susan Harper; OAM (until 2 December 2009)
Kym Forrest, RN, BN, MMgt (from 2 December 2009)

**CHAIRMAN,
FINANCE COMMITTEE:** Hannah Crawford

COMMITTEE MEMBERS: Jean Andrews, Dip T (EC), B.Ed (EC), M Ed St, Grad Dip Human Ser. Admin, GAICD (until 28/5/2010)
Mary Beth Bauer, FAICD, ACA
Keith Lambert, Grad Dip Bus Admin, FSIA FAIB, FCIB (UK)
Associate Professor Campbell Paul, MBBS, FRANZCP Cert Child & Adolescent Psych
Shelley Racine, LLB
Timothy Staker, MBA, Grad Dip Bus (Tech Mgmt), Dip Eng (Biomed), Dip Eng (Electronic)

AUDIT COMMITTEE: Mary Beth Bauer (Independent)
Hannah Crawford (Vice President)
Keith Lambert (Independent) (until 2 December 2009)
Bruce Morley (Independent) (from 2 December 2009)
Tim Staker (Independent)

**Table 1 Board Of Management and
Committee meetings attendance, 2009-10**

	%
Ms J Andrews (until 18/5/2010)	77
Ms MB Bauer	93
Ms H Crawford	92
Ms K Forrest	95
Ms S Harper	76
Mr K Lambert	40
Mr B Morley	80
Assoc Prof C Paul	71
Ms S Racine	68
Mr T Staker	75

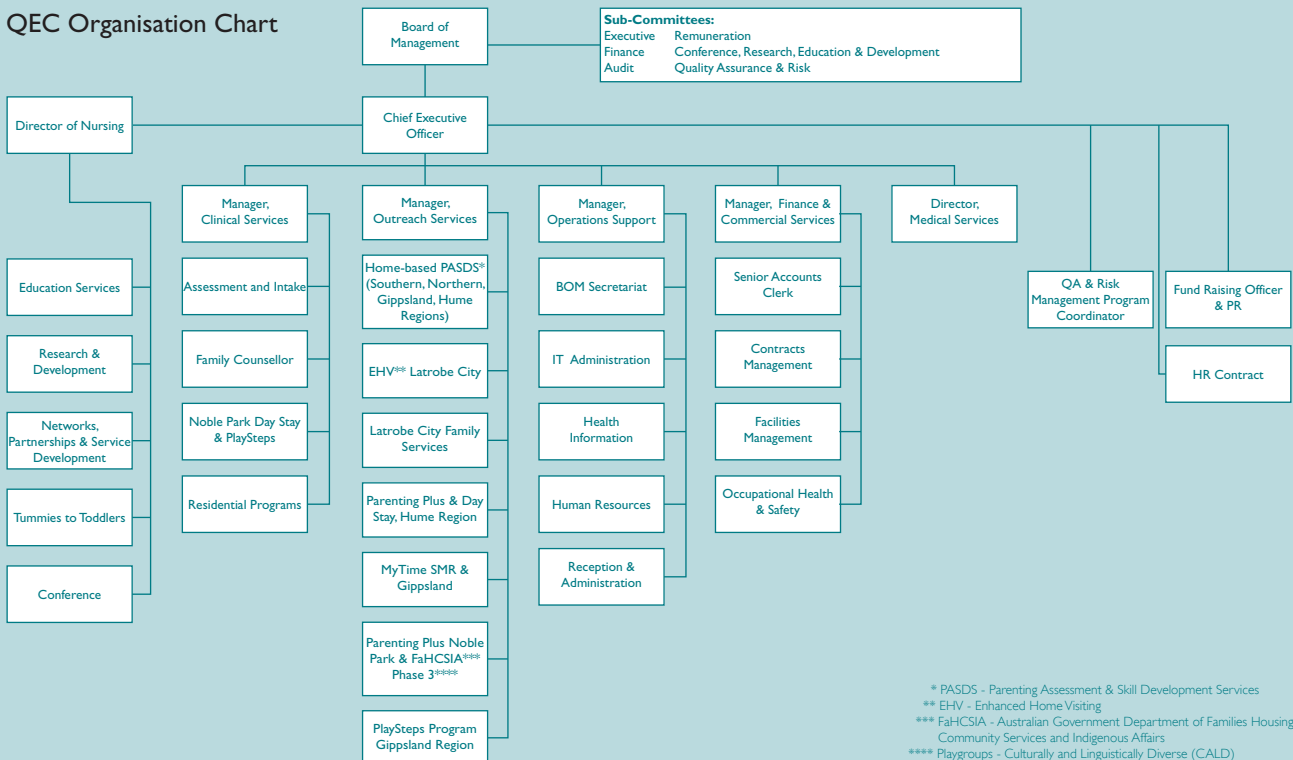


BRUCE MORLEY AND THE LATE FRANK SLUTZKIN
RECEIVE THEIR LIFE GOVERNORSHIP APPOINTMENTS.

Senior Staff

- CHIEF EXECUTIVE OFFICER:** Robyn Gillis, B Sc (Biol & Hlth Sci), AssDip Occ Hlth & Safety, GAICD, M Hlth Services M'Ment (leave 30/11/2009 until 1/2/2011)
- ACTING CHIEF EXECUTIVE OFFICER:** Sue Couper, RN, RM, MCHN, Dip App Sc (CHN) (from 1/12/2009)
- DIRECTOR OF NURSING:** Sue Couper; (until 31/1/2010)
- ACTING DIRECTOR OF NURSING:** Kirsty Evans, RN, RM, MCHN, GradDip Hlth Sc (Hlth Ed & Hlth Prom), GradCert Hlth Services M'Ment, Cert Paeds (from 1/2/2010)
- DIRECTOR OF MEDICAL SERVICES:** Dr Gideon Saaroni, MBBS
- COMMERCIAL and FINANCE MANAGER:** Dean Stuble, B Bus (Acct) CPA
- MANAGER, OPERATIONS SERVICES:** Janelle Crossett, AdvDip Bus Mgt
- MANAGER, CLINICAL SERVICES:** Claire Powell, RN, RM, Ba Nursing, MCHN, GradDip Child Health and Community Nursing
- MANAGER, OUTREACHSERVICES:** Kirsty Evans (until 31/1/2010)
- ACTING MANAGER, OUTREACH SERVICES:** Jan Bedlington, RN, RM, MCHN Dip App Sc (CHN) (from 1/2/2010)
- HONORARY SOLICITORS:** Mallesons Stephen Jaques
- AUDITORS:** Auditor-General Victoria
- BANKERS:** National Australia Bank Limited

QEC Organisation Chart



QEC programs and services

QEC adopts an inclusive approach to delivering services to the most vulnerable and at risk in the community. Every family presents with its own unique problems or life challenges. Whether challenged by a disability; a chronic or debilitating illness; suffering from depression or anxiety; presenting with a substance dependency; a history of anger management issues; adolescent parents; or restricted by the lack of English - all parents and children's carers and family members are treated with equal respect and understanding at QEC.

QEC responds to the changing client base in order to deliver programs that apply a practice model and acknowledges parenting assistance and intervention within a family context. Every family situation is different, therefore, QEC works on tailoring the education and support rather than apply a 'one size fits all' approach.

QEC staff, families and carers, work together to determine and set goals, solve problems and put solutions or practices into action. This involves engaging with families in a sensitive way, assisting them to identify and build on their strengths and current parenting practices.

Recognising the child's wellbeing and improving lifelong outcomes is at the core of every program run by QEC. Outcomes are achieved through a family focused approach; acknowledging the family goals, needs and desires; working to increase family competencies and problem solving skills; and helping families build their own social resource networks.

THE CHALLENGES

- Funded for 965 calls for *Assessment and Intake* but delivered well over this figure at 2417 calls.
- To respond and modify the programs and approaches to better assist families with complex life circumstances.
- To respond appropriately to the critical needs of infants most at risk and their families referred by DHS to the *PASDS Residential* program.
- To enhance the experience and assist staff to recognise the cultural sensitivities and special needs of Aboriginal and other CALD communities.
- Offering best practice programs to an increasing intake of clients with a disability.
- Offering staff appropriate training and support in direct response to new challenges presented to them in dealing with greater complexities and client diversity.
- Ensuring equal access and appropriate support for vulnerable families from rural areas.

IN RESPONSE

- Changing service delivery and program composition to reflect the complex nature of the intake groups (especially those referred by DHS – Child Protection Unit).
- Developed and introduced new technology based mediums.
 - A new telephone system (via a generous donation from the QEC Foundation).

- Steady growth in 'hits' on our internet-based vodcasts (funded through a 2008 grant from the Collier Charitable Fund) and podcasts – correlating with a 'cancellation' of a number of scheduled call back appointments.

- A new intranet site (*LOUISE*) being readily and regularly accessed by all staff including those remotely based.

- Maintaining the Employee Assistance Program to ensure the well-being of staff.
- Developing and supporting staff through Family Partnership® and *Reflective Practice Project* (Innovative program currently underway and made possible through a 2 year grant from the William Buckland Foundation).
- Collaboration with community organisations including the Playgroup Association of Queensland and Southern Health in Victoria to enhance and diversify client services.

TOWARDS THE FUTURE

In line with the recommendations of the Victorian Early Parenting Strategy, QEC aims to improve family wellbeing and promote the safety, stability and development of vulnerable children through:

- Review of *Assessment and Intake*, *DayStay* and *Residential* services and exploration of new models of service delivery appropriate for an increasingly complex clientele.
- Improved access and earlier intervention of clients most in need through the implementation of professional referral over the next three years.
- Extend collaboration and partnership with community organisations to enhance access and client services.
- Expansion of psychological services.
- Promotion of greater engagement of under represented cultural groups including Aboriginal and CALD families.
- Explore the use of current modes of technology to connect with clients, particularly the younger age group.
- Provision of relevant staff education and training to ensure a confident and skilled workforce necessary to meet the needs of a high risk clientele.

Table 2 Admitted Clients to Parenting Intervention Services, 2009-10

SEPARATIONS	2009-10
Same day - DayStay program	465
Same day - PlaySteps program - Noble Park	310
Multi day – Residential program	1621
Total separations	2396

Same day separations included the *DayStay* and *PlaySteps* programs completed at Noble Park and consisted of 416 adults and 359 children.

Programs delivered in 2009-10

CORE PROGRAMS AND SERVICES

Under a Service Agreement, the Victorian Government Department of Human Services', Children, Youth and Families Division fund the following QEC parenting services:

- Telephone consultation, *Assessment and Intake* (Location: Noble Park; Catchment: Victoria).
- 5 Day (live in) *Residential* program (Location: Noble Park; Catchment: Victoria).
- *DayStay* program (Location: Noble Park; Catchment: Victoria; Location: Wangaratta; Catchment: Upper Eastern Hume region).
- *PlaySteps* (Location: Noble Park).
- *Parenting Plus, home-based* (Location: Noble Park, Morwell, Wangaratta; Catchments: Southern metropolitan region, Latrobe City, 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).

QEC continues to provide additional innovative services to communities funded through Local and Commonwealth Governments, community service organisations, and philanthropic sources. Last year these included:

- Education services including professional seminars and professional development workshops.
- *Enhanced Home Visiting* – (Location: Latrobe City).
- *Parenting Plus* (Locations: Wodonga, Toowong, Indigo).
- *Parenting Plus* refugee play and parenting group program (Location: Dandenong).
- *MyTime* (Locations: Noble Park, Morwell, San Remo).
- *Tummies to Toddlers*, Antenatal pilot program (Location: Noble Park).
- *Sing & Grow* music therapy program (In collaboration with Queensland Playgroup Association. Location: Noble Park)
- Male facilitated education and support groups for fathers (In collaboration with Southern Health. Location: Noble Park)

Table 3 Occasions of service for non-admitted clients, 2009-10

Home visits - PASDS, Parenting Plus, Innovations, Enhanced Home Visiting - all regions	3476
DayStay program - Wangaratta (separations)	138
PlaySteps Reunification	197
MyTime - Noble Park, Morwell & San Remo	196
PlaySteps - Morwell	51
Tummies to Toddlers Pilot - (groups and home visits)	271
Total occasions of service	4329

Programs delivered in 2009-10

Table 4 Families and attendance by program and location, 2009-10

PROGRAM	LOCATION	2009-10
Residential - 5 day	Noble Park (families)	531
Parenting Assessment & Skill Development Services (PASDS) ¹ 10 day Residential	Noble Park (families)	121
DayStay	Noble Park ² (families)	196
	Wangaratta (families)	60
PlaySteps	Noble Park ³ (family attendance)	149
	Morwell ⁴ (family attendance)	51
PlaySteps Reunification ⁵	Frankston (family attendance)	21
	Box Hill (family attendance)	16
	Sunshine (family attendance)	42
	Morwell (family attendance)	7
	Sale (family attendance)	28
	Shepparton (family attendance)	42
Enhanced Home Visiting (EMCH)	Wangaratta (family attendance)	41
Home-based Parenting Plus	Latrobe City (families)	133
	Southern metropolitan region DHS Parenting Plus (families)	62
	Southern metropolitan region - FaHCSIA funded Parenting Plus Phase 3 (families)	11
	Upper Hume region (IFS Psychiatric Disability Service System PDSS) (families)	9
	Wodonga, Toowong, Indigo (IFS) (families)	11
Home-based PASDS ⁶	Latrobe City (IFS) (families)	54
	Upper Hume region (families)	11
	Gippsland region (families)	31
	Northern metropolitan region (families)	47
Playgroups - Culturally and Linguistically Diverse (CALD) ⁷	Southern metropolitan region (families)	56
	Noble Park (family attendance)	150
MyTime	Noble Park ⁸ (family attendance)	82
	Morwell ⁹ (family attendance)	65
	San Remo ¹⁰ (family attendance)	49
Tummies to Toddlers Pilot ¹¹	Noble Park (family attendance)	105
Telephone Advice	Noble Park (families)	1189
Total		3370

¹ Residential PASDS, 125 family targets were contracted to DHS and of the offered positions, 121 were utilised.

² DayStay targets were reduced to 198, to accommodate PlaySteps Program.

³ PlaySteps Program is an 8 week group program with participants attending weekly.

⁴ Noble Park program consists of 32 sessions with an average family attendance of 5.

⁵ Morwell program consists of 8 sessions with an average family attendance of 6.

⁶ PlaySteps Reunification Program was delivered across 7 sites through out the state.

Program consists of 9 sessions throughout 7 sites, with an average family attendance of 3.

⁷ Home-based PASDS, 153 targets were contracted to DHS and of the offered positions, 145 were utilised.

⁸ Playgroups – Culturally and Linguistically Diverse (CALD) program.

Noble Park program consists of 76 sessions with participant attendance including 1134 children and 839 adults.

⁹ MyTime Program is a weekly group program with participants attending weekly.

¹⁰ Noble Park program consists of 65 sessions with an average family attendance of 1.

¹¹ Morwell program consists of 36 sessions with an average family attendance of 2.

San Remo program consists of 36 sessions with an average family attendance of 1.

¹¹ Tummies to Toddlers Pilot eighteen month program consists of 15 families and an average group session attendance of 7.

During 2009-10 QEC registered its rights over Parenting Plus®, PlaySteps® and Tummies to Toddlers®.

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 program with 26 per cent being less than 20 years of age and 58 per cent less than 25 years. In contrast, 51 per cent of parents represented in the 5 day Residential, DayStay and PlaySteps programs, were aged between 30-39 years, whilst 40 per cent were less than 30 years of age.

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 35 per cent of children less than 3 months of age. This is an increase of over 10 per cent.

DayStay, PlaySteps, and the 5 day Residential program included 56 per cent of infants aged less than 12 months. The balance comprised 14 per cent of children between 12 and 18 months, and 30 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

Table 5a Age of children at beginning of PASDS and Parenting Plus programs

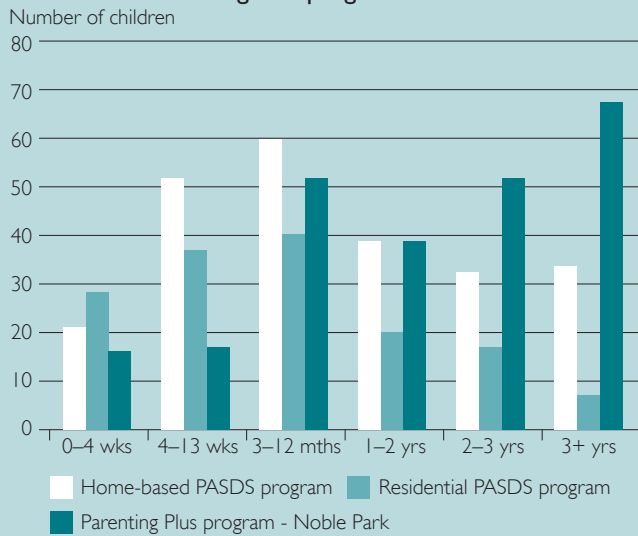


Table 5b Age of children at beginning of Residential and DayStay programs

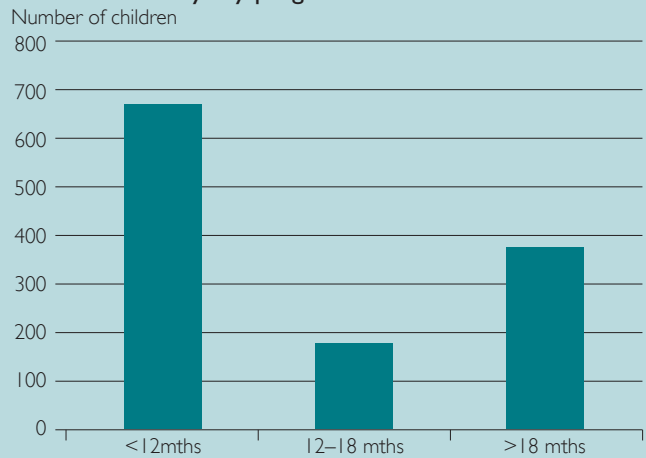


Table 5c Age of adult at beginning of PASDS and Parenting Plus programs

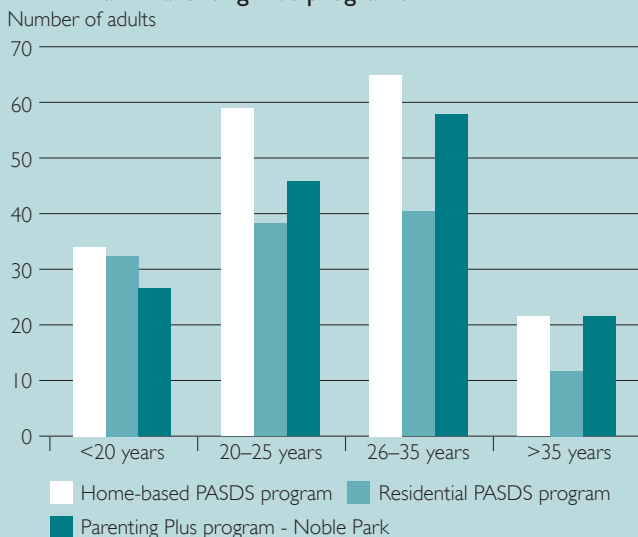
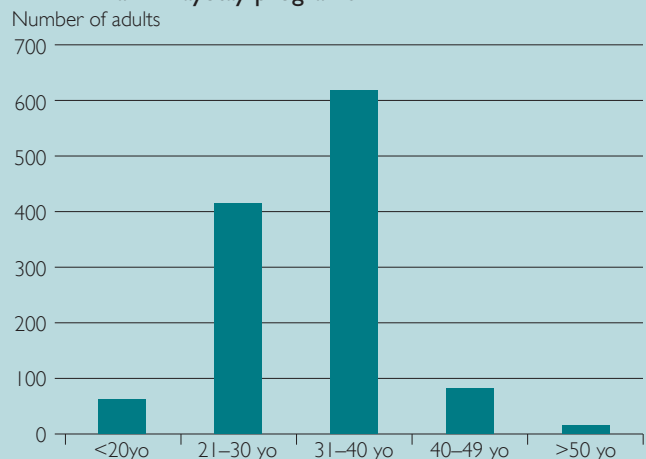


Table 5d Age of adult at beginning of Residential and DayStay programs



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 77 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 eighteen per cent of families participating in QEC services. Sixty-nine 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 fewer than three per cent speak a language other than English in their homes, mainly Russian, Cantonese, Bosnian, Assyrian, Sinhalese and Hebrew.

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 76 groups involving 1973 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 68 Aboriginal and Torres Strait Islander clients.



TUMMIES TO TODDLERS

QEC's newest and most complex pilot program is nearing completion. Expectant mothers who were referred to the program were hesitant and concerned about theirs and their baby's future. Having a baby is a daunting experience for most women but when you are experiencing complex life issues and lack a stable home base the risks are compounded.

QEC staff members assigned to the program's participants have offered a constant presence, both on a one-on-one basis and in a group setting. All babies are doing well and the parents are taking their new role very seriously. They want the best start for their child. The support and guidance by QEC has been offered to them from the gestation period, through to the birth and now into their baby's early growth phase.

The parents want the program to continue. They do not believe they could have done nearly as well or gained confidence in parenting without Tummies to Toddlers and the ability to be only an SMS message away from QEC.

We are grateful to the Lord Mayor Charitable Fund and the Alfred Felton Bequest for supporting this innovative pilot program.

Access to QEC services in 2009-10

In line with strategic priorities, and at a time of increasing need and limited resources, QEC continues to direct service delivery towards the sector of the community with multiple and complex needs, the aim being to improve long term outcomes for parents and their children.

Data analysis bears out families admitted to QEC are presenting with multiple risks and difficult life circumstances. QEC is meeting the challenge to admit those who are the most vulnerable. Significant numbers of clients reported depression; there was an increase in parental disability; mental illness features; and single parent families comprised a high percentage of *Residential PASDS* admissions. Many families continue to identify as 'chaotic and unstable' adding pressure in directing them to the most appropriate service.

THE CLIENT ASSESSMENT AND INTAKE SYSTEM (CAIS)

QEC developed and introduced Client Assessment and Intake System (CAIS), now fully operational for over 2 years, enabling the collection of valuable data used to determine client need and service requirements.

The design of the program allows the collection of information on 35 risk indicators and 10 protective indicators during a 30 minute telephone consultation. Research has shown these risk factors can negatively impact upon all areas of child development and parenting outcomes whilst protective factors can shield vulnerable children from harm. On completion of the consultation, a numeric risk score is automatically calculated, which prioritises and directs the intervention required by individual families.

Data analysis showed that families recommended for a

Residential program had an average risk score of 13.66, while families attending *DayStay* averaged a score of 2.94. Families receiving *Telephone Advice* only, averaged risk scores between zero to 2.2.

The academic research supporting the CAIS system indicates the long term outcomes for children would be enhanced if a timely and appropriate parenting service intervention could be provided.

Aware of the direction to respond to those families most in need and the limited capacity to provide services to all families who seek support, QEC has developed podcasts and vodcasts for its website. Parents are able to listen to information on sleep and settling and view the strategies in action with the aim of reducing the need for a telephone consultation and admission to a QEC service.

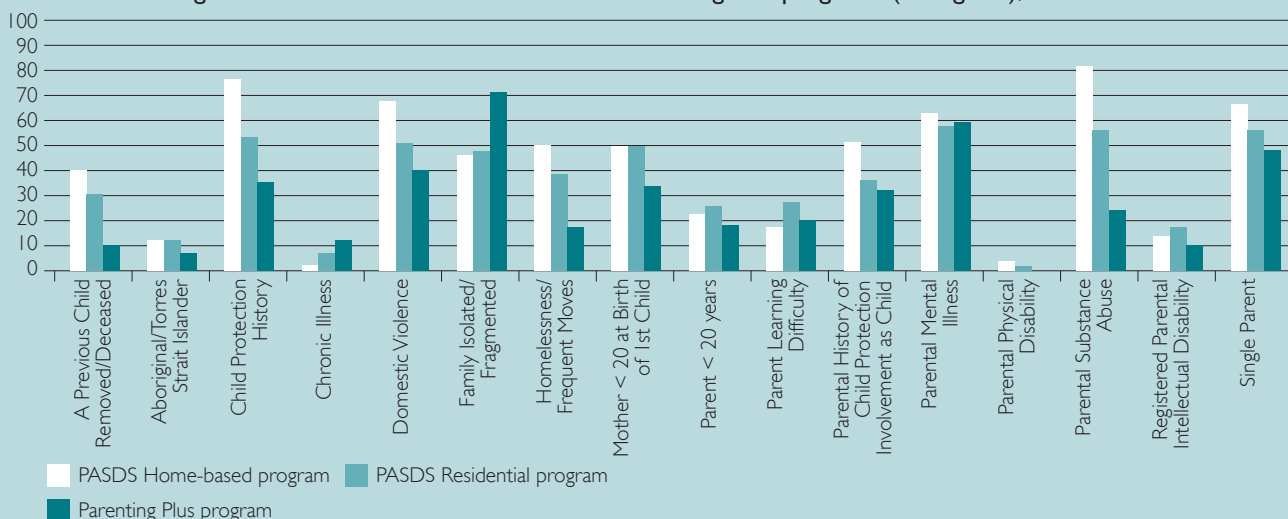
TELEPHONE CONSULTATIONS

Telephone consultation remains the most common method used to access QEC services. QEC receives funding to support 965 calls for *Assessment and Intake* however demand far exceeds service capacity with over 2417 calls made. All clients are assessed and given immediate support with over half requiring advice only and a further 1047 clients booked into a QEC program.

Current demand results in extended waiting periods for a telephone consultation. The introduction of a new telephone system has increased the waiting time due to capturing clients who had previously been unable to get through. This provides a challenge for QEC in the coming year to ensure a system where clients most in need are serviced appropriately and in a timely manner.

The 5 day *Residential* program was well utilized with a total of 531 families attending.

Table 6 Percentage of families risk factors in PASDS and Parenting Plus programs (all regions), 2009-10





"ALL ASPECTS WERE GREAT, BUT THE MOST SUPPORTIVE THING WAS HAVING SOMEONE HERE TO TALK TO AND ANSWERING MY QUESTIONS WITHIN THE CONTEXT OF MY FAMILY AND THEIR NEEDS."

121 families from a target of 125 were admitted into the 10 day PASDS program. Families referred to the PASDS Residential program are highly complex and require intensive case management in preparation for admission. Where a region was unable to provide a client for admission, all regions were contacted and offered the opportunity to take up the position.

DayStay program targets were reduced from 390 to 198, with a further 192 places redirected towards the PlaySteps program which focuses on improving parent child relationships in vulnerable families. Although 301 DayStay bookings were initiated, achieving the target

of 198 was challenging. In response an additional family was booked for each DayStay session to achieve 196 admissions.

Of those families who cancelled their admission, child illness was cited as the major factor. A number of parents advised their parenting problem had improved after following advice from the telephone consultation, podcasts and vodcasts.

Four PlaySteps programs conducted at Noble Park, each running over an 8 week period, attracted 27 families. Each family averaged 5.5 weeks of the program with illness accounting for the majority of non attendances.

Table 7 Families admitted to Residential, DayStay and PlaySteps services at Noble Park: Percentage distribution by home location (DHS region), 2009-10

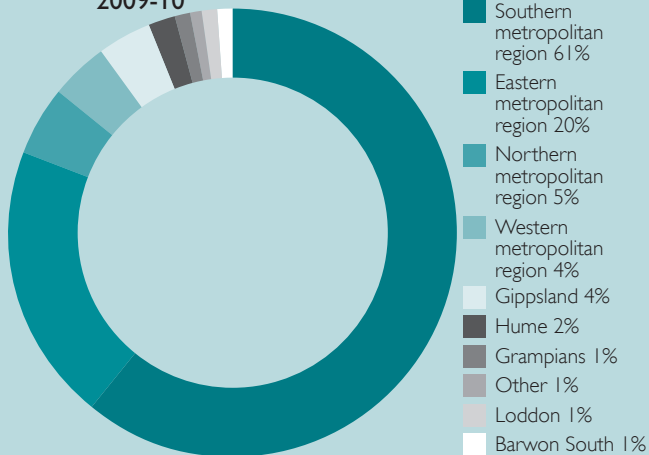
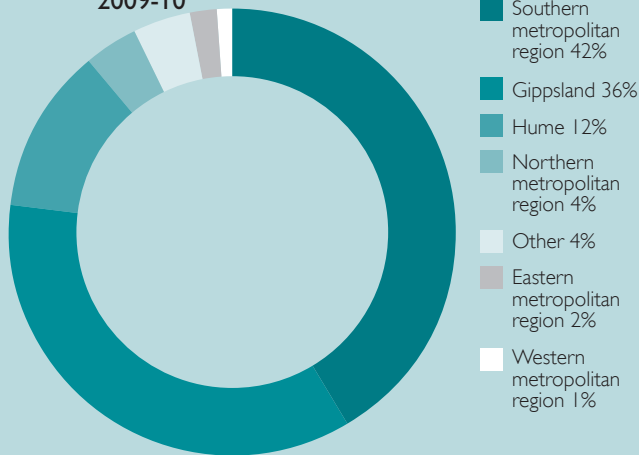
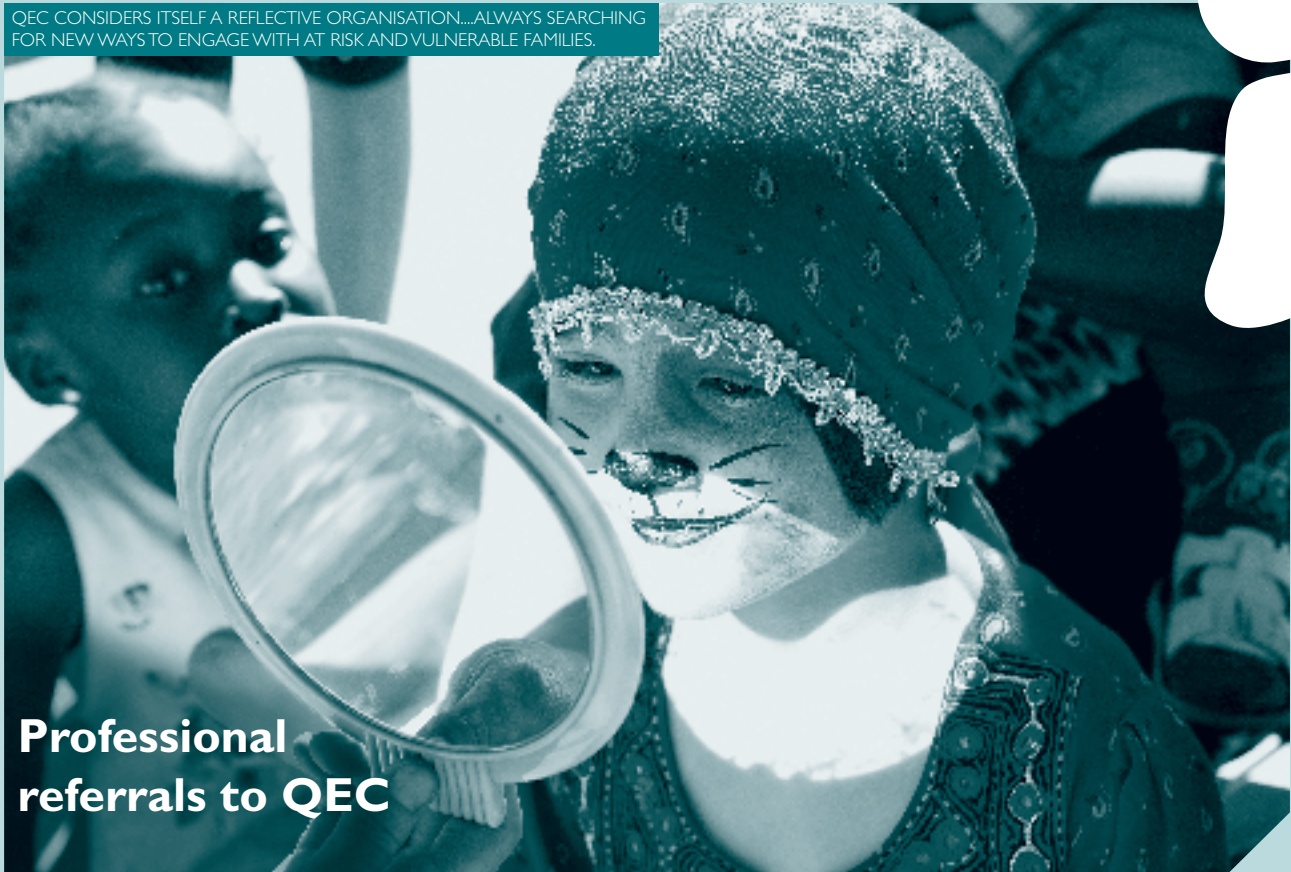


Table 8 Families at combined QEC regional services (home-based programs): Percentage distribution by home location (DHS region), 2009-10



QEC CONSIDERS ITSELF A REFLECTIVE ORGANISATION...ALWAYS SEARCHING FOR NEW WAYS TO ENGAGE WITH AT RISK AND VULNERABLE FAMILIES.



Professional referrals to QEC

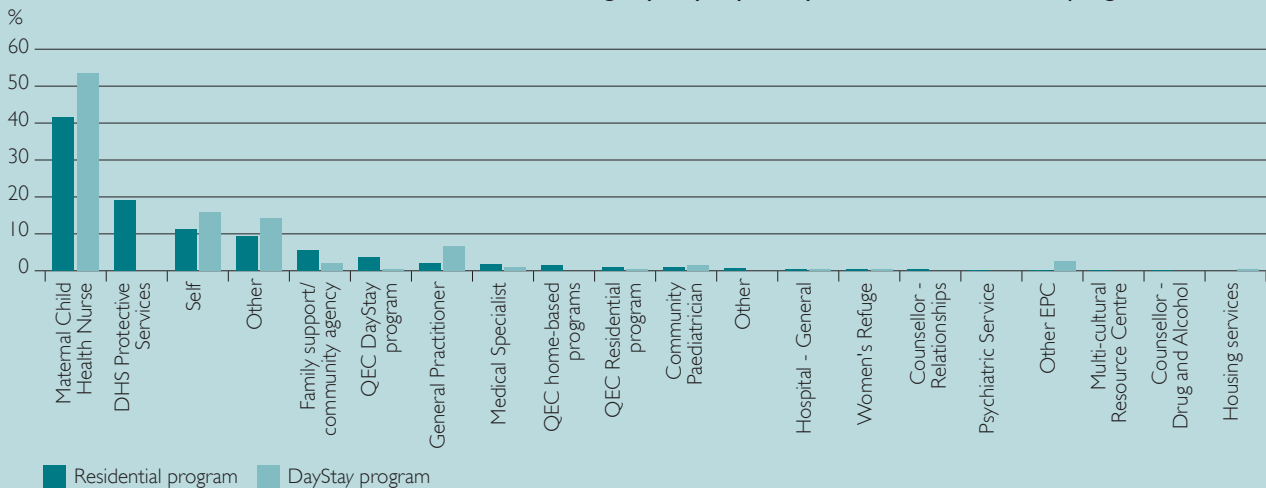
Professional referrals are welcomed and remain a valued avenue to provide priority access for vulnerable families. A total of 183 telephone consultations were made with sector professionals.

Traditionally referral sources have included both formal referrals and a self report by the parents. Including both referral sources, the Maternal and Child Health Service accounts for over 40 per cent

of all referrals to single day and 5 day Residential programs. Fifteen percent of referrals were received from medical practitioners.

In line with the Victorian Early Parenting Strategy, QEC will trial a requirement for professional referrals to access a service. The aim being to target those members of the community most in need of support and education.

Table 9 Referral source to Noble Park services: Percentage by DayStay, 5 Day and PASDS Residential programs, 2009-10



Matching the need with the service

QEC offers home visiting services as an effective way to engage high risk, vulnerable families and provide access to specialist early parenting services for families residing in rural communities and metropolitan locations away from Noble Park.

In 2009-10, QEC home-based services were available in the rural districts of Gippsland, Hume and some Southern, Eastern, Northern and Western suburbs. QEC provided a total of 292 families a home-based service in the 2009-10 year. This is an increase of 27 from the previous 12 months and highlights the increased awareness of the effectiveness of the service.

Parenting Plus

This is a highly intensive, specialised parenting skills building program, for families experiencing significant parenting challenges contributing to poor child outcomes. With the support of staff, parents identify areas of need and create individualised plans that build on their family's strengths.

Parenting Assessment and Skills Development Service (PASDS)

This intensive parenting assessment and skills development program was established to assist high risk families involved with the State Government's Child Protection units. It involves in-home monitoring and assessment with short-term skill development interventions of up to 12 weeks. This intensive program covers assessment of parenting competencies and capacity to learn and enhance the skills required to provide safe, nurturing care for their infant/s.

A child's disability does not mean inability – supporting the parents too

QEC continued to deliver the federally funded *My Time* at Noble Park, Morwell and San Remo. This supported group program offers parents whose child/ren aged 0-5 years present with a specific disability or chronic medical illness, the opportunity to connect with other parents with similar experiences and challenges. As the name suggests parents engage in *My Time* groups because they need a little time to themselves in a secure and welcoming environment. They feel more accepted and respected when other group members understand the difficulty their child might have in settling into new situations.

During the 2009-10 period, 15 families participated in *My Time* at Noble Park, Morwell and San Remo. QEC in partnership with Noah's Ark Gippsland, delivered *My Time* to participating families in Morwell.

MAINTAINING A SKILLED AND FLEXIBLE WORKFORCE

Delivering consistent specialised parenting services to vulnerable families and their infants, requires QEC to maintain highly skilled staff teams. Additional recruitment and retention challenges are experienced in rural areas where flexibility is needed to achieve program targets. Staff who are located in rural programs face the stress of long travel distances and home visiting in isolated locations, often in volatile situations. These additional pressures are offset by staff feeling linked in and an essential part of the organisation. QEC's intranet development and the use of on-line telecommunication assists peer and management support.

ENSURING SAFETY AND SECURITY FOR STAFF

QEC continues to seek out ways that ensure the safety and health of its staff, both within the residential facility and when out in the field. The health and safety of QEC staff and clients continues to be a pressing priority.

The most significant risk to QEC staff is occupational violence. QEC's residential staff are supplied with a wireless communication duress system with direct contact to Victoria Police. The combined system of telephony and duress system for home visiting staff proved challenging last year with the hand held units breaking down and considered redundant when benchmarked against state of the art technology. GPS positioning when working remotely proved a challenge, especially in light of population growth corridors and very remotely located clients.

QEC reported 106 incidents during 2009-10. No serious injuries or incidents were reported and 86 reports related to minor incidents. The other reported incidents relate to near misses, property damage or neighbourhood complaints. A total of 9 complaints/grievances were received from clients for the period, and 3 opportunities for improvement from staff, all relating to minor process and policy issues.

Table 10 Complaints/grievances and opportunity for improvement submissions, 2009-10

SUBMISSION RECEIVED FROM	FEEDBACK	OPPORTUNITY FOR IMPROVEMENT
Client	9	0
Staff	0	3

THE CHALLENGES

- The broad reach of the QEC rural and regionally based staff entails spending more on travel time and associated costs. This is to enable quality contact time with 'at risk' and vulnerable clients.
- Costs of service delivery exceed the rural funding allocation.
- A proportion of the clients do not have access to a reliable or readily accessible mode of transport. This requires QEC staff taking the family to and from a range of appointments and other services.
- The time required to meet and liaise with regional and rural alliance partners. This is a highly valued way of working and offers greater benefits and improved outcomes for children and families. It does however place additional time pressures on the staff.
- A stretched rural and regional workforce and budgetary constraints that currently do not allow for illness and backfill leading to greater stress levels.

IN RESPONSE

- QEC views part of its role to link vulnerable clients into their community in ways that suit their circumstances. This additional time is the best way to integrate them into their network of help for the longer term.
- Ongoing collaboration with alliance partners enables an open communication channel to accommodate referrals, share learnings and coordinate services that provide access to services and help to link complex families with other services operating in their region.
- QEC needs a skilled and flexible workforce to backfill leave and provide respite for staff when they need it.

“Thank You, Thank You, Thank You, I was a total mess before your help and was thinking really terrible thoughts. I now have confidence and more skills in parenting.”

PARENTING PLUS CLIENT FEEDBACK

TOWARDS THE FUTURE

Offering greater support to the rural and regional staff in a number of ways can assist them to continue to offer high level service delivery that meets the growing and more complex needs of the clients and ensures they experience job satisfaction and good health through;

- Enhanced technology devices enabling quicker initial recording and note taking that is not distracting to clients.
Outcome – saves time.
- Introduction of new and more portable technology that supports the programs.
Outcome – more effective liaison with peers and alliance partners, plus less desk time. The latest technology offers audio-recording or hand writing that is automatically software transcribed.
- Urgent capital expenditure for an integrated duress system that offers up to the minute GPS and police support.
Outcome – improved safety and security for outreach staff.
- A recognition that relationship building and skillful communications are key to reaching and assisting vulnerable families who present with a range of issues. Staff require initial training and ongoing support to learn from their every day interactions with families.
Outcome - more training offered to all (new) staff trained in NCAST, Family Partnership® as well as a range of ongoing continuing professional development seminars and courses for existing staff.
- An allocation of more funds for rural and regional service delivery would allow greater time for assessment, program delivery, referring to appropriate agencies and for post program follow up or monitoring. Increased funding would enable a small increase in staff numbers (appropriately trained to meet the unique challenges). This flows on to ensuring backfills for illness, injury and for down time arising out of stress in the workplace.
Outcome – lower rates of attrition and greater job satisfaction.
- Monitoring the effectiveness of the innovative *Reflective Practice* pilot. This project has been funded through a grant by the William Buckland Foundation.
Outcome - we can act upon the findings not only for QEC staff but for the benefit of the sector as a whole.

THE INTEREST ON THE CHILDREN'S FACES ON OPENING DAY MADE THEIR WAIT WORTHWHILE. THE PICNIC IN THE PLAYGROUND INCLUDED FACE PAINTING BY THE FAIRY BUTTERFLY AND GAMES WITH GARDEN GNOMES. THE OFFICIAL GUESTS HAD FUN TOO.



PLAYGROUND OPENING



After several months of frenetic activity in the area adjacent to the Walter Jona wing, the Shane Warne Foundation playground was finally open for play. The children could not wait for the official opening on 25th March 2010 and as soon as the doors were open they began to explore every corner and every installation created for them. The consultants Pattie Morgan (concept design), Justin Staggard (landscape architect) and Simon Millar (landscape gardener) worked collaboratively to create a very natural and child friendly area for toddlers. Children attending *DayStay* or *My Time* with their parents and the children from the Afghan and Sudanese communities who attend weekly peer led playgroups will happily play together in the creative space for many years to come. Thank you Shane Warne Foundation and Gandel Charitable Trust for putting smiles on children's faces.

Continuing partnerships supporting regional care

Forming partnerships with community and government ensures QEC can provide more Victorian families with access to effective 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 give more regional Victorian families' access to the *home-based Parenting Plus* program, while a contract with the Latrobe City improves Outreach access to specialised QEC services through the Enhanced Maternal and Child Health Service.

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

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 at 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.

INTEGRATED FAMILY SERVICES LATROBE/BAW BAW AND ChildFIRST (formerly known as Family Matters)

The QEC Gippsland team has continued to provide home-based *Parenting Plus* programs in the City of Latrobe, with 54 families completing the program last year.

The service has been funded since 2004, initially 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.

The ChildFIRST 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 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 Toowong. The QEC Hume team operates the service from Wodonga and last year 11 families completed *Parenting Plus*.

Parenting Plus was offered 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.

Outcomes-based philosophy

QEC is outcomes focused in all its programs and activities; whether they are run in metropolitan, regional or rural locations.

QEC believes that parents meeting the challenges of caring for young children deserve the best support available. Supporting parents through best practice early parenting interventions depends on QEC's commitment to evidence-based practice and regular review of its work.

Evidence-based practice

FEEDBACK

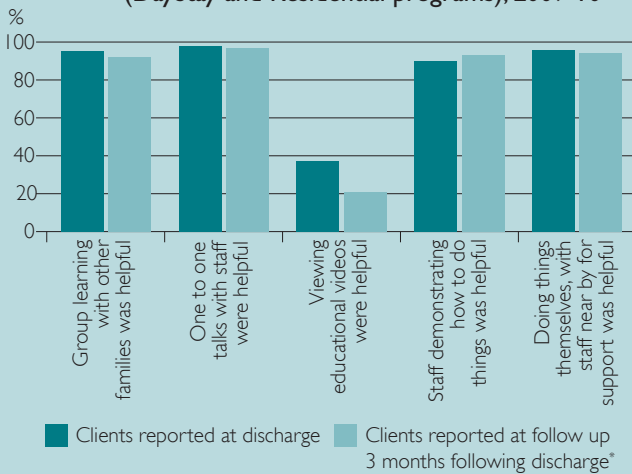
Feedback from clients is an essential part in improving the quality and effectiveness of services and programs.

All clients attending a QEC program were invited to provide feedback via an exit survey, with approximately a third of participants responding. This year, follow up surveys were undertaken 3-6 months following discharge for over ten per cent of clients participating in Noble Park programs.

In 2009-10 QEC continued to rely upon client and service data, client and stakeholder feedback and program outcomes to inform services:

- Qualitative and quantitative research**
 QEC grounds its work in proven research and current thinking to implement effective and safe practice approaches. It strives to give families access to consistent, high quality programs by investing in the support and development of its highly skilled and valued staff.
- The challenge – finding the resources**
 QEC is committed to supporting the professional development of its staff. New members of the QEC team participate in extensive training in evidence based models that underpin QEC's approach and are required to regularly update skills and maintain standards. Meeting the costs of staff development and maintaining the integrity of evidence based programs is a major challenge for QEC moving towards the future.

Table 11a Client feedback of Noble Park services, regarding Program learning strategies (DayStay and Residential programs), 2009-10



QEC is committed to building the evidence base for early parenting services and maintains a robust research program to regularly review and evaluate its programs. Regular self reflection and review keeps QEC accountable and transparent to clients, communities, supporters and government. Commitment to regular quality improvement means that QEC can verify meeting regulatory and funding obligations, as well as QEC's own objectives. In 2009-10, QEC participated in a successful audit of programs delivered in the Family Services/ChildFIRST alliances, against Community Service Organisations' Registration Standards.

Table 11b Client feedback of Noble Park services (DayStay program), 2009-10

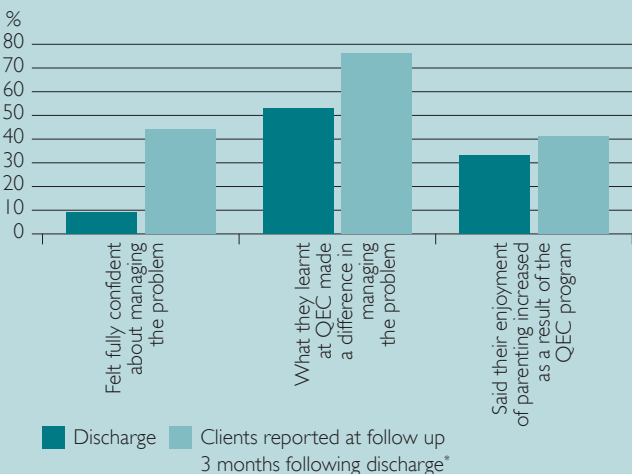
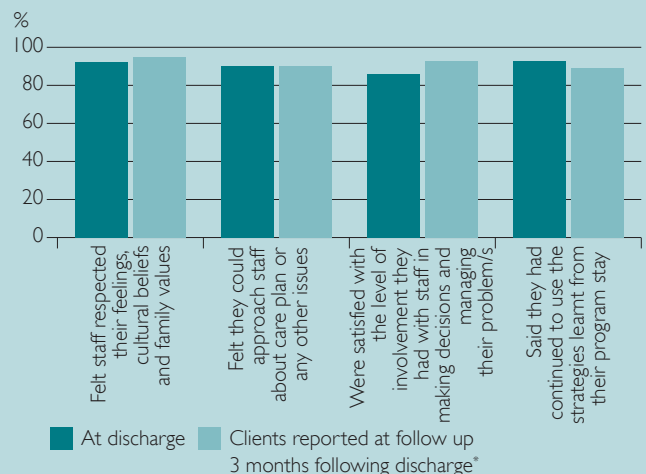


Table 11c Client feedback of Noble Park services (Residential program), 2009-10



*10% of Clients are followed up at 3 months.

Leading-edge programs

PLAYSTEPS

■ Initial program evaluation complete

QEC's 'original' therapeutic playgroup, *PlaySteps* pilot (funded by the Tattersall's Foundation) continued to be evaluated externally during 2009-10. The Parenting Research Centre's role involved observing, recording and tabulating the data and the service delivery across regular time points including twelve month follow up. The final stage in the data collection process was finalised in April 2010 and we are awaiting the final report that will be launched at QEC's 6th International Conference, 10-12 November 2010.

■ Recognition of merit

In June 2009 QEC received funding from the Australian Government through 'The National Framework for Protecting Australia's Children' to deliver *PlaySteps* to support family reunification of young children in partnership with DHS Child Protection. Funding provided the opportunity to train an additional 20 QEC staff members in the *PlaySteps* intervention and develop *PlaySteps* resource kits for regional programs.

QEC's well established relationship and referral pathway with Child Protection enabled immediate commencement of the project ensuring program delivery within required timeframes of four (4) months.

QEC worked closely with Victorian DHS principle child protection practitioners to identify key locations for program delivery and collaborated with regional high risk infant program managers to drive referrals to the programs. Local agency partners provided suitable venues. QEC staff successfully delivered *PlaySteps* to families working towards reunification with their infants and young children, in seven locations across the state.

■ Towards the future – one step at a time

In April 2010 Mission Australia's Community Partnerships Funding Program (through the Dandenong Communities for Children Initiative) recognised the merit of the *PlaySteps* model and granted QEC two years funding to run two, tailored therapeutic play programs, to needs-based groups. The 'father figure' in a child's life is often left out of the program because of work related time restrictions. QEC is collaborating with the 'Men's parenting programs' - Greater Dandenong Community Health Centre - to train up male practitioners, assist where necessary and help evaluate each of the two 'Communities for Children Dad's Weekend' programs.

The second tailored program for each of the two years will endeavour to involve vulnerable families residing in postcode area 3175, including those from CALD and local Aboriginal groups.

■ The challenge of change – one giant leap

New specific philanthropic support from the Collier Charitable Fund and the Flora and Frank Leith Charitable Trust, will enable QEC to impart its learnings and its specialist knowledge of *PlaySteps* to the sector:

The Collier Charitable Fund's donation will be used to create a *PlaySteps* Resource Guide for those who attend the intensive specialist learning workshops. The Flora and Frank Leith Charitable

Trust's contribution will be directed to *PlaySteps* for Professionals subsidised training.

Further recognition of the merits of *PlaySteps* and opportunity to share the learnings is in the receipt of a funding allocation from the Mental Health Drugs and Regions Division of Department of Health to QEC and its Early Parenting Service partners; Tweddle Child and Family Health and Mercy Health, O'Connell Family Centre. QEC will enable training, mentoring and support to Tweddle and O'Connell staff to implement *PlaySteps* for families experiencing mental health challenges. The outcomes of this intersectorial pilot will be evaluated.

PlaySteps has been piloted and now evidence-proven for its ability to reach across a range of special needs groups. There is considerable merit for its introduction in metropolitan and regional locations. We are working with government to formally recognise this leading-edge early intervention program for recurrent funding.

TUMMIES-TO-TODDLERS

Promoting attachment in the antenatal period for 'at risk' mothers is QEC's newest evidence-based pilot program. Funded with considerable support from the Lord Mayor's Charitable Trust and the Alfred Felton Bequest, this program specifically targets and aims to engage with pregnant women with a significant number of 'presenting risk factors' from the 26th week of pregnancy until the child is up to 18 months old. It combines home visiting and group work sessions and focuses on building the mothers' understanding of child safety, well-being and development, strengthening parent/child relationships and building community connections. In particular it aims to strengthen attachment and provide focused support for the child to remain within the family.

The program was designed around international evidence that indicates that providing longer term interventions and connections with families prior to birth will improve outcomes for children. Long-term home visiting by child health nurses that incorporates a relationship-focused, strengths-based, family-centred approach has been shown to be a cost-effective strategy for improving maternal and child health and life outcomes for disadvantaged mothers and their children in a variety of settings (Olds et al, 2002).

■ Recognition of Merit

Of the 18 families initially referred, there is now a cohort of 14 families actively engaged in the program and all of these children remain in the care of one or both of their parents. As these children were at great risk of being removed from their family, the background research is proving most encouraging in practice.

An action learning research project, undertaken by an independent consultant, has been embedded in the program design and implementation. This project commenced in May 2009 and is due for completion early 2011. Client and staff input has been critical to the research methodology and the program has been refined on an ongoing basis to reflect this input.

■ Towards the future

It is imperative that indicative and quantitative research findings are acted on for continuation of the program beyond the funding period.

Recognition of QEC's work

WORKFORCE INNOVATION - REFLECTIVE PRACTICE PROJECT

Evidence-based practice is not limited to programs for families. Supporting QEC staff to reflect on self and working in partnership with families has now become a standard method of operation and part of QEC's outcomes-based philosophy.

■ Recognition of Merit

After very positive changes in the workforce from the 2009 pilot, QEC applied to and was successful in its grant submission to the William Buckland Foundation. This enabled QEC to implement the Workforce innovation - *Reflective Practice Project*, which is a part of the Family Partnership Model. The model, developed by Dr Crispin Day and colleagues at the Centre for Child & Parent Support - Guy's Hospital, South London – has proven merit as an excellent consultative partnership model.

The *Reflective Practice Project* aims to explore how implementing a program of regular reflection on practice, supports practitioners working in child and family service settings. Through the two-year grant, QEC has been able to invite professionals operating across the sector to be program partners.

■ Qualitative and Quantitative Evidence

The project is seeking to evaluate the improved quality of practice, increased job satisfaction, lower attrition rates and positive impact on sick leave and individual stress levels of helpers taking the time to stand back, reflect and learn from their interactions with families. The outcomes of this project will be benchmarked against the pilot program outcomes conducted in 2008.

The six-month evaluation of the project involves following groups of staff from different agencies. QEC is partnering with a local Child Protection and MCH team, and with the Department of Education and Early Childhood Development (DEECD), Aboriginal In Home Support teams across the State. Project partners will be supported to implement reflective practice utilising trained QEC facilitators.

■ Towards the future

This is a professional development and skills enhancement program considered vital to give stressed and overworked individuals an opportunity to stop, reflect and adapt resulting in long term work satisfaction and output. The project hopes to build reflective capacity within staff groups to enable long term sustainability of the process.

To be able to track and benchmark project participants against the initial QEC pilot group, an 'Action Research' design has been implemented that tracks general wellbeing of the individual. Focus groups meet to discuss and share experiences, reflective journals are kept for individual tracking, and QEC is providing descriptive qualitative and quantitative methodologies to measure the effectiveness of the model.

International Publications

QEC had two articles accepted for publication in peer reviewed journals during 2009-10.

Dr Karli Treyvaud of The Parenting Research Centre's manuscript titled "*Outcomes Following an Early Parenting Center Residential Parenting Program*" co authored by Karli Treyvaud, BSc (Hons), DPsych, Susan Rogers, BA (Hons), DPsych, Jan Matthews, BA, DipEd and Beverley Allen, BA, MA, RN, RM, M&CHN was published in the November 2009 edition of the *Journal of Family Nursing*.

Dr Karli Treyvaud's second peer reviewed paper from research of QEC's 5 day Residential program was published in the *Journal of Infant Mental Health* Vol.31 (1), 58-70 (2010) – "*Maternal Factors and Experiences Associated with Observed Parenting Behavior in Mothers Attending a Residential Parenting Program*".

Local Research Project

Key Centre for Women's Health in Society Early Parenting Study; Professor Jane Fisher; Heather Rowe, Melbourne University.

QEC was approached by the Key Centre for Women's Health to assist in recruitment to the project which was completed in December 2009. Throughout the life of the project, 133 eligible participants from Early Parenting Centres were recruited to participate in this study. Participants are involved until their baby is aged 12 months, therefore the project is expected to continue until September 2010. A final report will be provided with feedback about participants and a breakdown of results.

'...I loved it and found it a pleasant and informative service. The people who helped me....were inspirational and positive supports. I am a better parent for having had the help of this service.'

PARENTING PLUS CLIENT FEEDBACK

Innovation

QEC has sustained its commitment to innovation during 2009-10. We have continued to develop our internet site providing information to families and professionals about services and opportunities available at QEC.

PODCASTS AND VODCASTS

Philanthropic funding from Collier Charitable Fund enabled QEC to add a suite of vodcasts to its website from November 2009. The vodcasts are short video footage demonstrating techniques used by QEC staff to help settle infants and toddlers. QEC staff developed these videos with guidance support from a professional producer. The vodcasts have been promoted through all ChildFIRST and Maternal and Child Health Centres throughout Victoria.

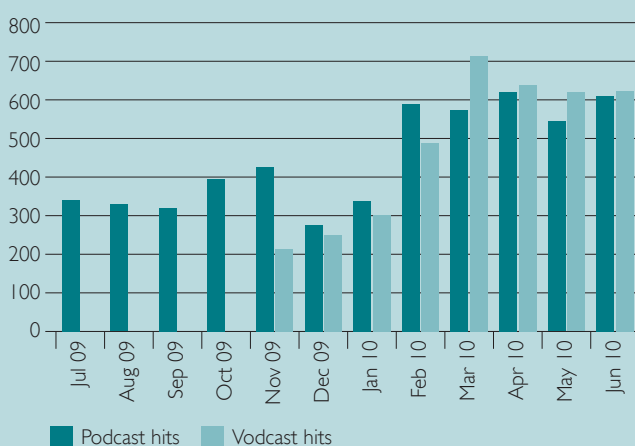
CONNECTING STAFF - LOUISE

In order to support our off site staff to feel more connected to our main base in Noble Park, QEC launched an intranet web site *LOUISE* (Lots Of Useful Interesting Stuff Etc) in September 2009.

LOUISE is a central place to access and share data and information, including policies and procedures, rosters, staff development and training.

Since its introduction *LOUISE* has shown greater uptake and usage by staff than initially expected, particularly with outreach staff. The site has demonstrated a high level of reliability and "up time".

Table 12 Podcast and vodcast hits on www.qec.org.au, 2009-10



Talented and diverse staff

Feedback from clients and key stakeholders continue to affirm the dedicated high quality contribution of our staff. QEC's reputation and respect as sector leader is largely due to its skilled and professional team.

Recruitment of Maternal and Child Health Nurses in a shrinking market continues to be very challenging. QEC was however successful in attracting applications from high quality, enthusiastic and experienced persons during the year and continues its strategy of broadening the staff skill base and the range of interventions available to families.

At 30 June 2010, there were 98 staff members, 95 female and three males, excluding casual staff. Of the 98 staff members, there were 38 employed full time and 60 part-time. Table 13 gives equivalent full-time staff numbers by position category.

Registered nurses remain the predominant professional group and make up 44 per cent of QEC's total staff. The role of Early Parenting Practitioners (EPP) is a crucial one within QEC's programs. EPP's hold professional qualifications and experience in early childhood services, early intervention, early childhood education and Mothercraft nursing and provide much of the one-on-one daily work with families. EPP's comprise 50 per cent of the total QEC workforce. Mothercraft nursing is the predominant professional background of QEC's EPP staff and make up 32 per cent of the total number. Team Leaders, PASDS and Education Coordinators comprise 31 per cent of QEC's total staff and have backgrounds in nursing, psychology, social work, early childhood education, drug and alcohol counselling and family therapy. Team Leaders are all Division 1 Registered Nurses. Of those staff employed as Coordinators of the PASDS programs and QEC's Training and Development Services, 50 per cent are registered nurses.

Expanding the range of staff skills increases QEC's ability to respond sensitively to the diversity of support required for families coming into our services. Staff qualities and skills, most valued by our clients as reported in feedback surveys, continues to be those related to their ability to form respectful partnerships and collaborations with families.

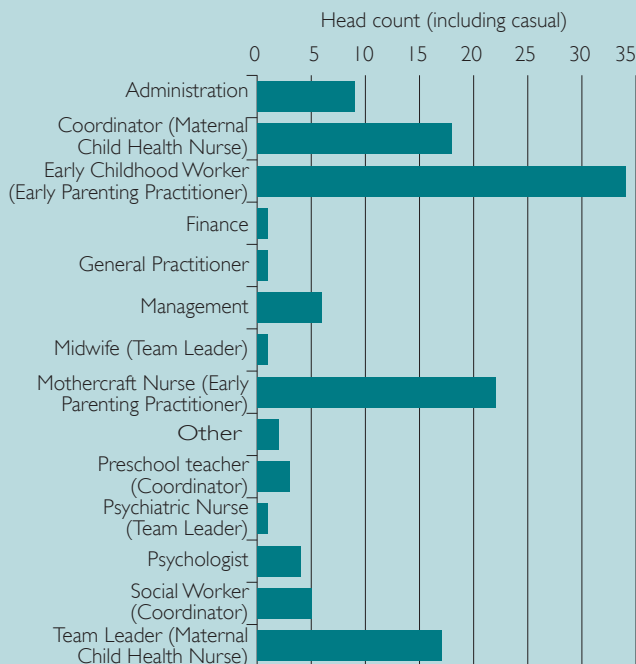
Sharing know-how and ideas

Table 13 Composition of QEC staff as at 30 June 2010 (excluding casual staff)

ROLE	JUNE CURRENT MONTH HEAD COUNT	JUNE YEAR TO DATE - FTE
Administration/Finance	10	8.85
Chief Executive Officer ¹	2	2
Clinical Education Coordinators (Inc Maternal & Child Health Nurses)	4	3.02
Director of Medical Services	1	0.53
Director of Nursing	1	1
Early Parenting Practitioners (Incl Mothercraft Nurses)	49	33.42
Family Counselling Psychologist	1	0.84
Managers	4	4
Program Coordinators (Inc Maternal & Child Health Nurses)	13	11.59
Team Leaders (Inc Maternal & Child Health Nurses)	13	9.01
Total	98	74.26

¹ – Includes Robyn Gillis on leave (including maternity leave) from 30/11/2009 until 1/2/2011

Table 14 QEC professional group, 2009-10 (including casual staff)



Strengthening professional knowledge and skills in the early childhood and parenting sector

QEC shares the outcomes of its research initiatives and evidence-based practices with the early parenting sector through its education activities. It partners with research institutions, public and private sector health and welfare professionals, Local Governments and communities, to promote the sharing of knowledge, set standards and lead change in caring for young children.

During 2009-10, QEC education services delivered 31 workshops over 68 days to a total of 767 participants. Participants were derived from a broad range of professional backgrounds and work settings, nurses, social workers, psychologists, therapists, family workers, teachers and childcare workers involved in a range of services including universal and enhanced maternal and child health, primary health, early education and intervention, family and children's services.

- QEC facilitates its International conference every two years. The 2010 conference will be held on 11 & 12 November 2010. Conference themes will explore best practice in supporting and developing partnerships between organisations and their staff in our combined efforts towards assisting families and developing community capacity.

Our two invited international guest speakers are:

Arietta Slade, Ph.D., Professor of Clinical and Developmental Psychology at the City University of New York, and Visiting Research Scientist at the Yale Child Study Center and

Carolyn Webster-Stratton, M.S.N., M.P.H., Ph.D., Professor and Director of the Parenting Clinic at the University of Washington who developed *The Incredible Years* programs.

STUDENT PLACEMENT AT QEC

QEC continues to provide training opportunities for students in the early childhood sector to enhance their clinical knowledge and skills. Placements were provided for 28 students from Chisholm and Swinburne undertaking the Advanced Diploma of Children's Services and Graduate Certificate in Pre & Postnatal Care.

A further 10 places were provided to Maternal and Child Health Students from RMIT and 13 places for students from Latrobe University's Division of Nursing and Midwifery. Four places were provided for students from Deakin University studying Graduate Diploma of Midwifery.

Our supporters 2009-10

Year 2009-10 has been one of consolidation and delivery of the previous year's major funding grants. QEC has either completed, continues to deliver, is monitoring or evaluating the following programs and projects:

- The major funding provided by the Commonwealth Government through the 'Protecting Every Child' framework enabled QEC to undertake a three-month intensive and specifically tailored early reunification *PlaySteps* project. It was delivered in key regions and in collaboration with the Department of Human Service's Child Protection Unit.
- Grants from the Shane Warne Foundation and the Gandel Charitable Trust's funding enabled QEC to complete its newest capital works project – the Shane Warne Foundation Playground. It was officially opened by the Parliamentary Secretary for Disabilities, Mr Bill Shorten MP, in March 2010.
- The first of two year's funding of the workplace project -*Reflective Practice*- has been supported by the William Buckland Foundation. It continues to be delivered and monitored by an appointed stakeholder group.
- Two year's funding of the antenatal project - *Tummies to Toddlers* - has been supported by two major contributors; The Lord Mayor's Charitable Foundation and the Alfred Felton Bequest. It continues to be delivered and evaluated by an external research consultant.
- The Collier Charitable Fund's grant was utilised to develop a suite of sleep settling vodcasts. These were officially launched at the 2009 QEC annual general meeting. They have shown an exponential increase in monthly web hits.
- Noble Park Programs have the expertise and benefit of a Music Therapist on site weekly- 'in kind' support by Sing and Grow and Playgroup Queensland.
- During 2009-10 Early Parenting Services received additional funding to recruit, orient and establish referral pathways for enhanced psychology services. QEC received \$57,500 from the National Perinatal Depression Initiative and funds will be recurrent in the coming years.
- Southern Health, Men's Parenting Workers again contributed to QEC by providing a male facilitator for a weekly Dad's chat group at our Noble Park residential facility.

“...(the staff) were lovely people. Always very straight and forward.”

PARENTING PLUS CLIENT FEEDBACK

New Grants received during 2009-10 have enabled QEC to undertake new initiatives:

- The Collier Charitable Fund provided the funding for the creation of an early parenting sector *PlaySteps* Resource Manual. This manual will be utilised and made available for distribution to those who will attend one of a number of intensive workshops run by QEC during 2010-11. The additional support of the Flora & Frank Leith Charitable Fund will ensure financially disadvantaged nurses and EPP's will be able to attend these sessions at a subsidised registration fee.
- The QEC Foundation supported and provided a donation to enable the purchase and installation of QEC's new telephone system and relocation of IT storage. It also provided a smaller grant to provide the funds needed to replace some furniture in the shared client sitting room in QEC's Residential Unit.
- Through the City of Greater Dandenong, Communities for Children and more particularly through the Mission Australia funding, QEC received a grant in April 2010 to continue to pilot *PlaySteps* to different groups. This new project will be conducted over two years and comprise the tailored 'Dad's Weekend' that will assist fathers with an opportunity to participate in *PlaySteps* at a time when they are available. A portion of the grant has been set aside to train male practitioners from Southern Health, City of Greater Dandenong Community Health Service team in the *PlaySteps* learning model.

The second new cohort of participants will have a focus on drawing from vulnerable families who reside in postcode area 3175, including CALD and Aboriginal communities. When this 2-year project is completed and evaluated QEC will have gone full circle in delivering a significant and innovative major early intervention program across groups and across Victoria.

2010 International Conference

- QEC relies on sponsorship and grants to support the costs associated with the sector led conference that brings health professionals together from across Australia. QEC acknowledges and thanks the Creswick Foundation, the DEECD and the Department of Human Services for their early support of this important event being held in November 2010.

Unallocated donations

QEC continues to receive much appreciated support from a range of regular contributors (listed in the table). It is their regular unencumbered donation that QEC directs towards always needed toys and equipment that cannot be funded through the operating budget. We are also grateful for the continued work of local community groups' donations of hand knitted articles.



ASSISTED BY THE PARLIAMENTARY SECRETARY FOR DISABILITIES AND FAMILY SERVICES - BILL SHORTEN (MP) AND THE CITY OF GREATER DANDENONG MAYOR JIM MERMETI, SUE COUPER, ACTING CEO AND CHILDREN OF QEC PROGRAMS, FILL A BIRD BATH IN THE INTERACTIVE, MULTIDIMENSIONAL, FUN PLAYGROUND AT ITS MARCH OPENING.

Table 15 Grants, donations and bequests, 2009-10

QEC GRANTS DONATIONS AND BEQUESTS	
DONOR	
\$70,000	Lord Mayor's Charitable Foundation
\$49,165	The QEC Foundation
\$32,075	Collier Charitable Fund
\$24,176	Mission Australia
\$9,200	The Flora & Frank Leith Charitable Fund
\$3,000	Dame Elizabeth Murdoch
\$3,000	Joe White Bequest
\$1,357	Sir Walter Leitch Estate
QEC GRANTS DONATIONS AND BEQUESTS RAISED BY QEC FOUNDATION	
\$50,000	Alfred Felton Bequest
\$1,000	The National Council of Jewish Women of Australia Foundation
\$1,000	The William Angliss (Victoria) Charitable Fund
\$243,973	TOTAL OF GRANTS, DONATIONS AND BEQUESTS

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 specialized residential, day or home visiting, 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 2009-10 to a total cost of \$80,223:

- Adesse Pty Ltd
- Arinex
- HLB Mann Judd
- Marketing Acumen
- NCS International
- Parenting Research Centre
- Satley Group Pty Ltd
- 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 2010, eight 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.

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 2010, 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*.

ACRONYMS

CAIS	Client Assessment and Intake System
CALD	Culturally and Linguistically Diverse
DEECD	Department of Education and Early Childhood Development
DHS	Victorian Department of Human Services
EHV	Enhanced Home Visiting
EMCH	Enhanced Maternal Child Health
EPC	Early Parenting Centre
EPP	Early Parenting Practitioner
FaHCSIA	Commonwealth Government's Department of Families, Housing, Community Services and Indigenous Affairs
IFS	Integrated Family Services
PASDS	Parenting Assessment and Skills Development Services
PDSS	Psychiatric Disability Service System
QEC	Queen Elizabeth Centre
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VAGO	Victorian Auditor-General's Office

Summary of financial results, 2006-10

Table 16

SUMMARY OF FINANCIAL RESULTS	2009-2010	2008-2009	2007-2008	2006-2007	2005-2006
2005-2010	\$	\$	\$	\$	\$
Total Revenue	7,693,661	7,712,961	7,096,775	7,109,087	6,557,349
Total Expenses	7,791,334	8,093,810	7,979,249	7,436,766	6,657,476
OPERATING SURPLUS/(DEFICIT)	(97,673)	(380,849)	(882,474)	(327,679)	(100,127)
RETAINED SURPLUS/ (ACCUMULATED DEFICIT)	(1,773,307)	(1,675,634)	(1,294,785)	(412,312)	(84,633)
Total Assets	10,280,334	10,078,244	8,130,219	8,501,526	8,712,807
Total Liabilities	2,381,748	2,081,985	1,482,092	1,412,118	1,295,720
NET ASSETS	7,898,586	7,996,259	6,648,127	7,089,408	7,417,087
TOTAL EQUITY	7,898,586	7,996,259	6,648,127	7,089,408	7,417,087

Attestation on Data Integrity

I, Sue Couper 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.



Sue Couper
ACTING CEO
QEC
1 July 2010

Attestation on Compliance with Australian/New Zealand Risk Management Standard

Attestation on Compliance with Australian/New Zealand Risk Management Standard

I, Sue Couper 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.



Sue Couper
ACTING CEO
1 July 2010

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
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Queen Elizabeth Centre

2009-10

92nd Annual Report

Financial Statements

For the year ended 30 June 2010



LEARNING. PARENTING. TOGETHER.

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QEC Officer's Declaration
Financial Statements

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VAGO

Victorian Auditor-General's Office

INDEPENDENT AUDITOR'S REPORT

To the Board Members, Queen Elizabeth Centre

The Financial Report

The accompanying financial report for the year ended 30 June 2010 of the Queen Elizabeth Centre which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, a summary of significant accounting policies and other explanatory notes to and forming part of the financial report, and the board member's, accountable officer's and chief finance & 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*. This responsibility includes:

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

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. These Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The audit procedures selected depend on judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, consideration is given to 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.

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 Telephone 61 3 8601 7000 Facsimile 61 3 8601 7010 Email comments@audit.vic.gov.au Website www.audit.vic.gov.au

Auditing in the Public Interest

VAGO

Victorian Auditor-General's Office

Independent Auditor's Report (continued)

Matters Relating to the Electronic Presentation of the Audited Financial Report

This auditor's report relates to the financial report published in both the annual report and on the website of the Queen Elizabeth Centre for the year ended 30 June 2010. The board members of the centre are responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The auditor's report refers only to the statements named above. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications, they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on the centre's web site.

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.

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Queen Elizabeth Centre as at 30 June 2010 and its financial performance and cash flows for the year then ended in accordance with applicable Australian Accounting Standards, including the Australian Accounting Interpretations, and the financial reporting requirements of the *Financial Management Act 1994*.

MELBOURNE
19 August 2010



D D R Pearson
Auditor-General

Comprehensive Operating Statement

For the Year Ended 30 June 2010

	Notes	2010 \$	2009 \$
Revenue from Operating Activities	2	7,489,312	7,525,583
Revenue from Non-Operating Activities	2	123,684	116,378
Employee Benefits	3	(5,871,841)	(5,907,481)
Supplies & Consumables	3	(181,140)	(132,645)
Other Expenses from Continuing Operations	3	(1,343,180)	(1,594,134)
Net Result before Capital and Specific Items		216,835	7,701
Capital Purpose Income	2	80,665	71,000
Depreciation and Amortisation	4	(418,662)	(462,853)
Net Gains/(Losses) on Disposal of Non-Current Assets	3c	23,489	3,303
NET RESULT FOR THE YEAR		(97,673)	(380,849)
Other Comprehensive Income			
Net Fair Value Revaluation on Non Financial Assets		-	1,728,981
COMPREHENSIVE RESULT FOR THE YEAR		(97,673)	1,348,132

This Statement should be read in conjunction with the accompanying notes

Balance Sheet

As at 30 June 2010

	Notes	2010 \$	2009 \$
ASSETS			
Current Assets			
Cash and Cash Equivalents	5	3,065,097	2,723,125
Receivables	6	98,523	142,819
Total Current Assets		3,163,620	2,865,944
Non-Current Assets			
Receivables	6	330,551	339,278
Property, Plant and Equipment	7	6,770,640	6,778,870
Intangible Assets	8	15,523	94,152
Total Non-Current Assets		7,116,714	7,212,300
TOTAL ASSETS		10,280,334	10,078,244
LIABILITIES			
Current Liabilities			
Interest Bearing Liabilities	9	4,202	1,287
Payables	10	168,773	142,484
Revenue Received in Advance	12	526,148	421,286
Provisions	11a	1,542,152	1,360,556
Total Current Liabilities		2,241,275	1,925,613
Non-Current Liabilities			
Provisions	11a	140,473	156,372
Total Non-Current Liabilities		140,473	156,372
TOTAL LIABILITIES		2,381,748	2,081,985
NET ASSETS		7,898,586	7,996,259
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	(1,773,307)	(1,675,634)
TOTAL EQUITY		7,898,586	7,996,259

This Statement should be read in conjunction with the accompanying notes

Statement of Changes in Equity

For the Year Ended 30 June 2010

	Notes	Equity at 1 July 2009 \$	Comprehensive result \$	Transactions with owners in its capacity as owner \$	Equity at 30 June 2010 \$
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

	Notes	Equity at 1 July 2008 \$	Comprehensive result \$	Transactions with owners in its capacity as owner \$	Equity at 30 June 2009 \$
Accumulated (Deficit)		(1,294,785)	-	-	(1,294,785)
Comprehensive Result		-	(380,849)	-	(380,849)
		(1,294,785)	(380,849)	-	(1,675,634)
Contribution by Owners		4,894,538	-	-	4,894,538
Transfer (To)/From accumulated funds		-	-	-	-
		4,894,538	-	-	4,894,538
Reserves					
Asset Revaluation Reserve		2,058,374	-	1,728,981	3,787,355
General Reserve		990,000	-	-	990,000
Contributed Capital		-	-	-	-
		3,048,374	-	1,728,981	4,777,355
Total Equity at the end of the financial year		6,648,127	(380,849)	1,728,981	7,996,259

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

Cash Flow Statement

For the Year Ended 30 June 2010

	Notes	2010	2009
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts			
Government Grants		6,986,034	6,549,635
Donations and Bequests		152,796	465,176
Interest Received		125,488	139,449
GST received from ATO		120,437	83,581
Other Receipts		586,773	785,771
Payments			
Employee Benefits Paid		(5,689,403)	(5,586,412)
Payments for Supplies Consumables and Other Expenses		(1,631,839)	(1,683,945)
NET CASH INFLOW/(OUTFLOW) FROM OPERATING ACTIVITIES	14	650,286	753,255
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of Properties, Plant and Equipment and Intangible Assets		(372,809)	(154,399)
Proceeds from Sale of Properties, Plant and Equipment		64,495	36,498
Net Proceeds from investments in Other Financial Assets		-	1,890,657
NET CASH INFLOW/(OUTFLOW) FROM INVESTING ACTIVITIES		(308,314)	1,772,756
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS HELD		341,972	2,526,011
CASH AND CASH EQUIVALENTS AT BEGINNING OF FINANCIAL YEAR		2,723,125	197,114
CASH AND CASH EQUIVALENTS AT END OF FINANCIAL YEAR	5	3,065,097	2,723,125

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 2010 and the comparative information presented in these financial statements for the year ended 30 June 2009.

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 judgments, 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 judgments. 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) Other Financial Assets

Other financial assets are recognised and derecognised on trade date where purchase or sale of a financial asset is under a contract whose terms require delivery of the investment within the timeframe established by the market concerned, and are initially measured at fair value, net of transaction costs.

Other financial assets are classified between current and non current assets based on The Queen Elizabeth Centre Board of Management's intention at balance date with respect to the timing of disposal of each asset. Management determines the classification of its investments at initial recognition.

The Queen Elizabeth Centre assess at each balance sheet date whether a financial asset or group of financial assets is impaired.

(i) 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.

(j) 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.

(k) Depreciation and Amortisation

Assets with a cost in excess of \$1,000 (2008-09 and 2009-10) 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:

	2010	2009
Buildings	20 to 40 years	20 to 40 years
Plant & Equipment	8 to 10 years	8 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	2 to 5 years	2 to 5 years
Computer software developed	2 to 5 years	2 to 5 years

This depreciation charge is not funded by the Department of Health.

(l) 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.

(m) 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.

(n) Employee Benefits

Wages and Salaries, Annual Leave, and Accrued Days Off

Liabilities for wages and salaries, including non-monetary benefits, annual leave, accumulating sick 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	
	2010 \$	2009 \$
Defined Benefit plans		
Health Super	20,139	19,093
Defined Contribution plans		
- Health Super	389,195	362,584
- HESTA	36,387	35,738
Others	35,482	34,800
Total	481,203	452,215

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.

(o) Finance Costs

Finance costs are recognised as expenses in the period in which they are incurred. Finance costs include interest on bank overdrafts and short-term borrowings.

(p) 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.

(q) 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 in accordance with AASB 1004. 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.

(r) 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.

(s) Comparative Information

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

(t) Asset Revaluation Reserve

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

(u) 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.

(v) 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 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 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:
 - o Non-current asset revaluation increments/decrements.
- Depreciation and amortisation, as described in Note 1 (k).

(w) New Accounting Standards and Interpretations

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2010 reporting period. As at 30 June 2010, the following standards and interpretations had been issued but were not mandatory for financial years ending 30 June 2010. 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>	<i>Impact on QEC financial statements</i>
AASB 2009-5 Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 5, 8, 101, 107, 117, 118, 136 & 139]	Some amendments will result in accounting changes for presentation, recognition or measurement purposes, while other amendments will relate to terminology and editorial changes.	Beginning 1 Jan 2010	Terminology and editorial changes. Impact minor.
AASB 2009-9 Amendments to Australian Accounting Standards – additional exemptions for first-time adopters [AASB 1]	Applies to Health Services adopting Australian Accounting Standards for the first time, to ensure Health Services will not face undue cost or effort in the transition process in particular situations.	Beginning 1 Jan 2010	No impact. Relates only to first time adopters of Australian Accounting Standards.
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 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

Note 2: Revenue

	HSA 2010 \$	HSA 2009 \$	Non HSA 2010 \$	Non HSA 2009 \$	Total 2010 \$	Total 2009 \$
Revenue from Operating Activities						
Government Grants						
- Department of Health	6,490,959	6,291,395			6,490,959	6,291,395
- Commonwealth Government			225,097	122,158	225,097	122,158
Indirect Contributions by Department of Health						
- Insurance	44,043	39,792	-	-	44,043	39,792
- Long Service Leave	-	83,737	-	-	-	83,737
Donations and Bequests	-	-	142,557	143,176	142,557	143,176
Other Revenue from Operating Activities			586,656	845,325	586,656	845,325
Sub-Total Revenue from Operating Activities	6,535,002	6,414,924	954,310	1,110,659	7,489,312	7,525,583
Revenue from Non-Operating Activities						
Earnings on Investments (refer Note 2b)	61,842	58,189	61,842	58,189	123,684	116,378
Sub-Total Revenue from Non-Operating Activities	61,842	58,189	61,842	58,189	123,684	116,378
Revenue from Capital Purpose Income						
Donations and Bequests	-	-	80,665	71,000	80,665	71,000
Capital Earnings on Investments (refer Note 2b)	-	-	-	-	-	-
Other Capital Purpose Income	-	-	-	-	-	-
Sub-Total Revenue from Capital Purpose Income	-	-	80,665	71,000	80,665	71,000
Total Revenue (refer Note 2a)	6,596,844	6,473,113	1,096,817	1,239,848	7,693,661	7,712,961

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)

	2010 \$	2009 \$
Revenue from Sources Supported by Health Services Agreement		
Government Grants:		
- Department of Health	6,490,959	6,291,395
Indirect Contributions by Department of Health		
- Insurance	44,043	39,792
- Long Service Leave	-	83,737
Earnings on Investments	61,842	58,189
Sub-Total Revenue from Services Supported by Health Services Agreement	6,596,844	6,473,113
Revenue from Services Supported by Hospital and Community Initiatives		
Research and Development	-	41,806
Education Services	91,050	167,146
Conference	-	356,633
Parenting Programs	863,260	544,574
Capital Purpose Income (refer Note 2)	80,665	71,000
Earnings on Investments - Research and Development	61,842	58,189
Other Revenue	-	500
Sub-Total Revenue from Services Supported by Hospital and Community Initiatives	1,096,817	1,239,848
Total Revenue	7,693,661	7,712,961

Note 2b Earnings on Investment

	2010 \$	2009 \$
Interest Revenue from investments	123,684	116,378
Total Earnings on Investment	123,684	116,378

Note 3: Expenditure

Note 3a Analysis of Expenses by Source

	2010 \$	2009 \$
Services Supported by Health Services Agreement		
Employee Benefits:		
Salaries & Wages	4,622,542	4,723,575
Work Cover	41,320	86,331
Long Service Leave (refer Note 11a)	143,328	164,001
Superannuation	441,320	418,115
Supplies & Consumables:		
Medical & Pharmacy Supplies & Services	8,115	8,004
Food & Kitchen Supplies	139,030	98,526
Cleaning & Toilet Materials	20,908	19,224
Bedding & Linen	-	3,623
Other Expenses:		
Domestic Service Contracts	337,870	358,200
Administrative Expenses	170,987	200,451
Insurance	44,043	39,791
Repairs & Maintenance	109,211	94,421
Consultants & Contracted Services	87,101	57,338
Computer Services	57,954	47,301
Staff Development	69,370	71,207
Security Services	12,946	20,288
Minor Furniture & Equipment	24,293	5,354
Motor Vehicle and Travel	160,000	141,963
Light, Power & Fuel	62,798	53,902
Waste Removal	10,761	10,545
Other	64,806	52,999
Sub-Total Expenses from Services Supported by Health Services Agreement	6,628,703	6,675,159
Services Supported by Hospital and Community Initiatives		
Employee benefits:		
Salaries & Wages	562,661	464,282
Work Cover	6,569	6,606
Long Service Leave (refer Note 11a)	14,218	10,471
Superannuation	39,883	34,100
Supplies & Consumables:		
Food Supplies	13,087	3,268
Other Expenses:		
Administrative Expenses	22,772	81,723
Consultants & Contracted Services	40,184	294,680
Repairs & Maintenance	344	1,074
Motor Vehicle & Travel	25,635	7,000
Staff Development	13,057	2,117
Other	8,490	41,532
Sub-Total Expenses from Services Supported by Hospital & Community Initiatives	746,900	946,853
Depreciation (refer Note 4a)	340,033	378,430
Amortisation (refer Note 4b)	78,629	84,423
Audit Fees - Auditor General	7,958	7,875
Audit Fees - Internal Audit	12,600	4,373
Total Expenses from Continuing Operations	7,814,823	8,097,113
Employee Benefits	5,871,841	5,907,481
Supplies and Consumables	181,140	132,645
Other Expenses	1,343,180	1,594,134
Capital Items	418,662	462,853
	7,814,823	8,097,113

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

	2010	2009
	\$	\$
Research & Development	13,330	53,562
Education Services	351,582	317,957
Conference	-	402,745
Parenting Programs	686,777	415,931
	1,051,689	1,190,195

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

	2010	2009
	\$	\$
Proceeds from Disposal of Non-Current Assets:		
Motor Vehicles	61,913	36,498
Other Equipment	2,582	-
Total Proceeds from Disposal of Non-Current Assets	64,495	36,498
Less Written Down Value of Assets Sold:		
Motor Vehicles	41,006	33,195
Other Equipment	-	-
Total Written Down Value of Non-Current Assets Sold	41,006	33,195
Net Gain/(Loss) on Disposal of Non-Current Assets	23,489	3,303

Note 4: Depreciation and Amortisation

Note 4a Depreciation

	2010	2009
	\$	\$
Buildings	105,729	153,179
Plant & Equipment:		
-Motor Vehicles	155,460	131,375
- Computers & Communication	30,233	41,304
-Other Equipment	33,122	38,887
Furniture & Fittings	15,489	13,685
Total Depreciation (refer Note 7)	340,033	378,430

Note 4b Amortisation

Computer Software	78,629	84,423
Total Amortisation (refer Note 8)	78,629	84,423
Total Depreciation and Amortisation	418,662	462,853

Note 4c Allocation of Depreciation and Amortisation:

Services Supported by Health Services Agreement	385,385	422,688
Services Supported by Hospital and Community Initiatives	33,277	40,165
Total Depreciation and Amortisation	418,662	462,853

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:

	2010	2009
	\$	\$
Cash on Hand	870	870
Cash at Bank	837,395	699,074
Term Deposits with maturity date < 90 days	2,226,832	2,023,181
Total	3,065,097	2,723,125
Represented by:		
Cash for Health Service Operations (as per Cash Flow Statement)	3,065,097	2,723,125
Total	3,065,097	2,723,125

Note 6: Receivables

	2010	2009
	\$	\$
Current		
Trade Debtors	39,927	110,960
Accrued Investment Income	9,686	11,487
Prepayment	34,860	8,472
GST Receivable	14,050	11,900
Total Current Receivables	98,523	142,819
Non Current		
Accrued Revenue - DHS Long Service Leave	330,551	339,278
Total Non-Current Receivables	330,551	339,278
Total Receivables	429,074	482,097

6a Allowance for Doubtful Debts

At 30 June 2010 there is not doubtful debt provision, due to the low level of risk for receivables.

At 30 June 2009 there was no doubtful debt provision, due to the low level of risk for receivables.

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

	2010 \$	2009 \$
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	48,479	800
Less Accumulated depreciation	105,729	-
Total Buildings	4,711,750	4,769,800
Plant and Equipment at Fair Value		
Plant and Equipment	406,412	404,621
Less Accumulated depreciation	366,408	333,286
Total Plant and Equipment	40,004	71,335
Computers and Communication at Fair Value		
Computers and Communication	407,536	355,945
Less Accumulated depreciation	346,780	316,545
Total Computers and Communications	60,756	39,400
Furniture and Fittings at Fair Value		
Furniture and Fittings	183,840	183,840
Less Accumulated depreciation	102,386	86,898
Total Furniture and Fittings	81,454	96,942
Motor Vehicles at Fair Value		
Motor Vehicles	752,105	608,479
Less Accumulated depreciation	331,429	263,086
Total Motor Vehicles	420,676	345,393
Cultural Assets		
Cultural Assets at Valuation (ii)	5,000	5,000
Total Cultural Assets	5,000	5,000
TOTAL	6,770,640	6,778,870

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 \$	Plant & Equipment \$	Furniture & Fittings \$	Cultural Assets \$	Total \$
Balance at 1 July 2008	1,536,620	3,100,307	574,554	90,637	5,000	5,307,118
Additions		8,071	132,785	13,540	-	154,396
Disposals		-	(33,195)	-	-	(33,195)
Revaluation Increments	(85,620)	1,814,601	-	-	-	1,728,981
Depreciation (refer Note 4a)	-	(153,179)	(211,566)	(13,685)	-	(378,430)
Balance at 1 July 2009	1,451,000	4,769,800	462,578	90,492	5,000	6,778,870
Additions		47,680	273,539	51,590		372,809
Disposals			(41,006)			(41,006)
Depreciation (refer Note 4a)	-	(105,729)	(218,815)	(15,489)	-	(340,033)
Balance at 30 June 2010	1,451,000	4,711,751	476,296	126,593	5,000	6,770,640

Note 8: Intangible Assets

	2010	2009
Intangible Assets at Cost	\$	\$
Intangible Assets	253,292	253,292
Less Accumulated amortisation	237,769	159,140
Total Intangible Assets	15,523	94,152

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 2008	178,575	178,575
Additions	-	-
Disposals	-	-
Amortisation (refer Note 4b)	(84,423)	(84,423)
Balance at 30 June 2009	94,152	94,152
Additions	-	-
Disposals	-	-
Amortisation (refer Note 4b)	(78,629)	(78,629)
Balance at 30 June 2010	15,523	15,523

Note 9: Interest Bearing Liabilities

	2010	2009
	\$	\$
Credit Card National Australia Bank	4,202	1,287
Total Interest Bearing Liabilities	4,202	1,287

Note 10: Payables

	2010	2009
	\$	\$
Current		
Trade Creditors	124,053	122,241
Accrued Expenses	44,720	20,243
Total Current	168,773	142,484

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

	2010 \$	2009 \$
Current		
Employee Benefits		
- Unpaid wages	244,944	220,238
- Annual Leave	548,336	519,396
- Long Service Leave	748,872	620,922
Total Current	1,542,152	1,360,556
Non-Current		
Employee Benefits	140,473	156,372
Total Non-Current	140,473	156,372

Note 11a Employee Benefits

	2010 \$	2009 \$
Current		
Employee Benefits		
- Unconditional and expected to be settled within 12 months after the end of the period	1,329,984	1,176,775
- Unconditional that do not fall due within 12 months after the end of the period	212,168	183,781
Total Current	1,542,152	1,360,556
Non-Current		
Employee Benefits		
- Conditional Long Service Leave entitlements measured at present value	140,473	156,372
Total Non-Current	140,473	156,372

	2010 \$	2009 \$
Movement in Long Service Leave:		
Balance at the beginning of the reporting period	777,294	680,531
Provision made during the year	157,546	174,472
Settlement made during the year	(45,495)	(77,709)
Balance at end of the reporting period	889,345	777,294

Note 12: Commitments for Expenditure

	2010 \$	2009 \$
Revenue Received in Advance		
Not later than one year	526,148	421,286
Later than one year and not later than 5 years	-	-
Total	526,148	421,286

Note 13: Equity & Reserves

	2010	2009
	\$	\$
(a) Reserves		
Asset Revaluation Reserve		
Balance at the beginning of the reporting period	3,787,355	2,058,374
Revaluation Increment/(Decrement)	-	1,728,981
Balance at the end of the Reporting Period	3,787,355	3,787,355
Represented by:		
- Land	1,451,000	1,451,000
- Buildings	2,331,355	2,331,355
- Cultural Assets	5,000	5,000
	3,787,355	3,787,355
General Purpose Reserve		
Balance at the beginning of the reporting period	990,000	990,000
Balance at the end of the Reporting Period	990,000	990,000
Total Reserves	4,777,355	4,777,355
(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	4,894,538	4,894,538
(c) Accumulated Surpluses/(Deficits)		
Balance at the beginning of the reporting period	(1,675,634)	(1,294,785)
Net Result for the year	(97,673)	(380,849)
Balance at the end of the Reporting Period	(1,773,307)	(1,675,634)
(d) Total Equity at the end of Financial Year	7,898,586	7,996,259

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

	2010	2009
	\$	\$
Net Result for the Year	(97,673)	(380,849)
(Profit)/Loss from Sale of Property, Plant and Equipment	(23,489)	(3,303)
Depreciation and Amortisation	418,662	462,853
Changes in assets and liabilities		
(Increase)/Decrease in Receivables	53,023	74,658
(Increase)/Decrease in Prepayments	-	-
Increase/(Decrease) in Payables	29,204	(43,711)
Increase/(Decrease) in Revenue received in advance	104,862	421,286
Increase/(Decrease) in Employee Benefits	165,697	222,318
Net Cash Inflow/(Outflow) from Operating Activities	650,286	753,252

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

Details of each category of financial instrument held by QEC are disclosed in the table below.

	Category	Carrying Amount 2010 \$	Carrying Amount 2009 \$
Financial Assets			
Cash and Cash Equivalents (refer Note 5)	Cash	3,065,097	2,723,125
Trade Debtors (refer Note 6)	Loans and Receivables	39,927	110,960
Other Receivables (refer Note 6)	Loans and Receivables	340,237	350,765
		3,445,261	3,184,850
Financial Liabilities			
Interest Bearing Liabilities (refer Note 9)	Credit Cards	4,202	1,287
Current Payables (refer Note 10)	Financial liabilities (at amortised cost)	168,773	142,484
		172,975	143,771

(b) Credit Risk

The QEC'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 \$		
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		3,445,261	2,226,832	837,395	381,034	3,434,024	11,237
2009							
Financial Assets							
Cash	2.5	699,944	-	699,074	870	699,944	-
Cash Equivalents (Term deposits)	3.7	2,023,181	2,023,181	-	-	2,023,181	-
Trade Debtors	0.0	110,960	-	-	110,960	99,723	11,237
Other Receivables	0.0	350,765	-	-	350,765	350,765	-
Total Financial Assets		3,184,850	2,023,181	699,074	462,595	3,173,613	11,237

The QEC's exposure to credit risk arises from the potential default of counterparts to their contractual obligation resulting in financial loss to the organisation.

The QEC manage 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 QEC's financial liabilities.

QEC manage 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
	%	\$	\$	\$	\$	\$	\$
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
2009							
Payables							
Interest bearing liabilities	18.3	1,287	-	1,287	-	1,287	1,287
Trade creditors and accruals	0.0	142,484	-	-	142,484	142,484	142,484
Total Financial Liabilities		143,771	-	1,287	142,484	143,771	143,771

(d) Market Risk Exposure

QEC's exposure to market risk is mainly through interest rate risks.

QEC assess the currency risk and other prices as insignificant, because QEC 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
2010					
Financial Assets					
Cash and cash equivalents (i)	3,065,097	(30,651)	(30,651)	30,651	30,651
Financial Liabilities					
Interest bearing liabilities (ii)	4,202	42	42	(42)	(42)

(i) Sensitivity of cash and cash equivalents to a -1% movement in rates: ie $(3,065,097 \times 5.4\% - 3,065,097 \times 4.4\%) = (\$30,651)$. Similarly for a +1% movement the impact is \$30,651.

(ii) Sensitivity of interest bearing liabilities to a -1% movement in rates: ie $(4,202 \times 15.5\% - 4,202 \times 14.5\%) = \42 . Similarly for a +1% movement the impact is (\$42).

Note 16: Contingent Assets and Liabilities

There were no contingent assets or contingent liabilities for QEC as at 30 June 2010

There were no contingent assets or contingent liabilities for QEC as at 30 June 2009

Note 17: Segment Reporting

Business Segment

Early Parenting Services

Services

Provider of Early Parenting Services and Education

Geographical Segment

The QEC operates predominantly in Noble Park, Victoria. More than 90% of revenue, net surplus from ordinary activities and segment assets relate to operations in Noble Park, Victoria

Note 18: Responsible Persons and Executive Officer Disclosures

Note 18a Responsible Persons Disclosures

Responsible Ministers

The Honourable Lisa Neville

Board Members

The names of persons who were board members at any time during the financial year

Ms Susan Harper OAM - President from 2/12/2009

Mr Bruce Morley - President until 2/12/2009

Ms Hannah Crawford - Vice President

Ms Kim Forrest - Vice President from 2/12/2009

Ms Mary Beth Bauer

Mr Keith Lambert

Assoc Prof Campbell Paul

Mrs Shelley Racine

Mr Timothy Staker

Ms Jean Andrews

Accountable Officer

Ms Robyn Gillis - Chief Executive Officer on leave (including maternity leave) from 30/11/2009 until 1/2/2011

Mrs Susan Couper - Acting Chief Executive Officer from 1/12/09

Accountable Officer Remuneration

The number of accountable officers and their total remuneration during the reporting period are shown in the table below.

	2010	2009
\$140,000 - \$149,999	0	1
\$120,000 - \$129,999	1	0
\$110,000 - \$119,999	1	1
Total	2	2
Total Remuneration	\$234,103	\$256,635

Remuneration of Responsible Persons

Total remuneration received or due or receivable by Responsible Persons

-

Amounts relating to the Responsible Minister are reported in the Financial Statements of the Department of Premier and Cabinet.

Retirement Benefits of Responsible Persons

Retirement benefits paid in connection with the retirement of Responsible Persons of the reporting entity

-

Other Transactions of Responsible Persons and their Related Parties

Related party transactions

-

Note 18b Executive Officer Disclosures

Executive Officers' Remuneration

The number of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the table below.

	2010	2009
\$100,000 - \$109,999	1	1
Total	1	1
Total Remuneration	\$107,873	\$100,825