

# Introduction

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

Thousands of families across Victoria are confronted by physical, psychological, intellectual or environmental issues that compromise their ability to nurture young children at the most vulnerable time – infancy.

The Queen Elizabeth Centre (QEC) has been helping parents to manage challenges that arise during early parenthood for almost 90 years and is recognised as one of the State's foremost providers of parenting services.

Our core business is the provision of specialised care, support and education to families who are experiencing difficulties rearing children up to three years of age.

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

Residential stay, day stay, home visiting and telephone information services are delivered at state-of-the-art, purpose-built premises at Noble Park or through regional outreach bases at Morwell, Reservoir, Wangaratta, Wodonga and Wonthaggi.

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

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

The Minister for Community Services, the Hon Sherryl Garbutt, MLA, has portfolio responsibility for QEC, while government policy and funding are administered through the Department of Human Services' Community Care Division and the Southern Metropolitan Region.

As a public health organisation, 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/or developmental problems early; and
- facilitate early intervention.

QEC's values articulate the paramount importance the organisation attaches to a child's interests. Where a family's continuing actions or behaviour are believed to put a child at risk of significant harm, our professional staff are legally required to notify children's protective services.





Every child has the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD 1990, ARTICLE 27

# Contents

Mission, Vision, Values .....	Inside front cover
Introduction .....	1
OBJECTIVES	
Contents .....	3
President's report .....	4
CEO's report .....	5
Our organisation .....	6
BOARD OF MANAGEMENT; OFFICE BEARERS; SENIOR STAFF; ORGANISATIONAL CHART	
Our clients .....	8
Our programs & services .....	15
Our focus on evidence-based practice .....	18
Our partnerships .....	19
Our education & research programs .....	20
Our staff .....	21
Our supporters .....	22
DONATIONS	
General reports .....	23
Acronyms .....	23
History .....	Inside rear cover

## Graphs

GRAPH 1: Admitted patients FY 2003-2006 – Parenting Intervention Services	8
GRAPH 2: Occasions of Service Non-Admitted Patients, FY 2006	8
TABLE 3: Families by Program and Location, FY 2005-2006	9
GRAPH 4: Families Admitted to Residential and Day Services at Noble Park: Percentage Distribution by Home Location (DHS Region) FY 2005-2006	10
GRAPH 5: Families at Combined QEC Noble Park and Regional Services (Residential, Day Stay and Home-Based): Percentage Distribution by Home Location (DHS Region) FY 2005-2006	10
TABLE 6: Separations of Families from PASDS by Referring Region, FY 2005-2006	10
GRAPH 7: Ages of QEC Clients, FY 2005-2006	11
GRAPH 8: Percentage of Families Admitted to Residential and Day Stay Programs by Self-Reported Pensions/ Benefits Received FY 2005-2006	12
TABLE 9: Referral Sources for Families Admitted to Residential and Day Stay Programs at QEC Noble Park, FY 2005-2006	12

## Tables

TABLE 10: Risk Factors in Families in PASDS and Parenting Plus Programs (all regions), FY 2006	13
TABLE 11: Actual waiting times for Residential and Day Stay Programs FY 2006	16
TABLE 12: QEC Staff Establishment at 30 June 2006	21
TABLE 13: Donations FY 2006	22
TABLE 14: Summary of Financial Results, FY 2001-06	22

This report was released to the public on  
Wednesday 18 October 2006

QEC Financial Statements 2005-06 are available  
in a separate report. Copies are available on  
the QEC website at [www.qec.org.au](http://www.qec.org.au)

Design and production:  
Coretext, [www.coretext.com.au](http://www.coretext.com.au)

## President's report

The Queen Elizabeth Centre (QEC) continues to evolve as a significant community asset, constantly striving to deliver on its mission to "help young children and families get the best start" through an organisational commitment to responsiveness, equitable access and improved outcomes for vulnerable infants.

During 2005-06 QEC made considerable headway towards its vision to be the leading developer and provider of parenting services in Victoria and neighbouring regions by offering relevant, high quality programs in line with its values – most notably a conviction that children's rights are paramount.

Balancing limited resources against increasing demand for our parenting services continues to be a major challenge, however advancements in service delivery have helped to address this issue.

A continuing review of QEC's strategic directions again addressed priority financial, relationship, research, marketing and services goals, ensuring that imminent and long-term projects, such as the planned extension of the Noble Park facility and an information technology system upgrade, will place the organisation in a strong position to respond to new and ongoing challenges.

Relationship developments with existing and new partners improved access to QEC services in outer metropolitan and regional areas in 2005-06, while incorporation of the Enhanced Parenting Practice Model into the residential program promoted a more collaborative and holistic approach to family care.

In a national first, greater support for immigrants, refugees and indigenous communities was also realised last year through implementation of the groundbreaking *Strengthening Multi-Ethnic Families and Communities Program*, which is equipping peer facilitators from these communities with the skills to help culturally and linguistically diverse (CALD) families manage early parenthood challenges.

Demand for customised Education Services seminars revolved predominantly around QEC's highly successful practice models, while a \$50,000 Tattersall's grant accelerated research and development – a critical QEC strategy. Action research accompanied the introduction of the parenting practice model, which was further assessed as part of an ongoing appraisal of the residential program's overall impact. This is expected to make a valuable contribution to the body of knowledge surrounding evidence-based early parenting practice and we look forward to learning the results of both studies next year.

The launch of a new graphic logo that accurately depicts QEC's philosophy and values represented the first major step towards a more assertive marketing and communications approach, while vital work in the implementation of QEC's long-term financial plan continues to strengthen the organisation's financial position. These are fundamental strategies and will be vigorously pursued throughout 2006-07.

More than \$125,000 was raised last year to augment the Victorian Government's contribution to programs, services and facilities, which is administered by the Department of Human

Services. As ever we are indebted to The QEC Foundation and our donors for their enduring financial and moral support.

On behalf of the Board, I wish to recognise the outstanding contribution of former Chief Executive Officer Pam Stilling, who farewelled the organisation in June after 10 years' service, and to welcome Pam's successor, Robyn Gillis. Robyn has served on the Board of Management since 2003 and we look forward to working with her as she leads QEC into a new era.

I also acknowledge the excellent input of retiring Board members Carolyn McLean, Heather Finlayson and Elizabeth Johnson, and welcome Susan Harper, who joined the Board in November. Finally, I thank my fellow Board members, committee members and staff for their skill and dedication throughout 2005-06.

I look forward to working with each of you as we continue to build on the excellent service for which QEC has become internationally renowned and to further improve the quality of life of Victorian families in need.



Bruce Morley  
PRESIDENT  
QUEEN ELIZABETH CENTRE

## CEO's report

It is a privilege to have recently been appointed CEO of the Queen Elizabeth Centre – one of Australia's foremost providers of early parenting services.

QEC continues to carve a distinctive path as a leader in its specialty by responding to the needs of its clients; monitoring and reviewing its key services; introducing benchmark practices; and establishing mutually-beneficial partnerships that ensure greater accessibility and relevance to Victorian families.

The success of this approach was again visible in 2005-06: the popularity of our early parenting services increased, requests for customised professional education escalated, and eminent world experts confirmed their attendance at QEC's 2006 biennial conference, cementing its reputation as one of the leading forums of its kind internationally.

These responses validate QEC's standing as a respected authority on early parenting education and support, however client endorsement remains our most valuable gauge of performance.

In 2005-06 client satisfaction surveys again revealed overwhelming praise for QEC's programs and services, confirming that its capabilities are strategically aligned with community needs. This was particularly evident in two key areas last year – partnerships and evidence-based practice.

Partnerships with Family Support Innovations programs were credited with enabling more regional Victorian families to access the home-based *Parenting Plus* program, while a major contract with the City of Latrobe improved outreach to specialised QEC services through the Enhanced Maternal and Child Health Service. The EMCH has strengthened linkages between target families and other primary and secondary services, facilitating longer-term involvement.

These collaborations were key highlights among QEC's achievements last year and are consistent with recent legislative changes culminating in the updated Children, Youth and Families Act and the Child Wellbeing and Safety Act. The new legislation encourages greater responsiveness to vulnerable clients who are difficult to reach, supporting a more integrated system with a focus on prevention and early intervention.

These policies have also been supported by a move to new multidisciplinary teams at QEC, which are ensuring the organisation's skill base matches the diversity of its clients and enabling it to respond to the complex needs of the families it serves.

Providing infants and their families with the 'best start' requires a commitment to 'best practice', and at QEC this translates as 'evidence-based practice'. Our constant search for proven strategies that will allow us to remain at the cutting edge has inspired the development, or adaptation, of exemplary international models.

In 2005-06 evidence-based techniques were incorporated into the Parenting Practice Model at QEC's Noble Park Residential Unit; validated parent-child interaction scales from the United States were built into the organisation's assessment

framework; and a parenting education training program was modified to meet the specific needs of immigrants, refugees and indigenous communities in Victoria. Ongoing evaluation is providing important insights into QEC's delivery of these impact-oriented practices.

Last year also saw building extensions approved to enable QEC to cope with growing demand on its Noble Park services. The \$600,000 project, due to commence in late 2006, will expand the car park, Residential and Day Stay units, allowing the organisation to accommodate larger family units, and to provide more space for client education and therapeutic work.

Facility upgrades, program developments and research are essential to excellence, however staff continue to underpin QEC's success. Clients again commended staff for their professionalism and willingness to go beyond the call of duty in 2005-06, and a commitment to quality assurance and occupational health and safety will support staff as they continue to deliver on the organisation's values.

It is anticipated that new partnerships will provide capacity to further increase service provision in 2006-07 – a major goal which builds on the strong alliances already forged between QEC, community and regional service providers.

Improving accessibility to vulnerable or culturally and linguistically diverse (CALD) families, particularly those in the north eastern metropolitan areas; the widespread use of validated assessment tools; and the ongoing development, and implementation, of other evidence-based practices are also key objectives for the year ahead.

2005-06 has been an exciting year of progress for QEC. I thank staff for their commitment, the executive team for its support, and the Board for its valuable guidance.

Robyn Gillis  
CHIEF EXECUTIVE OFFICER  
QUEEN ELIZABETH CENTRE

## Board of management members, office bearers & senior staff

### Patron

Mrs June Shaw

### President

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

### Vice Presidents

Ms Dale Fisher, RN, BBA, MBA, AFACHSE

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

### Chairman, Finance Committee

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

### Committee Members

Ms Gaye Britt, MBA, B App Sc

Ms Heather Finlayson, B Ed, Dip Tchg (Early Childhood Education) M Ed (until 31/12/05)

Ms Dale Fisher, RN, BBA, MBA, AFACHSE

Ms Robyn Gillis, BSc (Biol & Hlth Sci), Ass Dip Occ Hlth & Safety, GAICD (until 3/6/06)

Ms Susan Harper OAM, Dip KTC, Grad Dip Education Studies (from 1/1/05)

Ms Elizabeth Johnson, BA, LLB (Hons), LLM (until 31/12/05)

Ms Carolyn McClean, BA, Grad Cert Bus, Grad Dip Career Dev't (until 31/01/06)

Associate Professor Campbell Paul, MBBS, FRANZCP

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

Dr Lakshmi Sumithran, MBBS, MHA, FRACMA, FCHSE

### Audit Committee

Mr Keith Lambert

Mr Tim Staker

### Chief Executive Officer & Director of Nursing

Ms Pam Stilling, Grad Dip Hlth Svcs Mgmt, Dip App Sc, (CHN), RN, RM, AFCHSE, MRCNA (resigned 2006)

### Chief Executive Officer

Ms Robyn Gillis, B Sc (Biol & Hlth Sci), Ass Dip Occ Hlth & Safety, GAICD (appointed 12th June 2006)

### Director of Nursing

Ms Sue Couper, RN, RM, Dip App Sc (CHN) (Acting DON from June 2006)

### Director of Medical Services

Dr Gideon Saaroni, MBBS

### Commercial Manager

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

### Manager, Operations Services

Ms Janelle Crossett

### Manager, Business Development

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

### Manager, Clinical Services

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

### Manager, Outreach Services

Ms Sue Gardiner, RN, RM, MCHN, B.App Sc (Comm Health)

### Honorary Solicitors

Mallesons Stephen Jaques

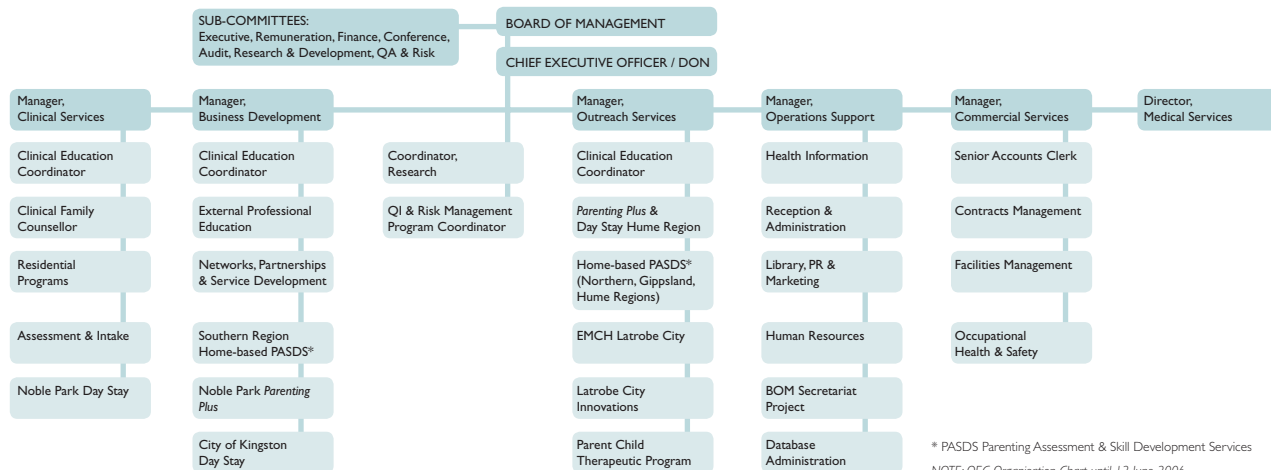
### Auditors

Auditor-General Victoria

### Bankers

National Australia Bank Limited

### QEC Organisation Chart





I felt very sheltered and supported at The Queen Elizabeth Centre – (QEC was) like a life raft in the choppy sea of parenthood.

PARENT EXIT SURVEY, QEC RESIDENTIAL PROGRAM 2005

## Our clients

QEC endeavours to enhance access to services by ensuring the availability of residential, day-stay and home visiting services...

Families from throughout Victoria who are experiencing difficulties rearing children up to three years of age represent QEC's dominant client base. The number of such families requiring access to QEC's early parenting services continues to grow steadily.

Community responsiveness and a commitment to equitable accessibility are helping to ensure that QEC reaches those most in need, with evolving partnerships and a new multidisciplinary approach impacting positively on throughput trends.

QEC met increased demand on its residential, single day and home-based programs in 2005-06 and achieved service targets across all areas with the exception of its Parenting Assessment and Skills Development Services (PASDS), which experienced a marginal decline. The organisation nonetheless remains Victoria's largest provider of PASDS and maintains the capacity to meet set volume objectives.

### Client throughput increases

The total number of individual family members admitted to programs at QEC's Noble Park site continued to climb steadily, increasing by 9 per cent to 3,420 last year. The trend was consistent across residential and single day parenting intervention programs, as demonstrated in Graph 1. Figures are based on data submitted to the VAED in 2005-06. "Separations" refer to the number of individuals counted on exit from a program or service.

The combined number of home visits across all Victorian regions and day stay sessions in Wangaratta exceeded 4,000 last year. The breakdown is illustrated in Graph 2 based on figures submitted to the DHS in 2005-06 AIMS S2 reports.

### GRAPH 1 ADMITTED PATIENTS, 2003-06 – PARENTING INTERVENTION SERVICES

	2003-04	2004-05	2005-06
Same day <sup>1</sup>	1522	1545	1715
Multi day	1527	1598	1705
<b>Total separations</b>	<b>3049</b>	<b>3143</b>	<b>3420</b>

1. Includes individuals who attended day stay programs plus those who participated in residential programs but did not stay overnight

### GRAPH 2 OCCASIONS OF SERVICE NON-ADMITTED PATIENTS, 2006

#### Non-admitted patients – other services – parenting intervention services

Home visits	2006
– All regions	3891
Day stay sessions	121
– Wangaratta <sup>1</sup>	
<b>Total occasions of service</b>	<b>4012</b>

1. The Wangaratta Day Stay figure relates to parents/adults representing 55 families (total)

There was a marginal increase in the number of families who received early parenting services at QEC's Noble Park and Wangaratta facilities last year, while the number of families who benefited from services in their own homes in Victoria's Southern, North and West metropolitan regions, and in the Gippsland and Hume rural regions, fluctuated.

As shown in Table 3, the number of families who participated in home-based *Parenting Plus* and *Parenting Plus Innovations* programs in the upper Hume and Gippsland regions increased significantly, while there was a small but consistent decline in the number of participants in QEC's home-based PASDS programs.

Telephone-based advice provided by QEC counsellors escalated by 75 per cent, boosting the total number of families receiving QEC early parenting services by 44 per cent.

"Separations" refer to numbers counted on exit from a program or service.

### Throughput trends

The number of families seeking access to QEC's early parenting services continued to grow against targets, which increased only slightly last year. Throughput growth occurred predominantly where partnerships with the Family Support Innovations programs provided opportunities for raising targets in the *Parenting Plus* program, and through delivery of the new Enhanced Maternal and Child Health Service in the City of Latrobe.



## Our clients

TABLE 3 FAMILIES BY PROGRAM AND LOCATION, FY 2005-2006

Service Type	Program and Location	2005-2006 Families
Residential	Early Parenting – Noble Park	608
	Parenting Assessment & Skill Development Services (PASDS) – Noble Park	99
Day Stay	Noble Park	730
	Wangaratta	55
	City of Kingston	146
Home Visiting	Enhanced Maternal Child Health <sup>1</sup>	115
Home-Based Parenting Plus	Southern Metropolitan Region – FaCS funded Phase 3	4
	Southern Metropolitan Region – DHS funded	40
	Upper Hume Region	15
Home-Based Parenting Plus Innovations	Family Matters Innovations Program Latrobe Valley Gippsland	41
	Casey (SEFS) <sup>2</sup>	4
	Frankston (FIFS) <sup>3</sup>	3
	Wodonga <sup>4</sup>	6
Home-based PASDS	Upper Hume Region	11
	Gippsland Region	29
	Northern Metropolitan Region	46
	Southern Metropolitan Region	56
Telephone advice only	From Noble Park Triage <sup>5</sup>	3121
<b>Total</b>		<b>5129</b>

### New programs 2005-06

1. Enhanced Maternal and Child Health (EMCH) program commenced September 2005.
2. Parenting Plus programs contracted by South East Family Services, Family Support Innovations City of Casey commenced February 2005. City of Greater Dandenong commenced February 2006.
3. Parenting Plus programs contracted by Frankston Integrated Family Services, Family Support Innovations City of Frankston commenced February 2005.
4. Parenting Plus component of Family Support Innovations in Wodonga, Toowong and Indigo Shires commenced February 2005.
5. Telephone advice or information only (i.e. clients redirected to non-residential QEC service).



## Our clients

QEC endeavours to enable families to function independently within their own communities by maintaining productive linkages with community-based services...

### Serving Victorian families in need

QEC provides specialised care, support and education to parents throughout Victoria, with support services concentrated in eastern Victoria.

Residential care services at QEC's Noble Park site are offered to families statewide, while day stay programs at Noble Park and Wangaratta attract families who live within reasonable travel distance of those centres. Home-visiting services cover geographic areas specified in funding agreements and currently apply to the Southern, North and West metropolitan, Gippsland and north-eastern Hume regions.

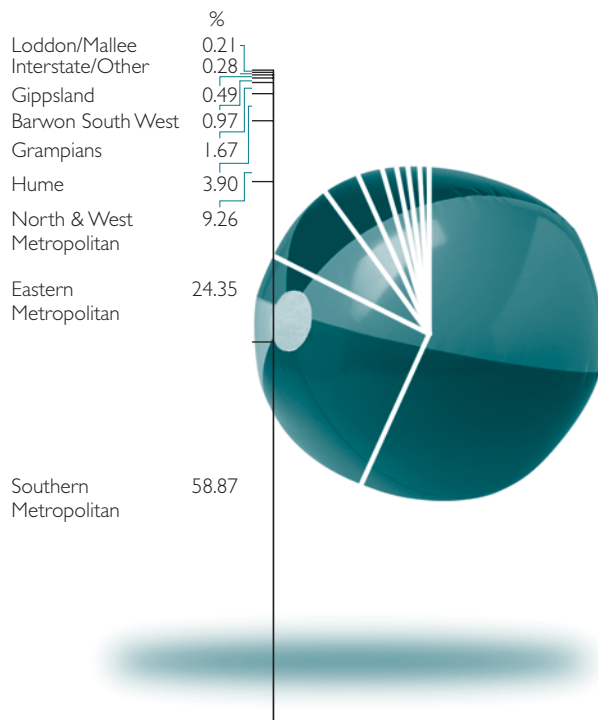
As depicted in Graph 4, more than half of the families admitted to residential and day services at Noble Park last year were from Southern metropolitan Melbourne, while a quarter hailed from Eastern metropolitan areas and almost 10 per cent

were from North/West suburbs. Families from regional Victoria represented less than 8 per cent of the Noble Park clientele.

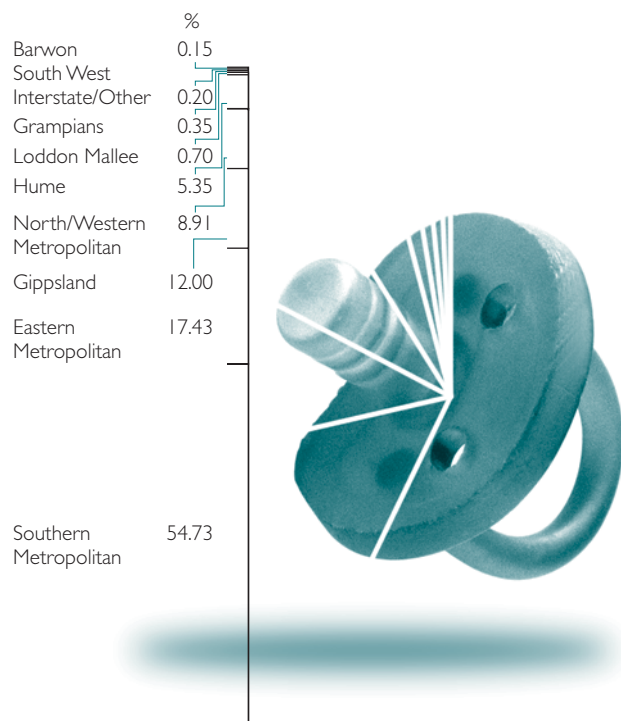
Families from Southern and Eastern metropolitan areas also represented the major recipients of combined Noble Park and regional services in 2005-06 (Graph 5), with a higher percentage of Gippsland families using regional services in line with Government funding support.

Table 6 indicates that the majority of families referred by Child Protection Services to QEC's Parenting Assessment and Skills Development Services (PASDS) were from Melbourne's Southern, North and West metropolitan areas, while a significant number of Gippsland and Hume families were referred to the home-based PASDS program.

**GRAPH 4 FAMILIES ADMITTED TO RESIDENTIAL AND DAY SERVICES AT NOBLE PARK: PERCENTAGE DISTRIBUTION BY HOME LOCATION (DHS REGION), 2005-06**



**GRAPH 5 FAMILIES AT COMBINED QEC NOBLE PARK AND REGIONAL SERVICES (RESIDENTIAL, DAY STAY AND HOME-BASED): PERCENTAGE DISTRIBUTION BY HOME LOCATION (DHS REGION), 2005-06**



## Our clients

**TABLE 6 SEPARATIONS OF FAMILIES FROM PASDS BY REFERRING REGION, FY 2005-2006**

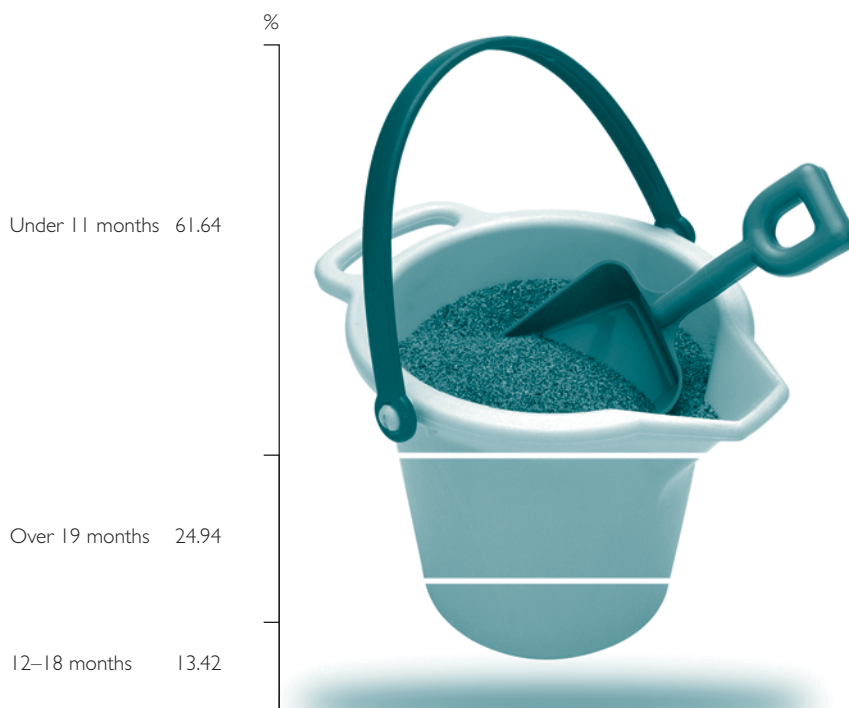
Referring DHS Region	Residential PASDS 05-06	Home-Based PASDS 05-06
Eastern Metropolitan	–	–
North & West Metropolitan	25	46
Southern Metropolitan	52	56
Gippsland	6	29
Hume	1	11
Others <sup>1</sup>	15	–
<b>Total</b>	<b>99</b>	<b>142</b>

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

### Giving infants the best start possible

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

**GRAPH 7 AGES OF QEC CLIENTS, 2005-06 CHILDREN (n=1856)**



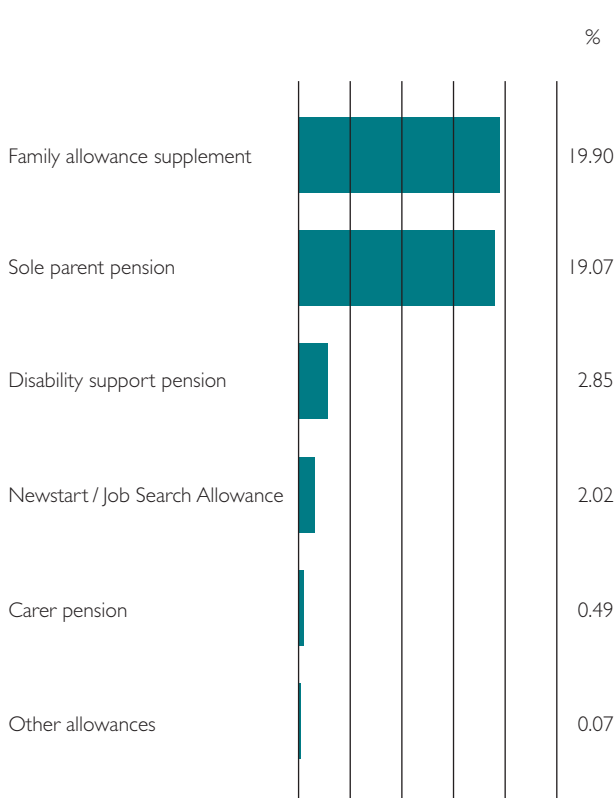
## Our clients

### Helping parents from diverse socio-economic backgrounds

An analysis of QEC client status indicates that clients continued to represent a broad range of socio-economic circumstances in 2005-06. Of 1437 families admitted to residential and day stay programs at the Noble Park facility last year; more than half (799) were self-reported recipients of pensions or benefits, while 638 were employed.

As illustrated in Graph 8, almost 20 per cent of QEC's Noble Park client population in 2005-06 were sole parents, while a further 20 per cent received family allowance supplements.

**GRAPH 8 PERCENTAGE OF FAMILIES ADMITTED TO RESIDENTIAL AND DAY STAY PROGRAMS BY SELF-REPORTED PENSIONS/BENEFITS RECEIVED, 2005-06**

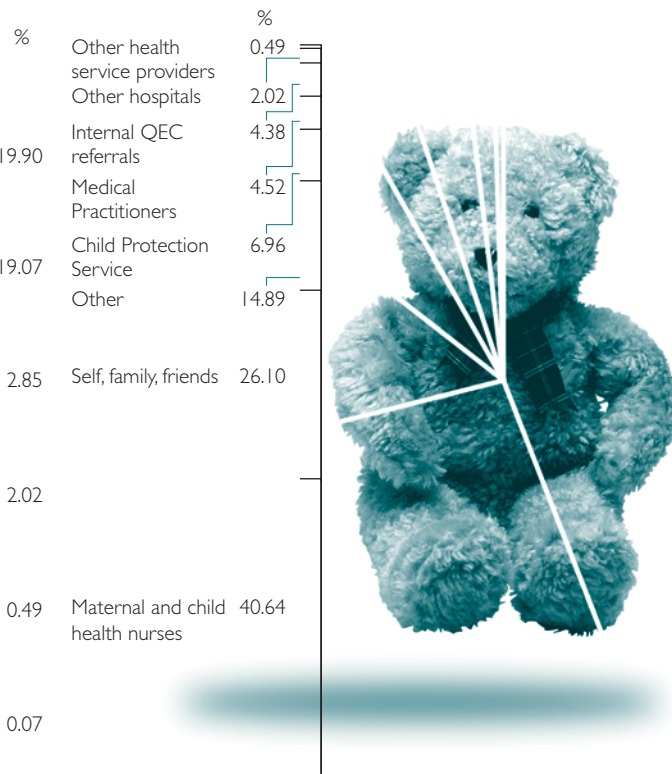


### Providing culturally sensitive services

QEC's clientele is culturally and linguistically diverse. Almost 14 per cent of adult clients admitted to residential or day programs at Noble Park last year originated from one of more than 60 non-English speaking countries and 5 per cent speak one of 15 languages other than English in the home, predominantly Cantonese, Vietnamese, Turkish, Russian or Sinhale. Less than 1 per cent of clients admitted to residential or day programs at Noble Park were Australian Aboriginals.

Afghan and Sudanese parents and children participated in play and parenting education groups conducted at QEC's June Shaw Day Stay wing in Noble Park in 2005-06. The groups were offered in partnership with FaCSIA and were facilitated by community peer leaders Ms Shokria Khalil and Ms Stella Lado, who engaged with the communities and provided both interpreting support and essential guidance to QEC staff to ensure the cultural relevance of education services. Seventy-eight groups were conducted throughout the year, with average attendance of six parents and eight children.

**GRAPH 9 REFERRAL SOURCES FOR FAMILIES ADMITTED TO RESIDENTIAL AND DAY STAY PROGRAMS AT QEC NOBLE PARK, 2005-06**



### Nurses major sources of referral

Maternal and child health nurses continued to be the major sources of referral to QEC's Noble Park residential and day stay programs last year, accounting for more than 40 per cent of recommendations. The number of referrals from Medical Practitioners and hospitals increased only marginally on the previous year. The source break-down is presented in Graph 9.

## Our clients

### Targeting vulnerable families

Families present to QEC with an increasingly complex range of parenting and health needs exacerbated by family and social factors, and children born into these families are vulnerable to compromised outcomes in life. QEC's Parenting Assessment and Skills Development Services (PASDS) and *Parenting Plus* programs are specifically designed to assist children at risk of abuse or neglect, and their families.

Table 10 presents the range of risk factors evident in 282 families who participated in residential or home-based PASDS or *Parenting Plus* programs last year. No single factor alone was a precursor to risk and many families presented with multiple risk factors.

Single parenthood, parental mental illness and/or substance abuse, and domestic violence were the most prevalent risk factors among families enrolled in QEC's PASDS and *Parenting Plus* programs, and these issues were particularly perceptible in the home-based PASDS program.



**TABLE 10 RISK FACTORS IN FAMILIES IN PASDS AND PARENTING PLUS PROGRAMS (ALL REGIONS), FY 2006 (n=282 FAMILIES)**

Risk Factor	Home-based PASDS 05-06	Residential PASDS 05-06	Parenting Plus 05-06	Total
Single parent	85	51	67	203
Domestic violence	72	57	28	157
Parental substance abuse	87	66	14	167
Parental mental illness	64	63	42	169
Child protection history	62	44	37	143
Mother <20 at birth of 1st child	47	39	36	122
Family isolated	51	35	56	142
Mother <20 years	18	24	10	52
A previous child removed/deceased	40	35	11	86
Family chaotic	66	44	0	110
Parental history of abuse as child	27	18	33	78
Opiate dependency	31	30	0	61
Parental low cognitive functioning	23	13	17	53
Homelessness/frequent moves	44	35	6	85
Parental intellectual disability	11	14	10	35
Koori	13	10	4	27
<b>Total</b>	<b>741</b>	<b>578</b>	<b>371</b>	<b>1690</b>



I believe this program will save my marriage,  
and help my child and myself to have a better  
understanding of each other's needs.

(PARENT EXIT SURVEY, QEC RESIDENTIAL PROGRAM 2005)

## Our programs & services

QEC endeavours to develop parenting competence and confidence, enabling families to nurture and protect their children and to enhance family health and development...

QEC programs and services are targeted to the needs of families experiencing early parenthood challenges linked to physical, psychological, intellectual or environmental issues.

Specific programs and services have been developed to accommodate geographic, socio-economic, cultural and linguistic diversity, while more rigorous programs address the needs of parents referred through child protection agencies.

QEC's day stay services equip parents with skills to manage behavioural or feeding challenges; residential services offer intensive support for families experiencing more complex difficulties; and home visiting services enable QEC to extend support to families who are geographically isolated from the Noble Park campus and difficult to reach.

Parenting skills development services provide guidance to parents who have reached a critical point, enabling them to safely nurture their children through new stages of development.

### QEC program range

The Victorian Government Department of Human Services, through the Office for Children, funds the following QEC parenting intervention services under a Health Service Agreement:

- Telephone consultation, Assessment and Intake (Location: Noble Park; Catchment: Victoria)
- Monday to Friday Residential (Location: Noble Park; Catchment: Victoria)
- Day Stay (Location: Noble Park; Catchment: Victoria (notional)) (Location: Wangaratta; Catchment: Upper Eastern Hume Region)
- *Parenting Plus*, Home-Based (Catchments: Southern Metropolitan Region, City of Latrobe, Gippsland Region)
- Parenting Assessment and Skills Development Services (PASDS)
  - Residential PASDS (Base: Noble Park; Catchment: Victoria)
  - Home-Based PASDS (Gippsland Region)
  - Home-Based PASDS (Southern, North and West Metropolitan Regions, Upper Eastern Hume Region).

*Community Initiatives* enable QEC to provide additional innovative services with contractual or grant funding from local and Commonwealth governments, other community service organisations or agencies, philanthropic trusts and/or client fees. QEC programs funded by these methods include:

- *Parenting Plus* Phase 3, refugee play and parenting group program (Dandenong)
- *Parenting Plus* (Dandenong, Wodonga, Towong, Indigo, Casey and Frankston)
- Day Stay (Parkdale)
- Education Services (delivered throughout Victoria):
  - Biennial International Conference

- Professional Seminar Series
- Professional Development Workshops
- Parenting Education Programs.

### QEC locations

Main Campus: 53 Thomas Street, Noble Park, 3174

Regional Bases:

- c/- Office 3, 49 Douglas Road, Noble Park 3174
- c/- Preston Creative Living Centre, 648 High Street, Reservoir 3073
- c/- Family Matters, Anglicare, cnr Flemming and Church streets, Morwell 3840
- c/- Noah's Ark, cnr White and Bourke streets, Wangaratta 3676
- c/- SCOPE, 9 High Street, Wodonga 3689
- c/- Bass Coast Community Health Centre, 108-110 Watt Street, Wonthaggi 3995

### Facilities upgrade

In 2005-06 the QEC Board approved a \$600,000 capital works program to extend facilities at the Noble Park site. The project, due to commence in late 2006, will expand both the Residential and Day Stay units and the car park, enabling QEC to cope with increasing demand on its services.

The Residential Unit extensions will provide rooms to accommodate more large families, and designated client education and meeting areas, while expansion of the Day Stay Unit will facilitate additional therapeutic work with clients. An extra 14 car spaces will be provided on site.

The works are expected to be completed in August 2007.

### Information technology upgrade

A 2006-07 review of QEC's information technology operations and the development of strategies to update its IT system were authorised last year. The \$300,000 project will: examine new technologies to facilitate access from QEC's remote sites in regional Victoria to its central information system; provide IT system security; and improve the organisation's website.

### Revitalised QEC image

The launch of a new logo that reflects QEC's values represented the first step towards a more assertive marketing and communications approach in 2005-06. The logo features a person at the centre of a 'butterfly', symbolising fragility synonymous with QEC's dominant client base. The rationale relates to QEC's philosophy to support infants and families during a period of transition to ensure positive outcomes.

The visually stronger logo sharpens QEC's image as a personable and proactive organisation, while its simplicity renders it suitable for applications ranging from signage to new media.

## Our programs & services

### Putting vulnerable families first

QEC provided telephone consultation to more than 5300 families last year; with 608 families referred to the residential program and 730 families referred to day stay programs. The remaining 3121 families received telephone advice only based on a professional needs assessment.

Demand for programs was managed on a priority basis, with precedence given to cases assessed as urgent or complex. Thirty per cent of families consulted via telephone were allocated program placements within three days, with 14 per cent admitted to QEC's residential program at Noble Park and 16 per cent entering day stay programs.

Actual waits for QEC residential and day stay services in 2005-06 are shown in Table 11. Families requiring two children's bedrooms experienced the longest wait due to QEC's limited capacity to handle families of this size simultaneously. Family illness or personal circumstances contributed to admission delays.

### Residential clients experience positive outcomes

Families admitted to QEC's residential program continue to record positive outcomes. An analysis of client exit survey findings in 2005-06 revealed overwhelming praise for QEC's

caring, supportive and collaborative approach. Parents praised staff for helping them to make necessary changes that would enhance their enjoyment of parenting and provide their children with the "best start" in life.

**TABLE 11 ACTUAL WAITING TIMES FOR RESIDENTIAL AND DAY STAY PROGRAMS FY 2006**

	Five-Day Residential Program n=1666 %	Day Stay Program n=1713 %	Assessment & Intake Program n=5311 %
0-3 days	14.11	15.88	28.15
4-7 days	8.22	11.44	71.85
1-2 weeks	12.55	15.94	
2-3 weeks	13.81	18.10	
3-4 weeks	11.28	19.38	
1-2 months	15.01	18.21	
2-3 months	12.00	0.76	
> 3 months	13.03	0.29	





## Our programs & services

QEC endeavours to provide services that are individually and culturally sensitive to all families...including those challenged by a disability or chronic illness, maternal depression, a substance dependency, adolescent parents or family members who do not speak English...

### Day Stay (Noble Park)

In 2005-06, the Day Stay Program at Noble Park operated three days a week and was attended by 730 families, representing a 6 per cent attendance rise and increased ongoing demand for this service (refer Table 3). Criteria for Day Stay admission related to single, rather than complex multi-dimensional issues identified by Intake staff during initial telephone consultation. Eligibility was determined by the perceived ability of participants to absorb instructions in a group format and to apply this knowledge at home to achieve desired outcomes.

Sleep and settling difficulties and toddler behaviour were the most common problems addressed during Day Stay sessions. Topics including recognition and appropriate response to infant and toddler pre-verbal and verbal communication cues, and positive behavioural modification strategies, were delivered through group information, discussion and support, individual coaching and modelling.

### Day Stay (Wangaratta)

Fifty-five families attended the fortnightly Wangaratta Day Stay Program in 2005-06 – a 17 per cent increase on the previous year (refer Table 3). The program was funded by DHS through its Psychiatric Disability Support Services program as a preventative intervention for maternal depression. Admission criteria were similar to that for the Noble Park Day Stay Program.

### Day Stay (Kingston)

QEC provided a weekly Day Stay Program in Parkdale under contract to the City of Kingston. The Maternal and Child Health team from City of Kingston managed program intake and admitted 146 families in 2005-06 (refer Table 3).

### QEC remains largest PASDS provider

QEC remained the single largest provider of Parenting Assessment and Skills Development Services (PASDS) in Victoria in 2005-2006, offering 10-day residential and 10- and 12-week home-based services.

Child Protection Services throughout Victoria referred 349 children (0-3 years) who were deemed at high risk of child abuse and/or neglect to a QEC PASDS with their parents (refer Table 6). Under PASDS, QEC staff assessed competencies and provided parents with intensive modelling and coaching to enhance and develop their parenting skills. Assessment reports helped to clarify areas where ongoing intervention was necessary to further develop and strengthen targeted families.

### Growing demand for Parenting Plus programs

Referrals to the DHS-funded *Parenting Plus* program continued to grow rapidly. Forty families from the Southern Metropolitan region participated in the intensive home-based parenting skills development program in 2005-06 (refer Table 3). The program, which operates from Noble Park, supports children at risk of poor outcomes from hard-to-reach families and is increasingly sought by maternal and child health enhanced home visiting staff, hospital social workers and child protection staff.

The FaCSIA-funded Phase 3 *Parenting Plus* program maintained its focus on increasing access for the recently-arrived Afghan and Sudanese refugee communities and Indigenous Australian families living in close proximity to Noble Park. QEC's play and parenting groups for Afghan and Sudanese families are part of the organisation's strategy to increase the accessibility and cultural sensitivity of QEC programs. A reference group comprising representatives of relevant agencies guides the development and evaluation of the Phase 3 *Parenting Plus* program and provides valuable opportunities to communicate QEC's services to target communities.

## Our focus on evidence-based practice

QEC endeavours to respond to the changing needs of families by monitoring service effectiveness and quality, and by regular review and redevelopment...

The introduction of evidence-based practices, a greater multidisciplinary approach, and the ongoing development of partnerships with regional and community providers helped to facilitate family access to more comprehensive services in 2005-06.

### New holistic approach to residential care

In 2005-06 QEC consolidated the Parenting Practice Model at its Noble Park Residential Unit to integrate evidenced-based techniques with daily staff practices. The development has enabled staff to adopt a more collaborative and holistic approach to family care and support.

The new practice model was evaluated for its effectiveness of service delivery through a research project conducted in conjunction with the Victorian Parenting Centre (VPC). Results will be available in late 2006.

### QEC introduces evidence-based assessment

QEC incorporated the validated Nursing Child Assessment Satellite Training (NCAST) Parent Child Interaction and Personal Environment Scales, developed by the University of Washington, into its Assessment Framework following a 2006 review. Parenting assessments will focus across three domains:

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

This initiative will enable validated data to be included in the QEC reports provided to the Department of Human Services and child protection programs, and will help staff and families to identify the focus for intervention and skills development.

### Greater support for immigrants, refugees and indigenous communities

QEC's commitment to helping culturally and linguistically diverse (CALD) families to manage early parenthood challenges led to the introduction of the groundbreaking *Strengthening Multi-Ethnic Families and Communities Program* in Australia in 2005-06.

The training program provides facilitators with a curriculum framework that recognises the losses experienced by many immigrants, refugees and indigenous minority populations. It builds on the cultural and spiritual roots of participants and uses facilitators from within vulnerable communities to provide practical parenting education.

Its implementation was supported by the Potter Foundation, which, together with QEC, sponsored the program's American mastermind, Dr Marilyn Steele, to conduct facilitator training for peer leaders from partner agencies at QEC last December.

The Centre for Community Child Health has been engaged to evaluate the facilitator training program and the implementation of the parent training program within the target communities.



## Our partnerships

Partnerships with Family Support Innovations programs were credited with enabling more regional Victorian families to access the home-based *Parenting Plus* program in 2005-06, while a major contract with the City of Latrobe improved outreach to specialised QEC services through the Enhanced Maternal and Child Health Service.

Collaboration is consistent with recent legislative changes culminating in the updated Children, Youth and Families Act and the Child Wellbeing and Safety Act. The new legislation advocates pathways to connect vulnerable children and families to the prevention and early intervention services they may need.

### QEC partnerships advance regional care

#### Latrobe Valley

QEC's Gippsland team continued its provision of home-based *Parenting Plus* services in the Latrobe Valley from QEC's Morwell base. Funded as a component of the *Family Matters* Innovations Program, QEC has worked in formal partnership with lead agency, Anglicare Gippsland, and funded partners Berry Street Victoria, Quantum Support Services and Wanjana Lidj since 2004. The *Family Matters* partnership also includes non-funded agencies: Gippsland Centre Against Sexual Assault, Good Beginnings, Latrobe City Council, Relationships Australia, Latrobe Community Health Service and Salvation Army Gippsland. In 2005-06, 41 families completed the *Parenting Plus* component of *Family Matters*.

#### Upper Eastern Hume

*Parenting Plus* services represented part of the 'early years' component of the *Stronger Family Services* Innovations project in Wodonga and the Shires of Indigo and Towong. The services were offered in partnership with a range of agencies including lead organisation and funds administrator, Upper Murray Family Care, and contracted fellow partners: Central Hume Support Service, Upper Hume Community Health Service, City of Wodonga, and Indigo and Towong Shire Councils. The QEC-Hume team operates the service from Wodonga, while QEC's original Hume base is in Wangaratta.

The *Stronger Family Services* Innovations Project has enhanced and strengthened the capacity of existing services in Wodonga, Indigo and Towong, providing the resources to assess referrals and allocate families to appropriate support agencies including QEC's *Parenting Plus*. In 2005-06 only six families completed the *Parenting Plus* component of *Stronger Family Services* against a target of 11. An analysis of data collected by DHS for the Hume Region indicated that referrals of vulnerable families with children aged 0-3 years to the Innovations Program were lower than anticipated.

#### Casey, Dandenong, Cardinia

Connections, South East Family Services (SEFS) subcontracted QEC to deliver *Parenting Plus* to an additional two families across the City of Casey, Greater Dandenong and Shire of Cardinia, boosting the annual target to eight families. In 2005-06 four families were referred by SEFS and participated in a *Parenting Plus* program under the State Government's Family Support Innovations Project.

#### Frankston

In 2005-06 Frankston Innovative Family Services (FIFS) referred three families to the *Parenting Plus* program. FIFS subcontracted QEC to provide the program to four families annually in 2005.

### Enhanced Maternal and Child Health Service provides outreach to families in need

#### Latrobe City Morwell

In 2005-06 QEC was contracted by the Latrobe City Council to provide the Enhanced Maternal and Child Health Service (EMCH) to 115 families annually in conjunction with Latrobe City Maternal and Child Health Service.

The EMCH is a home-based service that offers short-term support (6 to 12 weeks) for families who find it difficult to attend their local Maternal and Child Health Centre. The outreach initiative was conceived to strategically enhance linkages between children and families, and other primary and secondary services, thereby facilitating longer-term intervention and support.

While priority is given to vulnerable families with a child under one year, the EMCH service provides additional support for families affected by multiple risk factors, including those with children over 12 months of age.

## Our education & research programs

QEC endeavours to promote community and professional awareness and knowledge about the care and nurturing needs of young children...

### Translating innovation and evaluation into service excellence

Education, research and development underpin QEC's commitment to furthering professional awareness and knowledge in order to provide specialised care, support and instruction to families confronted by early parenting difficulties.

QEC conducts regular professional education seminars for health and welfare professionals and educators working with parents and young children.

Preceptored Learning Programs cover topics including home visiting, working with hard-to-reach families, sleep, settling, and observation of child development. QEC Education Services also offer customised sessions addressing specific topics.

### 2005-06 research developments

QEC initiated or continued work on four major research projects last year. The studies will improve understanding of key issues impacting on parents and young children, and improve the health and welfare industries' ability to respond to these challenges.

### New parenting practice model: research in action

Action research accompanied the introduction and implementation of a new parenting practice model in 2005-06. The model, based on Professor Jane Drummond's *Family Adaptation Model*, was integrated into QEC's early parenting program. This investigation was undertaken by Colleen Turner, Dr Jenny Sharples and Catherine D'Arcy from the Wellness Promotion Unit in the Department of Psychology at Victoria University and QEC's Research Program Coordinator Beverley Allen. The final research report is at draft stage.

### Study examines efficacy of residential parenting programs

A major evaluation of QEC's five-day residential program commenced in 2005-06 following implementation of the new parenting practice model. The project is examining participating parents' perceptions of the program's appropriateness and the suitability of its objectives, content and methods. Factors relating to parent engagement and participation in the program will also be investigated. Additionally, the study will assess the residential program's overall effect on parent and family functioning, parent knowledge and skills, and child outcomes.

As evaluations of residential parenting programs are rarely reported in published literature, it is anticipated this research will make an important contribution to knowledge of evidence-based early parenting practice. It will also build on existing research that explores the efficacy of family-centred service delivery in the nursing field.

Jan Matthews from the Victorian Parenting Centre was contracted as Senior Supervisor and Dr Susan Rogers was appointed Principal Investigator.

### Parenting Plus under the spotlight

A three-year Evaluation of *Parenting Plus* Phase 3, launched in July 2004, continued last year. Conducted by the Centre for Community Child Health (CCCH) under Principal Investigator Melissa Coutts, the evaluation is testing the *Parenting Plus* service model for its acceptability of, and adaptability to, newly arrived Afghan and Sudanese communities, and Indigenous Australian families. The evaluation is also investigating the success of strategies designed to increase community capacity regarding knowledge and skills of parenting and the impacts on outcomes for children in the target groups.

### Preventing violence in ethnic families

QEC contracted the CCCH to evaluate implementation of the "Strengthening Multi Ethnic Families: A Violence Prevention Parent Training Program" within an Australian context. The project commenced in December 2005 after program instigator Dr Marilyn Steele conducted training for peer facilitators from partner agencies. The evaluation will follow trained peer facilitators when they deliver the program to families in their own cultural and community groups in late 2006. Melissa Coutts from the CCCH was appointed Principal Investigator. The final report will be handed down in 2007.

### QEC a leader in education services

Strong demand for customised Education Services seminars continued in 2005-06, with a particular focus on elements of QEC's practice models including *Parenting Plus* Home Visiting; Family Partnership, based on Professor Hilton Davis's *Parent Advisor Model*; and the NCAST Keys to Caregiving and Parent Child Interaction Assessment Scales.

QEC delivered 25 professional education sessions attended by 263 professionals throughout the year at the QEC Brockhoff Conference Centre, metropolitan or regional venues. Education Services staff also provided 18 commissioned professional education seminars attended by 279 professionals in metropolitan and rural Victoria.

Changes in demand for QEC's Education Services prompted a review of education staffing levels and the breadth of topics offered in the Professional Education Seminar Series. Seminars were subsequently consolidated in response to market demand.

Almost 200 parents benefited from parent education workshops delivered by QEC Education Services last year with the support of Gymparoo. Local Government Authorities commissioned additional sessions attended by 40 parents.

## Our staff

Staff remain the keystone to QEC's successful delivery of early parenting services.

Driven by a holistic, family-centred approach to care, our staff are renowned for their professionalism, sensitivity to individual family needs, and willingness to go beyond the call of duty. Regular monitoring of client feedback; review and redevelopment of services; and quality management enable our staff to continually deliver on the organisation's values.

QEC built on its teamwork ethos in 2005-06 through the development of professional and community partnerships, and a new multidisciplinary approach designed to ensure families enjoy access to a comprehensive range of support services.

We endeavour to recognise and accommodate staff needs through the provision of modern, well-equipped facilities; supportive orientation, professional development and supervision programs; family-friendly work practices; and benefits including parking facilities and salary packaging.

### A multidisciplinary approach

Changes to the face of QEC's workforce in 2005-06 supported its move towards a more multidisciplinary approach to service delivery. An additional qualified psychologist and a social worker joined the organisation in line with its strategy to broaden the staff skill base. The multidisciplinary approach will enable QEC to more effectively respond to the complex needs of families using its services, and to overcome the industry-wide shortage of maternal and child health nurses.

### QEC staff profile

At 30th June 2006, QEC employed 83 staff members including 40 full-time and 43 part-time employees. Table 12 provides an overview of equivalent full-time staff numbers by program and staff category. The full-time/part-time ratio reflects QEC's reputation as a family-friendly employer and the importance it attaches to recruiting staff who can empathise with the organisation's client base. A geographic analysis indicates that QEC employees predominantly live where they work, which enhances QEC's understanding of its key catchment areas.

### QEC welcomes new CEO

On 12th June 2006 QEC appointed Robyn Gillis to the position of Chief Executive Officer following the resignation of Pam Stilling as Chief Executive Officer and Director of Nursing. Robyn has held senior positions in health sciences, policy development and occupational health and safety with major statewide government organisations and previously served as a Director on QEC's Board of Management.

QEC Business Development Manager Sue Couper was appointed Acting Director of Nursing.

### Senior appointments

In 2005-06 senior professionals were recruited to Coordination positions in the Southern Metropolitan Region home-based

PASDS program and residential PASDS program.

### Merit and Equity Principles

QEC applies merit and equity principles in accordance with the Public Sector Management and Employment Act 1998. In 2005-06 the organisation reported on the application of principles to the Office of Public Employment in Organisation Self Assessment 2004. All staff members were made aware of the Public Sector Code of Conduct and compliance expectations. There were no reported non-compliances last year.

### Workforce Reports

In 2005-06 QEC submitted the following: an Executive Remuneration report to the Government Sector Executive Remuneration Panel (GSERP); monthly workforce data to the Department of Human Services (DHS) in accordance with the DHS Minimum Dataset; and monthly nursing workforce data to the DHS Nursing Unit.

### Occupational Health and Safety, Risk Management, Quality Management Systems

Client and staff safety is high on QEC's strategic list of priorities and the organisation is certified compliant with ISO 9004:2000 Quality Systems standards. QEC's risk management system is overseen by the Board of Management Quality Assurance and Risk Committee.

Last year QEC's Occupational Health and Safety Committee commenced work towards certification for compliance with ISO 4804:2001 Occupational Health and Safety which will ensure QEC has adequate systems, policies and procedures in place to reduce health and safety risks to clients and staff.

We are increasingly working with more vulnerable families in both residential and home-based settings, which places staff at heightened risk of occupational violence. QEC is actively implementing appropriate control measures and support systems to reduce this threat.

TABLE 12 QEC STAFF ESTABLISHMENT AT 30 JUNE 2006

Program	FTE 30/6/06	
Residential Services	10.30	Maternal & Child Health Nurses
	1.00	Social Worker
	1.00	Psychologist
Day Stay and Home Visiting Programs	16.69	Mothercraft Nurses/ Early Childhood Workers
	8.60	Maternal & Child Health Nurses
	1.00	Social Worker
Telephone Triage	12.27	Mothercraft Nurses/ Early Childhood Workers
	1.65	Maternal & Child Health Nurses
Education, Research	1.40	Maternal & Child Health Nurses
	0.63	Psychologist
Management & Admin.	1.00	Chief Executive/ Nursing Director
	0.53	Director Medical Services
	3.00	Managers, Parenting Programs
	1.00	Commercial Manager
	1.00	Manager Administrative Services
	0.22	Health Information Manager
	5.00	Clerical/Reception
1.00	Senior Accounts Clerk	
<b>Total</b>	<b>67.27</b>	

\*Full Time Equivalent

## Our supporters

### Supporting QEC

Thanks to the dedication and generosity of The QEC Foundation and donors, \$125,870 was raised in support of QEC programs and services in 2005-06.

QEC is indebted to all those who contribute to the organisation and, ultimately, help to provide young children and their families with the best start possible.

### Donations & financial results

QEC acknowledges the major support of donors listed in Table 13 below.

Table 14 presents the Summary of Financial Results FY 2001-06.

TABLE 13 DONATIONS FY 2006

Donor	\$
Collier Charitable Fund	20,000
Estate Sir Walter Leitch	1,219
Lord Mayor's Fund	6,000
Dame Elizabeth Murdoch	1,000
Ian Potter Foundation	30,000
The QEC Foundation	10,000
Sandhurst Trustees: Estate E G Batchelder	644
Tattersall's George Adams Foundation	50,000
Joe White Bequest	2,000
Estate of Winifred Mary Kate	4,982
Other	25
<b>TOTAL</b>	<b>\$125,870</b>



TABLE 14 SUMMARY OF FINANCIAL RESULTS 2001-2006

	2006 \$	2005 \$	2004 \$	2003 \$	2002 \$	2001 \$
Total Expenses	6,657,476	6,180,455	4,996,095	5,221,177	5,742,492	4,580,878
Total Revenue	6,557,349	6,192,394	5,375,768	5,182,308	5,053,483	4,538,986
Operating Surplus/ (Deficit)	(100,127)	11,939	379,673	(38,869)	(689,009)	(41,892)
Retained Surplus/ (Accumulated Deficit)	(84,633)	(340,045)	(351,985)	(731,657)	(689,009)	121,966
Total Assets	8,712,807	8,620,389	7,660,466	7,046,303	6,960,949	6,962,667
Total Liabilities	1,295,720	1,103,175	967,333	871,492	769,992	607,701
<b>Net Assets</b>	<b>7,417,087</b>	<b>7,517,214</b>	<b>6,693,133</b>	<b>6,174,811</b>	<b>6,190,957</b>	<b>6,354,966</b>
<b>Total Equity</b>	<b>7,417,087</b>	<b>7,517,214</b>	<b>6,693,133</b>	<b>6,174,811</b>	<b>6,190,957</b>	<b>6,354,966</b>

# General reports

## Building Act 1993

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

## Consultancies

Value Enhancement Management and Invicium were engaged for consultation during 2005-06.

## Environmental performance

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

## Freedom of Information

For the year ended 30 June 2006, four 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. Acts passed during the 2005-06 financial year are listed as follows:

- The Children, Youth and Families Act 2005; and
- The Child Wellbeing and Safety Act 2005.

## Ministerial directions

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

## National Competition Policy

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

## Occupational Health & Safety

QEC has established an Occupational Health and Safety Management System. The OHS Management System monitors safety incidents and accidents. During 2005-06 QEC reported 89 minor incidents involving staff or clients.

## Revenue indicators

During 2005-06, 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

<b>AIMS</b>	Agency Information Management System
<b>CASA</b>	Centre Against Sexual Assault
<b>CPS</b>	Child Protection Services
<b>DHS</b>	Victorian Government Department of Human Services
<b>FaCSIA</b>	Australian Government Department of Family and Community Services and Indigenous Affairs
<b>FAM</b>	Family Adaptation Model
<b>GSERP</b>	Government Sector Executive Remuneration Panel
<b>NCAST</b>	Nursing Child Assessment Satellite Training, University of Washington, USA
<b>PASDS</b>	Parenting Assessment and Skills Development Services
<b>PCI Scales</b>	Parent Child Interaction Scales
<b>QEC</b>	Queen Elizabeth Centre
<b>VAED</b>	Victorian Admitted Episodes Database
<b>VBHCA</b>	Victorian Baby Health Centres Association



The staff were tremendous and so supportive.  
The level of help and advice they provided  
exceeded my expectations.

(PARENT EXIT SURVEY, QEC RESIDENTIAL PROGRAM 2005)