



**UnitingCare Queensland**  
**Annual Report**  
2009-2010



This last financial year has been a particularly tough year for many individuals, families and communities who may have already been doing it pretty tough prior to the global financial crisis, only to be pushed even closer to the edge due to unemployment; reduced employment; increased cost of living – power, water, food; physical or mental health issues or many other circumstances.

Most reports are that our economy weathered the downturn well and that we are now in recovery. But for many Queenslanders, recovery doesn't feel very different. We know, from the work we do every day of the year, that despite a growing economy, thousands of people still struggle on a daily basis to have a decent life and even more people, who may have not previously needed help, now do.

This is what UnitingCare Queensland cares about. It is committed to working with all sectors of the community to support people who are experiencing tough times. We work with government to address the issue of poverty and disadvantage and we endeavour through our health and community services to honour and respect the needs of those we serve. We are driven by our values and by the belief that our values are fundamental to the work we do and express the mission of God being present in people's lives to offer hope, healing and transformation.

## UnitingCare Queensland works together to:

**reach out** to people in need

**speak out** for fairness and justice

**care** with compassion, innovation and wisdom

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## Highlights of the year

- UnitingCare Queensland Centre for Social Justice launches A Scan of Disadvantage in Queensland 2010 at the Parliamentary Annexe, Brisbane. The well received report highlights that despite the prosperous economic times experienced in Queensland in recent years, disadvantage in specific geographic locations still persists.
- Blue Care is presented a prestigious Queensland Government Reconciliation Award by Premier Anna Bligh at the 2010 Reconciliation Awards for Business for its contribution to promoting reconciliation in Queensland.
- Lifeline Community Care Queensland is presented with the National Award for Excellence at the Fundraising Institute of Australia recognising the Lifeline Brisbane Bookfest as an “innovative, effective fundraising event”. Lifeline Brisbane’s Bookfest achieves record proceeds exceeding \$1 million for the first time.
- The Wesley Research Institute’s new Health and Medical Research Centre which occupies the top floor of the recently completed eight-storey East Wing of the Wesley Hospital is officially opened by the Premier of Queensland, the Hon Anna Bligh.
- UnitingCare Queensland’s research effort makes progress in building our research capacity and focus across our services. An impressive list of new projects includes one from the University of Queensland/Blue Care Research and Practice Development Centre which is awarded a \$1.4 million grant under the Commonwealth Government’s Encouraging Best Practice in Residential Aged Care.
- Professor Jill Wilson, Chair of Social Policy and Research and Blue Care together secure a \$250 thousand grant to develop a case management model for delivering home and community care services in complex family situations.
- Lifeline Community Care Queensland receives notification that the state government will continue to fund its generalist financial counselling services - \$2 million from July 2010 – to enable Lifeline to address the growing need for financial counselling services across the state.
- The Governor-General of Australia, Ms Quentin Bryce, AC, officially opens the \$76 million redevelopment of St Andrew’s War Memorial Hospital - the culmination of more than two years of construction work. The redevelopment transforms the hospital into an eight-storey facility offering first-class facilities to patients.
- The UnitingCare Queensland Human Research Ethics Committee (HREC) is formed to meet the ethics approval needs of social research involving human participants, human tissue or personally identifiable records, for all UnitingCare agencies.
- The \$12 million Nucleus Medical Suites at The Sunshine Coast Private Hospital in Buderim - just part of UnitingCare Queensland’s \$30 million investment in the hospital - are officially opened to accommodate future population growth and to make it the premier hospital in the Sunshine Coast region.



- Blue Care and its partners nationally, in conjunction with a number of Universities, led by Queensland University of Technology (QUT), successfully bid to establish The Co-operative Research Centre (CRC) in wound care which injects \$28 million into wound research over the coming years.
- New government funding is received by Lifeline to grow family intervention services and support to children after separation programs.
- The Wesley Hospital launches its pioneering interdisciplinary Clinical School offering undergraduate and postgraduate placement and education across all clinical disciplines as part of the hospital's commitment to teaching the next generation of health care professionals.
- One of the earliest retirement villages to be established in Queensland, Blue Care's Iona Village in Kenmore, celebrates its Golden Jubilee presided over by the Governor General, Ms Quentin Bryce AC who honoured Iona Village as an important part of Brisbane's history and heritage.
- Lifeline Community Recovery teams provide "Psychological First Aid" to those affected by destructive rains in some of the worst hit flood areas in Southwest Queensland.
- Surgeons at The Wesley Hospital use a ground-breaking robotic device for the first time to perform prostate cancer surgery. The "da Vinci" Surgical System allows the surgeons to perform this surgery by making only very small incisions allowing a speedier and less painful recovery for patients.
- Lifeline Community Care Queensland together with Queensland Advocacy, Micah Projects and independent consultant Carolyn Mason, are successful in obtaining funding for a project which seeks to demonstrate the cost effectiveness and benefit of early intervention and diversion programs to reduce the over-representation of persons with an intellectual disability in the criminal justice system.
- Volunteers from UnitingCare Health make their first visit to the Helena Goldie Hospital on Munda in the Solomon Islands. Further visits are planned to support Helena Goldie by building skill capacity and providing in-service training to hospital staff.
- The UnitingCare Centre for Social Justice, along with other prominent human service organisations is instrumental in the establishment of the Criminal Justice Network which will allow members of the community to meet and talk with others who might share concerns about discrimination and injustices within the criminal justice system.





# About us

## Who is UnitingCare?

UnitingCare Queensland is the health and community service provider of the Uniting Church and supports more than 14 000 people throughout Queensland every day of the year.

With over 15 000 staff and 8 500 volunteers in more than 400 geographic locations across Queensland, UnitingCare Queensland is one of Australia's largest non-profit health and community service providers, with annual revenue in excess of one billion dollars.

UnitingCare Queensland also participates in the UnitingCare Australia network, contributing to social policy development and advocacy at a national level.

## Our mission

As part of The Uniting Church, the mission of UnitingCare Queensland is to improve the health and wellbeing of individuals, families and communities as we:

- Reach out to people in need
- Speak out for fairness and justice
- Care with compassion, innovation and wisdom

## Our values

UnitingCare Queensland believes the following values are fundamental to the work we do.

### Compassion

Through our understanding and empathy for others we bring holistic care, hope and inspiration

### Respect

We accept and honour diversity, uniqueness and the contribution of others

### Justice

We commit to focus on the needs of the people we serve and to work for a fair, just and sustainable society

### Working together

We value and appreciate the richness of individual contributions, partnerships and teamwork

### Leading through learning

Our culture encourages innovation and supports learning





### Our strategic goal

In carrying out its mission as part of the Uniting Church, UnitingCare Queensland's principal objective is to improve the well being of the individuals, families and the communities of Queensland that we serve.

### Our service network

UnitingCare Queensland delivers quality and compassionate care through its service network. These are:

#### Blue Care

- Blue Nursing
- Residential aged care services
- Allied health services
- Personal care, social support and domestic assistance to people in their own homes
- Respite care
- Palliative care
- Pastoral care and counselling

#### Lifeline Community Care Queensland

- Counselling (including financial counselling)
- Family services
- Youth and children's services
- Disability services
- Telephone counselling (24 hr crisis counselling line)
- Support to communities following a disaster (community recovery)
- Prison ministry
- Crossroads (Queensland)

#### UnitingCare Health

- The Wesley Hospital
- St Andrew's War Memorial Hospital
- St Stephen's Hospital – Maryborough and Hervey Bay
- The Sunshine Coast Private Hospital

#### UnitingCare Centre for Social Justice

UnitingCare's Centre for Social Justice uses research, education and advocacy to address social disadvantage

UnitingCare Queensland also works with Wesley Mission Brisbane to further the outreach of the Uniting Church in Queensland

## Message from our Chair



UnitingCare Queensland undertakes substantial community service activities of the Uniting Church in Queensland and in doing so is expressing the mission of the Church.

The UnitingCare Queensland Board exercises leadership, administrative and governance oversight and provides a single and integrated decision making process that is accountable to the Synod for the strategic direction, overarching policy, service and performance management of the Church's health and community service activities.

As part of The Uniting Church, the mission of UnitingCare Queensland is to improve the health and wellbeing of individuals, families and communities as we: Reach out to people in need; Speak out for fairness and justice; Care with compassion, innovation and wisdom.

The organisation does this in an increasingly complex environment and to meet this challenge UnitingCare Queensland has sought to strengthen the capacity of our people and systems.

This year the Board has paid particular attention to its own function and capacity to ensure that its processes and systems reflect best governance practice, in the context of exercising the mission of the Church. We recognise that in an increasingly complex environment this is essential in enabling us to respond to the emerging needs of the future. Considerable time and energy has been spent reviewing the way we work and progressing shared services across many functional areas in our agencies and services.

The Board conducted an evaluation to enhance our future ability to provide caring and compassionate services to those we support every day of the year. One example of this has been the implementation of an action plan arising out of the Disadvantage Scan, published this year by the UnitingCare Centre for Social Justice.

UnitingCare Queensland operates within a difficult and complex regulatory, compliance and economic environment. Against this, there are significant demographic changes that are anticipated to occur in Australia and Queensland in particular.

In order to strengthen our capacity to lead, the Board has taken a number of steps in the area of professional development. This included participating with other leaders in the Synod, in a presentation by highly regarded demographer and social commentator Bernard Salt. This certainly challenged our thinking in the context of the whole Church, demonstrating that the predicted demographic changes will have an enormous impact on our services and the way we work. Significant population growth, changes to our ethnic base, changes in life expectancy and an ageing population will all require our services to adapt and grow.

The Board has celebrated, with Executive and staff some important milestones. These include the official openings of the East Wing at The Wesley Hospital and the new look St Andrew's War Memorial Hospital. Congratulations to all those involved in the completion of these significant projects, which contribute to the sustainability of our health services for the community into the future.



I would like to take this opportunity to congratulate Anne Cross for her appointment to the State Government's Smart State Council. Her experience and wisdom will be a valuable asset to the work of the Council. Her appointment is consistent with the leadership role that UnitingCare Queensland plays in the broader community. I wish to record my personal thanks to Anne and on behalf of the Board for her leadership and her continuing support. I commend her executive team for their support to Anne and commitment and dedication to the work and vision of our organisation.

I commit the Board to continue in its bid to seek the best way forward for UnitingCare Queensland, always mindful that the work we do is the embodiment of the Uniting Church in action.

**Heather Watson**

Chair

UnitingCare Queensland

**Our strengthened focus on how we operate in an increasingly complex environment is essential in enabling us to respond to the emerging needs of the future.**

## Message from our CEO



As I reflect on the last financial year I am grateful for the fact that Australia does seem to have weathered the global financial crisis better than both the United States and Europe and that we have not seen a massive leap in unemployment or major cuts to social spending.

However, for many of the people that UnitingCare Queensland works with every day who experience poverty and disadvantage, the strength of the economy has offered little relief or benefit. Many people are still doing it tough, and some are doing it tougher than ever as the casual, part-time and under-employment figures rise and accommodation, energy and water prices continue to increase. Some households are spending up to 60 per cent or more of their income on accommodation which logically places great stress and strain on families and individuals in meeting the most basic requirements of having a decent life.

It is the needs of people and our communities which continue to drive the mission of UnitingCare Queensland to serve. Responding to these needs has been evident in many ways across our organisation.

A significant piece of work which was completed by UnitingCare's Centre for Social Justice was the release of the research report "A Scan of Disadvantage in Queensland" which lays the foundations for addressing entrenched disadvantage in Queensland. The report focuses on the extent of disadvantage in Queensland, with particular emphasis on the clustering of disadvantage in specific locations. The updated report provides analysis of, and highlights, innovative policy and program responses to disadvantage.

We have engaged with political and policy representatives about the report and have taken it throughout the regional areas of the organisation to understand how best to respond to the report findings. We have been very heartened by the response and we are moving forward with some key initiatives which will contribute to addressing entrenched disadvantage in the identified geographic locations.

This year I was also fortunate enough to be appointed to the State Government's "Smart State Council", which is chaired by the Premier; its role is to provide advice to the government to assist it to achieve its ambitions of being a Smart, Green, Healthy, Strong, and Fair state. As the only appointee from the community services sector, I have been able to work with the "Fair" ambition and have fed the high level issues and solutions that were raised in the Disadvantage Scan into this forum. I have appreciated the opportunity to progress these issues within the Council.

Our advocacy and policy reform work have also progressed this year, working at a national level as part of UnitingCare Australia with other major churches and with Access Economics to forecast the impacts of the global financial crisis on low income Australians and on service providers. Additional work has included contributing to the report of The National Health and Hospital Reform Commission; the Productivity Commission into the Contribution of the Not for Profit Sector; The Productivity Commission Report into Gambling and a number of senate inquiries.

We have also continued our commitment to developing more innovative and client-focussed services that better match the needs of the people we serve through our evidence-based practice research agenda. Our Chair of Social Policy and Research, Professor Jill Wilson, has worked with research practitioners across the organisation to shape and focus our research activities, resulting in a growing number of research projects and an increasing research capability, generally.

Consistent with the history, ethos and mission of UnitingCare Queensland is the commitment to serve, support and strengthen people, families and communities. The work of our agencies - Lifeline Community Care, Blue Care and UnitingCare Health - continues this commitment with courage, creativity and with a deep connection to people and communities throughout the state. This report chronicles some of our achievements, as well as the challenges.

I would like to thank our staff and volunteers for their commitment and hard work throughout the year and for continuing to work with the values of the organisation to ensure that the people who need our help receive our support with compassion, respect and justice.

Trevor Carlyon, Executive Director of Lifeline Community Care Queensland (LCCQ) retired from his role at the end of the financial year. I want to acknowledge his leadership of LCCQ, his contribution to UnitingCare Queensland and Lifeline Australia and to the sector, especially through his membership of the Compact Governance Committee.

I would also like to thank the members of the UnitingCare Queensland Board and the Board Chair, Heather Watson, as well as the other hard working executive team members who go out of their way, every day, to make sure we are the best organisation that we can possibly be, delivering high quality and compassionate care to Queensland communities.

**Anne Cross**

CEO

UnitingCare Queensland

**It is the needs of people and our communities which continue to drive the mission of UnitingCare Queensland to serve. Responding to these needs has been evident in many ways across our organisation.**

## Message from our Director of Mission



In the Gospel of Luke, Jesus challenges the religious leaders of his day, stating that “You have kept the key that opens the door to knowledge and you stop those who are trying to go in”. (Luke 11:52)

Doorways are of great importance in our lives. Without them we remain stranded, unable to leave where we are - we cannot pass into the next room, enter a different building, or begin a new stage in our life. Without doorways, we have no entries or exits from our lives. We greet people in doorways, wave goodbye, hang Christmas decorations over them, in fact we often want the door to our homes to reflect something about who we are on the inside. Some doors in our lives are open and others closed. Both are a grace-filled opportunity from God to grow.

Within UnitingCare Queensland we have the opportunity to open doors to hope, healing and transformation. It is our mission to seek out new doorways of opportunity for those we serve. Our values offer us fundamental ways in which to open doors for others.

A doorway of compassion is opened when we are moved to do all we can to make another's life more bearable, just and complete.

A doorway of respect is opened when we see everyone as created in the image of God and that all people have their place and each contributes to the tapestry of life. When we open the door of respect we enable people to recognise and live out their life potential in a true spirit of hope.

When we open wide the doorway of justice we see life as a positive concept as it should and could be for people and the planet we all share. We allow the conditions that are necessary for the creation of peace and justice and we welcome the reconciliation of humanity, and cherish creation.

When the doorway to working together is opened we will learn about ourselves and others and see and feel that the part we play in life contributes to the common good. The opening of this doorway enables us to work together to express our common grace-filled humanity in creative ways.

Finally when the doorway of leading through learning is open we will allow continuous learning and research to occur which will make us leaders in the services we provide. We will see clearly that our focus is not only upon that which is broken but upon nurturing what is best in all people.

I wish each one of our staff blessings for their work ahead, blessings of courage to open and close the doors of life; not only for ourselves, but for those we serve, so that all may experience the knowledge, love and mercy of God through the care we give.

**Rev Robyn Kidd**

Director of Mission

UnitingCare Queensland and UnitingCare Health



## Improving our practice through social research

Meeting the service needs of the people we serve and understanding how social policy impacts on-the-ground are the foundations of our social research agenda.

Our research agenda is equally driven and grounded by the organisation's values which are compassion, respect, justice, working together and leading through learning. Our values are fundamental to the work we do and direct our practice and research.

Our research focus is centred on four key themes:

- Promoting social justice
- Forecasting and developing responses to future service demands
- Improving the wellbeing of adults, children, families, communities and staff
- Enhancing the sustainability of our current services and developing resources for emerging community needs

Research efforts at UnitingCare Queensland this financial year have focused on consolidating the infrastructure to encourage and support research activity in the organisation. Over this period UnitingCare Queensland has refined its research framework and agenda; established a Human Research Ethics Committee (HREC), building on the work done by the Blue Care HREC and appointed a post-doctoral fellow, in conjunction with the University of Queensland, to assist with the development of research as part of the practice environment.

UnitingCare Queensland has also provided a base for a number of significant pieces of research and developed partnerships with a range of researchers in a number of universities. These partnerships are continuing to grow. In addition, there has been a marked increase in research within services instigated by our staff to explore issues that have arisen in practice.

Additionally, UnitingCare Queensland's Research Committee organised the inaugural research conference this year to share what has been learnt about research at UnitingCare and to provide research training for staff.

A copy of UnitingCare Queensland's 2010 Research Report can be viewed on [www.ucareqld.com.au](http://www.ucareqld.com.au)

**Our research agenda is equally driven and grounded by the organisation's values which are compassion, respect, justice, working together and leading through learning.**

## The work we do – a case study

Shanti is a Bangladeshi woman who has been in our service, Supported Accommodation – Women's Refuge, for almost 12 months, nine months longer than our service agreement and agreement of stay documents generally allow. There are many reasons for this exception but the main reason is that Shanti, until recently, was not allowed to work in this country, nor was she entitled to any government benefits and thus had no income. Additionally, there is a gap/lack of services, particularly housing and support services, for people in circumstances like Shanti's. To have ended Shanti's support after 12 weeks, as per our service agreement, would have meant that she would have either become homeless or would have had to return to her husband and continue to endure the violence that he perpetrated against her.

Shanti's journey through our service began when she was referred to us through the domestic violence referral service (DVConnect). She was accepted into our service and accommodated in one of our properties. The abuse that Shanti experienced and eventually shared with her case worker had included physical, emotional, financial and sexual violence. Shanti was so traumatised by the violence she experienced and so frightened of her husband that for several months in our service she would hide in the car by covering her face or duck down so as not to be seen whenever she was driven to appointments. Shanti was also too traumatised to leave the refuge on her own and unless a worker insisted on taking her out she would stay indoors. This led to a health problem with a doctor advising that Shanti must be outside for at least an hour daily.

During her stay at our refuge Shanti was referred and linked to several services. Workers continue to help make these links into the community and with other agencies to assist in providing appropriate support as Shanti's situation changes and evolves. We continue to be the point of contact for all the other services and our case worker continues to be seen as the coordinator of support for Shanti, the person that all the other services come to when they have questions or concerns with regard to Shanti.

In addition to coordinating Shanti's case management, our service also provides practical and therapeutic support to her. As Shanti has had no income, she has been unable to pay rent which is normally charged at approximately 25 per cent of a client's assessable income. Additionally, we organised donations of toiletry and personal care items and paid for medical treatment, transport and prescriptions with money that was raised through internal fundraising (baked goods and coffee sales). This type of creative, grassroots fundraising was implemented as a result of having no funds but having an obligation to support women and families with no income - a significant percentage of our total client group.

Shanti's immigration status has been one of the biggest obstacles to independent living due to the fact that without permission to stay in the country and without the correct visa type, she is unable to work or receive Centrelink benefits. Immigration has been one of the areas in which our service has supported Shanti and to date we are still awaiting an outcome from a second request for a ministerial intervention. However, despite Shanti's uncertain future, she has come a long way since we met her. She is much more confident in using public transport and in sharing how she feels and in expressing what she needs. In addition, Shanti is participating in a variety of courses including language, literacy, computing, job seeking and drama.

Since receiving a small regular income from The Red Cross, Shanti will soon be in a position to move into shared housing where she can live independently without the security constraints of a domestic violence refuge. Also, the Department of Immigration has finally agreed to allow Shanti to work while she awaits the outcome of her case and so she is looking into further study so that she can start working in the aged care sector, something



she is very passionate about and has experience in. Shanti has also begun to be proactive, making friends and has begun to overcome the terror of her perpetrator. She will now occasionally meet up with friends she has made through the various courses she has participated in; this is something she has only recently felt comfortable doing.

After almost a year in our service, Shanti is finally in a position to be able to move from our refuge for women and children escaping domestic violence. She feels both excited and apprehensive after living for such a long time in a women's refuge. Our workers are assisting her to find suitable and affordable accommodation while supporting her to become more self-sufficient. Shanti's immigration issues will continue to be uncertain for a long time to come, however we will continue to support her with these issues, although in a more limited capacity. We have been very proud to walk along side Shanti on her journey towards independence.

NOTE: Names, dates and other identifying information have been changed





# The work we've done...

caring for people's  
health through our  
private, non-profit  
hospitals

THANKS  
for the ZIP  
in my  
Zipper

AND REMEMBER STAY  
SHAW TALKS AND A  
10.7 DISCOUNT IN  
ALL MY  
STATES



## The work we've done – caring for people's health through our private, non-profit hospitals

UnitingCare Health continues its commitment to improving the overall health and wellbeing of all Queenslanders through its five private, non-profit hospitals, including The Wesley and St Andrew's War Memorial hospitals in Brisbane; The Sunshine Coast Private Hospital at Buderim and St Stephen's hospitals in Maryborough and Hervey Bay.

The contribution of the private health care sector to the Australia's health care system continues to be strong, despite the global financial crisis, with the number of Australians with private health insurance increasing to over 10 million people - 44.7 per cent of the Australian population.

This statistic augurs well for those patients who are now able to access improved services at new or redeveloped UnitingCare Health facilities, including the completion and upgrade of The Wesley Hospital in February 2010 which is one of the largest private hospitals in Australia. The Wesley can now accommodate 536 patients in overnight beds and admits 53 000 Queenslanders every year.

The newly expanded St Andrew's War Memorial Hospital was also completed in February 2010 and now accommodates 250 overnight beds and has an additional four operating theatres, a new intensive care unit and a cardiac catheter theatres.

Our two Brisbane based hospitals now provide first class patient accommodation and perform some of the more complex and specialised medical and surgical treatments available in Australia.

Our regional hospitals have also grown with the completion of two new cardiac catheter theatres in January 2010 and a new car park and medical centre complex at The Sunshine Coast Private Hospital.

This growth has not occurred without considerable reflection. The private hospital sector's cost rise continues to exceed CPI rates and there is increasing difficulty in gaining adequate remuneration from private health insurance funds to match these escalating costs.

UnitingCare Health's strategy to help alleviate the stress and risk associated with increasing sector wide costs has been to increase both our capacity as well as continuing to support the development of specific, high-demand health services across Queensland. We have also concentrated on developing collaborative partnerships with other major non-profit hospitals across Australia to further our reach in meeting the health care needs of Queenslanders.

Additionally, as our services grow so does the need for additional skilled staff. It is still a significant challenge to attract the number of staff with the right skills and experience. Despite these recruitment challenges, it is pleasing that UnitingCare Health hospitals are currently fully staffed and are able to meet the new and changing health care needs of our community.



### Service innovation

As part of our ability to offer some of the most challenging and complex medical and surgical procedures, 2010 saw the commencement of robotic surgery at The Wesley Hospital. The new robotic surgery is a form of laparoscopic surgery and is performed through small abdominal incisions using a camera and other instruments. The instruments are remotely manipulated by the surgeon at a workstation within the operating theatre. The Wesley Hospital was the first private hospital in Australia to invest in the new “da Vinci” Surgical System. This area of medicine is poised to expand rapidly over the next 10 years and The Wesley is at the forefront of this new technology in Queensland.

St Andrew’s War Memorial Hospital is also now a leader in the provision of a surgical procedure called deep brain stimulation which is an exciting and developing area of medicine that treats and manages various neurological movement disorders such as Parkinson’s disease, Epilepsy, Paediatric Dystonia and Tourette’s Syndrome.

The Sunshine Coast Private Hospital introduced cardiac electro physiology studies during the year which is a new service not previously provided on The Sunshine Coast. Local residents would have previously needed to travel to Brisbane to obtain this service.

Our St Stephen’s hospitals in Maryborough and Hervey Bay have made strategic appointments this year - attracting medical specialists to the region in the areas of respiratory and urological medicine in order to provide an increased range of services for the population of the Fraser Coast.

### Partnerships

UnitingCare Health has also collaborated internally with another member of UnitingCare Queensland’s service network; Blue Care has been working with St Andrew’s War Memorial Hospital to assist with discharge planning for longer term patients to improve the service coordination between the two services.

A pioneering financial counselling program provided by Lifeline Community Care Queensland, another member of UnitingCare Queensland’s network was also introduced for patients and their families at The Wesley Hospital. The program is designed to assist families where poor health resulting in hospitalisation has impacted on their ability to manage their expenses. The program can help sort through the financial issues that can often occur when a family member becomes seriously unwell.

In April 2010, Wesley Medical Imaging (WMI), a newly created joint venture company for the provision of diagnostic imaging services, opened on the Wesley campus. The Wesley Hospital partnered with the I-Med Network (formerly operating as Southern X-ray Clinics) and Australian Radiology Partners (ARP), to form a new company to provide independent professional radiology services.

The Wesley Clinical School was launched in November 2009 and is unique in its interdisciplinary approach to education. Building on a strong 32-year history of nursing and allied health education at The Wesley Hospital, the school offers undergraduate and post graduate placement and education across all clinical disciplines including nursing, medicine, nutrition, physiotherapy, pharmacy, exercise physiology and science. The school has formal partnerships with The University of Queensland, Bond University, Griffith University, Queensland University of Technology, James Cook University, Australian Catholic University and Careers Australia College of Healthcare.

#### Links with the community

##### The Wesley Hospital and the Rotary Oceanic Medical Aid for Children (ROMAC)

Over the period 2009 to 2010, numerous Wesley staff members were involved in the treatment and care of 13-year-old Rey Vittalla, from the Philippines, who came to the hospital through the ROMAC program, for maxillofacial surgery. For a number of years, The Wesley has been assisting Rotary's ROMAC program in providing medical treatment for profound injuries or severe genetic conditions in children from developing countries through the provision of free surgical and rehabilitation services.

Rey was born with a facial condition which meant his jaw was in three parts. He had difficulty eating and speaking and the condition had also affected his eyes and nose. Many hospital staff worked together to coordinate Rey's treatment and care. In October 2009, he underwent an initial operation to repair his jaw. Rey returned to the Wesley in February 2010 for further surgery. A number of specialists again donated their time for Rey's 13-hour operation and follow up care. Surgeons repaired his eyelids, cheeks and lips and created a new profile for his nose. He was also fitted with a prosthetic eye. In May, Rey returned to the Philippines with a much brighter future ahead of him, including going to school.

##### Partnership with our island neighbours

UnitingCare Health continued its long relationship with the Helena Goldie Hospital in Munda, on the Solomon Islands, this year. A team of two nurses, a pharmacist and the Director of Mission for UnitingCare and UnitingCare Health visited the Solomon Islands to work alongside staff at the hospital - developing relationships, building skill capacity and providing in-service training to hospital staff. Next year, a new group of volunteers will be visiting the hospital.

**...now a leader  
in the provision  
of a surgical  
procedure called  
deep brain  
stimulation  
which is an  
exciting and  
developing area  
of medicine...**



A photograph of an elderly man with glasses and a light-colored polo shirt, smiling and holding a young child in a garden. The child is wearing a white dress with large red floral patterns. The background shows lush greenery, trees, and a clear blue sky. The text is overlaid in the upper right corner.

**The work  
we've done...**

supporting older  
people to live at  
home longer



## The work we've done – supporting older people to live at home longer

UnitingCare Queensland continues its commitment to supporting older people to stay in their homes longer with high quality community care services delivered through Blue Care.

Demand for our community care services has grown significantly again this year with community care teams delivering close to an additional quarter of a million extra hours of care compared to last year, resulting in 2.8 million visits being made to people's homes.

Social support, allied health care and in-home respite care has experienced the greatest increase in care hours. These extra hours of care are thanks to the dedication and hard work of our care and support staff and service managers, who have continued to deliver more care, to more people in need, in 2010.

### Growth and sustainability

#### Chronic disease

As our population ages, chronic disease is fast becoming a major concern for governments and health professionals. About 75 per cent of Blue Care community clients suffer from three or more chronic conditions at any one time. This year chronic disease has been a focus for our care staff through several initiatives.

In January, Blue Care became a partner in an Australian-first chronic disease program to help set health industry benchmarks in the way chronic disease is managed now and into the future. The Curo Program is a local partnership between Blue Care, GP Connections, Rural Health and Queensland Health and is supporting people with chronic disease in Toowoomba. It aims to improve quality of life and reduce the need for hospital-based care for people with chronic obstructive pulmonary disease, heart failure and type II diabetes.

This program is one strategy within Blue Care's chronic disease self management program, which this year began trialling three different service approaches to help people with chronic disease better manage their health and wellbeing. Community Care services in Brisbane, Crows Nest, Kingaroy, Murgon and Toowoomba participated and tested three recognised programs to find out how best Blue Care can support clients through self management.

#### Wound care

Wound care forms a significant part of our clinical workload and this year our staff participated in National Wound Awareness Week in March. Blue Care's wound management clinic at Redcliffe is leading the way in best practice wound care using a multidisciplinary approach. Clients receive all aspects of wound care at the clinic, including nursing, allied health and specialist medical care, saving them time and stress. The clinic's staff presented their model of care as an example of innovation at the Australian Wound Management Association conference during National Wound Awareness Week.



A highlight of National Wound Awareness Week was the announcement of Blue Care as a key partner in a \$28 million grant for a wound management research project. The Co-operative Research Centre (CRC) for Wound Management Innovation at the Queensland University of Technology received the grant which will create community partnerships and improve wound care techniques. As a partner in the CRC and a community nursing provider, Blue Care's role will ensure improved clinical interventions and treatments are quickly translated into best practice for the thousands of people we care for.

### Carer support initiatives

Blue Care's respite and community care services support carers in continuing in their care roles. In-home and centre-based respite provides care relief to the carers of older people, people with dementia and young people with a disability either in their home or in one of our centres. Initiatives for this year have included:

- Expansion of our grief recovery program. This successful program is an extension of our palliative care program. It provides much-needed emotional, social and practical support to people who have lost a loved one. The program expanded this year to include groups in the Scenic Rim and Gold Coast.
- The falls prevention forum, Ipswich. Blue Care staff worked with local support groups to host an all-day forum to help carers learn new techniques to help prevent people in their care from falling.
- Construction commenced in April of a new respite centre in Coopers Plains, Brisbane, to support people with dementia and their carers.

### Consumer satisfaction

Blue Care's consumer satisfaction survey this year told us that 95 per cent of our clients and their carers were satisfied with our community care service, and more than 80 per cent of clients and residents said they were likely to recommend the Blue Care services they receive to others. More than 7 000 residents and community care clients across 235 services contributed to the survey. The survey is an important part of Blue Care's continuous quality improvement cycle.



An elderly woman with short brown hair, wearing a wide-brimmed pink hat and a light-colored striped shirt, is watering a green plant. She is holding a white watering can with a large, red, strawberry-shaped nozzle. The nozzle is tilted, and water is spraying out of its holes. The background is a clear blue sky with some light clouds. The overall scene is bright and sunny, suggesting a pleasant day outdoors.

# **The work we've done...**

providing older  
people with a  
comfortable home  
and experienced and  
expert clinical care

## The work we've done – providing older people with a comfortable home and experienced and expert clinical care



The plight of residential aged care funding remains a troubling and constant focus for UnitingCare and our residential aged care service, Blue Care. We continue to regularly highlight the significant funding inadequacies and the impacts of the current funding model on services to government and policy makers. Blue Care contributed to reviews, senate inquiries, The National Health and Hospital Reform Commission, and the Productivity Commission. We remain determined to contribute to these forums by continuing to raise the issues of funding and structural flaws.

### Retirement living

While the issue of residential aged care funding continues to be an important focus for us, we are also working hard to ensure our sustainability in the ever competitive residential aged care and retirement market. Earlier this year Blue Care launched its new model in contemporary retirement accommodation, Azure Blue Lifestyle Living. These integrated communities focus on convenience, recreation and lifestyle and offer architecturally designed premium apartments in resort style surrounds with a range of care services.

Blue Care's vision for Azure Blue has been under development for several years, however during this financial year plans were accelerated in response to an increasing demand for alternative retirement options and to current funding stresses. Azure Blue will provide quality ageing in-place options and will also strengthen and diversify Blue Care's financial position into the future. Blue Care's experience in caring for and supporting older people, extensive project management capability and strong brand, underpin the development of Azure Blue communities.

The first of these communities - Blue Care's Redcliffe site at Anzac Parade - was unveiled in October 2009 and a third of the apartments have already been reserved by buyers. It will offer a selection of large one, two and three-bedroom apartments and a range of serviced apartments. Leisure facilities will include a pool, gymnasium, cinema, library, restaurant and community centre. Residents will be able to receive lifestyle support services, including meals, laundry and cleaning as well as in-home care. A Blue Care residential aged care facility will be co-located so residents need not move from the site should they need additional care. Village construction will commence in the next financial year.

### Residential aged care

Blue Care residential care staff have continued to deliver exceptional care despite a challenging operating environment. The commitment and skill of care teams have brought about major successes and innovations.

### Quality compliance

This year all 76 Blue Care residential care services remained 100 per cent compliant with the quality care measurements set by the Aged Care Standards and Accreditation Agency. Furthermore the 21 residential services assessed met all 44 outcomes measured by the agency. Our continuing full accreditation in 2009/10 is tangible evidence that Blue Care is continuing to provide the health, wellbeing and enhanced quality of life for our residents.



These results are thanks to the excellent and dedicated work of staff, many who go beyond the call of duty on a daily basis. As further recognition by the Accreditation Agency, staff at Carramar Aged Care Facility were nominated for a best practice award for their remarkable palliative care program.

### Partnerships

This year Blue Care hosted the inaugural aged care health round table which was attended by thirteen aged care industry and academic representatives to discuss key issues regarding current and future care provisions in residential aged care.

### Care delivery innovation

Providing palliative care to residents with advanced illness is one of the greatest privileges our specialist care staff have. This year our residential care services at Maleny and Caloundra introduced the Spirit of Caring, a service which was originally developed at Blue Care Erowal and which links specially trained volunteers with residents and families. These volunteers are trained to assist in creating reflective time with residents and support their self-awareness, self-dignity and self-care. These trained support volunteers allow us to respond better to the emotional and spiritual needs of our residents as they face the closing stage of their life.

### Infrastructure systems

Blue Care is committed to providing the latest technological solutions to support care. In January the new resident management system, which provides staff with reliable and professional clinical and financial data, was fully implemented. This assists staff to make the best care and management decisions. It is part of Blue Care's wider business improvement program and the first of several information technology systems to be rolled out in the next five years. Its implementation has been a great success given the challenges of tight timeframes for development, testing and delivery.

Our medication administration system was also updated with a new system implemented in January 2010 which provides one of the safest and most efficient medication systems available and which will link with future electronic clinical care systems. The system enables medications to be consistently managed and up to date, with improved safety and efficiency for staff and residents.

### Built environment

The buildings that house our residential care services are home to our residents and are quality workplaces for our staff. While our ongoing maintenance programs ensure timely repairs and refurbishments, we also invest in major upgrades which this year has included:

- Development approval for a new 64-bed residential care service at Gracemere. The new building will replace older buildings with a modern living and high quality care environment.
- Our Labrador Gardens aged care facility which won a Master Builders Gold Coast Project of the Year Award in August opened in January 2009. The 128-bed high and low care service offers spacious individual and double ensuited rooms with a host of facilities including a community centre, hairdressing salon, library and media room.

**Providing palliative care to residents with advanced illness is one of the greatest privileges our specialist care staff have.**



## The work we do – a case study

John Gleeson of Gladstone thought his dreams of a round-the-world trip were over when dangerous abnormal heart rhythms meant he needed to have an internal defibrillator fitted.

But he set sail on his trip in May 2010 as planned, implanted with the latest in wireless technology so his St Andrew's based doctor could keep a close eye on him and his heart from anywhere in the world.

Dr John Hayes fitted Mr Gleeson's defibrillator at St Andrew's War Memorial Hospital and included Merlin.net, a remote monitoring system developed by St Jude Medical which comprises a transmitter with wireless capability linked to the 3G mobile network.

While Mr Gleeson and his wife Joy travelled the world Dr Hayes was able to check his heart rhythms and diagnostic data via the web.

No matter where he was, if there was network capability the transmitter automatically downloaded Mr Gleeson's defibrillator data while he slept to a secure website that Dr Hayes could access. The website was password secured and for patient safety, the defibrillator could not be remotely activated or deactivated from the website.

Dr Hayes could make adjustments to medication or could prescribe additional therapy without seeing Mr Gleeson in person.

"It meant I could closely monitor Mr Gleeson's cardiac arrhythmias and device function while he was travelling," Dr Hayes said.

Remote monitoring of pacemakers and defibrillators has been available via landline phones since 2003 but this latest wireless technology gives both patients and doctors access to data anywhere in the world and at any time with 3G mobile networks.

It is the ideal solution for patients like Mr Gleeson who wanted the freedom to travel without worrying about their cardiac health.

"The remote monitoring gives patients peace of mind knowing that they can be closely monitored around the world and this may eliminate the need for unnecessary doctor or hospital visits if issues arise while travelling," Dr Hayes said.

It will also be ideal for patients in remote locations around Australia without landline access.

With about 20 000 patients fitted with pacemakers and defibrillators every year across Australia and New Zealand, this new technology allows doctors to closely monitor a patient's progress without the patient having to physically visit their cardiologist as often.

Mr Gleeson was fitted with the defibrillator earlier in 2010 and he said it took about three weeks before its full benefits of correcting his abnormal heart rhythms took affect.

Dr Hayes said the Merlin.net system allowed doctors to keep a much closer eye on patients such as Mr Gleeson to reduce the risks of heart failure and be notified of persistent atrial fibrillation (an abnormal irregular heart rhythm) that increases the risk of stroke.









**The work  
we've done...**

supporting people  
with a disability to  
have a better life

## The work we've done – supporting people with a disability to have a better life

UnitingCare provides disability services to Queenslanders through our service agencies Blue Care, Lifeline Community Care Disability and Crossroads. Our disability services aim to support people with a disability to have a better life.

We help people with:

- Accommodation support
- Respite
- Post-school options
- Residential support
- Alternative accommodation support to children with disability who are in the care of the Department of Communities and Child Safety Services
- Alternatives to aged care accommodation for young people with a disability
- Disability employment support
- Day time respite
- Family support
- School holiday support
- Foster care

There have been many changes in the disability landscape this year which have been the focus of our attention.

Justice Carter was asked by the Department of Disability and Community Care Services to review the requirements associated with restrictive practices. A small number of people with a disability are subject to restrictive interventions (such as restraint or seclusion) or to compulsory treatment, due to the harm they pose to themselves or others. The Disability Act 2006 provides strong requirements to ensure that the rights of these people are protected. The work that has flowed from Justice Carter's review has had a number of unintended consequences. More people with disabilities than was intended have been subjected to restrictive practice plans; as well the work associated with this has been largely unresourced by government, putting our services under additional pressures.

While we have embraced the positive intent of Justice Carter's work, we have been very active in consulting with government about the implementation plan proposed for the new legislation.

Our disability staff have also been involved in some of the most complex and challenging Queensland Civil and Administrative Tribunal Hearings concerning positive behaviour support and restrictive practices and without exception our staff have worked hard to ensure better outcomes for the people we work with every day.

During the year our Brisbane based Disability Services staff have all moved into new



premises. Although it has taken some time to manage the move logistically, this has now brought all disability staff together under the one roof. This has resulted in greater interaction and discussions, simply because our staff are now all together in one space.

### Growth and sustainability

While responding to some of the impacts already mentioned will certainly support service sustainability, we have also developed opportunities for future growth.

In exploring potential growth opportunities we have stayed true to the philosophy of providing only those services that we feel we have skill and expertise in and which do contribute to creating a better life for people with a disability. We are very clear about not sacrificing quality for quantity and this approach has further cemented our reputation with our key stakeholders for delivering high quality services; this has resulted in an increase of funding from the government for our Shared Care and Family Support Service.

In line with this philosophy of quality, we have also further developed our training modules and we approach our training as a core responsibility for all people who work in disability. We recommend training not as a separate add-on but as a requirement. Our training ranges from the simple, most basic activities of reflecting on what happens on a daily basis, to peer and supervisor reviews. Our small training team continues to receive recognition for what they do and have been able to clearly demonstrate the strong match between what they say and what they do.

### Research

This year we have continued our commitment to improving the quality of the services that UnitingCare Queensland offers through an increased emphasis on research.

We have been involved in a research project with Carolyn Mason, Principal Researcher from Partnering Works which is about vulnerable people with impaired capacity who are involved in the criminal justice system as offenders. Queensland Advocacy Incorporated has identified that there is an over-representation in the criminal justice system of people with impaired capacity and there is a concern that failure to identify and support their needs can lead to a denial of their basic rights which can result in negative outcomes with ongoing consequences. The research assesses the outcomes from differing intervention options.

We are also involved in an Australian Research Council (ARC) funded project with Queensland Council of Social Service (QCOSS) and the University of Queensland which looks at newly qualified workers and what impacts on them and their retention in the broader community sector.

Other research we are involved in includes a project with the University of Queensland where we are part of the project reference group for another ARC funded project that looks at the lifetime care for adults with acquired disability and high care needs.



We have also appointed Dr Kathy Ellem as a Postdoctoral Research Fellow who will explore developing more appropriate responses to people with disabilities, specifically where their lives intersect with a range of service systems.

### Social Policy

The continuing focus of our efforts in trying to influence the direction of disability social policy has been around current and dysfunctional aspects of the disability support system. Any system that discriminates against some people because of how their disability was acquired; any system that has a multitude of aids and equipment schemes across Australia that are not transferable; or any system that is able to say to someone with a significant need “sorry it is August and we don’t have any money left, you will have to come back next year” is broken and beyond patching and fixing.

We have continued to support and facilitate the dialogue about the current disability system and to present alternatives. We have facilitated discussions about a National Disability Insurance Scheme. We have also worked with and supported UnitingCare Australia with a submission developed for the Australian Productivity Commission Inquiry.

We have given evidence to the Productivity Commission and more importantly have supported some of the people we work with and their families to give evidence to the Commission so that the commissioners hear their stories first hand.

We have also taken the opportunity in many different ways to share with government the experiences of people we work with and how they are affected by the choices that government makes. Examples of this range from writing to the Prime Minister about some of the unintended consequences of their autism initiative to speaking frankly with senior departmental staff about how a policy direction becomes reinterpreted as it goes through the departmental layers.

**We are very clear about not sacrificing quality for quantity and this approach has further cemented our reputation with our key stakeholders for delivering high quality services...**

A woman with blonde hair, seen from the side and back, is crouching in a field of white flowers. She is reaching out with her right hand towards a colorful ball that is suspended in the air. In the background, two children are also in the field. A young boy in a black t-shirt and jeans is standing and smiling, while a young girl in a pink and white patterned dress is crouching and smiling. A wooden fence runs across the middle ground, and a clear blue sky with a few clouds is in the background.

# The work we've done...

strengthening  
families and  
children and  
building resilience



## The work we've done – strengthening families and children and building resilience

Our services which support families and children have continued to grow, despite many challenges. The tight fiscal environment has impacted on service provision and practice and the sustainability of services. There has been an increase in demand for our services without any adequate additional funding which has put further pressure on our services. The machinery of government changes and a more complex tender environment have contributed to making 2010 a challenging year

Recruiting skilled staff also continues to challenge us, especially in the area of family intervention and for supervisory roles. The increase in the size of the state's residential care service system over the last couple of years has made it more difficult to find youth workers and supervisors skilled in residential care work.

The supported accommodation services are experiencing a growing number of "no income clients with cultural and linguistic diversity" (CALD). This has had significant financial implications and has impacted on overall service delivery capacity as the viability of these programs is dependent on rental income. In addition, the service has had to meet the basic needs of the clients such as food, transport, school supplies and medicine. Despite this, our programs have made a determined commitment to the continued support of clients in this situation with staff implementing fundraising initiatives and donating their own time and resources.

Recruiting suitable foster carers within the community remains difficult, given the increasing number of double income households in the community, the limited time people have to commit to such an endeavour and the wider socio-economic issues impacting on families who are challenged in meeting their own immediate needs, let alone additional children coming into the home.

In summary, foster carer recruitment and ensuring that we are able to meet the complex needs of children coming into care will continue to be a challenge.

### Growth and sustainability

Despite the challenging environment we have continued to grow and develop our services to better respond to the increasing service needs of families and children. In the last year a therapeutic residential care service at Goodna has been established followed by the addition of three new residential care services in Mt Isa, Cairns and Kingaroy. There has also been an increase in foster care placements in both Brisbane and Cairns.

The Department of Communities and Child Safety Services announced \$3.8 million per annum funding over three years to establish family intervention services. We successfully tendered to set up programs in Mt Gravatt, Gladstone, Rockhampton, Emerald and Mackay.

We also attracted additional funding for our supported accommodation assistance program when we were approached to take on the interim management of the Cherbourg Women's Safe House for the next 12 months.



## Research

To continue our service development for families and children we have initiated a research project to assess the preliminary efficacy of the 1-2-3 Magic Program within an Australian community setting, designed for carers seeking parenting assistance or for people referred by their workers for child behavioural difficulties. This is of particular interest to us as we are attempting to identify a parenting program which will meet the needs of vulnerable families who are experiencing adverse life circumstances such as accommodation problems, threat of family breakdown, or involvement with child protection agencies and for those families who find it hard to commit to attendance at programs which have a longer duration.

We are also partnering with QCOSS and the University of Queensland in a research project entitled "A study of professional support and development models for newly qualified community services workers: building the workforce capacity of the sector".

Additionally, we have participated in an ongoing forum with the Department of Communities in response to the pathways report which comments on the domestic violence sector and its capacity to provide effective service delivery.

## Service innovation

We understand the benefits of and the need to develop reliable and productive partnerships and alliances within the community in which we work. In line with this, our supported accommodation program has established and maintained five Memorandums of Understanding with community housing providers which have resulted in a significant increase in safe and sustainable exit options for families transitioning from our service.

We have also partnered with a law firm to ensure free access to legal support for women and children accommodated in our service and we have established a partnership with the Cherbourg Queensland Police to provide a coordinated response to domestic violence in the Cherbourg Community.



A person wearing a blue vest with the 'Lifeline Community Recovery' logo and a sunflower icon is crouching on a white sheet on the ground. They are wearing a black cap, black shorts, and white sneakers. To their left are a pair of leopard-print boots. In the background, there are two large military helicopters, an orange excavator, and a stack of blue boxes. The sky is cloudy.

# The work we've done...

supporting people  
and communities  
to grow and recover  
from pain and  
trauma

## The work we've done – supporting people and communities to grow and recover from pain and trauma

UnitingCare's counselling, crisis support and community recovery services are provided through Lifeline Community Care Queensland. Lifeline has been present in the lives of many thousands of people as they struggle with natural disasters or traumatic community events to provide support and psychological first-aid during these very difficult times.

Also during this year, Lifeline telephone counsellors answered nearly 100 000 calls from around Australia and specially trained financial counsellors have continued to see a steady increase in those people needing some help.

In just the first few months of 2010, financial counsellors across the state saw over 300 new clients with dependent children where the combined family income was unable to cover the essential costs of living. Compelling figures which highlight the levels of financial stress in our community include the fact that one in ten financial counselling clients have household incomes of \$60 000 or more and those earning over \$80 000 are increasingly represented among those experiencing mortgage stress.

The evidence from reviewing debt levels of clients experiencing mortgage stress in this income range is that credit cards are being used to bridge the gap between income and living expenses. The ongoing development of this very vital service remains a key priority for the organisation.

### Financial counselling

The financial counselling sector has been presented with many challenges over the last 12 months. The global financial crisis has contributed to the number of consumers who fall into the category of those with reduced financial wellbeing. However, based on the sheer volume of consumers who presented for financial counselling with financial stress that preceded the GFC or was not GFC related, it is clear that consumers in a generic sense need the support of a strong financial counselling sector.

Both the number of consumers wishing to access financial counselling and the complexity of case work continue to be on the increase, with consumers being forced to join waiting lists of up to five weeks before accessing financial counselling. For most consumers this delay results in a deepening of their financial crisis and a loss of opportunity to limit damage to financial wellbeing.

A combination of reduced working hours, loss of employment and cost of living increases including an increase in the cost of utilities such as electricity and water, have all contributed to push an ever increasing number of consumers into financial difficulty.

The high level of consumer debt at all levels of Australian society is of major concern, made more so by the fact that very little change is taking place with regard to the culture of accessing credit for lifestyle needs, let alone for covering the essentials of life.

### Growth and sustainability

The Queensland Government's \$3 million funding of financial counselling late in 2008, together with additional funding of \$2 million in June 2010, have provided for an increase in the number of consumers being able to connect with a financial counsellor. In real terms this has meant an increase from 300 to over 1 000 case work sessions per month from Lifeline financial counsellors.

In addition, we have pushed ahead with the development of a Financial First Aid (FFA) phone line targeting the provision of a first point of contact for consumers with financial hardship issues. This is a new initiative by Lifeline with the FFA now receiving over 100 calls per day from consumers covering a wide range of financial hardship issues. The FFA triages the issues of the caller, assesses urgency and complexity and then refers them to the most appropriate and first available financial counselling service.

An increased transparency around major factors which contribute to financial stress in our communities has provided important knowledge which can inform more steps towards developing improved early intervention services. Access to the data opens up the door for innovative training programs and development of service delivery strategies that will help to promote more self reliance and confidence.

### Telephone Counselling

Since the beginning of 2010 Lifeline centres around Queensland and Australia have been busily delivering the new Certificate IV in Telephone Counselling. All centres across Queensland have now delivered the course at least once and are now working to develop supervision programs in line with national standards.

The biggest challenge for the service has been the significant national changes that have been implemented during the year, as well as the increased costs associated with meeting the new national standards. At this stage, it is not clear how much this will impact on centres - it will probably take another six to 12 months to get a clear picture of these effects. The positive side of the changes is that Lifeline now has standardised training of a single service model being delivered across the country which will increase the consistency of the service for callers.

### Growth and sustainability

There has been a significant increase in the number of calls answered across the network. Although the number of hours that counsellors are logged into the telephones has not changed significantly, improved efficiency and systems have resulted in more callers speaking to telephone counsellors. In Queensland in the 2009/10 financial year, telephone counsellors answered nearly 100 000 calls from across Australia.

Continuing with the improvement of our capacity and access to services, we have also partnered with the Australian National University to undertake research into the effectiveness of a range of telephone and online service delivery options.

**Lifeline has been present in the lives of many thousands of people as they struggle with natural disasters or traumatic community events...**



The latest news from the research project is that the ECCO Project: An evaluation of an Internet-based service for depression in a telephone counselling setting is a finalist for an Award in the 2010 Australian and New Zealand Mental Health Service Achievement Awards.

Lifeline centres across Australia also contributed to the Senate Inquiry into Suicide and the final report that was released on 24 June reflected the significant amount of work and advocacy that Lifeline has undertaken for clients impacted by this issue. Lifeline's submission to the Inquiry was well received and all of the recommendations of this submission have been taken up by the Senate Inquiry.

Overall, Lifeline centres have demonstrated strong improvement in service delivery across Australia. The one millionth call since October 2007 was taken by telephone counsellors in March 2010 - an impressive result for a service based on volunteers.

### Community recovery

The last year has unfortunately seen many varied but unique events where Lifeline Community Care Queensland either directly provided personnel or was placed on alert. These events included:

- H1N1 (Swine flu)
- Hendra virus
- Samoan response
- Queensland bushfires
- Tsunami watch
- Central and Southwest Queensland floods
- Tropical cyclones Olga, Neville, Paul and Ului
- Shen Neng 1 grounded on Barrier Reef


Two major events, the Central and Southwest Queensland floods and tropical cyclone Ului occurred back-to-back and resulted in all community recovery staff being fully activated for over two months straight.

### Continuous improvement

Lifeline community recovery staff held the first state-wide simulation exercise in October 2009 to assess efficacy and efficiency with our existing processes. A number of key issues in communication, logistics and human resources were revealed in the exercise that have since been improved. All participants reported on the simulation helping with their level of preparedness for real life situations.

Lifeline has also been acknowledged for the development of the Lifeline Psychological First Aid training certificate which is now being rolled out across all Lifeline centres across the state and at some interstate Lifeline centres. The training program will increase the capacity and preparedness to respond to major events, multiple events and events that might have a prolonged recovery period.



A photograph of two young girls inside a clear plastic tent. The girl in the foreground is smiling and wearing a yellow floral dress with purple buttons and a pink headband. She has her red shoes on. Behind her, another girl is looking out from the tent. The tent is made of clear plastic with red trim.

**The work  
we've done...**  
speaking out for  
fairness and justice



## The work we've done – speaking out for fairness and justice



UnitingCare's Centre for Social Justice engages in a wide range of justice and policy matters with the principal aim of achieving a just and compassionate community and service system through social justice advocacy, research and education.

### Scan of Disadvantage 2010

The Centre has recently completed the updated Scan of Disadvantage in Queensland 2010 which is shaping a significant amount of the strategic work being undertaken by UnitingCare Queensland over the next 12 months. The report lays the foundations for addressing entrenched disadvantage in Queensland, shows the continuing "locational" nature of disadvantage and calls for place-based partnerships across community, government and business as a critical response.

The report has been an important engagement tool for The Centre for Social Justice over the last 12 months with both internal and external audiences. UnitingCare Queensland has been involved in discussions with government, business and corporate entities as well as with our staff who are delivering services in the community, to develop implementation plans for addressing this endemic issue.

### Reconciliation Action Plan

The Centre is also developing a Reconciliation Action Plan (RAP). Our RAP will provide us with a framework for the future – detailing commitments, steps and priorities to achieve reconciliation between Aboriginal and Torres Strait Islander peoples and other people in the community. The resulting framework will cover the activities that we know can make a difference: building good relationships; respecting the special contribution of Aboriginal and Torres Strait Islander peoples to Australia and improving the cultural relevance of our services.

By developing this plan we are committing our whole organisation to seek ways of making further contributions to reconciliation and to identifying specific actions relating to relationships, respect and opportunities. The RAP will require us to set measurable targets, specific timetables and commit to public reporting on progress.

### Social policy

UnitingCare's Centre for Social Justice has also recently published a public position paper on the funding of residential aged care. This public policy position is of significant importance not only for the viability of services but also for how well we are able to respond to older people within our service arrangements. A proposal was prepared for presentation to the Uniting Church Synod meeting and a program of advocacy regarding residential aged care funding was implemented across the Church.

Other public position papers are being prepared in the areas of community aged care funding, regional and remote funding, asylum seekers/refugees, and financial wellbeing. These position papers will be published early in 2011.

### Service innovation

The Centre uses its periodical 'socialJUSTICE' to highlight service innovation and to raise issues around service delivery. There are considerable challenges presented when focussing on the needs of the people receiving our services and this publication provides a platform to explore these challenges and to acknowledge achievements.

Issues this year have focussed on: How to put people at the heart of service; poverty, housing and homelessness and recognising people's resilience; The Scan of Disadvantage in Queensland; the Criminal Justice Network; the gap between the experience of ageing and current public policy in aged care and people with disability in the life of the Church.

With a focus on research, advocacy and education the Centre has conducted numerous projects throughout the year, some complete and others still in progress. These include:

- establishment of the Aged Care Interest Group for advocacy and information dissemination on aged care policy updates
- significant progress made on public policy positions on community aged care funding, regional and remote funding, asylum seekers/refugees, and financial wellbeing.
- formation and sponsorship of the Synod Housing and Homelessness Advisory Group
- creation of a housing and homelessness directory based on the Uniting Church Queensland Synod's website
- set-up, launch and continuing management of the Criminal Justice Network which includes running regular forums, annotating and publishing articles related to a broad range of criminal justice matters, and support of five interest groups (advocacy and research) arising from the network
- co-chairing of Anti-Poverty Week 2009 including providing secretariat support
- participation in a project resulting in the preparation of the Queensland Synod proposal on responding to people experiencing marginalisation

**...a wide range of justice and policy matters with the principal aim of achieving a just and compassionate community and service system through social justice advocacy, research and education.**



## UnitingCare Queensland Board – a profile

The UnitingCare Queensland Board provides strategic direction and governance to one of the largest non-government organisations in Australia. It is responsible for the overall vision and strategic direction of the organisation, policy development and performance management.

The Board is committed to excellence in governance and stewardship and to the highest standards of ethical conduct and proper practice. Members recognise their responsibilities both collectively and as individuals to honour these commitments. The Board acts for the benefit of the people it serves and the broader community to ensure the ongoing success of UnitingCare and the services the organisation provides.



**Dr Ian Airey**

Ian Airey is a specialist anaesthetist. He practices at seven private hospitals in Brisbane. Ian has extensive experience on medical committees and industry bodies. While on the Board he has been keenly involved in developing forums that explore “spirituality in health care”. He is also exploring how the Church can extend its community services through the visual arts. He is a fellow of the Australia Institute of Company Directors.



**Anne Cross (ex-officio)**

Anne Cross has been the CEO of UnitingCare Queensland since November 2003. Anne came to the role with more than 25 years experience in health and community services in government and non-government organisations across a broad range of rehabilitation and community services. Anne has had extensive experience in developing capacity in non government community organisations and has been involved in service development and change projects in disability and aged care throughout Australia and internationally. In 2008, Anne was appointed as an Adjunct Professor in the School of Social Work and Applied Human Services at the University of Queensland. She is a member of The Queensland Smart State Council.



**Dr Greg Herring**

Greg Herring is a specialist medical practitioner who runs his own health management consulting company following 35 years experience in private hospitals and the military. He has served on many industry and government committees and councils.

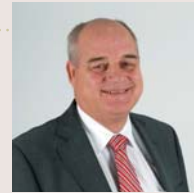


**Reverend Douglas Jones (ex-officio)**

Douglas Jones has worked as a lay worker within the Uniting Church and as a Parish Minister. He served for three years as the Director of the Uniting Church Department for Community Service and nine years as lecturer and then Director in Old Testament Studies at Trinity Theological College. He will finish in this role at the end of 2010.

#### Dawson Petie

Dawson is a professional company director, with a background in financial services and workplace relations. Dawson has over 30 years experience as a company director and board chairman. Board positions held during this time include Queensland Rail (QR), Sunsuper, Teachers Health, UnitingCare and Indue. Dawson has a strong commitment to community organisations and the non-profit sector and is an active Rotarian (Paul Harris Fellow). He was awarded the Centenary Medal for distinguished service to the community through industrial relations.



#### Ray Richards

Ray Richards is a partner with PPB, chartered accountants and business advisers. He has experience across a diverse range of industries, including banking, education, manufacturing, tourism retail, health related areas, nursing homes and child care centres. Ray served on the Uniting HealthCare Board from 2000-2004 and is a member of the Institute of Chartered Accountants.



#### Graham Schlecht

Graham Schlecht has over 35 years experience in the community service field with extensive experience at senior levels within the public sector. He was previously the Executive Director of Carers Queensland. He has extensive policy and operational knowledge and experience in aged care, child care, disability services, health, rehabilitation, youth and services for homeless people.



#### Dr Pam Spall

Pam Spall has more than 28 years experience providing organisational development and capacity building support to non government community service organisations in Queensland. Pam is a former public servant; been a university lecturer and for the past 14 years operated a consultancy business to the health and community services industry. Pam is a Graduate of the Australian Institute of Company Directors; has a PhD in political science and international studies, BSocWk and an MBA. Pam was awarded a Sir Winston Churchill Fellowship to study child abuse prevention programs in America and Canada.



#### Reverend Bruce Johnson (ex officio)

Bruce Johnson worked as a dental technician for an orthodontist before completing a Bachelor of Arts degree. In 1981 Bruce entered Trinity Theological College and in 1984 he was ordained as a Uniting Church Minister in Rockhampton. He served The Uniting Church in Central Queensland in Clermont/Capella Parish, Gladstone Parish and then as Presbytery Chairperson. Moving to Brisbane in 2001 he served Broadwater Road Congregation before taking up the role of Moderator of the Queensland Synod in October 2008.





#### Rick Strangman

Rick Strangman has held technical, sales, marketing, business development, chief executive and board director positions in the information technology and telecommunications industry for over 28 years. Rick holds tertiary qualifications in electronic engineering as well as a Bachelor of Business and is a Fellow of the Australian Institute of Company Directors, Member of the Institute of Management and Member of the Australian Computer Society.



#### Jude Munro

Jude Munro retired as the Chief Executive Officer of Brisbane City Council in June 2010 and has worked in a range of local government positions including chief executive positions with other councils around Australia. Jude is on a number of business and industry committees and boards and has experience in significant change programs, stakeholder relations and working with organisations to achieve their vision. She has post-graduate public policy and business administration qualifications and is a fellow of the Australian Institute of Company Directors and the Australian Institute of Management. Jude became a recipient of the Order of Australia in 2010.



#### Stephen Cantwell

Stephen Cantwell has worked in a broad range of executive positions within large and complex organisations including Queensland Rail, where he held roles such as Chief Operating Officer and Executive General Manager. More recently he has worked as a consultant and strategist in areas including infrastructure development and logistics. He is also a member on a number of business and industry committees and boards. He has a proven track record in adapting to and implementing significant change and a focus on strategic leadership, stakeholder relationships and partnerships to facilitate performance.



#### Heather Watson (Chair)

Heather Watson is a Partner and leads the specialist non profit group at McCullough Robertson. She has a particular interest in legal issues associated with charitable organisations. Her specialisations include establishing and restructuring legal and tax entities for charitable and non profit organisations, advising boards on risk and governance issues and establishing charitable foundations. She has specialist expertise in the non-profit sector including aged care, affordable housing and Indigenous communities. Heather has been a board member of UnitingCare Queensland since 2005.



## UnitingCare Queensland Executive Leadership Team – a profile

The Executive Leadership Team (ELT) comprises the Executive Directors from the UnitingCare agencies and executive staff from the Office of the Chief Executive Officer.

The team is accountable for the successful integration and implementation of agreed UnitingCare strategic priorities, strategic alignment across service delivery agencies and the effective use of resources.



Anne Cross, CEO UnitingCare Queensland

### Trevor Carlyon, Executive Director, Lifeline Community Care

Trevor joined Lifeline Community Care Queensland in 2004 as State Director, Client Services and was appointed Executive Director, two years later. Trevor has more than 35 years experience across a broad range of community services. Prior to Lifeline, Trevor was Executive Director of Kids Help Line, Parentline and Peer Skills and has held senior positions in the public sector. He has worked in the areas of child protection, mental health, juvenile justice, adult corrections and private practice.



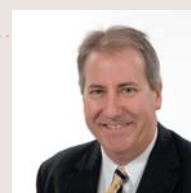
### Richard Royle, Executive Director, UnitingCare Health

Richard has more than 27 years experience in the healthcare industry including his current role as CEO of UnitingCare Health. Other roles held by Richard include Strategic Funding Director for Medibank Private and as director in a private consulting company specialising in health and aged care. Richard was a founding board member of Uniting Aged Care, Vic/Tas. He is the Vice-President of the Australian Private Hospitals Association.



### Stephen Muggleton, Executive Director, Blue Care

Stephen was appointed Executive Director of Blue Care in 2003. Before joining Blue Care, Steve had senior management roles in public health and major teaching hospitals in New South Wales, Queensland and the Northern Territory. He has been a national councillor of national peak bodies such as the Australian Council on Healthcare Standards, the Australian Healthcare Association and Chair of UnitingCare's National Committee on Ageing. Steve has a Bachelor's Degree in Economics, a Master's Degree in Health Administration and has particular interests in leadership, Indigenous health and the impact of an ageing population.





**Rev Robyn Kidd, Director of Mission, UnitingCare Queensland and UnitingCare Health**

Prior to her Director of Mission role, Robyn was the Co-ordinator of Pastoral Care and Counselling Services at St Andrew's War Memorial Hospital for many years. She has a Bachelor of Arts, Bachelor of Theology, a Masters of Psychology and a Graduate Certificate in Leadership and Management. Robyn has a passion for how the Church lives out its mission through community services, in particular acute health care.



**Greg Mackay, Director, UnitingCare Centre for Social Justice**

Greg Mackay commenced as Director of the Centre for Social Justice in February 2005. His background is in service design and delivery, social policy, and management. His significant involvement in change and advocacy efforts has earned him a reputation for working on behalf of and with marginalised and disadvantaged people. He has an extensive history in human services and activism, and has studied management, psychology, human services, and peace studies at a Masters level. Greg has worked extensively in government and in community services in a variety of roles.



**Paul Mullooly, Chief Financial Officer**

Paul Mullooly is Chief Financial Officer of UnitingCare Queensland. He has more than 25 years experience as a senior financial executive and his governance experience includes working closely with boards as a senior executive and as a company secretary. He is also an experienced board director. He has served for more than two years as a member of a UnitingCare board committee and one year as a director of the board. In addition to being a chartered accountant, Paul has an MBA, is an Associate Fellow of the NZ Institute of Management and a Graduate of the Australian Institute of Company Directors.

## Our financial position

The information set out in this section is an aggregation of financial information from the health and community service activities of UnitingCare Queensland.

### Performance

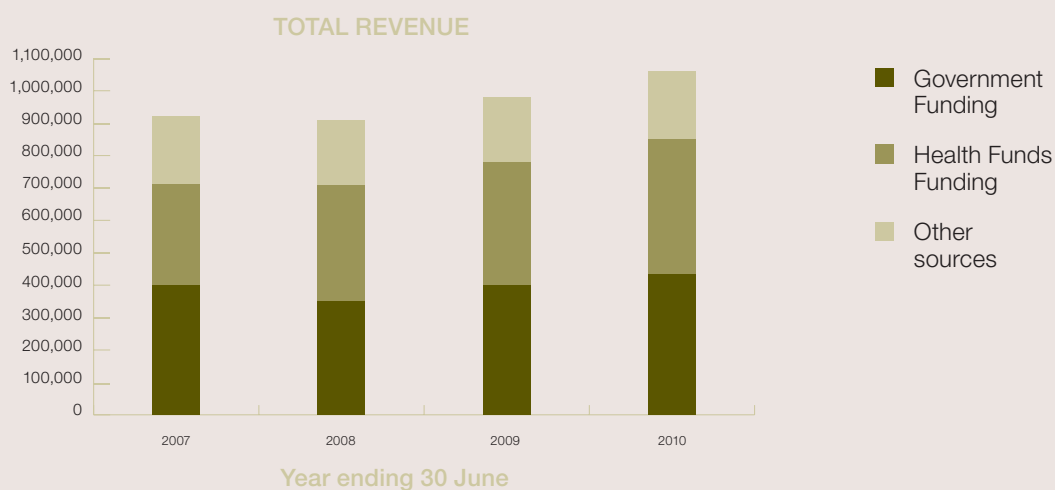
The services provided by the agencies of UnitingCare continue to be under increasing demand by the community that we serve. As has been the experience of recent years UnitingCare has continued to extend services in areas of community nursing and care, disability services, services to children and families, financial counselling and in acute health care.

The year under review has seen the completion of the significant capital investment in the hospital group which has increased the number of beds available and also expanded the services provided to the community.

The services provided by agencies of UnitingCare are primarily funded by government and health funds with increasing reliance on client funding and funding from other sources.

The rate of indexation of government funding has continued to trail the rate of increase in input costs, particularly wages and salaries. The ongoing issues in residential aged care as a result of the inadequate funding model combined with the competition for experienced health and community care staff is significant and creates a challenge for the organisation to ensure continuing financial sustainability.

Total revenue for the year of \$1.060 billion was 8.2 per cent higher than the previous year which was a similar year on year rate of increase experienced in 2009.



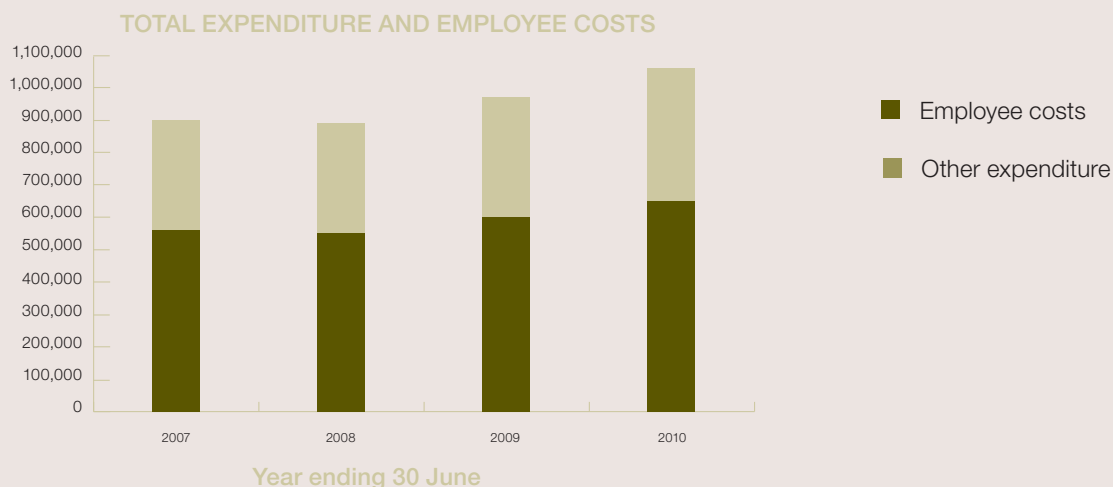




Expenditure for the year at \$1.058 billion has also increased and was 9.2 per cent higher than the previous year.

The ongoing significant capital expenditure program continues to impact on the level of annual depreciation charges as well as interest expense. UnitingCare, being a service oriented organisation, employs over 15 000 staff so consequently the largest single expense category is of course employment and related expenditure.

Employment related expenditure of \$657 million represents 62 per cent of total expenditure for the year.



UnitingCare has over \$900 million invested in capital infrastructure represented by our five hospitals and more than 300 Blue Care and Lifeline Community Care residential and community centres. In addition it has a significant portfolio of leased premises throughout Queensland. During the year, capital expenditure on property plant and equipment equated to \$94 million, with the majority of expenditure being on hospitals, aimed at increasing their capacity as well as modernising existing infrastructure.



The ongoing commitment to improving the infrastructure of the organisation will see a significant investment made over the coming five years, particularly in aged care and retirement living.

## BOARD REMUNERATION AND ATTENDANCE (JULY 09 – JUNE 10)

Name	Board		Committees		Fees paid
	No. of meetings	No. attended	No. of meetings	No. attended	
Ian Airey	10	9	4	3	35,452
Greg Herring	10	9	13	11	41,148
Douglas Jones* General Secretary	10	9			29,757
Bruce Johnson* Moderator	10	8			29,757
Dawson Petie	10	10	9	8	42,287
Ray Richards	10	9	14	12	42,287
Graham Schlecht	10	10	9	9	35,452
Stephen Cantwell (commenced Oct 2009)	7	6	6	6	23,635
Pam Spall	10	10	9	8	42,287
Jude Munro (commenced Feb 2010)	5	5	2	2	14,772
Rick Strangman	10	10	14	12	41,148
Heather Watson - Chair	10	10	4	4	61,231
<b>Additional members of board committees</b>					
Ken Madsen			5	5	6,834
Damien Cronin			5	5	6,834

\*Board fees for identified members are paid to the Queensland Synod

## The work we do – a case study

Young Jordan Harris never thought he would end up hungry out in the wilderness of the Carnarvon ranges. After all, 16 year old Jordan's normal day is filled with the many jobs of a carer.

Jordan cares for his mum, Lorraine, who after a long and tiresome 18-month wait has recently been the recipient of a successful liver transplant.

"Caring for Mum has been hard and difficult to deal with sometimes, not knowing how long she's going to be with us", Jordan said.

"I even had to miss school a few times when Mum was really bad."

The Commonwealth Respite & Carelink Centres – Gold Coast Young Carers Project (YCP), auspiced through Blue Care supports young people like Jordan, through activities and outings with other young carers, counselling, study support, assistance with housework, cooking and cleaning chores and just giving them a break from their caring role.

They also help young carers connect to other youth community initiatives and they connected Jordan with the Youth Enterprise Trust. Jordan was finding it challenging to balance education, studies and his caring responsibilities when the YCP put him in touch with the Trust whose activities support young disadvantaged people to help themselves, to take responsibility and to believe in their own abilities and strengths.

With the Youth Enterprise Trust Jordan spent more than a week trekking in the Carnarvon ranges, setting up bush camps and doing "night watches" before moving to a homestead environment and learning physical skills by living in a basic pine slab hut, so he and his fellow participants could see and feel their achievement and contribution to themselves and the group.

"Initially I thought it would be recreational, a bit of a hike and some camping. Instead it was like the hardest thing I'd ever done, every muscle in my body felt exhausted. It was gruelling, challenging, tiring and awesome all at the same time," Jordan said.

"I wanted to gain better direction with my life, specifically to be more focused and have purpose with jobs and career stuff.

"I can now appreciate the sunrise, seeing the changes in our beautiful land and have the confidence to change and adapt. I was so hungry out there, having limited supplies, one pack horse and we really had to look after each other, just like at home with Mum," he said.

Jordan said the program taught him to listen to himself, have confidence and "to find his way".

"I've been cooking more for Mum and my bro, Ben and with Mum having better health, I'm now even considering becoming a chef," Jordan said.

The links set in place by the YCP have given Jordan a strong foundation for his future.



## UnitingCare service network

The work of UnitingCare Queensland and its agencies would not be possible without the support of the Queensland Government, Australian Federal Government, private and corporate donors, volunteers, suppliers, local communities and Uniting Church congregations. This support, commitment and financial contribution enable UnitingCare to continue to provide quality health and community services across the state.





And what does the Lord require of you but to do justice, to love kindness, and to walk humbly with your God? (Micah 6:8)



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