UnitingCare Queensland works together to:

reach out to people in need

speak out for fairness and justice

care with compassion, innovation and wisdom
Table of Contents

Highlights of the year .................................................. 4
About us ........................................................................... 6
Message from our Chair .................................................. 8
Message from our CEO .................................................... 10
The work we do - a case study .......................................... 14
The work we’ve done – speaking out for fairness and justice ................................................................. 16
Informing our practice through research .................................................. 21
UnitingCare Health ......................................................... 25
The work we’ve done - caring for people’s health through our private, non-profit hospitals .......................... 26
The work we do - a case study .......................................... 33
Blue Care ........................................................................ 35
The work we’ve done - supporting older people to live at home ................................................................. 40
The work we’ve done - providing older people with a comfortable, warm home environment
and experienced, expert clinical care .................................................. 46
The work we’ve done - providing independent living choices .................................................. 50
The work we do - a case study .......................................... 52
UnitingCare Community (Previously Lifeline Community Care Queensland) .................................................. 55
The work we’ve done - supporting people with a disability to have a better life .................................................. 58
The work we’ve done - supporting people and communities to grow and recover from pain and trauma .... 61
The work we’ve done - strengthening families and children and building resilience .................................................. 66
The work we do - a case study .......................................... 72
UnitingCare Queensland Board - a profile .................................................. 74
UnitingCare Queensland Executive Leadership Team - a profile .................................................. 78
Our financial position ....................................................... 80
Unaudited Consolidated Statement of Comprehensive Income for the year ended 30 June 2011 .................................................. 82
Unaudited Consolidated Statement of Financial Position for the year ended 30 June 2011 .................................................. 83
Unaudited Consolidated Statement of Cash Flows for the year ended 30 June 2011 .................................................. 84
UnitingCare Queensland Board and Committee meeting attendance and fees paid .................................................. 85
The work we do - a case study .......................................... 86
UnitingCare Queensland supporters .................................................. 88
Highlights of the year

- Lifeline Community Recovery Officers trained in psychological first aid are deployed into 51 community recovery centres around the state to support the many thousands of individuals affected by the horrors of the Queensland floods and Cyclone Yasi.

- Other UnitingCare Queensland service agencies discover that when tested, crisis plans and protocols in place served our clients well. Blue Care successfully manage the evacuation of high risk and vulnerable people from troubled flood and cyclone areas and staff at The Wesley Hospital maintain high levels of health care to all patients amid rising flood water.

- UnitingCare Queensland formalises its commitment to develop a Reconciliation Action Plan (RAP) at a launch on 1 February 2011 and commences the process with a series of workshops attended by Aboriginal and Torres Strait Islander staff from our agencies across the state.

- Lifeline’s Jillian Fletcher is awarded the inaugural Jan Pentland prize by the Australian Financial Counselling & Credit Reform Association (AFCCRA) in recognition of her outstanding achievement in securing funding for financial counselling from the Queensland State Government where none had previously existed.

- The UnitingCare Community Helping out Families (HOF) program was established in October 2010 with just 10 staff working out of an old house in Beenleigh. Just 12 months later the program employs 32 full-time staff and has received 706 referrals from government, 106 referrals from the wider community and supports 165 families on an ongoing basis.

- St Andrew’s War Memorial Hospital, in Brisbane, is the first hospital in Queensland to install the very latest in cardiac technology – the CARTO 3 System, a three-dimensional imaging device to treat cardiac arrhythmias (heart rhythm disorders).

- The January Lifeline Bookfest raises nearly $900 000 despite being affected by the Brisbane floods.

- The Sunshine Coast Private Hospital celebrates its 30th birthday and is rated in the top one per cent of hospitals in Australia.

- Lifeline Capricorn Coast also celebrates its 30th anniversary and Lifeline Gold Coast celebrates 40 years of service.

- Blue Care opens the new Coopers Plains Respite Care centre on 12 October, 2010. The service’s modern amenities offer social and recreational activities for local clients and carers as well as support for people with dementia.

- UnitingCare Social Justice launches its discussion paper “Responding justly to asylum seekers” to serve as a useful tool for dialogue and debate around government policy and funding.

- Blue Care launches a new initiative to help build long-term career pathways for Aboriginal and Torres Strait Islander nursing staff in health and aged care in Queensland - eight scholarships are awarded to employees throughout the state to undergo a Diploma of Nursing. Additionally, a new health care program in Central Queensland is launched to improve and promote better health for Aboriginal, Torres Strait Islander and South Sea Islander peoples living with chronic and complex care needs.

- UnitingCare Queensland holds its inaugural research conference highlighting the variety and depth of the many social research projects conducted across the organisation.

- The Wesley Hospital Clinical School receives a federal government grant awarded for innovative clinical teaching and training - work on a new student teaching and education facility commences.
• Blue Care’s best practice in fleet safety was recognised on 9 September 2010 when the organisation was awarded a national Australasian Fleet Managers Association award for its work in encouraging driver safety among its staff and volunteers, including a road safety awareness campaign and resources, and a statewide driver education program

• UnitingCare Queensland and The University of Queensland partner to appoint Dr Kathy Ellem to complete her post doctorate research in developing more appropriate responses to people with disabilities and as support to UnitingCare’s Chair of Social Policy and Research and the practice-based research work generated through UnitingCare’s social policy research committee

• Several Blue Care services celebrate major anniversaries and pay tribute to their local heritage – Blue Care Cairns Community Care, 50 years; Blue Care Mareeba Community Care, 40 years; Blue Care Atherton Respite Care, 20 years and Wirunya Aged Care Facility, 15 years

• The UnitingCare Queensland Board gives the go ahead for Blue Care to begin construction of the $60 million Azure Blue Lifestyle Community on Brisbane’s Redcliffe Peninsula - the first of six new resort-style integrated retirement communities which will transform the way older people live in the future

• The Sunshine Coast Private Hospital, part of UnitingCare Health, tops the polls in a national survey into maternity hospital experiences, undertaken by Medibank Private

• New beginnings at two important Blue Care sites in regional Queensland – the construction of a new $11 million facility at Gracemere Gardens, west of Rockhampton and a $10 million revitalisation at Mareeba Garden Settlement in the Atherton Tablelands

• UnitingCare Community’s Elder Abuse Prevention Unit (EAPU) partners with other researchers in an innovative research study to demonstrate the need to clarify the nature of elder abuse and give a true indication on its prevalence across Australia

• Blue Care Indigenous Coordinator in Far North Queensland, Donna Corrie, is appointed as an Ambassador with the Australian Government’s Indigenous Education Ambassadors program

• UnitingCare Social Justice develops an action plan on how to address entrenched disadvantage in the geographical locations identified in the report "The Scan of Disadvantage in Queensland" completed in 2010. Discussions with key community sector organisations identify pilot projects to find inventive and novel approaches to reduce locational disadvantage

• Two cardiologists based at St Andrew’s Memorial Hospital, Dr Wayne Stafford and Dr John Hayes are awarded Fellowships by the prestigious international Heart Rhythm Society as a result of their efforts spanning 20 years in the field of cardiology and cardiac research

• Blue Care staff provide over 3.6 million occasions of service to people at home – 127,932 more visits than last financial year

• Sixty long serving Blue Care staff were honoured at a staff recognition night for staff members who have given 20 years or more continuous service. Together they had delivered more than two million hours of care and support
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

UnitingCare Queensland claims its place in the mission of God through its health and community services, research, advocacy and community development.

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.

Blue Care, UnitingCare Community, UnitingCare Social Justice and UnitingCare Health are vital expressions of this mission.

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 service network

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

Blue Care – refer page 35
• Generalist and specialist nursing services
• Residential aged care services
• Allied health services
• Personal care, social support and domestic assistance to people in their own homes
• Respite care
• Retirement living
• Pastoral care and counselling

UnitingCare Community (previously Lifeline Community Care Queensland) – refer page 55
• Lifeline – (suicide prevention, telephone counselling, shops and community recovery)
• Child and family care
• Counselling (including financial counselling)
• Crisis support
• Disability support
• Social inclusion
• Prison ministry

UnitingCare Health – refer page 25
• The Wesley Hospital
• St Andrew’s War Memorial Hospital
• St Stephen’s Hospital – Maryborough and Hervey Bay
• The Sunshine Coast Private Hospital

UnitingCare Social Justice – refer page 17
UnitingCare 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.
The Board of UnitingCare Queensland has over the last year continued its commitment to reflect, respond and renew in order to undertake the Uniting Church’s mission of improving the health and wellbeing of individuals, families and communities in Queensland.

The process of reflection, response and renewal continues to be important for such a large and complex organisation. UnitingCare Queensland operates in an environment of significant social and demographic change, with complex family and individual issues and variable economic conditions across the state. It is important to be agile and innovative to both better meet the growing needs in the community and to ensure our future sustainability.

Major changes in health through the Health and Hospital Reform and the creation of Medicare Locales provide both opportunities and increased competition for our health services. The Productivity Commission has recognised the significant challenges faced by aged care operators and we await with anticipation the government’s response to its recommendations. The introduction of a carbon tax will increase the cost of services and we are already experiencing an increasing burden of regulation regarding environmental sustainability.

The introduction of a Not For Profit Regulator and changes in the definition of ‘charity’ and related tax regimes, reflect a focus on the benefits and concessions traditionally enjoyed by charitable organisations like UnitingCare and the community’s expectations for increased transparency and accountability, in order to continue to enjoy those benefits. At both state and federal levels government is looking for ways to reduce expenditure and there is a widening gap between rising costs (especially wages) and indexation on government funding which needs to be absorbed each year. Being an agile and innovative organisation is the only option.

UnitingCare Queensland is in a very positive position to respond to these challenges and continues to be a leader in the health and community sector. While our primary focus remains clearly centred on service delivery and improving the wellbeing of all the people we work with every day, we are giving priority to the way in which our size and capacity can best be engaged to achieve this, often in more complex and comprehensive ways than in the past. In doing so, UnitingCare has sought to inform and challenge the Church to support UnitingCare’s need for agility and innovation in engaging with those most in need in the community. Our response to those who need our support, as always, is informed by the Church’s call in exercising its mission.

During the year the Board, together with the Executive Leadership Team, engaged in a comprehensive strategic process which resulted in setting five core strategic objectives in the renewed strategic plan of:

- being a leading organisation in person-centred care
- being a preferred organisation for staff and volunteers

Message from our Chair
• forming constructive partnerships in our sectors
• maintaining and enhancing our leadership role in advancing practice, social policy and social justice outcomes
• being financially sustainable and environmentally responsible

These objectives reflect not only the work we do but the organisation’s culture and identity we strive for as the Church in the community.

We welcomed the appointment of Dr Shirley Coulson as General Secretary of the Uniting Church in Queensland Synod and member of the Board and have worked closely through the Synod’s Together on the Way mission planning process. This process has identified a renewed governance and stewardship focus with the Synod that will have continuing application to the way in which the councils of the Synod relate to UnitingCare Queensland.

I would like to extend my personal thanks to UnitingCare Queensland’s CEO, Anne Cross on behalf of the Board for her thoughtful leadership, vision and her sustaining commitment. I would also like to commend her executive team for their hard work and dedication to the vision of our organisation.

I commit the Board to continue to seek the best way forward for the Church as it exercises its call and mission to the community through UnitingCare Queensland.

**Heather Watson**
Chair
UnitingCare Queensland
This last year will surely be remembered for the prolonged period of multiple natural disasters in Queensland. Living through those severe weather events was a frightening, difficult time and the lives of many people were thrown into chaos and heartache as they dealt with the very real impacts of the floods and cyclones. As a state we can be proud of the leadership offered by the government, emergency services, and the many thousands of ordinary people who responded to the needs of their families, neighbours and strangers.

It was truly inspirational to observe and experience the amazing spirit and dedication to our clients and patients that was shown by our staff in each and every one of our services during and in the aftermath of the natural disasters. The stories of UnitingCare – our staff; our hospitals; the evacuation of our aged care facilities at Lowood and in Townsville; the evacuation of people with disabilities from their homes; the extraordinary efforts to continue support to many community clients; the work to clean up and re-open our Lifeline shops – all speak to the very essence of UnitingCare – its focus on the wellbeing of individuals, families and communities and the dedication, resourcefulness and commitment of our staff and volunteers.

In particular, I want to acknowledge the work that UnitingCare Community did through the Lifeline Community Recovery service. More than 3,000 deployments of more than 230 community recovery officers, all trained in psychological first aid, to more than 60 sites took place. These staff and volunteers supported thousands of individuals whose lives had been shattered by the natural disasters. They also helped spearhead longer term recovery through a co-ordinated approach to rebuilding or re-establishing key community networks and support structures.

Despite the impact of the floods and cyclones, UnitingCare has continued throughout the year to deliver services to many thousands of people through Blue Care, through our UnitingCare Health hospitals, and through UnitingCare Community (formerly Lifeline Community Care). Reading this report it is evident that during the year the focus has been maintained on delivering and growing our services, investing in our staff and volunteers, improving our management and information systems and upgrading our buildings and physical infrastructure.

During the year we undertook a major review of our strategic plan canvassing the changing environment and inspired by a long term vision that focuses on our role in supporting our clients and patients to live their lives as fully as possible – to be all that they can be. Our renewed core objectives focus on person-centred care and our service models, on our capacity to attract and retain staff, volunteers, and visiting medical practitioners, on our partnerships within our sectors, on our contribution to social policy and research, and on our viability and impact on the environment.

This year we formalised and celebrated UnitingCare Queensland’s commitment to developing and implementing a Reconciliation Action Plan (RAP). Building on work
already underway to improve employment opportunities for Aboriginal and Torres Strait Islander peoples within UnitingCare and to improve accessibility and cultural relevance of our services, the RAP will identify additional actions and realistic targets that contribute to ‘Closing the Gap’. During the course of this year a working group has worked diligently on developing a RAP which will be launched early in 2012 and I want to thank each of the participants for their thoughtful contributions to this important initiative.

Over the past year we have further refined out research framework and agenda. Late in 2010 we organised the inaugural UnitingCare Queensland research conference which provided a forum for sharing research and ideas across the organisation and for stimulating further research that will inform practice and our contribution to social policy and systems reform.

A key input into our strategic planning process this year was the report “The Scan of Disadvantage in Queensland” completed by UnitingCare Social Justice in 2010. Importantly the report not only highlighted and mapped significant and enduring disadvantage in many parts of Queensland, it also drew on experiences and literature from across the world to identify approaches for tackling entrenched disadvantage. UnitingCare developed its own action plan in response to the key findings. As we have commenced implementation of this action plan, we have been heartened by conversations and discussion with our colleagues in other church and community organisations; not surprisingly they share our concern about the issues and are keen to work together to find practical ways to address disadvantage.

As part of our mission to reach out, speak out and care, UnitingCare has continued to seek to influence the development, implementation and evaluation of social and public policy and to advocate for better opportunities for all Queenslanders with a particular focus on those who are the most marginalised and vulnerable. Separately and together with UnitingCare Australia and other health and community service peak bodies, we have participated actively in a number of areas, and in particular, in responding to the draft Productivity Commission reports – Disability Care and Support and Caring for Older Australians. These reports propose a comprehensive overhaul of the current systems of support for older Australians and people with disabilities. UnitingCare appreciates the thoroughness of the reports and the bold proposals for reform contained within them. While there is much work to do to understand the impacts of the proposals on the ground, they have contributed to a welcome shift in the policy debate in these areas.

Behind all the achievements and challenges faced by UnitingCare are the people – more than 14,000 staff, 8,500 volunteers and our chaplains. They are the bedrock of the organisation and I want to thank each of them for their work, their contribution and their commitment to our mission as the health and community service provider of The Uniting Church. This year we also welcomed some new members to the Executive: Robyn Batten as Executive Director of Blue Care and Bob Gilkes as Executive Director of UnitingCare

“It was truly inspirational to observe and experience the amazing spirit and dedication to our clients and patients that was shown by our staff in each and every one of our services during and in the aftermath of the natural disasters.”
Community. Andrew Haynes joined us as Director of Group Governance and Geoff Rogers as Group Director of HR. I want to thank them and Richard Royle, Paul Mullooly and Greg Mackay and the executives in UnitingCare Health, Blue Care and UnitingCare Community for their leadership and commitment to doing what we can to support people in the community to live their lives as fully as is possible.

Thank you also to the Board Chair, Heather Watson and the members of the Board for their commitment, wisdom and guidance.

UnitingCare is also supported by the Synod of the Uniting Church in Queensland, and by our funders and many partners. We could not deliver on our mission without their support – thank you.

Care, compassion, courage, kindness, respect, reconciliation, service, justice, learning, working together, transforming…these are the hallmarks, the essence of what it means for us to be the Uniting Church at work in the community.

Anne Cross
CEO
UnitingCare Queensland
Community recovery officers make a real difference

As Mandy Jones accepted deployment to North Queensland after Cyclone Yasi had left its path of destruction, she wondered whether she would have the capacity to make a difference to those who had lived through the fury of the cyclone and who had lost so much.

Mandy, Client Services Manager in Gladstone, had been on deployment previously so she had some idea of what to expect.

“We were the first team to arrive in Cardwell and as our team of five Lifeline Community Recovery Officers drove into the shattered landscape we were shocked and shaken,” she said.

“No amount of preparation could prepare us for the sights we saw - the countryside was devoid of vegetation, trees stood like match sticks, stripped of leaves and some broken and twisted, there was no sign of animal life.”

“Then as we drove into Cardwell we registered the devastated homes, the beach had gone, the water was filled with debris and we wondered how anyone could have survived this – a question that was asked by so many people in the days to come,” she said.

As Mandy and her team started to offer emotional first aid to the people of Cardwell they were repeatedly told of the terror and fear people experienced at the height of the Cyclone’s fury. Most talked about never wanting to experience a cyclone ever again.

“The courage, resilience and capacity to continue to care for their mates was a real experience to encounter;” Mandy said.

“I count myself to be one of the luckiest people alive as I believe my experience of walking beside these people was an honour and a privilege.”

“We witnessed people who had lost everything in Yasi offering others help, and offering support by just stopping to talk to others who were affected by the Cyclone. We experienced so many tears, hugs and laughs and I cannot describe the generosity that was shown to us by the community. Each of us felt a huge sense of responsibility coupled with frustration that we could not wave a magic wand and do much more for people.”

Mandy said that she has the greatest respect and pride for the team.

“We were a real mixed bag of ages, cultures, experiences and personalities but it was a winning combination and it really worked well,” she said.

“I am so thankful for the commitment that UnitingCare Community has to Community Recovery work and for the opportunity I had to be part of the team at Cardwell. Am I ready to go again? You bet, the bag is packed. And yes, I do think we made a difference, in fact I am sure our team made a huge difference.”
The work we’ve done...
speaking out for fairness and justice
The work we’ve done - speaking out for fairness and justice

This year has presented many opportunities for UnitingCare Queensland to enact its mission to improve the wellbeing of individuals, families and communities. Our commitment to influence and develop social and public policy which creates a “better life” for vulnerable and marginalised people has continued with some significant pieces of work.

UnitingCare Queensland has worked with UnitingCare Australia and other health and community peak bodies to respond to the draft Productivity Commission reports Disability Care and Support and Caring for Older Australians. These reports have appropriately responded to the input provided by the community sector and have proposed bold and significant reforms for older Australians and for people with disabilities.

UnitingCare Social Justice has also worked this year to achieve significant positive social impact. Its work has focussed on key areas relating to social disadvantage; reconciliation; criminal justice and the development of public policy positions in relation to systemic issues affecting aged people, people with a disability, asylum seekers and people experiencing financial stress, on some key initiatives, which are outlined below.

Place-based responses to disadvantage
The ‘Scan of Disadvantage in Queensland 2010’ has been the catalyst for a number of projects which encouraged the focus on place-based approaches – a diversion from previously funded work characterised by whole of population approaches. Some of the projects are outlined below:

Toolkit for developing place-based responses to disadvantage
A toolkit was developed to support staff and partner organisations in implementing place-based responses to disadvantage. The toolkit sets out how to assess and prioritise places for project location, how to implement place-based projects, a template to develop regional action plans around disadvantage and guidelines for developing a Community of Practice.

Wide-Bay Burnett project
In order to take the Disadvantage Scan research and toolkit further, a project focussed on the Wide-Bay Burnett area has been developed with an experienced community development practitioner to undertake a six-month study to assess and prioritise likely locations for projects within the region.

CEO Conversations
UnitingCare Queensland has recognised that significant responsibility to effect change in entrenched disadvantage lies with our organisation and with other community service organisations. Accordingly we are conducting a series of ‘CEO conversations’ with large cross-state organisations to explore how we can work together to address disadvantage.
Working towards reconciliation

UnitingCare Queensland’s commitment to reconciliation
UnitingCare Queensland has made a commitment to seek better ways of contributing to reconciliation between Aboriginal and Torres Strait Islander peoples and the wider community. As part of this, a Statement of Commitment to develop a Reconciliation Action Plan (RAP) was launched in February 2011.

The RAP provides a framework for developing culturally appropriate and inclusive service delivery strategies as well as identifying employment opportunities and leadership development for Aboriginal and Torres Strait Islander peoples within the organisation. UnitingCare Queensland actively promotes reconciliation by taking part in culturally significant events, such as Close the Gap Day, National Reconciliation Week and NAIDOC celebrations.

UnitingCare Queensland’s Reconciliation Action Plan journey
The Reconciliation Action Plan (RAP) journey began with a clear commitment from the Executive Leadership Team in 2009. Some of the early planning involved mapping the already active involvement the organisation had in initiatives and programs working with Aboriginal and Torres Strait Islander peoples. Through regional face-to-face meetings and phone linkups with management and staff across Brisbane and regional Queensland, Aboriginal and Torres Strait Islander staff and other interested employees were identified to form the RAP working group. This ensured broad representation across agencies, regions and cultural groups.

The initial draft RAP emerged out of six full day workshops which were facilitated in an open, participatory forum style. The final document will be launched in early 2012. Indigenous artist Robert Barton has been commissioned to create a new visual artwork that reflects the integrity and collaborative approach of the UnitingCare Queensland RAP journey.

Church and people with a disability
UnitingCare Social Justice has extended its work in response to the past two meetings of the Queensland Synod towards a focus on how we, as Church, can best relate to people experiencing marginalisation, that is, those people who are often excluded from typical community activity and relationships. In the closing days of the financial year the social justice team played a critical part in the launch of Luke14, a project and process designed to assist and encourage churches to include people with a disability in their congregational life.
Advocacy on public policy

UnitingCare Queensland has also developed position papers addressing critical public policy issues and these papers have contributed to our collective action on systemic issues affecting aged people, people with a disability, asylum seekers and people experiencing financial stress.

Asylum seekers

Contrary to popular belief, it is legal for people to seek asylum in Australia. In UnitingCare Queensland’s discussion paper ‘Responding justly to asylum seekers’ we say that the Australian government should abolish mandatory detention and meet the basic human rights of all asylum seekers while they are waiting for their claims to be assessed. These include access to housing, work, health care, education, transport and basic financial security.

People experiencing financial stress

Increasingly, more people are experiencing financial stress with the numbers continuing to rise since the global financial crisis and exacerbated by the natural disasters of late 2010 and early 2011. In UnitingCare Queensland’s discussion paper ‘Financial counselling’ we request national and state government to provide recurrent funding to service providers so that timely, potent responses may be made to all people who call for this type of help.

From restrictions to real life

For many years people with intellectual or cognitive disability who have challenging behaviour have been subjected to restrictive practices in Queensland, including being kept in seclusion and physically and chemically restrained. UnitingCare Queensland’s discussion paper ‘From restrictions to real life’ is being developed. It outlines our concerns about the Queensland Government’s Positive Futures program and makes strong recommendations for reform.

Community support for older people

Older Australians are clear about their preference to remain living in their own home for as long as possible. UnitingCare Queensland is concerned that there will be insufficient resources to meet future demands for community care. A discussion paper ‘Community support for older people’ is being developed urging the Australian government to implement fundamental and wide ranging reform in aged care.
Impacts of the criminal justice system

UnitingCare Queensland believes that we have a mission to work with people who are experiencing discrimination and require our services and advocacy within the community. We believe that many of the people who come into contact with the criminal justice system are among the most vulnerable members of our society. Incarceration is often the end result of failures to address social issues such as poverty, poor health, homelessness, inequality and discrimination.

UnitingCare Social Justice hosts the Criminal Justice Network (CJN), which exists to link individuals and groups committed to pursuing the rights of people marginalised by the criminal justice system. The Network hosts forums involving people with lived experience in the criminal justice system, advocates, human service workers, lawyers and community members.

Our organisation also acts as the CJN clearing house, distributing information to the public and directing people to changes in policy and legislation, as well as working for change by networking and partnering with other organisations such as universities and peak bodies. To prevent incarceration, a whole-of-government approach is required to address social issues and reframe crime and corrections into a broader prevention and early intervention framework.
Informing our practice through research

Introduction
Research in UnitingCare Queensland is undertaken with the support of the University of Queensland (UQ), through our Chair of Social Policy and Research position, our research centres and institutes and the growing capacity of our specialist research staff working across all our agencies.

Our research centres include:
- The Wesley Research Institute
- St Andrew’s Medical Institute
- UQ Blue Care Research and Practice Development Centre

Information about some of the research activities of the institutes, research centre and research areas are documented in the relevant agency section of this report.

Outlined below is the strategic intent of all research activities across UnitingCare Queensland.

Research objectives
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 social research focus has been centred on four key themes:
- promoting social justice
- forecasting and developing responses to future service demands
- improving the well-being of adults, children, families, communities and staff
- enhancing the sustainability of our current services and developing resources for emerging community needs

Over the past year we have further refined our practice-based research framework and agenda to better support the development of more innovative and client focussed services that will enable us to do the best we can for the thousands of people that we provide services to every day of the year.

Governance of research
- During 2010, the Blue Care Human Research Ethics Committee (HREC) transitioned to the UnitingCare Queensland HREC to provide a robust and standardised governance structure across all agencies for socially oriented human research. This was an important element in setting up a vigorous and standardised governance structure for the process of gaining approval for, and carrying out, human research throughout the organisation.
- The UnitingCare Queensland Research Committee spent a considerable amount of time working to ensure that all human research being undertaken within UnitingCare Queensland is captured and submitted to the HREC process to receive ethics approval. Currently the HREC receives interim and final reports on approved research.
research projects. During the latter part of the year the Research Committee has focussed on mechanisms to assess the impact of research on practice within the organisation, and more broadly, and these mechanisms are now in the process of being refined.

**Development of research capacity**

- UnitingCare Queensland and the School of Social Work and Human Services at The University of Queensland partnered to appoint Dr Kathy Ellem for two years to complete her post doctoral research in developing more appropriate responses to people with disabilities. Dr Ellem also supports the UnitingCare’s Chair of Social Policy and Research and the practice-based research work generated through UnitingCare’s Research Committee, to help further the research capacity of UnitingCare Queensland.

- In November 2010 UnitingCare Queensland held its inaugural research conference with papers presented by staff from throughout the organisation. These included a number of papers from staff who otherwise might have had little opportunity to present their findings. This opportunity to present to peers and the research training given at the conference were valuable methods of developing research activity. A sub-committee of the Research Committee was established in early in 2011 to have carriage of the second conference and research report. The 2010 Research Report, published at the end of the year, was the second such report, and the first to be available in a printed format. A copy of this report can be viewed on www.ucareqld.com.au.

- In order to further develop research capacity within the organisation, plans were agreed to provide research training as requested by staff in agencies/services. In addition, work is underway to develop shared library resources across the group with the Blue Care library material which is now all available electronically.

- UnitingCare Community appointed its first Manager of Research and the UQ Blue Care Research and Practice Development Centre attracted additional research funding and staff.
Planning and partnering for research

• As a response to the key piece of research completed last year – “A Scan of Disadvantage in Queensland” - a pilot project was established to trial ways of addressing entrenched disadvantage in specific locations identified in the research.

• Blue Care has developed two pilot studies of case management which were run and evaluated with funding from the Department of Communities. This project was designed to feed into that Department’s strategic planning. While the results are useful to Blue Care, their wider impact is yet to be explored given the current changes around Home and Community Care (HACC) funding.

• An Australian Research Council (ARC) linkage application was lodged early in 2011 by UnitingCare Community. This involves a partnership between UnitingCare Community, two other community organisations and two universities to explore practice models that support young people with borderline-mild intellectual disability who are leaving care.

• The preparation of the proposal coincided with an increased awareness in UnitingCare Community that more work needs to be done in this area. The processes used in developing this application are a good illustration of the value of working with researchers at all stages of research development.

Setting research priorities

Over the past year the Research Committee has developed strategies and policies to build on the overall capacity for research in the organisation by encouraging clinical staff and practitioners to participate in, or contribute to, research relevant to their area of expertise. It will continue to focus on the assessment of research priorities in the context of the strategic values of UnitingCare Queensland in order to advance practice, social policy and social justice outcomes. Future work will focus on the key concepts of wellbeing, person-centred care and client satisfaction.
UnitingCare Health

The focus of UnitingCare Health over the past year has been firmly centred on improving the wellbeing of those people we work with every day – our patients. Despite continued global financial pressures and the difficulties encountered during the Queensland floods, our hospitals, The Wesley and St Andrew’s War Memorial Hospital in Brisbane, The Sunshine Coast Private Hospital in Buderim and St Stephen’s Hospital in Maryborough and Hervey Bay have supported their staff throughout the difficult times while still maintaining the highest possible care for patients. Each of these facilities is proud to serve a particular community in Queensland, dedicated to integrity, compassion and the betterment of each community as a whole.

Statistics

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<th>Overnight beds</th>
<th>Admissions</th>
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<td>The Sunshine Coast</td>
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<td>St Stephen’s</td>
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UnitingCare Health’s five hospitals employ more than 3 500 staff and work with 677 volunteers to care for more than 100 000 patients and provide more than 66 000 surgical procedures every year.

Professional Development

UnitingCare Health has continued to take a proactive approach in developing our people. Leadership development has been a strong focus with the continuation and initiation of several programs. The UnitingCare Health Graduate Certificate in Leadership and Management facilitated by Griffith University has continued this year with 37 leaders currently participating in the program. Since commencing the program in 2008, UnitingCare Health has celebrated the graduation of 29 leaders. This year has also seen the Management Skills Development series expand with seven workshops now being offered to frontline and middle managers, aimed at up skilling and increasing capability in core leadership qualities and behaviours. UnitingCare Health has now had over 270 participants in these leadership workshops.

UnitingCare Health has also participated in the development of a learning management system over the last year. The agreed learning management solution will be implemented across all UnitingCare Queensland agencies in early 2012. The system is called UCQLearn and will provide the opportunity for staff to access professional development online.
The work we’ve done...
caring for people’s health through our private, non-profit hospitals
The work we’ve done - caring for people’s health through our private, non-profit hospitals

Working together

The UnitingCare Queensland value “Working Together” was clearly demonstrated at The Wesley Hospital during the Brisbane flood crisis at the beginning of 2011. The flood waters rose to cut the hospital off from all sides with the only access via a pedestrian bridge leading from the local train station. One of the biggest issues faced was staffing levels, as many staff were unable to get to work. At the height of the flood more than 200 staff, including nurses, doctors, visiting medical practitioners and clinical and support services staff volunteered to stay overnight to care for the 280 patients that remained. Many of the volunteers not only worked outside of their normal hours but also outside of their normal roles, with everyone joining in to help do whatever was needed to be done, including delivering patient meals. At all times acute medical and surgical care was maintained to the highest standard.

Growth and sustainability

In order to increase our capacity and improve patient access to first class treatment and care, UnitingCare Health has continued to redevelop and refurbish its facilities both in Brisbane and in the regions this year.

Continued development

At St Andrew’s War Memorial Hospital the newly rejuvenated Emergency Centre has provided improvements to emergency services and diagnosis times and the new conveniently located and comfortable specialist consulting suites were completed and fully occupied by visiting medical practitioners by the end of the financial year. 2011 also saw the opening of St Andrew’s prevention and rehabilitation centre, offering cardiac and pulmonary programs to assist patients to return to community living.

Following the completion of The Wesley Hospital’s upgrade in 2010, the front entry has been remodelled creating a more efficient central clerical area for the ever increasing number of day and overnight admissions, with smoother patient flow and a more visible front reception desk from the main entrance. This redevelopment also included a new, more spacious, combined gift shop and florist.

Redevelopments at The Sunshine Coast Private Hospital have improved access to first class health care for those living in the area. A 27 bed rehabilitation unit, a new service to the hospital, was developed in 2010/2011, taking the total bed numbers to 174. A second cardiac and vascular theatre was commissioned in June 2011 which will allow for much-needed growth in cardiac services, particularly as the hospital is the only provider of interventional cardiology on the Sunshine Coast. The construction of a new 33-bed Mental Health Unit will be commenced in the second half of 2011, further improving the level and diversity of care offered to patients.

Other improvements scheduled for UnitingCare Health hospitals in the 2011 – 2012 financial year, include an expansion of St Stephen’s Hospital in Hervey Bay which will see the campus move from a day hospital to a 96-bed inpatient hospital, thanks to
a $47.1 million contribution by the Federal Government. As the only private hospital servicing the Fraser Coast region, St Stephen’s Hospital is an important healthcare provider in the community. The Health and Hospitals Fund Grant will provide approximately half of the funding required for the expansion in beds as well as three new operating theatres, six dialysis chairs, two isolation bays and four oncology chairs. It also has provided funding to support the incorporation of an e-health initiative which will result in Queensland’s first fully integrated regional hospital in Australia. This innovation in healthcare will showcase nationally the delivery of improved patient, safety and quality outcomes using technology in a patient-centric environment.

**Wesley Clinical School**

In April 2011, The Wesley opened the expanded facilities of the Wesley Clinical School. Federal government grant funding of $2.1 million from Health Workforce Australia and Department of Health and Ageing provided funds to convert additional floor space into a student teaching and education facility, as well as increase the teaching staff to further support the medical, nursing and dietetics students. By engaging students in the private sector, the hospital is able to attract graduates to grow its future workforce and make a major contribution to the education of nurses, doctors and allied health professionals that benefit the whole community.

Video-conferencing technology has been installed linking operating theatres in the hospital to the clinical school. This has allowed more students attending the school to view a range of operating procedures as well as interact with clinicians during the procedures. In addition it has allowed students and supervisors at UnitingCare Health regional sites to access teaching and interdisciplinary learning opportunities which have expanded UnitingCare Health’s capacity to support students.

The Wesley Clinical School offers undergraduate and postgraduate placement and education across all clinical disciplines. The courses offered are externally accredited with universities and industry bodies. Many of these programs are accessed by the wider health industry across Queensland and contribute to Wesley staff members obtaining postgraduate qualifications through affiliated universities.

**Research**

**Patient-centred care**

Research into how we can achieve the best patient outcomes is a critical element of patient-centred care. In the past year our research institutes at St Andrew’s and The Wesley Hospitals have been engaged in a wide range of research projects that seek to improve the treatment and wellbeing of our patients. At the Wesley Research Institute many important projects in cardiovascular research are currently being undertaken including one which aims to prevent patients who have suffered a cardiac episode from developing secondary complications. The researchers have introduced a cognitive behavioural therapy element to cardiac patients’ rehabilitation regime and tracked the effectiveness of this intervention. In another project, tracking clinical data on
heart patients has enabled clinicians to make even better treatment decisions for their patients. This data contains key information that has led to direct improvements in patient care.

The Wesley Hospital again presented the hospital’s annual cardiac services audit in July. The annual audit presentation is the centre piece of the ongoing peer review process conducted at the hospital across the entire cardiac services program. The annual audit is conducted with Wesley Research Institute (WRI), under the hospital’s and institute’s Clinical Outcome Improvement Program, with WRI playing a key role in the independent analysis of results including benchmarking with other national and international cardiac programs. In addition to medical practitioners, the audit involves hospital nurses, radiographers, cardiac scientists and exercise physiologists and covers the disciplines of interventional cardiology, electrophysiology, cardiac surgery and cardiac rehabilitation along with WRI researchers, data staff and biostaticians in a ‘one campus’ approach to improving the quality of patient care.

In June 2011, St Andrew’s Hospital together with St Andrew’s Medical Institute (SAMI) carried out a cardiac audit and review of clinical outcomes with a detailed analysis of workload volumes and clinical outcomes for patients seen by the hospital’s cardiac service in 2010. The audit showed the increasing complexity and evolution of cardiac procedures performed at the hospital and provided the opportunity to review cardiac practices, discuss clinical outcomes and assess how each subspecialty area fits within, and impacts on, other elements of the cardiac services area. SAMI’s goal is to build a review process that provides regular evaluation of clinical outcomes throughout the year for each service St Andrew’s Hospital provides.

Research to reduce radiation
At SAMI there has also been a focus on reducing radiation levels in the hospital’s Cardiac Catheterisation Theatres (CCT). In 2010, after eight years of recording and analysing radiation doses delivered to patients from cardiac catheterisation procedures, the research team has recorded up to a 20 per cent reduction across the board in radiation levels within the laboratories. The reduction has been a result of a multi-faceted approach comprising better feedback to clinicians on radiation usage levels, working more closely with the equipment suppliers and implementing real time statistical monitoring tools.

Applied Medical Intelligence (AMI)
In the latter half of 2011, SAMI will be completing its tasks for its flagship project ‘Applied Medical Intelligence’ (AMI) supported by the Queensland Government’s Innovation Fund. The project, conducted over the last three years, has been a collaborative, clinician-led project that has led to improvements in clinical governance processes and has helped to drive the delivery of medical excellence in the specialty of cardiology at St Andrew’s through the monitoring of patient outcomes. The project leverages a range of clinical audit and change management methodologies that have been developed at
St Andrew’s and will be applicable to other specialties/hospitals. The AMI project has produced several peer-reviewed publications (in the areas of statistical process control, risk modelling and radiation reduction) and conference abstracts in collaboration with St Andrew’s clinicians.

A focus on breast feeding
At The Sunshine Coast Private Hospital research was undertaken to confirm the hypothesis that the higher than average rate of IVF babies born at the hospital had led to more mothers leaving the hospital feeding their babies with a bottle rather than breastfeeding. The research supported the hypothesis which resulted in staff changing the way they support all mothers in learning how to breastfeed. Strategies were developed and implemented to improve breastfeeding outcomes with the result that the breastfeeding percentage has increased by 10 per cent to 85 per cent over the past 12 months.

Service innovation
Several exciting developments have occurred at St Andrew’s War Memorial Hospital including the new “direct access” endoscopy service and the “direct access” chest pain assessment pathway and stroke clinic which were both launched in the first half of 2011. These clinics now streamline access to specialised services.

Living values
St Andrew’s has also embarked on a pilot program on behalf of UnitingCare Health of a new leadership initiative called “Living Values” designed to enhance patient, doctor and staff, care and satisfaction. The program seeks to build on the organisation’s strengths and culture to “hardwire” excellence and high performance using the UnitingCare values of Compassion, Respect, Justice, Working together and Leading through learning as a foundation to this. Patient satisfaction has been measured on a weekly basis using an electronic “patient experience tracker”. The outcomes have been assessed regularly, with issues promptly addressed. St Stephen’s Hospital in Maryborough and Hervey Bay are also in the early stages of embarking on this innovative program.

Grand rounds for learning
At The Wesley Hospital “Grand rounds” were introduced this year which have provided staff with a formal setting for attaining Continuing Professional Development points, following the introduction of National Registration for doctors, nurses and allied health professionals in 2011. Grand rounds are typical practice in medical education and inpatient care where medical problems and treatment of a particular patient are presented to an audience of medical professionals. Traditionally, the patient was present for the presentation. However, Grand rounds have now evolved with most current sessions being more like lectures. Grand rounds utilise the breadth and depth of clinical resources at The Wesley Hospital to provide a unique educational forum with sessions well attended by Wesley staff and students from the Wesley Clinical School, as well as nursing and medical students from other facilities. The cases presented highlight how The Wesley’s multidisciplinary teams work together to tackle complicated medical cases.
Increased care for prostate cancer patients
Also at The Wesley – a Queensland first - a nurse dedicated to provide specialised care for prostate cancer patients, particularly those who have undergone robotic surgery, was employed to work in the urology ward. This innovation further strengthens the hospital’s Centre of Excellence for prostate cancer care.

Recycling for sustainability
The environmental services department at The Wesley has pioneered a method for recycling Kimguard, a petroleum based paper that is used as a sterile wrap in surgical instrument sterilisation. The department has worked with waste companies in Brisbane to develop a market for the recycled product and a method of recycling. The Wesley Hospital now recycles 75 per cent of this material.

Workforce Innovation Award
The Sunshine Coast Private Hospital was the winner of the Workforce Innovation Award in the “Excellence in creating a learning culture in the workplace (large)” category. The award presented by the Health and Community Services Workforce Council and the Queensland Government, recognised the innovative work undertaken by the hospital to promote a culture of learning in the workplace through ongoing activities and processes from work design to policy development and system development to the delivery of work.

Other accolades
Cardiologists recognised
Two cardiologists based at St Andrew’s War Memorial Hospital were awarded Fellowships by the prestigious international Heart Rhythm Society (HRS), the most pre-eminent cardiology and electrophysiological organisation in the world.

Visiting cardiologists at The Wesley, Greg Scalia, Ben Fitzgerald and Oncologist John Bashford, were awarded the National Prize for best presentation at the Cardiac Society of Australia and New Zealand for their work in the world’s first effective treatment of cardiac amyloidosis by stem cell transplantation. Their work was recently presented at the European Society of Cardiology meeting in Paris.

Indigenous training program
The introduction of the Indigenous training program at St Andrew’s has been very successful, with one of the participants, Brody Cochrane, becoming permanently employed as the hospital’s prosthetics coordinator and being selected as one of three metropolitan regional finalists for the Queensland Training Awards Aboriginal and Torres Strait Islander Trainee of the Year.

Highest ranked maternity hospital
The Sunshine Coast Private Hospital was rated the highest ranked maternity hospital in Australia, in a national survey into maternity hospital experiences. The Medibank Private Maternity Experience Index evaluated the experiences of over 2 000 patients who had recently given birth in private hospitals across Australia, including The Sunshine Coast
Private Hospital, allowing new mothers to rate hospital performance, environment, staff and support throughout the pregnancy, birth and early parenthood.

Community engagement

Helena Goldie

UnitingCare Health continued its long relationship with The Helena Goldie Hospital on Munda, in the Solomon Islands, with a new group of volunteers from three UnitingCare Health hospitals visiting the hospital this year. Led by Wendy Zernike, Director of Clinical Education at The Wesley, who took over from Rev Robyn Kidd, former UnitingCare Queensland Director of Mission, the volunteers worked alongside staff at the hospital and taught at the Helena Goldie College of Nursing. This year the team was also joined for two days by Richard Royle, Executive Director of UnitingCare Health, who was able to witness the valuable work being done by the volunteers, particularly in the delivery of training which is having a big impact on nursing care at Helena Goldie.

Reach out to rural and remote

A group of specialists at St Andrew’s War Memorial Hospital are taking part in The Medical Specialist Outreach Assistance Program which aims to improve the access of rural and remote communities to medical specialist outreach services by complementing outreach specialist services provided by state and Northern Territory governments.

AMA participation

St Andrew’s has also had representation on the Australian Medical Association of Queensland, with ear, nose and throat surgeon, Dr Sharon Kelly, appointed as Chair of the AMAQ Council and elected as specialist craft group representative. In addition, St Andrew’s new Director of Medical Services, Dr Christian Rowan, was appointed as Board member and Branch Councillor for Brisbane on the AMAQ Council. Dr Rowan is also a Board member of the Rural Doctors Association and is helping to build links between St Andrew’s and the rural community through these positions.

Choices in its 13th year

The Wesley Kim Walters Choices Program commemorated its 13th year by moving to a new home on the Wesley campus, with multiple private rooms for consultation and therapies and increased group space, enabling the provision of increased services in a better environment. In 2010 Choices introduced “teal” the internationally recognised colour for the support of those with gynaecological cancer, acknowledging the support that the program provides to women and their families for this type of cancer.
Patient puts new acute stroke unit to the test

When John Fisher (60) sat down at his desk to start work one morning in early May, he had no idea that by the end of the day he would be in the Intensive Care Unit at St Andrew’s War Memorial Hospital recovering from a stroke.

Action taken by co-workers, paramedics and St Andrew’s Emergency Centre staff in the minutes and hours after he collapsed all contributed to his survival. In particular, the new acute stroke unit protocols adopted by the Emergency Centre were crucial to the successful treatment he received.

Just days before Mr Fisher’s admission, St Andrew’s medical staff had implemented a new emergency stroke policy, designed to create a smooth treatment pathway and early intervention approach for stroke victims.

The rapid treatment Mr Fisher received on the day he presented with stroke symptoms could be attributed to the new care guidelines and protocols that were developed for the launch of St Andrew’s new Acute Stroke Clinic in June.

Stroke is the second leading cause of death in Australians and is one of the most important causes of long term disability in Australia.

St Andrew’s was prompted to establish the Acute Stroke Unit by published evidence that organised care in a stroke unit had significant benefits in terms of reduced mortality and improved long term function.

After initial treatment by neurologists, Mr Fisher is showing signs of recovery and is now undergoing a rehabilitation program through St Andrew’s Day Rehab Gym.

St Andrew’s War Memorial Hospital is positioning itself to deliver world’s best practice stroke care with the new model focusing on a close working relationship between the Emergency Centre, the Stroke Unit and the Rehabilitation Unit.

The hospital has a multidisciplinary group of clinicians including nursing staff, allied health professionals, neurology and stroke physicians, all working under designated care guidelines to ensure a clear diagnostic pathway for rapid diagnosis and early intervention for patients with stroke symptoms.
Blue Care

UnitingCare Queensland continues its commitment to delivering services to thousands of older people and people with a disability. We support their care choices and assist them to remain independent for as long as possible. We do this, by providing community care, residential aged care and retirement living villages.

We focus on providing quality, holistic care services which support our mission of reaching out to people in need, speaking out for fairness and justice and caring with compassion, innovation and wisdom.

General Statistics
Staff employed 8 280
Volunteers 2 321
Kilometres travelled 31 565 254
Vehicles on the road 1 480

Community Care Services
Nursing centres 80
Number of community visits made 3 020 444
Total number of occasions of service 3 643 414
Community Aged Care Packages 1 493
Extended Aged Care at Home 409
Consumer Directed Care (respite) 11

Residential Care Services
Residential beds 4 618
(Including Provisional bed licences 278)
Retirement living units 1 191

Social and Allied Services
Therapy centres/services 9
Respite centres 55
Commonwealth Carer Respite Centres 4
National Respite for Carers Programs 22
Commonwealth Carelink Centres 4
Current environment

This year has been one of challenge, commitment and courage for most of Blue Care’s 260 services across Queensland and northern New South Wales. The geographical spread and size of Blue Care meant many services were affected by the year’s flood and cyclone devastation. The joint effort and camaraderie of thousands of staff ensured care was continued under difficult circumstances. The communities of Lockyer, Toowoomba and the Brisbane Valley bore the worst of the flooding, with residents from our Glenwood Aged Care Facility at Lowood being evacuated. Services in the north implemented emergency plans as Cyclones Anthony and Yasi threatened communities. Blue Care’s aged care facility in Townsville, Pallarenda Garden Settlement, was evacuated by staff with help from the Australian army and local police, and Tully Respite Care was damaged. Remarkably, across all our services, the physical damage was minor.

While the year has tested the organisation’s resilience and resources, it also brought celebration and opportunity. Several services celebrated milestone anniversaries, major infrastructure commenced which will bring modern aged care accommodation to communities in Brisbane, Mareeba, Redcliffe and Gracemere, and staff delivered more occasions of service than ever (more than 3.6 million).

Blue Care also welcomed a new Executive Director, Robyn Batten, in January this year and a new Director, Finance and Corporate Services, Claire Davis, in April 2011. Our Executive Team also expanded and Vicki Eckart commenced in November 2010 as Director, Strategic Projects. Under the leadership and experience of this team, Blue Care strengthened its management systems and the organisation started on a journey to develop a new service model, reviewing its direction and approach, to meet the future challenges of a changing aged care environment.

As a leader in aged care, Blue Care also had the opportunity to contribute to possible new directions for Australia in aged care through our submission to the Productivity Commission. Our understanding and experience of the sector allowed our staff to provide valuable comment. They also provided evidence at the Commission’s public hearing in Brisbane on 25 March, 2011.

In our 58th year of caring, our focus remained on making a difference to the lives of those we have the privilege to support. We have continued to look for innovative ways to provide care and support; to respond to the needs of clients, residents and carers through new service and growth and to invest in training, education and opportunity for our staff. It is the hard work and skill of our staff that enables Blue Care to live the UnitingCare Queensland mission and improve the health and wellbeing of the communities we serve.
Supporting our service delivery

Quality care needs strong support. As one of Australia’s largest non-profit providers of community health and residential aged care, Blue Care’s support teams ensure organisational systems and processes provide efficient support to care teams so their focus can remain on delivering the best possible care to clients and residents.

Blue Care has a staff team of 8280. This year a significant number of staff in many locations were affected by flood and cyclone. Some lost homes. Many were unable to get to work. All continued to provide care and support at alternative locations if needed. Staff supported each other and affected staff continue to be assisted through their local management teams. Thirty-one of our most affected staff shared $57,908 in donations to our staff flood appeal, which included a large contribution from Resthaven Aged Care in South Australia.

Investing in our people

The compassionate and professional care delivered to clients and residents is only possible because of the quality and skill of our staff. Providing learning and development opportunities has been a focus this year and activities have included:

- Continuation of our Management Development Program. This program has run for five years with more than 100 service managers completing the year-long practical program, which aims to enhance leadership skills in this key employee group.
- Leadership support for our registered nurses. This year 80 nurses attended our Registered Nurse Leadership Program which focuses on developing and setting expectations for their leadership in a changing environment.
- Mentoring for new care staff. Our Preceptorship Program mentors new care staff during their first six months of employment and assists with induction and socialisation.
- Encouraging more Indigenous staff. The Indigenous Employment Program commenced a new contract with an employment target of 165 Indigenous trainees and permanent staff within two years.
- Upskilling our staff. This year we were successful in attracting funding for 449 staff across various vocational training areas, including Diploma in Nursing, Certificate III and IV in Aged Care, and Certificate III and IV in Home and Community Care.
- Driver education. Our staff drive over 31 million kilometres each year delivering care services. Last year we launched a fleet safety program and this has achieved outstanding results reducing the number of “at fault” accidents by 10 per cent and traffic infringements by 33 per cent.
- Sixty long serving staff were recognised at our annual staff recognition night on 4 November.
- Maintaining staff wellness. A range of initiatives across Blue Care work to support staff in improving their mental and physical wellbeing. This year Blue Care partnered with gyms to offer discounted rates and bonuses to all staff.
• Encouraging staff feedback and participation. This year our Executive Director launched an internal blog to support staff communication. Our people survey was also held in May to gather staff opinion about a wide range of issues affecting the organisation.

• This year Blue Care received government funding to develop and implement a program to provide quality nursing graduate placements that support nurses who choose a career in aged care. The Graduate Nurse Program will commence in 2012, taking 10 graduate nurses in the first year. Additional government funding has also been received to support a formal Clinical Placement Program for undergraduate nurses commencing next financial year. Funding across these programs supports the employment of a dedicated clinical educator/coordinator, ‘on-site mentor’ training and supernumerary time for mentors and graduates.

• Blue Care residential services have continued to work with many educational institutions, including Griffith University, Southern Cross University, and Technical and Further Education institutions by offering student placements for nursing, medicine and Certificate III placements.

Volunteers, our lifeblood

Blue Care is very fortunate to have the selfless dedication of more than 2,300 volunteers who support a wide range of activities from visits, outings and companionship to transport and clerical work. Volunteers also run our thrift shops, cafes and “treat trolleys” in our residential aged care facilities.

On International Volunteers Day, 5 December, we thanked and recognised our volunteers for the amazing work they do. Thanks were given at morning and afternoon teas, lunches and Christmas parties to show our appreciation for the difference they make in supporting residents and clients. Other highlights of the year included:

• Kirrahaven Aged Care Facility making the finals of the Volunteering Gold Coast Awards along with Coolangatta State School for their visiting program.

• Blue Care auxiliaries and committees in local communities work tirelessly in their fundraising and support of our services. The committee at Canowindra held their annual Door Knock appeal with the vital funds purchasing equipment.

• The incredible hard work of the volunteers who run our thrift shops, cafes and treat trolleys in our residential facilities. The thrift shops at Esk and Lowood generously support Alkira and Glenwood Residential Aged Care Facilities.
Care support

Our business support teams continue to drive improvements to systems, process and services to improve management and reduce costs, including:

- Improved procurement of key products and services, including telecommunications and high volume supplies such as continence products. We work collaboratively with other UnitingCare agencies so that the whole of UnitingCare benefits from our collective purchasing power.

- Focussing on sustainability. Our Sustainability Task Group has continued to work with frontline staff in rolling out strategies in our Sustainability Strategic Plan 2009-2012. The strategies assist us to work towards carbon reductions across Blue Care's operations. For example, new lighting at our central office will save 140 tonnes per annum while our fleet policy keeps our emissions per kilometres as low as possible. Work also commenced to review our waste management strategy.

- Our new Internet site was launched which helps direct people to the information they require and the right contacts within Blue Care.

- During the year there was significant investment in ICT infrastructure systems which have improved our business continuity capability and provided increased support to managing care service delivery.

- Our library service moved towards more contemporary practices with the increased use of electronic databases, supporting staff education and research.

- A review of hospitality services across the organisation was conducted to identify areas for improvement to ensure we deliver the most efficient, nutritional and cost effective food service to our residents and clients without compromising quality.

- Expanding shared services across Blue Care, such as moving to one General Ledger and Australian Business Number.

- Monitoring our performance by comparing it against Stuart Brown benchmarking data.

Blue Care is very fortunate to have the selfless dedication of more than 2300 volunteers who support a wide range of activities from visits, outings and companionship to transport and clerical work.
The work we’ve done...
supporting older people to live at home
The work we’ve done - supporting older people to live at home

Community Care
Our community and respite care services assist carers and clients to remain independent through general and specialist nursing, allied health, personal care, domestic assistance and social and recreational opportunities.

The majority of our services are funded through Australian and Queensland government programs and departments.

A focus for our community services during the year has been to expand our chronic disease self management programs; build the number of packages of care in areas of need and to implement our palliative care and wound management guidelines across services. These have proven successful and the continued demand for care and support saw our staff make over three million visits, 145,884 community visits more than the previous year. Social support and allied health again experienced significant demand, with both service areas delivering around 50 per cent more care hours than last financial year.

In October we opened the new $1 million respite care service at Coopers Plains providing a purpose built facility for day respite clients and staff. Respite care supports people who are caring for family members at home who might otherwise need residential care.

All our centres and services continued to perform well in regular reviews by independent accreditation agencies, such as the Australian Council on Healthcare Standards, Disability Services Queensland and the Home and Community Care Program, maintaining our reputation for delivering the highest quality care. All services reviewed achieved 100 per cent compliance thanks to the skill and passion of our dedicated service managers and their care teams. However, the greatest feedback we receive is from the people who use our services. In this year’s satisfaction survey, 95 per cent of clients surveyed expressed a very high satisfaction level.

Collaborating to improve care
Working with other care providers, academics and local community organisations not only shares the expertise and skills of our staff but also provides opportunity for our organisation to learn and to reach even more people who need our support. Some of the many partnerships this year include:

- The Community Yellow Envelope Project, Cairns. Blue Care has been working in partnership with local health care providers to improve the quality and continuity of care for community care clients with complex care needs, transferring between services, by ensuring all vital health information accompanies the client during transfer.
- Working with St Andrew’s War Memorial Hospital to assist patients transitioning from hospital to home or residential care.
- Collaborating with the Queensland University of Technology’s Wound Healing Clinic and the Royal Brisbane Hospital’s Ulcer Clinic to deliver specialist wound care locally to people in the Sunshine Coast and Redcliffe communities, thereby reducing the need to travel to Brisbane.

- Joining with local respite provider Alara in Laidley to support ageing carers of young people with a disability.

- Holding preliminary talks with Origin Energy to establish links to enhance the health of workers in the coal seam gas industry in South West Queensland.

- Forming a Parkinson’s education group on the Fraser Coast with local Queensland Health allied health services and a private speech therapist.

- Enhancing services and supporting the independence of older people on the Fraser Coast through the Positive Outcomes for Seniors project alongside major state government agencies.

- Working with Aunty Jean’s Good Health Program in the Illawarra to develop a health and wellbeing program for Rockhampton’s Aboriginal, Torres Strait Islander and South Sea Islander people.

- Developing a stroke education package for people in Tablelands with local primary health care providers as part of the Connecting Healthcare in Communities initiative.

- A partnership between Blue Care Southport Surfers Paradise and a local general practice to provide registered nurse services one day per fortnight to the Oxenford community.

- Encouraging creativity through an art therapy program at Winston House, Gympie, working alongside volunteer organisation Hospital Art Australia.

- Improving access to transport for clients in rural Maranoa and Balonne Shires by working with Queensland Transport.

Growing strong

Many Blue Care services grew this year by identifying local community needs and securing additional funding to help meet the continued demand for care services, including Extended Aged Care at Home funding, Community Aged Care Packages and Home and Community Care funding. In 2010/11, we successfully secured close to a 100 per cent increase in the number of Extended Aged Care at Home packages. These help older people with high needs to remain at home and independent for as long as possible. Other growth included:

- Extended funding for the holiday program at UniCare, which provides support to 78 teenagers with a disability during school holidays.

- More clients in Brisbane having access to occupational therapy thanks to Brisbane Northside expanding its service.

- A new Preventative Health Initiative Program focussing on increased activity and improved nutritional choices for the Maranoa and Balonne communities thanks to Department of Health and Ageing funding.
Working with other care providers, academics and local community organisations not only shares the expertise and skills of our staff but provides opportunity for our organisation to learn and to reach even more people who need our support.

- New Disability Services funding for Blue Care Kingaroy for aids and equipment to support local carers of children under 12 years of age.
- More Stanford Chronic Disease Self Management programs, including new programs in Roma, Warwick and Goondiwindi. This is one strategy within Blue Care’s continuing Chronic Disease Self Management program, which began in 2010 to support people with chronic disease better manage their health and wellbeing.
- Participation in a Rural and Remote Wound Education program, one of several Blue Care activities as a key partner in the $28 million Queensland University of Technology’s Co-operative Research Centre for Wound Management Innovation.
- Two diabetes education expos for Indigenous clients in Toowoomba. Expos promoting healthy ageing to the Indigenous community in Logan were also held during Seniors Week in August.
- Our Cloncurry multi-purpose centre successfully transitioned to become a Rural Primary Health Service providing support and education, including support for people with diabetes, foot care services and transportation to educational sessions.
- Extension of the life skills program at Blue Care Acacia Ridge Respite Care, which offers client education including cooking, meal planning and budgeting.
- Helping clients stay on their feet through a new falls prevention program at Coomera.
- Our Brisbane Continence Service extended its support to parents through a new faecal incontinence information program.

Help to stay connected

Remaining connected to the local community can be difficult for people as they age. Blue Care’s Community Care services, especially our respite care centres, transportation and home visiting programs, provide opportunity for social contact helping to reduce isolation, loneliness and depression. Initiatives for this year have included:

- Relocating our Cairns Community Care service to new premises. This not only centralised local services but provides better access for the community and allows for future growth.
- The Friendly Visitors Program at Coomera, Labrador and Southport. Local volunteers spend an hour or two visiting with clients at home to provide companionship and social interaction.
- Social and friendship opportunities to help older men connect with others in their community, including Blue Care Noosa Community Care’s Nuts and Bolts group, a fishing group at Blue Care Salvins Park Aged Care Facility, and men’s groups at Blue Care services in Ashgrove, Acacia Ridge and Townsville.
- Our Eastside Lifestyle Support Centre, Wynnum, expanded its Out & About social program to include retirement living residents. The outings provide transport from a resident’s home to ease access, and encourage people to make new friends in their community. The Centre has also introduced monthly client meetings so the social and educational program is directed by the clients it serves.
• A social afternoon tea for Brisbane Southside high needs clients, who are part of the Extended Aged Care at Home program. The event was a welcome opportunity for clients to get out and meet others, who face similar challenges, and to celebrate with friends and family.

• A long weekend holiday to Stanthorpe for clients at Blue Care Mt Gravatt Respite Care. Staff accompanied 16 clients on their adventure holiday. Opportunities like this not only support clients but also provide a much needed break for carers.

• A new music therapy program at Blue Care Murgon is providing a vibrant social opportunity for 15 local clients. The program is funded by the Foundation for Rural and Regional Renewal.

Support for dementia
Demand for care and support for people with dementia and their carers continues to grow. Our respite and community care services support carers by providing in-home and centre-based respite care as well as meaningful, safe and specialised programs for clients with dementia. New initiatives this year include:

• Coopers Cafe at Coopers Plains Respite Care. This specialist service provides a safe social opportunity for people with dementia and their carers to meet with each other and staff.

• A new initiative with the Department of Health and Ageing to help business owners and their staff on the Fraser Coast understand and interact with customers with dementia.

• Carer education at Mackay Homecare Dementia Service in conjunction with Alzheimer’s Australia to link carers with local services and provide information about managing dementia.

• Our Ipswich service has developed a partnership with the University of Queensland’s School of Nursing for potential research in caring for clients with dementia, and their carers.

• Construction commenced on converting a 16-bed wing at Mareeba Garden Settlement into secure accommodation for the specialised care of people with dementia. The wing will open at the end of 2011.
Care innovation
Our staff constantly look for ways to provide better, more individualised and cost effective care so we can support more people no matter where they live. Education and innovation is helping us provide smarter care such as:

- Trialling assistive technology devices with clients on the Sunshine Coast to identify if such devices can help maintain and support independence at home.
- Assessing whether allied health can successfully be delivered via telehealth in rural communities. This may provide increased access to these services and allow health professionals to support more clients through reduced travel time.
- A new ‘leg’ club at Springwood which provides wound care in a convivial, social setting. It encourages clients to be independent in their wound care, promotes best practice and encourages peer support and informed choice. Wounds can have a major impact on people’s lives through pain, cost and reduced independence and mobility.
- Evaluation of the Eastside Wellness Program (funded by the Port Authority). This program in Wynnum was a nurse-led community-based health promotion intervention which combined assessment, early referral to agencies and client education to improve the wellbeing of older adults living independently.
- Trial of the Wave Brilliance™ chair in the treatment of urinary incontinence. The Wave Brilliance chair™ is a non-invasive method of stimulating muscle contractions. Thirty seven Community Care clients took part in the trial, which was completed in June 2011.
The work we’ve done...

providing older people with a comfortable, warm home environment and experienced, expert clinical care
The work we’ve done - providing older people with a comfortable, warm home environment and experienced, expert clinical care

Residential aged care

Our 76 residential aged care services assist residents with 24-hour professional, flexible and compassionate care delivered with respect and dignity. These facilities are home to more than 4,200 people and our staff take pride in delivering resident-centred care, which helps a person be as independent as possible regardless of their care needs. Each of our services endeavours to provide nursing and personal assistance in a home-like environment that residents can call their own.

Services offered are high and low care as well as planned and emergency respite and specialised care for people with dementia. It is interesting to note that demand for low care is decreasing rapidly, and with ageing-in-place policies being implemented many of our low care residents are moving on to high care.

Demand for quality residential aged care remains high and this year has seen several infrastructure projects progress, which will offer contemporary care. Major renovations were undertaken at Amaroo, Tweed Heads; Avalon, Emerald; Homefield, Mackay; Mareeba Garden Settlement and Yallambie, Deagon. In line with Blue Care’s strategy to remain a leader in aged care, the building of a new aged care facility commenced at Gracemere, Rockhampton and planning began for new residential services as part of our Azure Blue integrated communities at Redcliffe and Carina as well as for a new service at Mt Louisa, Townsville.

Throughout this year, our care staff continued to deliver high quality care despite the ongoing funding challenges facing the residential aged care sector. Staff were also courageous, supportive and inventive in meeting the challenges brought about by the cyclones and floods in many parts of Queensland. Staff at Glenwood, Lowood and Pallarenda Garden Settlement, Townsville, in particular displayed resilience, compassion and camaraderie as they evacuated residents to shelters due to adverse weather. Staff at Bluehaven Lodge bunkered down for a week as Ingham was isolated by flood water on a number of occasions between December and February. Each and every staff member, like those at other services, supported each other and their residents to ensure there was minimal disruption to care.

Strong management and information systems support quality care, and this year the Blue Care Residential Service Manager’s dashboard was implemented. This reporting system has revolutionised service management and decision making. It provides service managers with the latest data so they can easily look at the most critical financial, human resource and performance data for their service.

Quality compliance

Accreditation is a requirement for all approved providers of residential aged care and this year all Blue Care residential services retained accreditation with the standards set by the Aged Care Standards and Accreditation Agency.
Our accreditation success is thanks to the skill and hard work of our dedicated staff. This year our staff were also rewarded by their greatest critics, those they care for: 86 per cent of respondents to our satisfaction survey said they were very highly satisfied with our service.

Innovative care

Our commitment to quality care is supported through research, staff education and care innovation as we strive to minimise the effects of ageing for residents and support their overall health and independence. New care initiatives this year have included:

- Better wound management. Caloundra residential facilities, The Glebe, Waroona Gardens and Aminya, are working closely with the new Blue Care Community Care Wound Clinic. They are providing specialist wound care to residents and training in the latest wound practices to the facilities’ registered and endorsed enrolled nurses. Labrador Gardens this year implemented a consultative management program for wound care management.

- Staff education trial. A trial of the Aged Care Channel, a live interactive televised training program, is being assessed by 13 of our residential aged care services against self directed learning packages on the same topic. Many of the trial sites are in rural areas where access to training can be difficult.

- Improved palliative care resources. Iona, Kenmore and Amaroo, Tweed Heads were two participants in a University of Queensland/Blue Care Research and Practice Development Centre project to create a national palliative care toolkit for residential aged care facilities to support quality care for residents at the end of their life. The project was funded by the Australian Government’s Department of Health and Ageing under the Encouraging Best Practice in Residential Aged Care program.

- Establishment of a Blue Care Method jury to identify how research evidence can guide organisational best practice. Topics under discussion include nutrition, hydration and managing challenging behaviours in people with dementia.

- Other innovations at various Blue Care centres include the introduction of an internet kiosk with Skype access; Men’s Sheds and men’s friendship programs; residents’ choirs; exercise programs for high care residents and a new falls prevention review committee.

Adapting to meet care needs

Our residential services are constantly adapting to meet the specific needs of residents. Small changes can make a real difference to positively supporting a resident. A few of the many frontline developments for this year include:

- A new transitional care program on the Fraser Coast, which supports people to regain their independence and confidence after a hospital stay.

- The new Minna Murra gardens surrounding the secure dementia unit in Toowoomba provides people living with dementia and their families with a safe and interesting environment. Residents, families and community groups will be able to use the gardens for barbecues, gardening, exercise and other activities.
• Several facilities have been able to enhance physiotherapy and psychology and oral health services.

Linking with local community

Connecting residents with their local community is an important part of our residential care. This is achieved both through encouraging people into the service via our volunteer and visiting programs as well as taking residents out and about through social and activity opportunities. Some of the many activities have included:

• Blue Care’s annual writing awards where more than 100 residents and clients shared their creative writing talents writing on the theme, Childhood Memories.

• Partnerships with schools connect residents with young people from local schools in Bundaberg, Gympie, Currumbin and Coolangatta.

• Erowal, Maleny commenced a new partnership with their local Uniting Church for Chaplaincy services.

• Kirrahaven at Kirra has arranged for residents whose second language is English to have opportunities to converse with others in their native language.

• More amenities on site. There were new cafes at Labrador Gardens, Bayside Gardens and Melaleuca Place, Wynnum where an onsite internet cafe, opportunity shop and an annual fete foster community spirit and connectedness between families, residents and locals. Pineshaven, Elanora arranged regular visits by OPSM to provide free glasses checks for residents.

• During our Blue Care Awareness Week in June, many residential services, including Labrador Gardens, Talleyhaven at Tallebudgera and Erowal at Maleny held open days and events.

Our commitment to quality care is supported through research, staff education and care innovation as we strive to minimise the effects of ageing for residents and support their overall health and independence.
The work we’ve done...
providing independent living choices
The work we’ve done - providing independent living choices

Blue Care has progressed its strategic approach to sustainable care services, independent of external funding, for some years. In January this year, construction commenced on Azure Blue Redcliffe comprising resort-style independent living with the option to access both in-home and residential care services through Blue Care on the same site as needed. More than 40 per cent of the 122 apartments at Redcliffe sold ahead of construction commencing. Construction is expected to be completed in August 2012.

Blue Care’s continued investment in a variety of accommodation ensures we offer a wide range of retirement living options. Our existing 1,000 units in 42 communities across Queensland offer secure, safe and value for money accommodation close to amenities and services.

Azure Blue

Azure Blue Redcliffe is proving to be very appealing to retirees from Redcliffe and surrounds. The community’s location and range of accommodation and services, along with Blue Care’s experience, reputation and quality care, have generated great interest.

With construction well underway, work is also underway on developing the service model which underpins Azure Blue’s philosophy: to provide seamless care options to support residents in maximising their independence with dignity. This is especially important for couples and friends, who may have differing care needs as they age. This model will be adapted across Blue Care’s five future Azure Blue Lifestyle Communities planned for South-East Queensland.

Construction of Azure Blue Carina will start in 2012. The five-hectare site will have 98 one-bedroom, two-bedroom and three-bedroom apartments, including six villas, as well as a wide range of lifestyle facilities from a restaurant and cafe to gym and pool. There will also be a 128 bed residential aged care facility with high and low care and a memory support unit, and a wide range of community services.

Quality homes and service

Providing quality, safe retirement living is a key focus for our retirement living team. They continue to work hard on national accreditation for all of our seniors housing. A program is underway to upgrade all existing units to a high standard of comfortable living. Work also commenced to make available some units to support low income retirees to ensure that Blue Care is able to offer a home and support to a wider range of people regardless of their economic circumstance.

Health and community spirit

The strong sense of community and friendship at our villages fostered many events and activities such as health and wellbeing sessions, participation in local Blue Care choirs, volunteering at local Blue Care aged care facilities, and school visiting days.

It was also great to celebrate Iona Village resident Hazel Swanwick’s 100th birthday and Yurana Retirement Living residents George and Ethel Steinhardt’s 75th wedding anniversary.
Waiting-out Yasi's rage

On the morning of Tuesday, 1 February, 2011, facing the full onslaught of Cyclone Yasi, staff at Blue Care Pallarenda Garden Settlement Aged Care Facility at Townsville implemented their emergency plan and evacuated residents to Ignatius Park College Hall, Cranbrook. Other staff in Bowen, Ingham, Mareeba, Mossman and Tully checked on clients and residents before taking refuge to wait out Yasi's rage.

With the help of the Australian Army and State Emergency Service, Pallarenda staff worked tirelessly to prepare their 94 residents for evacuation from their home. These residents were joined by residents from the adjacent Blue Care Pallarenda Retirement Living. Equipment, bedding, food and medical supplies were loaded onto buses and army trucks, and set up in Ignatius Park Hall.

On the eve of the cyclone, a skeleton staff of 17 battened down with residents and made sure all were comfortable and supported. Some residents were joined by family members keen to reassure and support.

Without the normal comforts of home, residents' mattresses were mere inches apart on the hall floor, and staff worked long shifts on their knees. Discomfort was put aside as everyone rallied together. John Shaw, aged 80, is one of Pallarenda's residents.

“We were all taken in big buses and went off in an orderly fashion. We were taken to a hall and unloaded steadily,” John said.

“I can't speak highly enough of the whole staff – the way the carers, nurses and even kitchen staff cared for us. We were fed more or less on time and had our tablets on time – we were looked after really well.

“It was a bit funny being on mattresses as it’s not easy to get up when you’re old, but we had the carers help any time we had to be lifted off the floor.”

Just after midnight on Thursday 3 February, winds whipped around the hall with increasing intensity as Cyclone Yasi crossed the coast at Tully just north of Townsville. It was a noisy night as the hall's roller doors shook and rattled under the wind's strength.

“I was never scared as I could see the building was going to hold,” John said.

“The people beside me were a bit nervous and different women were asking if the roof would stay on. I was born in Townsville and remembered cyclones as a child. I was here for Cyclone Althea in 1971 so was well seasoned.”

After three nights in the hall, it was all over and relieved residents were resettled into Pallarenda. Miraculously, the buildings had been spared. Apart from battered vegetation and uprooted trees, damage was minor.

“Something rather memorable was that when we came back to our residence, there was a hot meal ready waiting for us. The people working here do a great job.

“There were a lot of trees over and the army came in to help clean up the grounds. Fly screens were broken but everything is back to normal and we’re all soon behaving ourselves like oldies do!”
Afterwards, staff and residents spoke of comradeship and courage – of compassion, kindness and love – and an overwhelming sense of gratitude that all had lived to tell the tale of the biggest cyclone ever to make landfall in Australia.
After many years of planning, considering the impacts on all our stakeholders and most importantly the impacts on our clients and our services, Lifeline Community Care Queensland has changed its name to UnitingCare Community.

Continuing as Lifeline Community Care Queensland stopped being an option for a number of reasons including the fact that Lifeline Australia has signalled their intention to concentrate its brand identity under suicide prevention and is therefore not encouraging or investing in any other service or program development outside of suicide prevention.

Lifeline Community Care has been in a unique position for some time, developing and delivering programs and services as part of the Lifeline Australia network and under the Lifeline Community Care Queensland brand, yet many of the services have very little to do with what sit within the suite of national Lifeline services.

Lifeline Community Care is two and a half times larger than it was in 2002 when it was first formed. There is much less resonance with what a Lifeline Centre used to do then, with what it does now. It is a very different organisation in 2011.

This, together with the very fundamental issue of us not owning the Lifeline brand and yet sharing the business risks of a brand we have limited control or management of, has meant that we need to move forward with a better brand governance model. Hence we have changed the name, but we still offer the same services, with the same staff to the same people. We continue to provide Lifeline services, such as telephone counselling, shops, suicide prevention and support programs and community recovery as a service of UnitingCare Community. We also continue our partnership with Lifeline Australia, as a member of the national Lifeline network.

**Staff**

UnitingCare Community employed 2,504 staff in the year 2010/11, with the distribution of staff across the service areas outlined in the graph below.
Volunteers

UnitingCare Community works with more than 5,600 volunteers across the state. Each week around 2,600 people volunteer their time in 132 locations across the state. 76 per cent of volunteers work in Lifeline shops and distribution centres.

Volunteers contributed a staggering 621,000 hours to the organisation this year, which equates to approximately $14,940,000 in equivalent wages.

Current environment

The summer of natural disasters demanded a community recovery response from UnitingCare Community that was unprecedented. With 75 per cent of the state declared as a natural disaster zone and thousands of Queenslanders affected by the floods and cyclones, UnitingCare Community’s major priority over many months has been its contribution to the government co-ordinated Community Recovery effort, providing psychological and emotional support. An estimated 90,000 people across Queensland received assistance from, or had some form of contact with a Lifeline Community Recovery counsellor over a six month period.

Given the major deployment of staff and volunteers into community recovery, the resilience of staff and the organisation was demonstrated by UnitingCare Community’s capacity to also maintain its usual services to the community. The floods in Brisbane and Ipswich meant many people with disabilities needed to be evacuated from their homes. 12 Lifeline shops were flood affected and whilst the extraordinary effort of volunteers meant most of these were closed for only a short period, shops at Ipswich, Goodna and Fairfield did not re-open for many months.

During this crisis the Lifeline Queensland Flood Appeal was launched in order to raise funds to support our community recovery. The appeal raised more than $1 million in donations. These funds, together with funds provided through Uniting Church appeals and corporate sponsorships, are supporting the recruitment and training of more than 100 new community recovery counsellors, additional long term counsellors, community development workers and youth programs in a number of disaster affected areas.
The January Lifeline Bookfest was also affected by the floods, with the date of the event postponed twice due to the flooding of the Brisbane Exhibition and Convention Centre. Despite the delays and the devastation around Brisbane the Bookfest proved that it continues to be a popular institution in the region, still managing to raise nearly $900,000 to support services.

The demand for financial counselling continues to grow and UnitingCare Community worked with both the Commonwealth and State governments to secure further funding to maintain the programs beyond 30 June 2011. Both governments have responded positively with additional support although recurrent funding for this service, which is in high demand, remains unresolved.

UnitingCare Community had the opportunity to contribute to the Productivity Commission’s work on forging a new direction for the disability support system. Our experience as well as our commitment to better opportunities for people with disabilities supported UnitingCare Queensland and UnitingCare Australia to engage strongly with this important work.

The Queensland Government’s Department of Communities continued to work with non-government organisations, as part of the Queensland Compact, on much needed reform in the relationship between government and non-government organisations. Notably, work is progressing on new funding legislation (which will replace multiple pieces of funding legislation) and on a new Human Services Quality System (which will replace multiple program standards and compliance regimes).

UnitingCare Community welcomed Bob Gilkes as Executive Director in July 2010. Responding to the very significant growth of UnitingCare Community over the last five years, he has directed the organisation’s focus this year on building internal capability and processes, strengthening the development of practice models and quality and building research capacity.

Some important milestones this year included Lifeline Gold Coast celebrating 40 years of service and Lifeline Coral Coast Capricorn celebrating 30 years in the community.
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

Our disability services 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

This year has been a particularly challenging one for UnitingCare Queensland’s Disability Services, especially during the summer of disaster across Queensland. The day the floods hit Brisbane our Disability Services staff evacuated 36 individual clients from their homes, ensuring their safety and security during this difficult time. We found alternative arrangements for all of these clients, as well as some of their carers and family members. In some cases our staff took clients into their own personal homes to provide them with accommodation and care until a more permanent solution could be found; a true reflection of the dedication and passion that our support workers have for their clients and their communities.

UnitingCare Community’s overall approach within Disability Services is to support our clients to have an independent life. UnitingCare Community offers an extensive suite of support for individuals and families who have been impacted by disability, taking a holistic approach that is driven by the individual needs of each client. This means that the services we provide are incredibly flexible and adaptable on a case by case basis and that our staff are continually proactive in their problem-solving to ensure the highest quality of life for our clients wherever possible.

This year UnitingCare Community supported more than 1 000 clients with disabilities across the state and in many cases also supported their families and carers as well. This support included 24-hour care, drop in support, in-home care, post school support, employment services, lifestyle and respite support and social interaction programs.

At the end of last year a number of different Disability Services offices moved into a new building at Annerley, combining two regions into one new one entitled the South Brisbane Region of Disability Services. A year has gone by since this change occurred and we have benefited greatly from this consolidation, with our operational service delivery now functioning in a much more effective and streamlined manner.
These new premises are also shared with UnitingCare Community’s Shared Care and Family Support Service (SCAFS) and the disability management team. One of our old sites has since been sold, and the other is currently being renovated in order to facilitate a day program for adults who are interested in various hobbies and projects. This facility will open up to other community organisations as it will provide various programs such as photography, pottery, art and similar activities.

**National Disability Insurance Scheme**

A light on the horizon for people with a disability has been the proposal for a National Disability Insurance Scheme (NDIS) that resulted from the Productivity Commission Inquiry into Disability Care and Support. The fundamental idea behind the NDIS is that people with a disability should receive timely support when they need it and in keeping with their needs. It focuses on entitlement, coping and capacity building and early intervention.

The Productivity Commission found that the existing disability system in Australia was broken and it required re-engineering to ensure it more adequately addressed the needs of people with disabilities, as well as their families and carers.

UnitingCare Community has supported the Productivity Commission Inquiry in its duration and we have participated in giving evidence to the Commission in both Canberra and Brisbane. We have also contributed to both the UnitingCare Australia submission and presentation and the UnitingCare Queensland submission to the Interim Report from the Productivity Commission Inquiry.

We feel privileged to be a part of this process as it has been a unique opportunity to work side by side with government and other community agencies to highlight flaws in the current disability system and contribute to the healing and improvement of these issues in order to create better support for those affected by disability.

**Helping people with disabilities to find lasting employment**

This year the Ipswich and Toowoomba Employment Service (ITES) Ipswich site experienced the major achievement of increasing and maintaining its client capacity from 81 per cent to over 90 per cent. The Toowoomba site maintained expected capacity from the commencement of its contract, at times even reaching up to 129 per cent capacity.

Due to growth in the number of clients participating in the Lockyer Valley, ITES now has a dedicated full time staff member providing services at outreach sites located in Gatton and Laidley. This change allowed for greater client participation and services are now more accessible for clients living in an area that is isolated from regular public transport services.

In addition to participating in general community activities, ITES has been involved in developing a DVD resource aimed at providing information to assist school students with a disability who are transitioning to employment or higher education. This resource will be distributed free of charge to all Queensland schools and tertiary organisations.

ITES worked with a total of 582 clients during 2010-11 which was an increase of 13 per cent from the previous year with 35 per cent of our clients having maintained employment. This is a very successful result for the year that we are proud to have achieved and are looking forward to continually improving these figures into the future.
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

With 75 per cent of the state declared a natural disaster zone after the floods and Cyclone Yasi in January 2011, many people were left feeling bewildered, frustrated and angry. People affected by disaster can also experience moderate to high levels of anxiety; significant grief from the loss of loved ones, property and valued possessions; may find themselves in unexpected financial hardship and are generally at a higher risk of suicide. This is where our Community Recovery Program comes in.

This program is one of the leading non-profit disaster recovery programs in Queensland and is activated at the request of state government. Lifeline Community Recovery is specifically designed to provide support to individuals and communities affected by disasters, or significant critical incidents, by focusing on the emotional wellbeing of people affected. The program aims to make an immediate impact on the trauma and stress experienced by communities through counselling interventions, as well as spearheading longer term recovery through a coordinated approach to rebuilding or re-establishing key community networks and support structures.

2010-2011 Natural disasters

During the floods and in the aftermath of Cyclone Yasi, more than 230 community recovery counsellors, both paid staff and volunteers trained in Psychological First Aid, were deployed to more than 60 sites across Queensland. The community recovery counsellors gave support at evacuation centres, community recovery centres, in outreach teams and even at memorial services and funerals. The majority were deployed in Emerald, Ipswich and the Lockyer Valley, Darling Downs and Brisbane. An estimated 90 000 people across Queensland received support from or had some form of contact with a community recovery counsellor over a six month period.

As the spate of disasters unfolded and quickly affected more and more regions across Queensland, tremendous pressure was placed on our limited human resources and this required a quick response to ensure vital support was supplied to affected communities. As further communities were declared natural disaster zones, we were required to respond to the needs of each region without abandoning already affected areas.

With the financial support from the flood appeal the Lifeline Community Recovery Program was able to embark on an urgent recruitment drive of people who had the required counselling experience and provide them with the Psychological First Aid training to work with people affected by disaster. They were then immediately deployed to support flood and cyclone affected people and communities. We were able to recruit and train more than 100 new community recovery counsellors in less than 10 days during the peak of disaster, ensuring that no affected area was left forgotten or alone during their hardship.

Many of our community recovery counsellors are existing staff members and volunteers, meaning that in some cases, especially within our rural Lifeline centres, up to 70 per cent of staff bodies were deployed to support disaster affected communities. The recruitment of new counsellors proved to be vital in alleviating some of the pressure on Lifeline centres across the state and ensured that day-to-day high quality service delivery was maintained.
Assessment and continual improvement

As Queensland communities began to move away from crisis and into longer term recovery it was important to continue finding the most appropriate ways to best support those severely impacted by the disasters and to ensure that caring for their wellbeing would be the first priority.

This was the first time Queensland had experienced two disasters of such severity at the same time. It was therefore vital that once the dust had settled that a review was conducted of the current practice models of Community Recovery service delivery. At the conclusion of the acute stage of state-wide Community Recovery activities, many debriefings were undertaken in order to assess and record performance of the most and least effective stages of service delivery. This process allowed the organisation to implement changes to ensure that as an industry leader in disaster recovery, we are the most prepared we can be for future events.

By highlighting opportunities for additional training and procedural changes, we have ensured that all community recovery counsellors are equipped with extensive training, such as cultural awareness training, coordinator and team leader training, and critical incident debriefing training.

Long-term recovery

Funds raised from the Lifeline Queensland Flood Appeal has also enabled us to implement both new programs and the extension of existing services, all of which were considered vital in our quest to provide ongoing support to the people of Queensland. One example is the ‘Face the Fear Youth Project’ located in the Ipswich region. This youth service provides workshops, such as 2-5 day kayaking trips for young people, enabling them to have experiences in a water environment that contrasts greatly with their recent experiences of uncontrollable and chaotic flooding. It provides young people access to fun and age-appropriate activities, alongside a support network of peers and youth counsellors, and aims to teach skills in facing fears and preparing them for life’s challenges.

UnitingCare Community has been able to recruit seven new full-time counsellors for different regions across Queensland who will provide ongoing support to those most severely impacted by the recent disasters for the next two years. The funds have also allowed the organisation to invest a small amount of money into funding further research into Psychological First Aid, specifically looking at areas of implementation, impact and improvement.

These are just three examples of the eighteen services that we have now implemented or extended across Queensland in order to support our communities as best we can while their long-term recoveries continue.

In our focus on supporting the long term recoveries of affected families and individuals, our community recovery counsellors have been involved with various external community activities, such as family fun days, community information events, and...
Ensuring that UnitingCare Community and specifically, Lifeline Community Recovery are represented at such events is important in promoting our presence within communities across Queensland and our commitment to caring for the emotional wellbeing of all Queenslanders.

**Flood inquiry support service**

Recognising the vital role it played in disaster recovery, the Queensland Government asked Lifeline to provide support to those participating in the Commission of Inquiry into the Queensland disasters.

A free service was established to provide emotional and technical support both over the phone and face-to-face for all involved in the Commission of Inquiry and its subsequent hearings. Lifeline was also present at each of the community consultation sessions and hearings across all flood-affected regions and provided court familiarisation processes for people who were due to give evidence. While this service was not directly established under the provision of community recovery, it is yet another example of how we were able to support Queensland communities during their initial and longer recoveries after the disasters, and also demonstrates the acknowledgement from external stakeholders of our importance and expertise as disaster recovery service providers.

**Telephone counselling**

Somewhere in Australia there is a new call to our 24-hour Crisis Line 13 11 14 every minute. People call Lifeline about many things which include:

- Anxiety
- Depression
- Loneliness
- Abuse and trauma
- Physical or mental wellbeing
- Suicidal thoughts or attempts
- Stresses from work, family or society
- Information for friends and family

The Crisis Line 13 11 14 has experienced growth with over 124,000 calls answered in the last financial year. The Crisis Line experienced a 50 per cent increase in calls from people in both Queensland and New South Wales during the initial flood and cyclone disasters, including a significant 68 per cent increase in calls from four of the main flood affected areas – Brisbane, Bundaberg, Ipswich and Darling Downs.

An upgraded telephone counselling centre was opened in the Brisbane office meaning that there has been an increase in the number of telephone counsellors on duty at any given time. Our trained and certified volunteers dedicate their time to answer the
calls of those in distress, in danger, or in uncertain times, in order to provide support, understanding and – most importantly – someone to listen.

Financial counselling

The spate of natural disasters over the past year impacted heavily on Queenslanders not only emotionally, but also financially, with unprecedented numbers of people experiencing financial stress seeking face-to-face financial counselling. The extent of this financial hardship was exacerbated in communities all over the state by job loss and underemployment.

There were many factors that impacted those suffering financial hardship this year, among these were:

- rising costs for food, electricity and fuel, in many cases partly caused by the floods and cyclone, putting pressure on standard family budgets
- declining property prices, leaving many home owners owing more money on their mortgage than the current value of their property
- credit card debt and inadequate household budgeting

This climate of economic hardship resulted in an increased demand for our Financial First Aid (FFA) service. Lifeline Financial First Aid counsellors are available free to the public as a first point of call to address immediate financial concerns that place undue stress and anxiety on individuals and families across Queensland. Calling the FFA line may alleviate the need of face-to-face consultation as our counsellors provide immediate advice over the phone. As a result of the increased demand for this service, a purpose built call centre for Financial First Aid opened at Lifeline Brisbane.

FFA counsellors receive approximately 250 calls per week, with callers reporting a 20 per cent reduction in stress by the end of the call.

The face-to-face Financial Counselling service is thriving, with over 10 300 sessions conducted this year. Of this, 3 700 were new cases, and 6 500 outcomes were realised and resolved. Additionally, the Financial Counselling service made over 2 200 referrals to other support services to provide clients with the holistic care they need during their times of hardship.
The work we’ve done...

strengthening families and children and building resilience
The work we’ve done - strengthening families and children and building resilience

This year has been both a challenging and productive year for our Child and Family Care services. Programs and services that fall under this category include parenting services, family relationship services, early intervention services, foster and kinship care and out of home care.

The impact of the 2010/2011 Queensland disasters significantly impacted these services across the state, with many clients and staff severely affected by hardship during this time. The effect of these events resulted in a slight slump in client numbers who were accessing our services during January and February 2011. After the immediate crisis it didn’t take long for our client numbers to pick up again across the state, and very quickly they surpassed numbers from previous years of operation.

As well as working hard to improve support services and outcomes for our clients, our Child and Family Care programs have also been proactive in providing opportunities for ongoing and extensive training for staff, which has led to higher staff retention across the state. Some of this training has included Certificates III and IV in Community Services (Youth Work), Diplomas in Community Services Frontline Management, Cultural Diversity and Awareness Training, and other tertiary study.

Our commitment

UnitingCare Community takes a resilience approach to service delivery when it comes to programs for families and children, providing a structured way of assisting clients that honours their individuality; their family, community and cultural memberships; acknowledges the depth of their struggles and supports the seeking of solutions that lead to resilience.

UnitingCare Community prioritises the safety of children and young people within their families and in the community. Vulnerable children and young people are best protected from ongoing harm through effective collaboration and partnership between clients and other community and government agencies. As a result, we have implemented a child protection framework to promote effective identification and response to child protection concerns to ensure the safety of all children, young people and their families.

The ideal place for a child or young person to be raised is within their family of origin or the extended family, when the family can be resourced to a level which ensures the safety and wellbeing of the child. Almost all parents want to do their best to care for the children, and given the right conditions many parents are able to make great changes in their behaviour so that even the most serious protective issues can be adequately resolved.

Family Intervention Services

The Department of Communities, Child Safety refers families to UnitingCare Community Family Intervention Services (FIS) across the state to work with those families in addressing the identified child protection concerns and to ensure the family has the capacity to care safely for their children. FIS teams also work with families where reunification is taking place following a period where the child or children have been living away from their family.
FIS teams work with families in their own home to:

• strengthen families’ capacities to meet the needs of their children
• improve the safety and wellbeing of children
• assist families to access community resources both during and after the intervention period
• foster non-adversarial relationships between families, the statutory authority and the broader community critical to the appropriate care of the child including links to family, kin and culture.

The Brisbane FIS team this year settled into a new office space in Underwood, along with the other UnitingCare Community programs Helping Out Families and HOPES, a sexual abuse prevention service. This new space has created an incredibly productive and positive environment where building ways to improve working relationships with all stakeholders is a key focus and excellent client outcomes continue to be achieved.

The Far North Queensland FIS team has taken a proactive approach to service delivery through open communication and partnership with the Department of Communities, Child Safety, resulting in improved outcomes this year. This is due to better management, increased education and better networking and liaising between aligning services. Two innovative projects also commenced in this region – My Safe Space and Building Block – workshops which assist in addressing protective behaviours through offering therapeutic environments for children and carers to connect and build their relationships.

Helping Out Families

The new Helping Out Families (HOF) program commenced operations in October 2010 with just 10 staff working out of an old house in Beenleigh. Today the HOF program employs 32 full-time staff who work out of the new office at Underwood. The program was initially established to accept referrals from the Department of Communities, Child Safety to support families in the Brisbane region but has now opened the referral pathway to be accessible to the entire community.

Since its establishment less than 12 months ago the HOF program has received 706 referrals from the government, 106 referrals from the wider community and supports 165 families on an ongoing basis. Service delivery continues to expand and achievements to date include establishing positive relationships between HOF staff, HOF alliance partners and other community and government organisations; establishment of seamless referral pathways to a number of external community organisations; the implementation of a case management, goal driven practice model with targets continuously being achieved; and an out of hours on-call service for all families being supported by the HOF program.

The Beenleigh Referral for Active Intervention (RAI) program works in conjunction with the HOF program by providing an intensive family support service in the Brisbane and Gold Coast regions. During this financial year, RAI provided case management support
to 308 families and continues to work closely with a number of community agencies to deliver an integrated service. RAI is a key stakeholder in the Local Level Alliance established under the HOF initiative.

Out of Home Care

Across Queensland, UnitingCare Community’s Out of Home Care services have continued to expand, with two brand new residential care services – one in Cairns and the other Kingaroy – opening in 2010-11. The Kingaroy service has been specifically designed with a strong Aboriginal and Torres Strait Islander focus in order to better strengthen the services available to young people within the area. This brings our residential services state-wide to seventeen in total, and an overall combined funding of Residential Care and Foster and Kinship Care to $18.5 million per annum.

The Goodna Therapeutic Residential Care Service has been operational since November 2009. It is a six-bed purpose-built residential unit caring for young people both male and female, between the ages of 12-15. Goodna provides an 18-month program that teaches young people who have been victims of serious abuse how to trust others, form positive attachments with adults, be able to understand and manage their own behaviour and become confident, resilient and positive adults. There is a particular emphasis placed on reconnecting and repairing family relationships even though some young people may never return to their biological family.

Foster and Kinship Care

In September 2010 the Foster and Kinship Care program received additional funding for a further 25 foster care placements in the Brisbane region. The funding provided was originally for up to 50 placements but this target was recognised as unrealistic for a single service within one area. Communication was made with another similar service in the area it was proposed that the two services should work in partnership to achieve 25 placements each. This partnership exemplifies our organisational value of “working together” to improve support available to clients.

In June 2010 UnitingCare Community was approached by the Department of Communities to take over the interim management of the Cherbourg Women’s Safe House. After successfully managing this service for one year we have now been asked to manage it on an ongoing basis.

Family Relationship Centres

In Logan, the Family Relationship Centre assisted more than one thousand clients in the last financial year. This resulted in around 240 dispute resolution sessions, with an average of 85 per cent negotiating successful parenting agreements.

The Far North Queensland Family Relationship Centre operates in a regional and remote area and provides support services to families where intervention is required. This support engages parents with individual and group counselling support; behavioural management; communication skills and emotional stability and household management skills such as budgeting, cleaning and nutrition. Intervention workers at the Far North
Queensland Family Relationship Centre work holistically to meet the needs of children for twelve week periods in order to achieve increased stability in their family lives.

Older persons programs

UnitingCare Community has continued to deliver a range of state-wide programs specifically for older people, funded by the Department of Communities. Among these programs are The Elder Abuse Prevention Unit, Seniors Enquiry Line and the Time for Grandparents program.

Elder Abuse Prevention Unit

During the year the Elder Abuse Prevention Unit (EAPU) assisted 973 older people in abusive situations through its information, support and referral Helpline. Trainers from the program travelled extensively across Queensland and delivered 123 training session to 2 333 workers on how to recognise and respond safely to elder abuse. They also provided education sessions to 63 community groups with an audience of 1 400 older people and members of the community, as well as participating in 33 other events with the aim of raising awareness of elder abuse in the community.

The Peer Support Network operated by EAPU provided three training teleconferences and other services to remote and isolated workers. EAPU continues to forge strong relationships with the Department of Communities who promoted the EAPU Helpline extensively in their extremely successful ‘Act as 1 against Elder Abuse’ media campaign to commemorate World Elder Abuse Awareness Day.

Another major achievement was the completion of a research report ‘Elder Abuse: Effectiveness and outcomes of an awareness campaign’ which evaluated various awareness raising strategies and how notifiers of elder abuse situations source information. The increasing demand on this program from older people, service providers, academics and the government is a reflection of the high quality and constancy of services being delivered by the EAPU staff.

Seniors Enquiry Line

On 43 789 occasions Information/Support Officers at Seniors Enquiry Line (SEL) provided information and/or referral on a wide range of topics to older people, their friends, families, carers, grandparents and workers via a number of media including the telephone, emails, website enquiries and information sessions in the community. Of these enquiries 17 145 callers were responded to via a personalised telephone service. Regardless of the nature of the call, all enquiries to SEL are considered important and confidential.
The Time for Grandparents (TFG) program operates within the Seniors Enquiry Line program and is the only one of its kind in Australia. In recognition of the increasing number of grandparents who are raising grandchildren and the unique range of issues and hardships that they experience, TFG responded to these families with the provision of 14 weekend grandfamily camps, 662 occasions of financial assistance for sporting and recreational activities for the grandchildren and 7,368 occasions of information, referral and support.

Grandfamily camps included individual counselling, group work sessions and workshops on useful tips to help with parenting, legal and financial issues. Social workers and a psychologist with expertise in family therapy were on site for the weekends and worked with the grandparents to identify goals and strategies to deal with stress, self care and parenting issues. Specific activities and camps were provided for the Aboriginal and Torres Strait Islander families as well as for people from culturally and linguistically diverse communities. TFG currently has 670 active grandfamily clients, 16 per cent of these families are Aboriginal and Torres Strait Islander families.

UnitingCare Community has continued to deliver a range of state-wide programs specifically for older people, funded by the Department of Communities. Among these programs are The Elder Abuse Prevention Unit, Seniors Enquiry Line and the Time for Grandparents program.
Betty had been struggling for over a decade with a problem that she didn’t want anyone to know about. It kept her awake at night and she dreaded the monthly statements that would arrive, always taunting her that it was never going to end.

Almost 15 years before, she and her husband Glen had enjoyed their retired life. They had travelled to Europe twice on organised tours, done a yearly cruise, and been the grey nomads in their caravan as so many of their friends had.

Betty had never really considered where the money for these adventures came from. Glen had worked hard and provided well for her for over all the years of their marriage and she had been able to stay at home, raise three children and volunteer happily. Betty had always assumed that they had substantial savings. Twelve years ago, when Glen’s dementia became evident and slowly worsened, Betty took over managing the family finances and realised what a state they were truly in.

Glen had two credit cards, one $10,000 in debt and the other with a $40,000 debt. Debt had paid for their lifestyle – the same lifestyle they had enjoyed while Glen was working.

The savings had been depleted and their pensions were now sustaining them. Pensions weren’t enough to cruise on and yet they had cruised anyway. So for the past decade, Betty had been making cuts at every turn, obsessively watching her power usage and grocery bills, and using every spare penny to make the minimum payments on those credit card debts.

Years ago, she sold the caravan and downgraded the new model car to a 15-year old 3-door hatch. Recently, in order to make the payments she was selling off her last few treasures for some extra dollars. The minimum payments alone were almost $800 a month for the two cards and the balances never seemed to go down, even after all the years of payments. Betty could see no end to the situation.

Glen’s dementia had progressed to the point where she could no longer care for him. He had been in a home for the past four years, which cost them most of their money. Betty had nothing of value left to sell in order to make the upcoming payments.

She never had her children over for dinner anymore – she could hardly afford to feed herself and couldn’t lay out a big feast like she used to. It was embarrassing and even more saddening to realise that not only did she have nothing in the estate to leave them, but that she was likely leaving them this debt as well.

Jenny and Stephen, two of her children that lived within an hour of her, finally came over to have a frank chat. They wanted to talk to her about the money she must be spending on the pokies or shopping, since she was always broke and as they had noticed items leaving the house, they felt she should talk to a gambling counsellor.

Betty could hardly laugh – she hadn’t been near a club in years. Instead she started to cry and finally told them about the credit card debt that their dad had accumulated and how she had been trying for so long to take care of it.

They were shocked and immediately called the banks on her behalf to see what the options were, but they hit a dead end. Neither of them were rich and couldn’t pay out the debts, nor could they take over the monthly payments, as they had their own families to take care of.

The work we do - a case study
Betty’s children came with her for the first appointment at Lifeline with a financial counsellor. They showed the financial counsellor the stack of statements, explained about their father’s advanced dementia and Betty talked about how she had kept this hidden stress locked away from everyone for so long. Just talking about it openly was so embarrassing, yet so cathartic.

The Financial Counsellor soon ascertained that other than her car, Betty and Glen had no assets which meant going bankrupt would mean, and achieve, nothing. She also assured Betty that the debt could not be inherited by the children and that she would do all she could to help Betty get this dealt with.

In the weeks and months to follow, the Financial Counsellor liaised with the banks, applying for the debts to be waived and dealing with the paperwork and bureaucracy on Betty’s behalf. Medical certificates proving Glen’s advanced dementia, even meagre grocery budgets to show how little Betty had – all finally helped prove to both banks that there was no money and continuing to pursue this debt, after so long, was futile. The banks eventually waived the debts completely.

Betty’s life changed almost immediately. She no longer had to hide out at home, afraid someone would realise how poor she was.

As a way of showing her gratitude, she began volunteering at the local Lifeline shop, proudly using her keen eye to help make the inviting window displays and making new friends in the process. Betty can also now cherish the memories of her trips with Glen before he got sick, rather than focus on the difficulty they created for her. She now regularly has her family over for roast dinners and can visit Glen daily without the worry of how she will pay for the fuel.
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 for the broader community to ensure the ongoing success of UnitingCare and the services the organisation provides.

Heather Watson (Chair)

Heather Watson is a Partner and leads the specialist Social Infrastructure group at McCullough Robertson Lawyers. She has a particular interest in legal issues associated with charitable organisations and the non profit sector, including legal and tax structuring and advising and acting for boards on risk and governance issues. Currently she is a director of McCullough Robertson Foundation Ltd, (a charitable foundation); Australian Legal Sector Alliance Ltd, and Board Connect Ltd. Heather has been a Board member of UnitingCare Queensland since 2005 and was appointed as Chair of the Board in 2006. She is a former board member of UnitingCare Health and the Wesley Hospital Townsville and has served on numerous Uniting Church committees and councils.

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 served on various government and non-government boards. She is currently a member of the Queensland Smart State Council. Anne is a Fellow of the Australian Institute of Management and in 2008, Anne was appointed as an Adjunct Professor in the School of Social Work and Applied Human Services at the University of Queensland.

Dr Shirley Coulson (ex-officio)

Shirley Coulson was appointed as the first lay General Secretary of the Queensland Synod of the Uniting Church in Australia in January 2011 following 27 years of service in Catholic education in a range of leadership roles. A committed member of the Uniting Church congregation, Shirley has a passion for strategic planning and is committed to furthering the Church’s role in service to the wider community. Shirley holds a Bachelor degree in Arts, a post-graduate Bachelor degree in Education and a Masters of Educational Studies from Monash University, as well as a Bachelor of Theology degree from Melbourne College of Divinity and a Doctorate in Education from Australian Catholic University.
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 and was previously an executive director of the Australian Private Hospitals Association. Greg has served on the Board since 2005 and is a member of the Governance and Remuneration Committee and the Finance and Property Committee. Greg is a Fellow of both the College of Medical Administrators and the College of Health Services Executives.

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.

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. Prior to joining local government, Jude held senior executive roles in community services departments of the Public Service. 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. In 2010 Jude became a recipient of the Order of Australia.

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. Dawson is a Fellow of the Australian Institute of Company Directors, a Fellow of the Association of Superannuation Funds of Australia and Affiliate Member of Chartered Secretaries Australia.
Ray Richards

Ray Richards is a consultant to PPB Advisory, chartered accountants and business advisers, where he was formally a Partner. He has experience across a diverse range of industries, including banking, education, manufacturing, tourism retail, health related areas, nursing homes and child care centres. He is chair of the Finance and Property Committee and is also a member of the Audit, Risk and Compliance Committee. 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. Graham has served on the Board since 2005 and is a member of the Finance and Property Committee.

Board appointments approved by Synod in February 2011, effective from 1 July 2011

Craig Barke

Craig Barke has been the Chief Executive Officer of the Scenic Rim Regional Council since 2008. He has over 20 years of experience in a range of government and corporate financial and management roles. Craig was a member of the Queensland Urban Utilities establishment committee and interim board. He has a passion for disadvantaged youth and children in the community and is actively involved in the foster care system. Craig is a Certified Practicing Accountant and has an MBA.

Rev Dr David Pitman

David Pitman has previously served two terms on the UnitingCare Board in an ex officio capacity as the Moderator of the Queensland Synod of the Uniting Church in Australia. He worked as a teacher before studying theology at Parkin-Wesley College in Adelaide. He then spent 13 years in parish appointments and taught at the Theological College, and acted as Secretary for Education, at the Methodist Church in Fiji. David moved to Queensland in 1983 and until 1996 taught at Alcorn College and then Trinity College. He was then inducted as the full-time Moderator of the Queensland Synod. Following this, he served as Superintendent Minister of Wesley Mission Brisbane and Albert Street Uniting Church, returning to the role of Moderator from September 2005 to October 2008.
Board retirements in 2011

Dr Ian Airey

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

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 of 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. Stephen resigned from the Board on 30 June 2011 to take up the role of General Manager, of the Bradken Rail division.

Reverend Douglas Jones (ex-officio)

Douglas Jones served as General Secretary of the Queensland Synod of the Uniting Church in Australia from 2008 – 2011. He 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.

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, BSoWk and an MBA. Pam was awarded a Sir Winston Churchill Fellowship to study child abuse prevention programs in America and Canada.

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.
The Executive Leadership Team (ELT) comprises the Executive Directors from UnitingCare Queensland 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

Robyn Batten, Executive Director, Blue Care
Robyn Batten was appointed Executive Director of Blue Care effective 1 February 2011, having been acting in the position since November 2010. She has extensive experience in health and aged care and comes from a distinguished background in health administration at executive levels, including Executive Director, Uniting Aged Care in Victoria and Tasmania from 2007.

Prior to this Robyn served as Chief Executive Officer of Dental Health Services Victoria and the Director of Primary Care and Mental Health for Southern Health Victoria. Robyn’s original professional training was as a Registered Nurse and Social Worker. She currently chairs UnitingCare Australia’s national Aged Care Network. She is also a member of the Commonwealth Ministerial Ageing Advisory Committee. In Victoria she served as a member of numerous health policy and strategy bodies.

Bob Gilkes, Executive Director, UnitingCare Community
Bob joined UnitingCare Community in July 2010, (which was then Lifeline Community Care Queensland), after 25 years experience in the health and community service sectors and the last 10 years working in Blue Care in the roles of Regional Director; Principal Advisor, Community Engagement and as Director of Organisational Development.

Prior to joining Blue Care, Bob had extensive experience working with the Tasmanian Department of Community and Health Services where he was State Director of Child, Youth and Family Support, with responsibility for Tasmania’s child protection services, youth justice, adoptions, domestic violence, sexual assault and homelessness services.

During his time there he managed a Parliamentary enquiry into Tasmania’s stolen generation as a result of past adoption practices. He was also Program Manager for aged and disability services in two regions of Tasmania.
Richard Royle, Executive Director, UnitingCare Health
Richard has more than 27 years experience in the healthcare industry including his current role as Executive Director 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. Towards the end of 2010 he was appointed as a trustee director of the Health and Community Industries Fund (HESTA).

Andrew Haynes, Director, Group Governance
Andrew Haynes joined UnitingCare as Director, Group Governance in November 2010. Andrew is responsible for managing the business of the UnitingCare Board and its committees and ensuring their effectiveness through high standards of compliance and the provision of advice on governance matters.

Andrew's background has been as a company secretary across a number of industries. Most recently he was a company secretary for Queensland Rail Limited. Prior to this his roles included Director, Corporate Governance for the Metropolitan Fire and Emergency Services Board in Victoria and Company Secretary for General Electric, Australia and New Zealand.

Andrew is a graduate of the Australian Institute of Company Directors and a Fellow of Chartered Secretaries Australia.

Greg Mackay, Director, UnitingCare Social Justice
Greg Mackay commenced as Director 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 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

Revenue

Our revenue is derived from the activities undertaken by each of the three agencies in
UnitingCare Queensland.

UnitingCare Health

UnitingCare Health comprises The Wesley Hospital, St Andrew’s War Memorial Hospital, The Sunshine Coast Private Hospital, St Stephen’s Hospital Maryborough and Hervey Bay, with a total of 1 034 licensed hospital beds.

A total of 3 520 staff being a mix of full time, part time and casual are employed across the five hospitals.

UnitingCare Health contributed $500.4 million to the total turnover.

The majority of the revenue is generated from private health funds and supplemented by a range of allied health related activities undertaken by the hospitals.

Blue Care

Blue Care comprises residential aged care, retirement living and community services.

Across the state we provide just over 4 300 operational residential aged care beds, just over 1 100 independent living units, 80 community care centres and 72 respite, therapy and services centres.

A total of 8 400 staff are employed across Blue Care who are supported by 2 200 volunteers.

Blue Care contributed $515.2 million to the group turnover.

Revenue for residential aged care is derived from both the Commonwealth Government and residents. Retirement living revenue is derived from our residents and the community service activities are funded by both commonwealth and state governments with supplementation from the clients we serve.

UnitingCare Community

UnitingCare Community comprises a range of community programs largely funded by state and federal government. Donations to this organisation of clothing, furniture and other household items are converted into cash through over 100 Lifeline retail stores located throughout the state.
A total of 2,600 staff are employed by UnitingCare Community in addition to 5,600 volunteers who are essential to the delivery of the comprehensive range of services provided across the state.

UnitingCare Community contributed $148.9 million to the turnover of UnitingCare Queensland.

Bequest income

During the year the organisation was privileged to have been the recipient of a range of bequests from past residents and other members of the community. In total $13.8 million was received during the year. The income from bequests is generally directed to improving the infrastructure in the various locations from where we operate, in accordance with the wishes of the donors. Bequests add to the fundraising activities across the group and are essential to the overall service delivery of the organisation.

Major capital expenditure

It is essential that all of our facilities meet the standards required of the people we serve and also the standards required by regulation. This is a major challenge for a non-profit organisation operating from 400 locations across the state of Queensland.

UnitingCare Queensland has been undertaking a significant capital expenditure program and the focus during the past three years has been on our hospitals. During the last twelve months the Blue Care program started with the commencement of the Azure Blue Redcliffe integrated community project ($75.2 million) and redevelopment of the residential aged care facilities at Gracemere ($10.6 million) and Mareeba ($10.3 million).

Total Capital Expenditure during the year across UnitingCare Queensland amounted to $94.8 million. This takes the investment in capital expenditure over the past three years to $345 million.
## The Uniting Church in Australia - Queensland Synod
### UnitingCare Queensland

Unaudited Consolidated Statement of Comprehensive Income for the year ended 30 June 2011

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<td>Revenue from continuing operations</td>
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<td>Communications and utilities</td>
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<td>Consulting and professional fees</td>
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<td>Depreciation and amortisation</td>
<td>(68,761)</td>
<td>(65,824)</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(20,071)</td>
<td>(18,019)</td>
</tr>
<tr>
<td>Salaries and employee</td>
<td>(707,196)</td>
<td>(656,714)</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>(35,241)</td>
<td>(31,872)</td>
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<tr>
<td>Supplies and services</td>
<td>(197,562)</td>
<td>(178,381)</td>
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<tr>
<td>Synod expenses</td>
<td>(749)</td>
<td>(843)</td>
</tr>
<tr>
<td>UnitingCare Australia contribution</td>
<td>(335)</td>
<td>(347)</td>
</tr>
<tr>
<td>UnitingCare Queensland Board</td>
<td>(511)</td>
<td>(477)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(61,793)</td>
<td>(54,649)</td>
</tr>
<tr>
<td>Loss on sale of fixed assets and investments</td>
<td>(1,442)</td>
<td>(613)</td>
</tr>
<tr>
<td>Gain / (Loss) on revaluation of fixed assets</td>
<td>-</td>
<td>4</td>
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<tr>
<td>Impairment of goodwill</td>
<td>(8)</td>
<td>(14)</td>
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<tr>
<td>Gain / (Loss) on fair value movement</td>
<td>816</td>
<td>713</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>(1,144,076)</strong></td>
<td><strong>(1,058,257)</strong></td>
</tr>
<tr>
<td>Surplus / (Deficit) for the year</td>
<td><strong>23,686</strong></td>
<td><strong>2,238</strong></td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Comprehensive Income</strong></td>
<td><strong>23,686</strong></td>
<td><strong>2,238</strong></td>
</tr>
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</table>
### Unaudited Consolidated Statement of Financial Position

for the year ended 30 June 2011

<table>
<thead>
<tr>
<th></th>
<th>2011 000's</th>
<th>2010 000's</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>377,613</td>
<td>327,947</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>85,079</td>
<td>77,939</td>
</tr>
<tr>
<td>Inventories</td>
<td>11,093</td>
<td>10,234</td>
</tr>
<tr>
<td>Other financial assets</td>
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<tr>
<td>Other current assets</td>
<td>13,487</td>
<td>12,797</td>
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<tr>
<td>Total current assets</td>
<td>487,272</td>
<td>435,936</td>
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<tr>
<td><strong>Non Current Assets</strong></td>
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<td></td>
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<tr>
<td>Inventories</td>
<td>409</td>
<td>322</td>
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<tr>
<td>Investments in associates</td>
<td>11,685</td>
<td>8,647</td>
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<tr>
<td>Property, plant and equipment</td>
<td>904,986</td>
<td>901,724</td>
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<tr>
<td>Intangible assets</td>
<td>20,929</td>
<td>21,115</td>
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<td>Other non-current assets</td>
<td>3,500</td>
<td>3,062</td>
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<tr>
<td>Total non current assets</td>
<td>941,509</td>
<td>934,870</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>1,428,781</td>
<td>1,370,806</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>2011 000's</th>
<th>2010 000's</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>73,607</td>
<td>65,623</td>
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<tr>
<td>Accommodation bonds expected to be paid within 12 months</td>
<td>47,268</td>
<td>36,073</td>
</tr>
<tr>
<td>Accommodation bonds not expected to be paid within 12 months</td>
<td>102,623</td>
<td>106,412</td>
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<tr>
<td>Entry contributions expected to be paid within 12 months</td>
<td>23,359</td>
<td>11,232</td>
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<tr>
<td>Entry contributions not expected to be paid within 12 months</td>
<td>43,673</td>
<td>54,590</td>
</tr>
<tr>
<td>Borrowings</td>
<td>434</td>
<td>708</td>
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<tr>
<td>Employee benefits and other provisions</td>
<td>93,718</td>
<td>82,941</td>
</tr>
<tr>
<td>Other financial liabilities</td>
<td>-</td>
<td>261</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>29,000</td>
<td>15,155</td>
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<tr>
<td>Total current liabilities</td>
<td>413,682</td>
<td>372,995</td>
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<tr>
<td><strong>Non current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>1,350</td>
<td>1,146</td>
</tr>
<tr>
<td>Borrowings</td>
<td>235,281</td>
<td>242,197</td>
</tr>
<tr>
<td>Employee benefits and other provisions</td>
<td>12,585</td>
<td>11,142</td>
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<td>Other financial liabilities</td>
<td>1,001</td>
<td>2,070</td>
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<tr>
<td>Other liabilities</td>
<td>9,035</td>
<td>9,113</td>
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<tr>
<td>Total non current liabilities</td>
<td>259,252</td>
<td>265,668</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>672,934</td>
<td>638,663</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td>755,847</td>
<td>732,143</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>2011 000's</th>
<th>2010 000's</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FUNDS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contributed funds</td>
<td>5,234</td>
<td>5,234</td>
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<tr>
<td>Accumulated funds</td>
<td>750,613</td>
<td>726,909</td>
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<tr>
<td><strong>TOTAL FUNDS</strong></td>
<td>755,847</td>
<td>732,143</td>
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</table>
### Cash from operating activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2011 000's</th>
<th>2010 000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from clients, funding and others</td>
<td>1,202,961</td>
<td>1,073,200</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(1,093,300)</td>
<td>(1,005,983)</td>
</tr>
<tr>
<td>Interest paid</td>
<td>(20,072)</td>
<td>(18,019)</td>
</tr>
<tr>
<td>Proceeds from distributions</td>
<td>818</td>
<td>1,400</td>
</tr>
<tr>
<td>Interest received</td>
<td>17,828</td>
<td>12,376</td>
</tr>
<tr>
<td><strong>Net cash inflow from operating activities</strong></td>
<td><strong>108,235</strong></td>
<td><strong>62,974</strong></td>
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</table>

### Cash flows from investing activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2011 000's</th>
<th>2010 000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from sale of property, plant and equipment</td>
<td>6,929</td>
<td>6,743</td>
</tr>
<tr>
<td>Proceeds from sale of medical suites</td>
<td>7,193</td>
<td>6,885</td>
</tr>
<tr>
<td>Payments to joint venture through shareholder loan</td>
<td>-</td>
<td>(3,566)</td>
</tr>
<tr>
<td>Proceeds arising from governance change</td>
<td>18</td>
<td>-</td>
</tr>
<tr>
<td>Payments for property, plant and equipment</td>
<td>(71,456)</td>
<td>(82,167)</td>
</tr>
<tr>
<td>Payments for intangible assets</td>
<td>(4,600)</td>
<td>(8,370)</td>
</tr>
<tr>
<td><strong>Net cash outflow from investing activities</strong></td>
<td><strong>(61,916)</strong></td>
<td><strong>(80,475)</strong></td>
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</table>

### Cash flows from financing activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2011 000's</th>
<th>2010 000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from borrowings</td>
<td>-</td>
<td>34,000</td>
</tr>
<tr>
<td>Net proceeds from accommodation bonds</td>
<td>10,941</td>
<td>13,178</td>
</tr>
<tr>
<td>Repayment of borrowings</td>
<td>(7,594)</td>
<td>(975)</td>
</tr>
<tr>
<td><strong>Net cash inflow from financing activities</strong></td>
<td><strong>3,347</strong></td>
<td><strong>46,203</strong></td>
</tr>
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</table>

### Other activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2011 000's</th>
<th>2010 000's</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net increase in cash held</strong></td>
<td><strong>49,666</strong></td>
<td><strong>28,702</strong></td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of financial year</td>
<td>327,947</td>
<td>299,245</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of financial year</td>
<td><strong>377,613</strong></td>
<td><strong>327,947</strong></td>
</tr>
</tbody>
</table>
## UnitingCare Queensland Board and committee meeting attendance and fees paid

<table>
<thead>
<tr>
<th>Board member</th>
<th>Board meetings eligible to attend</th>
<th>Attended</th>
<th>Audit, Risk and Compliance Committee meetings eligible to attend</th>
<th>Attended</th>
<th>Governance and Remuneration Committee meetings eligible to attend</th>
<th>Attended</th>
<th>Finance and Property Committee meetings eligible to attend</th>
<th>Attended</th>
<th>Fees paid ($)</th>
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<tbody>
<tr>
<td>Heather Watson</td>
<td>12</td>
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<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>65 517</td>
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<tr>
<td>Ian Airey</td>
<td>8</td>
<td>8</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>25 290</td>
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<tr>
<td>Stephen Cantwell</td>
<td>12</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>6</td>
<td>37 934</td>
</tr>
<tr>
<td>Greg Herring</td>
<td>12</td>
<td>11</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>5</td>
<td>44 028</td>
</tr>
<tr>
<td>Jude Munro</td>
<td>12</td>
<td>10</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>37 934</td>
</tr>
<tr>
<td>Dawson Petie</td>
<td>12</td>
<td>11</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>45 252</td>
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<tr>
<td>Ray Richards</td>
<td>12</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>7</td>
<td>45 252</td>
</tr>
<tr>
<td>Graham Schlecht</td>
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<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>8</td>
<td>8</td>
<td>38 442</td>
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<tr>
<td>Pam Spall</td>
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<td>6</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
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<td>-</td>
<td>30 167</td>
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<tr>
<td>Rick Strangman</td>
<td>8</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>4</td>
<td>29 352</td>
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<tr>
<td>Ex Officio members</td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>Anne Cross</td>
<td>12</td>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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</tr>
<tr>
<td>Bruce Johnson</td>
<td>12</td>
<td>9</td>
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<td>-</td>
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<td>-</td>
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<td>Douglas Jones</td>
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<td>-</td>
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<td>-</td>
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<tr>
<td>Shirley Coulson</td>
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<td>-</td>
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<tr>
<td>External Committee members:</td>
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<td></td>
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<td></td>
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<tr>
<td>Damien Cronin</td>
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<td>-</td>
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<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3 656</td>
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<tr>
<td>Ken Madsen</td>
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<td>-</td>
<td>5</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3 656</td>
</tr>
</tbody>
</table>

1 Chair
2 Completed final term in February 2011
3 Completed final term in February 2011
4 Completed final term in February 2011
5 Fees for ex officio Board members are paid to the Queensland Synod; the CEO is not paid Board fees
6 Chief Executive Officer
7 Moderator of the Queensland Synod
8 Past General Secretary of the Queensland Synod - retired December 2010
9 General Secretary of the Queensland Synod - commenced January 2011
10 Completed final term in December 2010
11 Completed final term in December 2010
Each Thursday morning I take a small representative group of musicians called ‘Scattered People’ into BITA (Brisbane Immigration Transit Accommodation) centre in Sugarmill Road, Pinkenba to let music do its ‘magic’ and soften the impact on those who have been traumatised. In the centre, there are families and singles – mostly Persians from Iran. At times there are Tamils who have escaped the killing fields of Sri Lanka and others who seek safety from Afghanistan.

The Scattered People ‘choir’ as it became known, rose organically out of the Asylum Seeker Centre in West End in 1998. Traumatised refugee claimants from various countries (El Salvador, Chile and Colombia; Ethiopia, Eritrea and Russia; Bosnia, Iran, Sri Lanka and East Timor etc) used music to create solidarity with one another, to express their pain collectively and to fortify their hopes.

The Scattered People program rose out of the need for healing for people who were traumatised and bewildered. It was decided to take Scattered People back into that precarious environment.

June 9, 2011 was the first of a weekly engagement at BITA. A report detailing the process of each visit is available via the Refugee Claimant Support Services website.

This is a reflection from one of our weekly visits,
(Brian Precopis, Community Development Programs Coordinator, UnitingCare Community)

“Dear friends and scattered kindred spirits,

On this week 13 at the detention centre, good things came in threes:

• Yesterday’s High Court ruling upholding the rights of boat people to seek asylum in a country which is a signatory to the Universal Declaration of Human Rights triggered a powerful feeling of solidarity with all fair-minded people for us in the common room at the Pinkenba Detention Centre.

• Today we were celebrating the end of Ramadan – the end of fasting while the sun is shining. The chefs had been notified.

• For some time we have been singing is that spring around the corner? Today it has arrived.

The gathering was predictably boisterous. Vigorous handshakes with hands swivelling from the conventional position into the solidarity grip. “Eydeton Mobarrak” we all said to one another (“My best wish to you at this conclusion of Ramadan”). Everybody smiled broadly at our dubious pronunciation but graciously said “merci”.

The French don’t have the monopoly on that word.

… Simon and Aleathea strapped on their guitars and began with the oooo ooo ooh of the Lion Sleeps Tonight. Inaudible at first considering the excitement – deliberately unobtrusive. One by one people turned away from their conversations and joined in. The volume gathered strength. Before long the whole room was singing wim o weh wim o weh. No one knows what it means. Good to be on even ground.

All colours were represented in clothing today. I’d loved to have been able to take a photograph – the reds, greens and yellows. There were purples and florals and blue. Paola wore in-your-face yellow prompting a shrill blast of that tropical bird noise from our mischievous friend through his torn piece of plastic. I wore my red, white and grey T-shirt emblazoned with liberte. It was made for days like this.
One of the SERCO staff opened the heavy glass security door, excused herself for interrupting and asked “does anyone own a silver Ford Focus?” Hands went up all over the room – the deep sea diver, the mechanical engineer, the electrician, the tropical bird mimic … “It’s mine” they all said roaring with laughter.

They wished.

…We revisited the process of four weeks ago in which we asked everybody to tell what it was like for them to be in ‘Limbo’. We reminded them of their responses. Mahin our interpreter guided this session with characteristic precision. We confirmed our immense respect for their patience and resilience. One of the women said that they are culturally related to Ayub (also known as Job), the Prophet of Patience and Perseverance.

It is just as well.

We then confessed that while we love the ballads, the emotive rhythms and lyrics of the other songs, there comes a time when rock and roll is the only real answer. People looked at us strangely. Simon and Aleathea then struck the first chords for ‘Limbo’ – the inaugural performance.

you save my body you’re savin’ my skin
you’ve saved me the bed I’ve been sleepin’ in
but who’ll be savin’ my heart while I’m waitin’ here in limbo?

I love this country I bring my skills
an open heart but I’m standin’ still
now who’ll be savin’ my heart while I’m waitin’ here in limbo?

you saved my neck (I’m truly grateful)
you saved my skin …
but not my heart

The cheering wasn’t as loud as I remember the Rolling Stones receiving at the Entertainment Centre but it was pretty close. People loved it and wanted to hear it again. The harmonica added the blues. Leathy added the harmonies. Next week we’ll take it to a new level.

If the ramifications of the High Court decision accelerate the rate of processing claims for protection, if the collective anticipation of this gathering is an omen, if their hopes and our hopes converge … they’ll be out of here before too long – visiting us on the outside on the back veranda at the Romero Centre.

They’ll be the guys in that silver Ford Focus.”
UnitingCare Queensland supporters

UnitingCare Queensland is a non-profit organisation partially funded by the Australian and Queensland Governments. However, as our operating costs are substantially more than the funds received, we rely on the loyalty and generosity of our corporate and community supporters.

We thank the following supporters, who have helped us make a real difference to the care we deliver to people in need.

**Blue Care supporters**

**Corporate Support**
- Origin LPG
- Toyota

**Partnerships and Sponsors**
- CARRSQ
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- EPAC
- HESTA Super Fund
- MBF
- MPS Australia
- Pickles Auctions
- Port of Brisbane Pty Ltd
- Queensland Health
- Queensland University of Technology
- RACQ
- Sci-Fleet Toyota
- South East Alliance of General Practice
- Sabot
- TENA
- Think Pharmacy – Acacia, Chermside, Maroochydore and Nerang
- UnitingCare Health – Wesley Hospital, St Andrews Hospital
- University of Queensland
- Wynnum Gardening Club
- Wynnum Manly Leagues Bowls Club

**Community Supporters**
- Allstrong Locksmiths & Security
- Anglican Church - Coolangatta
- Anglo American Metallurgical Coal
- Australian Army
- Blue Care Beaudesert Auxiliary
- Blue Care Fassifern Auxiliary
- Bray Park-Strathpine RSL Sub Branch
- Bunnings – Carseldine
- Casar Elegance – Maroochydore
- Catholic Church – Tweed Heads
- Chinchilla Bowls Club
- Coles – Toowong
- CS Energy
- Kingaroy Darts Club
- Kurtz Transport – Chinchilla
- Lincraft – Sunnybank Hills
- Lions Club of Ashgrove/The Gap
- Lions Club of Kingaroy
- Lions Club of Murgon
- Lions Club of Trinity Beach
- Lions Club of Warwick
- Max Employment
- Palm Beach Currumbin High School
- PFD Food Services
- Pine Rivers Memorial Bowls Club
Community Supporters continued...
- Presbyterian Church – Tweed Heads
- Quota International of Beaudesert
- Quota International of Kingaroy
- Redcliffe Leagues Club
- Red Cross
- RSL Charity Bingo – Chinchilla
- RSL Sub Branch – Sunnybank
- RSL Sub Branch – Twin Towns
- Rotary Club of Kingaroy
- Rotary Club of Murgon
- Ryanie for Tyres
- School of Distance Education
- The Hut Menswear
- The Thrift Shop - Lowood
- Twin Towns Services Club
- Volunteering Gold Coast
- Western Downs Regional Council

Vehicle Sponsors
- Adventist Development and Relief Agency – Gatton
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- Cancer Council of Queensland
- Esk Thrift Shop
- Lions Club of Gatton
- Lowood/Rosewood Thrift Shop
- Mitchells Transport
- New Hope Coal Australia
- Queensland Gas Company
- RSL Charity Bingo
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- The Cory Foundation
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UnitingCare Community would like to thank all the individual and corporate citizens who generously donated to the Lifeline Queensland Flood Appeal. Thank you also to Pilotlight who facilitated some of our corporate donations; to Get Up! who shared our appeal with their loyal followers and to Lifeline Australia for their ongoing support. Some of our major corporate donors included:

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Thank you to our ongoing corporate sponsors and partners, who include:

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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 Queensland 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)