



**Our  
Mission—  
To promote  
the health  
and well-  
being of  
Queensland  
children**

**1935—2007**

## **Annual Report 2006/07**

**Bush Children's  
Place Brisbane**

**16 Morley Street  
TOOWONG Q 4066**

**P: 3870 7288**

**F: 3870 7723**

**Email:**

**[bri@bushkids.org.au](mailto:bri@bushkids.org.au)**



## Notice of Meeting

The Seventy-first Annual General Meeting of the  
**Royal Queensland Bush Children's Health Scheme**  
will be held on Thursday 6<sup>th</sup> December 2007 at Riverglenn Conference Centre,  
70 Kate Street, Indooroopilly commencing at 6.15pm.

## Business

- Present and in attendance:
- Apologies:
- Receive and adopt the Report and Financial Statement for the 12 month period 1 July, 2006 to 30 June, 2007.
- Election of Chairperson and five members of Council.
- Appoint Auditors for the ensuing year.
- Transact any special business for which due notice has been given.

By Order of the Council  
C Miller  
Chief Executive Officer

## Bush Children's Councillors

### President

Her Excellency, the Governor of Queensland  
Ms Quentin Bryce, AC

### State Chairperson

Dr G I Alexander, AO BVSc, MS, PhD, FACVSc, FASAP

### Deputy Chairperson

Dr N J Bartels, MB BS

### Treasurer

Mr D J Tanner, FCA (Retired)  
Ms A McLean, ACA

### Council Members

Dr G Cavaye, MB BS, FRCS  
Ms A Cavaye, BA (Hons), M Appl Psych (Org), MIMC, CHC  
Mrs Y Levien  
Mr I Robinson B Econ M Ec St  
Dr W Scattini  
Mr J T Stoodley, BA Bed

### Co-Opted Members

Ms J Mayne

## Contents

Chairman's Report  
Chief Executive Officer - Vision for the Future  
Special Projects  
The Task and The Gift – Thanks Glenda  
Independent Audit Report  
Financial Statements  
Treasurer's Report  
Acknowledgements & Methods of Support  
Donations, Bequests and Legacies

## Chairman's Summary –

The great American physician and poet, Oliver Wendell Holmes, wrote - *The great thing in this world is not so much where we are but in what direction we are moving.* Direction dictates our thoughts, our plans, our decisions, our strategies and ultimately our growth. During this year, *Bush Children's* has taken steps to evaluate its present situation and to begin to calculate what new directions it needs to take, how it should position itself for development and change which will propel the Organisation into the future.

We are very grateful for the vision and hard work of Glenda Keeshan who throughout her thirty years gave whole-heartedly of herself for the children and families of the Bush - they lost a great advocate when she decided to retire. It is over ten years since she and the Council voted, with community support, to take the services back into the rural communities, back to the children's home locations. In the intervening years, five rural Centres were established and the major focus and structure of the service materialised. Now the time has come to respond again and in a new way to the pressures and social developments of 2007 – while the need for therapeutic programs is not under question, there is the constant problem of how to continue to grow the services. Any new direction taken must incorporate responses to these concerns which we presently face – staffing issues, finance and resourcing issues, quality and accessibility issues.

However let us review the place where we are. In 2006-7, 612 children received services from the rural Centres, 213 in Mount Isa, 133 Emerald, 177 Dalby, 77 in the Warwick/Inglewood area and 12 in the very new Bundaberg centre. In all 176 girls and 436 boys were our clients. 465 referrals were received from both health and educational professionals. The provision of parenting skill programs and all forms of parental support continue to be core elements of our service.

All programs offered by the Centres address factors that are recognised as being of protective value to the emotional and psychological development of children viz positive family relationships, problem solving and conflict resolution skills. Our programs focus on developing a positive outlook and approach, a sense of self control and identity and a commitment to academic success and social competence.

By far the most common presenting issue ( 80%) nominated in the referral for service is that of the behaviour or conduct problems. Associated factors of aggression and social problems are also very common. The speech pathologist is often called upon to work with the youngest of the clients in such areas as early receptive and expressive language while the occupational therapist works in cases with issues regarding toileting and fine and gross motor skills, specifically handwriting difficulties. In Dalby 40% of referrals present with parents requesting help with parenting skills. The development of parental competencies relating to the understanding of children's needs and the skills needed to deal with such issues are key elements of all our parent/adult programs.

Outreach visits to communities outside the major towns of each region are core activities of every Centre's yearly program. Over 40, 000 kms were driven this year in providing services. The aim of outreach programs is to provide services for children in their own towns, communities and schools. Where possible we try to provide a regular presence so that children and families have easier access to therapy and support and we can network more easily with the local school and health groups.

15% (90) children admitted this year were 5 years or younger, 53% (327) were aged between 6 and 9 years of age - so the message of early intervention has been heeded. 71% of the children attending programs were males. Most of the children referred to the Centres presented with behavioural or conduct problems. Other psychological difficulties such as social problems, aggression, self esteem, withdrawal, depression, anxiety and attention problems were other issues in the programs and referrals. The occupational therapists were called upon to assess and provide programs in the areas of perceptual problems and motor difficulties – especially in the skill of handwriting. Referrals to the speech pathologist related especially to the areas of higher level language, literacy and the semantic pragmatic area.

A statewide survey was posted to parents and referring agents to evaluate levels of quality, effectiveness and satisfaction with the services provided by the Centres. 773 surveys, 525 for Parents and 248 for Referring Agents were posted in May this year. 32% of the Referring Agent Surveys were returned for processing and 14% of Parent Surveys were returned. We thank all those who took the time to respond and return their forms.

While the responses from most who returned surveys were very positive, it is important to remember that the rate of return was not high especially for parents. Common areas of concern were highlighted on many returned forms whether from parents or referring agents. Those areas were - changes within staffing that prevented consistency in the therapy programs offered, the length of waiting lists that prevented ease of access at the time of referral and of great need, and, difficulties related to feedback or reporting to a level acceptable to both parents and referring agents.

As each year has passed, we have striven to address these issues. Our new strategic direction will confront each of them – plans and programs are underway to ensure a consistency of staffing – this will have to deal with issues of wages, accommodation, professional development opportunities. The search has begun for newer ways of sustaining funds for quality services within an acceptable cost framework and a re-definition of referral processes and case management issues should ensure the resources available to the organisation will serve the greatest good for the greatest number. The plan and its considered implementation will determine the future focus and viability of the services.

There are many individuals and agencies to thank for the continued support of our Centres. To Education Queensland, which provides some funds towards the work of Mount Isa and Emerald Centres and Queensland Health, which funds Dalby, Warwick/Inglewood and Bundaberg, we say many thanks. Your support has continued across many years and we hope that the partnerships and close working relationships that have developed will be maintained through many more.

We continue our search for donations through our mail-outs both May and Christmas using the in-house donor list. Monies received from estates, donations and interest continues to drop and we constantly seek to attract additional financial support through submissions to Trusts and philanthropic institutions.

I thank our Treasurers for the year - Mr David Tanner, who guided the Council's financial deliberations until his retirement from that position and also Ms Alison McLean who has ably filled that role. They have both shared with the Council the benefit of their vast accounting expertise. My thanks go to all those who have given monetary help by donation or bequest. Such support enables the organisation to continue its programs and to move forward in its future plans.

To my fellow Council members, I say thank you. You, through your discussions, deliberations and decisions, have enabled the organisation to continue in its mission and to reach its goals.

Throughout our history, our services have evolved in response to the needs of children, the changing social structures of families and communities and the constraints of effectiveness and economy. As we move into this new era, we need to be ever alert to changes within health needs of children and families and always open and concerned for the welfare of this very vulnerable group. May our methodologies, our service programs and organisation structures always reflect this primary concern and commitment.

  
ACORN CITARRAAN - 6.12.7  
DR. NEIL BARTELS:

## Chief Executive Officer - Vision for the Future

Each year brings with it many challenges and achievements –none more so than this one which has seen Glenda Keeshan leave this position after nearly 30 years. I want to thank her for her dedication and service and assure you that despite the change the desire and commitment to work for rural children and their families remains resolute and central to all my endeavours within this organization. Glenda oversaw many changes – the major one, the change of services from residential coastal Homes for access to medical and surgical procedures to day visit therapy centres situated in major rural towns.

While the mission to serve and to maintain quality, child-centred, cost effective services is constant, it is however time to move beyond this establishment phase of these rural Centres and into a more dynamic, socially engaged and progressive stage of service. It is time to grapple with some of the realities of staffing, program appropriateness and costs and facing the service.

How will we do it? In line with planned strategies we must;

- stabilize the present services through constancy and consistency in staffing.
- establish the services as 'lead' agencies in the networking structure within the rural communities and across communities and agencies provide assistance and access to varied services for clients and families.
- develop new areas either geographically or within service orientation, and,
- re-position the Organisation in the not-for-profit landscape of the State.

All this must be done within the constraints of effectiveness, practicality, quality and economy.

2007 has been a particularly difficult year in relation to staffing the Centres. Some positions have been unfilled for some time and accommodation problems particularly in the mining areas have been difficult to address and resolve. So the decision has been taken by the *Bush Children's Council* to re-develop property the organization holds in some of these towns. In this way we will be able to offer accommodation to staff members at appropriate costs and in acceptable areas.

Another key element in this whole process of consistency of centre staffing is the provision of quality supervision and mentoring programs and an improved and more accessible professional development stream. Both elements are crucial to inexperienced and developing therapists and also crucial in the provision of high quality certified programs.

To work effectively with such a diverse case load that would be found in the centres, the therapy teams require the regular support of their mentors and supervisors. This type of input to the work is critical and continues each week through individual sessions and regular centre case meetings with the case management supervisor in Brisbane.

Additional to this regular internal input will be the increasing opportunities to be given to therapists to attend professional development programs provided in each of the rural areas and across the State. Chances to attend these programs will be increased. It is important that new therapists develop their skills through practice based programs/workshops offered by experienced reputable practitioners. Support will also be given for therapists to become part of the 'excellence programs' – 'competency based programs' offered by their respective therapy associations.

While the major focus of our work will always be on interventions for individual children and their families, much time must also be spent in consultation and collaboration with local agencies and schools in the areas. Many thousands of Case Consultation or Liaison meetings are held with education and health professionals across the state during the year, this is a concerted effort to ensure consistent and coordinated programs of care for the children and their families. Much time will also be spent on service liaison meetings and network consultations in an endeavour to provide wide ranging services to those in need. These network meetings enable the therapy team to become aware of the services available in each community and to develop their particular role in the service landscape of the community

This consultative role even though undertaken in a secondary capacity is critical if the programs are to be efficacious. Each therapist has such limited chances to meet with the child, so it is important that the other adults who also bear some responsibility for the developmental issues of the child should be partners in any program developed and undertaken. Referring agents, teachers, medical professionals all who care for the child need to work together to provide consistent, well balanced, goal directed programs that achieve their ends.

Our Centres will work towards developing their particular niche as a lead agency for services to special needs children in the communities in which they work. Programs will be research based and taken from the forefront of developing programs for children. Work will be undertaken to ensure that innovative service and program models appropriate for rural and remote areas based on current research, interventions and technology are introduced to the services. The centres will become 'the hub' of health service provision for rural children within the communities in which they are established.

"Develop or perish" - as common wisdom dictates. Maintenance achieves many goals but after some time, maintenance will only provide mediocre services and once useful responses. Decisions have to be taken in regard to the development of the service – does the further innovation become geographic or does the Organisation use its resources, both human and material, in the creation of further or more technological services within its established geographic boundaries? We must ask and respond to these questions within the new strategic plan and direction we are charting.

Hand in hand with the need to develop is the need to acquire the resources that will allow not only maintenance but this continued development. Not-for-Profit organizations within the State must work diligently and hard to gather whatever donation funds are available. Our donor list is diminishing; those who have remained loyal down many years are finding it increasingly difficult to continue their generous help. We have to re-position the Organisation within the focus and outlook of the donors of the State. New programs have to be investigated and newer ways of approaching the public for support have to be found, for not matter how grand the plans to develop without the financial resources required to support the changes all plans will come to naught.

We need both your moral and financial support as we work our way through these changes. We will become more targeted in our efforts, more technological in our approach, more savvy in our outreach and hopefully more known in our brand. Many times on the phone we are told – "Oh! I thought you had closed." No, we have not closed just changed. There is still much work to do.

As this year ends and a new one begins, my thanks for a year of hard work and effort goes to the staff of each Centre – the therapists and support staff. Their dedication and commitment to the task is greatly appreciated by the families and by the Organisation. I thank, also, the staff at Brisbane Office – the supervisory mentoring therapists and the administration people without whose help much of the background work could not be done. Their efforts are appreciated and acknowledged.

Lastly, my thanks go to the children and families who use the Centres – we hope you have enjoyed your time with us. We hope you have acquired new skills, learned new concepts and grown in experience and understanding of yourselves and your world.