

Queensland Aged & Disability
Advocacy Inc.

2010-2011

Annual Report



Giving Queenslanders a voice

Queensland Aged & Disability
advocacy Inc.



Vision

Giving Queenslanders a voice and helping them to achieve fair solutions

Values

We value the rights of the people we support and with whom we work.

We respect the individual and community wellbeing and diversity of our clients.

We value the independence of those with whom we work.

We recognise Aboriginal and Torres Strait Islander self-determination.

We value cooperation and participation through collaboration to benefit our clients and maximise the use of resources.

We value excellence by commitment to improving quality in all areas to achieve best practice, transparency and accountability.

We value commitment, knowledge and skills of staff, volunteers and the broader community.

Mission

Our clients

To assist vulnerable people and communities, in particular older people, people with disabilities and their carers, wherever they are throughout Queensland to resolve service related issues that affect their lives through the provision of high quality advocacy support and representation.

Our community

To provide information and advice to our clients that enables them to exercise their rights and responsibilities through informed decision-making.

Our organisation

To be a proactive organisation that influences service development and continuous quality improvement to better meet client needs.

Contents

OVERVIEW

Who we are	2
Our organisation	3
Our goals	4

REPORT

Year at a glance – highlights	6
Overview from the Chairperson	8
Board of Directors	9
Overview from the CEO	10
Service report	12
Community case scenarios	14
Residential case scenario	16
QCAT case scenario	17
FINANCIALS	19

Who we are

QADA is an independent advocacy service that operates state-wide throughout Queensland with a head office in Brisbane and regional offices located in Cairns, Townsville, Rockhampton, Mackay, Wide Bay, Toowoomba and the Gold Coast. QADA's mission is to provide information, education, support and representation to enable people to understand and exercise their rights and responsibilities, and to ensure their voice is heard.

We are jointly funded by the Queensland and Australian Governments to offer free, confidential and client directed advocacy support to people receiving aged care packages; Community Aged Care Packages (CACP's)/Extended Aged Care at Home (EACH) packages, Home and Community Care (HACC) services, residents of Commonwealth funded aged care facilities, and carers of recipients of these services.

QADA is the lead agency in a consortium with the Mental Health Association Qld/Australian College of Community Services, Synapse, Diversicare and Burnie Brae. This consortium will be known as "mhWISE" and will deliver one-day mental health training to HACC workers and provide mental health resources to older people, carers and the broader community.

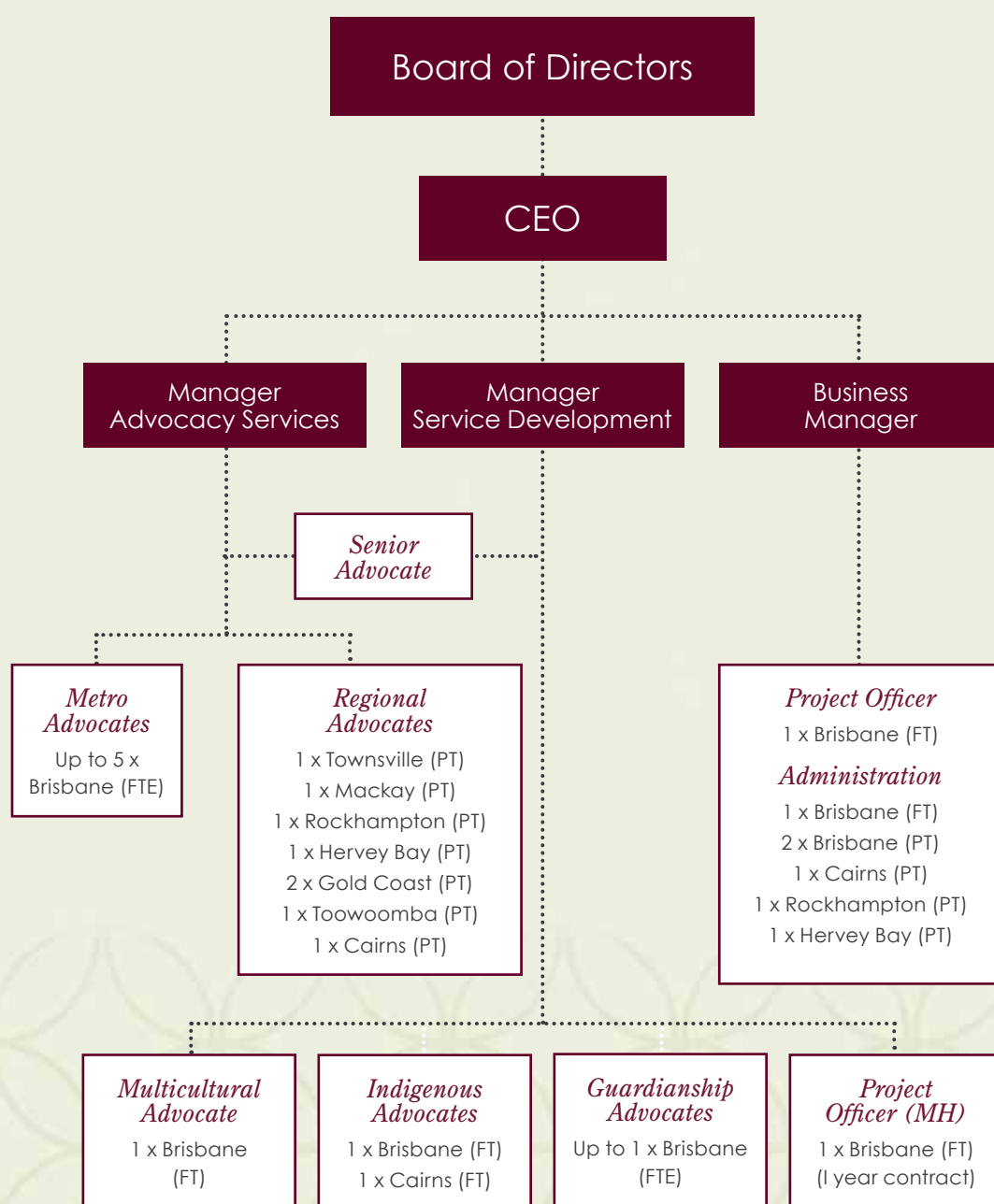
We also provide professional advice, support and representation to assist adults whose decision-making capacity is being questioned, with guardianship and administration matters.

QADA, along with Council on the Ageing (COTA) Queensland and Carers Queensland conduct consumer engagement activities to identify systemic issues affecting QADA's client group.

Our organisation

2010–2011 QADA organisational structure

Since the end of the financial year, the Board of Directors has recently reviewed and consulted with QADA staff to re-align their roles and responsibilities within this organisational structure.



FTE = Full-time equivalent
FT = Full-time
PT = Part-time

Our goals

QADA's Strategic goals for 2010–2013

Our clients

QADA will contribute to better quality of life for all people including marginalised and vulnerable members by advocating for their rights.

Strategy 1

Advocate for individuals, particularly:

- ageing people, including those with disabilities;
- people with disabilities;
- all Aboriginal and Torres Strait Islander peoples and people from other culturally and linguistically diverse communities;
- people with impaired decision making capacity;
- people with mental health issues; and
- emerging client groups.

2010–2011 planned outcomes:

- Client expansion focus will be mental health and CALD clients. (Strategy 5 applies)

Strategy 2

Work for client driven change, and realise it through our capability for systemic advocacy. (See also Our community)

Strategy 3

Strive for continuous improvement through opportunities for client participation including:

- focus groups (link with consumer focus groups);
- face-to-face feedback;
- independently facilitated follow up and debriefing;
- promoting best practice by demonstrating it ourselves; and
- demonstrate commitment to continuous improvement and accountability through measurable objectives.

2010–2011 planned outcomes:

- Continuous improvement activities for our clients across all advocacy activities and maintain certification.

Our community

QADA will be a proactive leader and recognised participant in the broader non-government sector, private and public sectors as they respond to change and client trends.

Strategy 4

Advocate for social change:

- using networks, partnerships and links with our wider community of stakeholders;
- by empowering individuals with whom we work;
- by locating or developing innovative education and information resources that address the diverse needs of participants; and
- by influencing policy makers using QADA's experience and data.

2010–2011 planned outcomes:

- Proactive consumer engagement to inform advocacy practise and broader systemic change (including HACC). Other funding sources negotiated. (See Strategy 2)
- Explore cooperative research options aligned to systemic issues to improve client services.

Our organisation

QADA will maintain and grow a quality advocacy service for Queenslanders.

Strategy 5

Source, identify and act on potential growth areas and service expansion through funding and earned income.

2010–2011 planned outcomes:

- Client expansion funded (Refer Strategy 1)
- Expand QADA's recurrent funding sources
- IT platforms/infrastructure and office capacity enhanced (See Strategy 8).

Strategy 6

Attract and retain skilled staff and board members through ongoing professional development and by ensuring specialised skill development internally.

2010–2011 planned outcomes:

- External consultancy/advice options explored for recruitment/retention/succession planning explored.

Strategy 7

Raise our profile and build on reputation through marketing, media and communication.

2010–2011 planned outcomes:

- Marketing and Communications Strategy reviewed, including lobbying and website.

Strategy 8

Explore infrastructure improvements that support quality service growth.

2010–2011 planned outcomes:

- IT platforms/infrastructure and office capacity enhanced.

Year at a glance - highlights

2010–2011 has been an exciting year for QADA and we are proud of the new initiatives that have taken shape over the year in addition to continuing our core business of providing advocacy support, education and representation.

QADA was successful in gaining funding through the Jupiter's Casino Community Benefit Fund to produce the following resources:

- a fact sheet translated into Creole;
- two large print fact sheets for clients with vision impairments; and
- two marquees (one with QADA's general advocacy branding and one with QADA's Indigenous branding) for use at the various expos that QADA participates in.

Through HACC, QADA received additional funding to:

- employ a Multicultural Advocate to improve our capacity to deliver advocacy services to people from Culturally and Linguistically Diverse (CALD) backgrounds;
- produce two factsheets and translator cards in 14 additional languages (Portuguese, French, German, Dutch, Japanese, Hindi, Bosnian, Filipino, Croatian, Samoan, Maltese, Macedonian, Polish and Thai) to complement QADA's existing suite of multicultural materials; and
- establish an office in Toowoomba to meet the demand for advocacy services in the Darling Downs area, and improve access in South-West Queensland.

We were successful in receiving project funding through the Department of Communities to:

- develop a mental health advocacy framework to support the growing number of consumers with mental health issues who contact QADA; and
- act as the lead agency in a consortium with the Mental Health Association Qld/Australian College of Community Services, Synapse, Diversicare and Burnie Brae. The consortium will be known as "mhWISE" and will deliver one-day mental health training to HACC workers and develop resources for older people, carers and the broader community.

We received one-off funding from NACAP to promote QADA's advocacy services and client rights to remote communities. With this funding QADA has already begun to deliver advocacy and information/education sessions across remote Queensland. In July, we visited south-west Queensland (travelling from Toowoomba to Cunnamulla, and from Tambo to Winton). The second stage will focus on Western Cape York and the Torres Strait Islands including Bamaga.

This funding has provided an excellent opportunity to reach rural and remote communities. QADA's capacity to regularly visit these areas is normally limited due to the high costs of travel.



Through feedback received from clients and service providers, QADA reviewed how it can improve its education activities to enable more effective client interaction. As a result QADA developed:

- an interactive presentation for use with clients with impaired capacity; and
- education question cards (one set for staff and one set for clients).

QADA was successful in putting forward a submission for a poster display at the HACC National Conference promoting positive mental health for older people.

QADA has been involved in providing input into a Queensland Workplace Health and Safety brochure for HACC clients.

We continued to be actively involved in activities supporting Aboriginal, Torres Strait Islander and Australian South Sea Islander clients including NAIDOC events in Brisbane, Toowoomba and Cairns.

QADA continued to represent the consumer voice as part of its systemic advocacy. We focused our consumer engagement activities in partnership with Carers Queensland and Council on the Ageing (COTA) Queensland in four areas – Gold Coast, Fraser Coast, Toowoomba/South-West, and Tablelands in Far North Queensland. Our aim was to identify gaps in service delivery and potential service enhancements which were reported back to the relevant bodies.

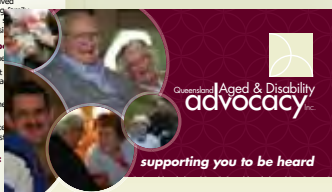
In addition to this, QADA has provided submissions into several inquiries and reviews including the Productivity Commission's Inquiry into Caring for Older Australians, Positively Ageless Queensland Senior Strategy, 10 Year Plan for Supporting Queenslanders with a Disability, and the Aged Care Complaints Scheme Complaints Management Framework Review.



Guardianship and Administration

QADA works to ensure an adult's rights are understood and respected. We provide support to service potential clients networks, sport and participation functions of of Attorney and an appointed administrator in relation to administration.

QADA welcomes referrals from any interested party involved in the adult's life, including members, friends, carers, providers or other professional. QADA provides support to service potential clients networks, sport and participation functions of of Attorney and an appointed administrator in relation to administration.



What is Advocacy?

Advocacy is the process of standing alongside you and speaking out on your behalf in a way that represents your interests.

QADA advocacy services include:

- Accurate information about your rights and responsibilities
- Confidentiality to discuss your needs and concerns
- Support to resolve service related issues
- Help to explore options relating to your situation
- Support to make informed decisions
- Support to work through a problem
- A referral is not required
- Interpreters can be arranged.

ph: (07) 3637 6000 ■ freecall: 1800 818 338
info@qada.org.au ■ www.qada.org.au

Overview from the Chairperson



This year, the QADA Board has undergone some changes with its membership, gathering some very talented and passionate people as directors. Each Director who is involved on a voluntary basis, contributes to building organisational capacity to meet the future needs of our clients, as well as supporting strategic direction in times of predicted complex trends.

For us it has been a busy year, forging forward to accomplish the key priorities within the Strategic Plan, especially the Strategic Marketing Plan and with its completion we are anticipating some exciting changes for the organisation and staff. Therefore this change will contribute to improved outcomes for our clients and other key stakeholders. Our focus will be on creating a strong brand, with clear key messages and organisational identity, one which provides excellent service to all of its customers.

QADA continues to build partnerships from across both government and the not-for-profit sectors, and for 2012 has envisaged a focus and review of opportunities in securing non-traditional income streams. Most importantly developing and maintaining partnerships are at the heart of providing quality service delivery and in achieving this goal.

Queensland as a State has indeed faced some challenging times in 2011, with cyclones and flooding affecting our operations during the months of January and February of this year. Some environmental damage can still be seen but the emotional trauma which was caused both at the time and still now, requires the sensitivity and empathy of caring human beings. Thank you to staff that went that extra mile in order to help the community during this time.

Some highlights for 2011 include the review of the Corporate Governance Manual, advice on additional funding from both HACC and NACAP, poster presentation at the HACC National conference in April, and the positive feedback from the ISO Surveillance Audit 16–18 May.

There are some challenges ahead for QADA to continue to meet the growing needs, both in number and complexity of referrals from the community, but the Board is committed to embracing changes both from internal and external, in order to establish QADA as a leader in their field.

It is also probably the right time to say that after two years of chairing the QADA Board of Directors I am handing over leadership. I look forward to continuing my support of QADA in my new role as a director into this next year.

As Chairperson and on behalf of the Board I would like to thank Margaret Deane for her commitment to quality, both in the areas of service delivery and strategic management. To our staff and clients – you are the backbone of the organisation, thank you for your hard work and support.

A handwritten signature in black ink that reads "Karen Constant".

Karen Constant
Chairperson



Board of Directors

QADA 2010–2011 Board of Directors

Karen Constant (Chairperson)

Carli Rowlands (Deputy Chairperson)

Wendy Partridge (Treasurer)

Jennifer Pouwer (Secretary)

Damien Conley (Director)

Megan Fairweather (Director)

Ginni Hall (Director)

Dan O'Sullivan (Director)

Sharyn Wilbraham (Director)

Margaret Deane (CEO, Ex-Officio)



*QADA continues to build
partnerships from across
both government and
the not-for-profit sectors...*

Overview from the CEO



In the last twelve months QADA continued to assist and support over 3,677 clients across Queensland and delivered 794 information education sessions. Our staff are proud they can make a difference to people's lives and improve their quality of life.

Our advocacy services have been provided through the Home and Community Care Program (HACC), the National Aged Care Advocacy Program (NACAP), Guardianship Advocacy through Legal Aid Queensland and some additional funding from the Community Mental Health Program.

Demand for our services on all levels from seeking information and referrals, delivery of information and education sessions and supporting and representing people to resolve service issues continues to grow. This has presented management with increasing challenges to ensure our resources can meet this demand which comes from a dispersed geographical base and a client group that is presenting with more complex and challenging issues. We have ensured that our advocacy operates within a continuous improvement framework that can respond and enable the ranges of clients that present for support and assistance.

We are pleased to have opened another regional office bringing our total number of regional offices to seven. Our new office in Toowoomba has been operational for a few months and our new advocate has been proactive in ensuring the community is aware of our services.

Through project funding from the Department of Communities we achieved a long-term aim to undertake the development of an advocacy framework to support older people with mental health issues. QADA has identified this area as a strategic priority as more older people have been presenting to QADA who have mental health issues. Our aim is to provide a framework that will enable us to assist these clients in the most sustainable and effective way and provide them with a voice and ability to influence their health and wellbeing.

QADA was excited when in early January we were invited to tender for the Older Persons Mental Health and Emotional Wellbeing Project. Our strategy to form a consortium of five partner organisations was successful and announced in June. QADA will act as the lead agency in partnership with the Mental Health Association Qld, Diversicare, Synapse and Burnie Brae Centre. The consortium, to be known as *mhWISE*, will develop and deliver awareness and skills training for HACC workers (focusing on direct support workers) across Queensland over the next twelve months. This will not only include training but also support materials and information for clients and carers.

At the broader strategic level QADA prepared submissions and responses to a number of enquiries, the most significant for our service being the Productivity Commission's Inquiry into Caring for Older Australians where we contributed to the national submission on behalf of the National Aged Care Advocacy Program but also made a separate submission and presented at the hearing in Queensland on behalf of QADA.

QADA along with the national aged care advocacy programs in each State and Territory worked with the Department of Health and Ageing to design and develop a National Aged Care Advocacy Conference in June 2011. QADA had the largest delegation at this conference enabling all advocates and management to attend and participate in this important event that gave staff the opportunity to enhance their professional development and establish networks they can access in the future.

QADA continued to participate in a number of strategic forums including, the Queensland Futures Forum, HACC Partnership Forum, the HACC Information Education Roundtable and other key committees representing the consumer voice and bringing to the table systemic issues that impact on older people, people with disabilities and their carers.

One of the key policy directions that have come from the National Hospitals and Health Reform and the Council of Australian Government is the decision to split the responsibility for the delivery of aged care between the Commonwealth and State governments, with the Commonwealth taking over all aged care for people over 65 years and the State retaining care for those under 65. This will translate to over 50 and under 50 for Aboriginal and Torres Strait Islander older people.

QADA staff participated in a number of consultation and strategic forums presenting the consumer perspective and influencing planning of this major change to the delivery of aged care services.

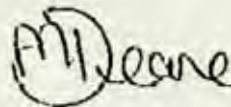
QADA, along with Council on the Ageing Qld and Carers Queensland continued to consult with HACC clients and potential clients, this year focusing on four areas – Gold Coast, Fraser Coast, Tablelands in Far North Queensland and Toowoomba south-west. Our strategy was to try and drill down further to provide more rigorous evidence around issues, client experience and gaps in services. Some of the main areas discussed included accessing a spring cleaning service, providing appropriate transport, lack of culturally appropriate respite services, lengthy waiting lists for services and lack of information available to access HACC services.

In anticipation of a Government Pay Equity Decision, and as recognition of the skills and abilities of QADA's staff, the Board of Directors made strategic decisions over the last two years to pay above Award allowances. The aim of this was to minimise any financial impact of the pending Pay Equity Decision.

I am privileged to lead a highly professional team who work tirelessly to ensure our clients receive the information they need to make informed decisions and to empower and support them in resolving issues in a way that they feel improves their overall health and wellbeing.

I also acknowledge the support and leadership provided to me by the Board, all of whom have full-time occupations but they willingly volunteer their time to ensure that QADA can deliver the best and most appropriate services to our clients.

QADA is the organisation it is because of the team we have and I thank you all for your commitment and support. Our achievements have been great and continue to make a difference for older people, people with disabilities and their carers.



Margaret Deane
Chief Executive Officer



Demand for our services on all levels from seeking information and referrals, delivery of information and education sessions and supporting and representing people to resolve service issues continues to grow.

Service report

QADA continues to receive increased information services for HACC, Aged Care and Guardianship matters,

QADA's figures have reduced slightly in relation to education sessions and case work in the last financial year. This can be attributed to a number of natural disasters throughout Queensland, which have impacted on the ability for advocates to conduct regional trips throughout the State, as well as visit aged care facilities and HACC services throughout Brisbane. The focus for consumers and service providers this year has been around disaster recovery, rather than advocacy education. The reduced education sessions and advocacy services also highlight a direct correlation between education sessions conducted and contact by care recipients, carers and industry staff.

Outputs	HACC	NACAP	Guardianship	Total
Information Services	854	193	331	1378
Advocacy Services	1297	935	67	2299
Education Sessions	481	275	794 (38 guardianship service presentation only)	794

Note: Many enquiries and education sessions included more than one program area.

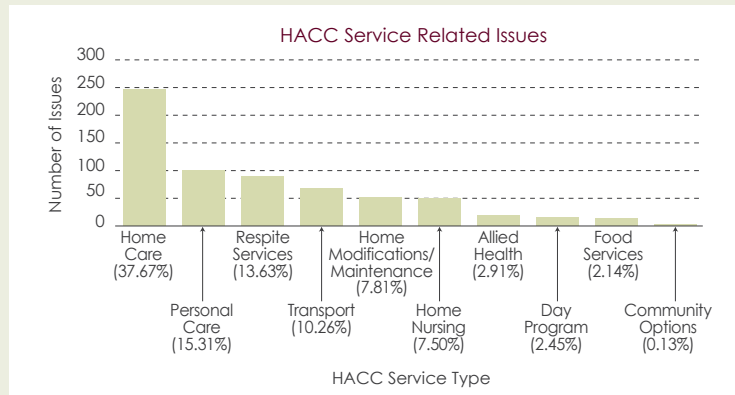


Emerging issues

In relation to HACC issues, domestic support continues to rate as the highest number complaint with over 200 issues related to this service type.

Some of the main issues have involved accessing appropriate domestic support, flexibility surrounding the services being provided, and allowing input from the client in relation to how the services are to be received.

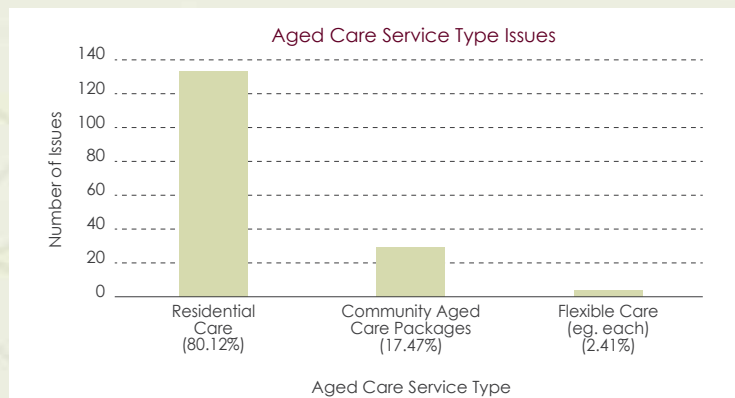
Personal care and respite services are also of a high level with up to 100 issues relating to these service types. In relation to personal care, issues have revolved around workplace health and safety concerns. Respite service issues have related to an increased need in respite hours, as well as problems with how the service provider supports clients with capacity issues.



The majority of aged care issues are related to residential care, with approximately 130 issues related to this area.

The majority of issues have included equipment, special diets not being provided, privacy issues, access to physiotherapy, smoking issues, complaints handling and the variety and appropriateness of activities provided by the facility.

In relation to community care and flexible care service issues these have included issues with transparency of entitlements and cost of services being delivered, inability to access home maintenance services through the package, fees being taken up in brokerage of services, transport required for appointments not being provided through the package, continuity of staff and a lack of detailed care plans.



Community case scenarios

Individual Advocacy

Scarlet had recently returned home from hospital and was receiving personal care services from her local Home and Community Care (HACC) personal care service, as she now required assistance to shower and dress herself.

On one occasion a male carer came to attend to Scarlet. Scarlet was very concerned due to the gender difference and the personal nature of her services. Scarlet decided to talk to the staff member in charge of the rosters. When she phoned, the staff member explained that unfortunately her regular carer was sick and they were unable to send anyone else. Whilst the staff member was sympathetic there was nothing she could do to change the situation. In fact Scarlet was told that her regular carer may be off for some time and so she may have to receive a male carer on some occasions.

Scarlet was very upset at the possibility of this happening again so she decided to phone QADA to find out her rights. The Advocate explained that there were a number of rights under the HACC Program pertaining to Scarlet's issue, including the right to be consulted on any change to her care. As well as the right for her privacy to be maintained and dignity respected. Scarlet agreed for an advocate to support her at a meeting with the coordinator of her HACC service in order to raise her concerns.

At the meeting Scarlet discussed her concerns with the Advocate's support. Scarlet agreed to change the time she received her services so that a female staff member would be available to conduct her care. She also agreed to contact the coordinator if an issue arose in the future so that the coordinator could address it straight away. Scarlet has since informed the Advocate that this arrangement is working well and she has the confidence to discuss issues with the coordinator herself as required.

This is an example of individual advocacy where the Advocate assisted a client to raise her individual issue in order to seek resolution.



Third Party Advocacy

Helen contacts QADA to discuss her father Bill's care. Helen tells the Intake Advocate that her father Bill is receiving a Community Aged Care Package (CACCP) from a small community based provider. Helen says that the Service Provider has been insisting that Bill sign a document citing several conditions that they are saying he has to meet to enable him to continue receiving care. According to Helen, the Service Provider is threatening to withdraw services if Bill refuses to sign the document.

Helen outlines that Bill has reported on several occasions that items such as food and toiletries have been stolen. Since raising these issues, fewer staff members have been willing to work with him. Helen says that Bill also insists on not having any staff back who steal from him. The Service Provider told Helen those that are willing to provide care, say that he is rude to them and makes insulting comments. Helen says the Service Provider told her that they have many months of documented 'evidence' reported to her by staff. When Helen questioned Bill, she said he denied that he talks to staff in an insulting manner, and this is the first that Bill has heard of this 'evidence'. Helen says she is concerned that her father has been displaying early signs of dementia, as she knows her father would never talk like this.

Helen says that this situation is causing Bill a great deal of distress and he is getting quite depressed. Helen said that Bill lives with bouts of depression but did not elaborate further. Helen said that the Service Provider wants a meeting with Helen and Bill to discuss the future of the service. The service suggested that she contact QADA for advocacy support, and Bill has given permission for QADA to work with Helen on his behalf.

The Advocate met with Helen and the Service Provider. After some time of discussing the issues it becomes evident that Bill's actions are irregular. The Service Provider agreed with Helen that an issue with capacity could be involved. She suggested that Bill have an assessment (regarding capacity) with his doctor, which Helen agreed to.



The Service Provider, Helen and Bill agreed to continue with the service if the following actions are taken:

- 1) Bill is to choose a worker he is happy with to be his primary worker.
- 2) Helen and Bill will meet with the Service Provider each week to discuss any issues that may have occurred during the week.
- 3) Training is to be provided to the staff regarding clients who may have dementia or capacity issues.

This is an example of third party advocacy, where QADA is assisting a representative of a client when the client either requests the Advocate to work with someone else or is unable to give the Advocate direction for the matter.

Residential case scenario

Group Advocacy and Systemic Advocacy

At an education session QADA undertook at an aged care facility, five of the residents came to the Advocate to discuss their concerns regarding the food.

They said they felt they did not receive enough food, and that they often had no choices, feeling that they received the same vegetables all the time. All residents agreed that they wanted assistance with this issue but were concerned about retribution if they raised it. The Advocate explained that QADA could support them to discuss the issue and would continue to support them until they no longer required QADA's assistance.

The Advocate informed them that they did have the right to variety and choice within their meals and should be able to receive as much food as they required. As a number of the residents had the same issue the Advocate could raise it anonymously on their behalf. The residents agreed to this. In order to ensure all residents were represented accurately the Advocate undertook another meeting with the residents explaining what issues would be raised and what the Advocate would and would not say, including canvassing different options which the residents would be happy to agree to.

The Advocate then met with the Director of Nursing (DON) to discuss the residents' concerns. The DON agreed to implement a food survey which would obtain all residents likes and dislikes. The DON said that they would devise a meal plan a week in advance so residents were aware of what they would be receiving and could choose another option if they wished. The DON also said that the residents could eat as much as they wished but may not be aware of this, as often they receive waste which is why they provide smaller meals. The Don said she would ensure the residents are informed at each meal if residents require seconds they could receive this.

A phone call was recently received from the residents who are now receiving a variety of vegetables and are very happy with the new meal choices.



In this case scenario QADA assisted a group of people through a process of group advocacy. With individual advocacy the client cannot remain anonymous, as in order to resolve the issue the provider needs to understand the issue for the person involved. However, if a group of residents have exactly the same issue this may be possible. This case scenario also demonstrates the use of systemic advocacy, as the resolution resulted in obtaining feedback from all residents to improve the variety, amount and choices regarding food for everyone.

QCAT case scenario

Sandy has contacted QADA. She was referred to QADA by her local GP. Sandy currently lives at home with her brother who cares for her and her appointed Enduring Power of Attorney (EPA).

Sandy's mother has put in an application to QCAT in order to appoint herself as Sandy's administrator. Sandy says her brother tells her this is because her mother wants to lock her away in an aged care facility and take all her money. Sandy says her brother looks after her money and even though she doesn't have a lot to spend on herself she is still happy with this.

Sandy would like support at the tribunal hearing. Sandy says she doesn't want her family to have anything to do with her affairs anymore and would like someone else to do it for her.

The Advocate is able to represent Sandy at the QCAT hearing and ensure that the Public Trustee is appointed to manage Sandy's finances. Sandy finds that once this decision is made she is able to have a lot more input into decisions regarding her finances, and the family conflict is reduced.

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a voice and helping the
to achieve fair solutions*





*QADA can help
to create a level playing field
by supporting older people,
people with a disability
and their carers to be heard.*



Queensland Aged & Disability
advocacy Inc.



121 Copperfield Street
Geebung Qld 4034

www.qada.org.au