

The Face of ACRO, 2021



(Left to Right) Carpenter Jared Taylor; Carpenter Glenn Bailey; Accounts Manager Neil Joseph; Construction Manager Ben Green; Programs Manager Fiona Begg; Field Officer Paul Green; Administration Worker Annelies Law; Occupational Therapist Kristine Eyles; Administration Worker Hannah Miller; Plumber David Licht; Housing Support Worker Lauren McNamara; (inset: ACRO Builder Alan Elliott).



Executive Committee Members Ian Stewart, Chairperson; Stephanie Whelan, Secretary; Chris Stewart, Treasurer.

State government over two financial years, has helped children from 96 vulnerable families to engage with their education.

Summary Statistics

- 3159 HAS Services
- 3582 CHSP Maintenance Services
- 1354 CHSP Modification Services
- 246 First Interviews
- 654 Occupational Therapist Referrals
- 5350 SAAP Bed nights of Accommodation

- 148 Additional Housing related requests
- 1050 Calls for Assistance
- 552 assisted through additional programs
- 88 people were financially assisted this past year We continue to provide Emergency Relief by way of Food Vouchers and payments to client's creditors.

Needless to say, none of this work could be achieved without the efforts of a dedicated Staff, Volunteers and a committed Executive Committee. I would like to express my gratitude to all for an exceptional performance under difficult circumstances. Perhaps this may be different in 2022 but none of us are holding our breath. We expect more of the same and hope that our perseverance and energy are up for the tasks ahead.

I wish you all, safety and tolerance during the coming year.

ANNUAL REPORT 2021



It is more than reasonable that ongoing caution not give way to complacency....

When we were first confronted with a pandemic some years ago, there was confusion and disbelief. There was speculation about its aetiology which was accompanied by political posturing but none of this mattered as the number of infections and deaths rose exponentially. The development of several vaccines gave hope and rates of vaccination in Australia have been the highest in the world. However, it has become evident that, in the absence of acceptable *global* vaccination rates and with the opening of international borders, the risk remains that new variants may emerge which may have the potential to make existing vaccination ineffective. The World Health Organisation (WHO) have set a target of 70% vaccination worldwide to bring COVID under control. The current rate, as of the date of this Report, is just over 50% with some African nation states having levels below 2%. Time is not on our side. It would seem inevitable that, in the absence of higher global vaccination COVID will most likely become a permanent determinant to lifestyle choices for us all into the future.

The extraordinary set of uncertainties that COVID has presented has undoubtedly led to great angst and despair for many. Here in Queensland, our border closure substantially shielded us from the misery and death that accompanied the outbreaks experienced in Sydney, Melbourne and worldwide. But it was always the case that our vaccination regime needed to be tested and our community had to open, primarily, we are assured, for economic well-being. As I write we are yet to reach a "peak" of infection following the reopening. It is true that the uncharted shore that we now traverse is exacerbating fear and concern at unprecedented levels, specifically for the vulnerable within our community. The irony of opening the system for economic purpose is that many people are choosing to self-isolate in this climate of fear; businesses are still failing as more people choose not to circulate in places where others are gathered; or Staff become infected creating absenteeism in the workforce. The fear of contracting COVID is palpable and the randomness of symptoms from mild to severe, in spite of vaccination, remains an impediment to community mobility. People simply don't know how the virus will affect them as there is no standard nor predictable outcome with individual differences mediating the reactions. It is more than reasonable that ongoing caution does not give way to complacency, particularly given our dependence upon global vaccination to assist in the resolution of the pandemic. Australia is an island but it is not removed from the global family.

At ACRO we have gone to considerable lengths to ensure the safety and well-being of both our Staff and clients. We have always operated, as an essential service, on the basis that in order to maintain continuity of service, such lengths were paramount. We are all, of course, members of the broader community so there is no way that we can direct the personal or social interactions beyond the work environment. Having said that, we immediately implemented all measures to ensure that Staff and clients were protected. Personal Protection Equipment (gloves, gowns, masks [KN95 and P2] and sanitizer) was secured and policies implemented for their use. We implemented temperature checks for Staff prior to the commencement of each work day. We encouraged full vaccination for all Staff and have recently ordered Rapid Antigen Tests. Additional policies were implemented to check on the health of clients

before Staff attended premises and strict guidelines were adopted for in-home maintenance work being undertaken. We insisted that any Staff with symptoms isolate and test. Older, more vulnerable Staff, were permitted to work from home where possible. In short, we have taken the pandemic seriously. I am deeply grateful to our ACRO Staff for their adoption of policies and procedures and the care they have taken for their fellow workers and clients.

There are some in our community who subscribe to conspiratorial rubric that seeks to downgrade the magnitude of the COVID problem. These people are ill-informed. They choose to ignore science and their "arguments" should not be taken seriously. Personal views should never override community responsibility.

Having said that, at some time, we all will need to normalize our behaviour. What will become "normal" behaviour is a moot point. I feel great empathy for those for whom this pandemic has shattered normalcy as we once understood it: young people grappling with relationship issues; children whose education has been disrupted or curtailed; older citizens who have been trapped in their homes for months on end; workers forced to stay at home without sufficient financial support (excluding the JobSeeker program) or worse, redundancy; family members separated by border closures; grieving citizens unable to attend funerals; wedding plans disrupted; businesses struggling and closing; essential workers living under constant pressure and under the cloud of possible infection; parents with supplementary caring responsibilities in addition to their work responsibilities. The list is endless. So, what will the new "normal" be? Our entire worldview has been upended and it is doubtful that we will ever return to that which existed before March of 2020. The changes forced upon us, and those likely to be implemented, will radically alter our reality. This has placed and will continue to do so, enormous stress on all citizens as we cope with this very real existential crisis. For some, change is easily embraced but for others the strains have led to serious emotional dysfunction. Prior to the pandemic WHO estimated depression affecting some 264 million people worldwide. It would not surprise me if the pandemic had massively increased this figure.

Significant social intervention will be required to assist those for whom this crisis has been unbearable. Social Services must be expanded urgently to cope with the approaching storm of discontent and malaise. The progressive dismantling of such services in the name of efficiency and privatization is no longer sustainable. Our economic priorities must take into account permanent support structures including greater stocks of emergency and social housing; access to affordable mental health services; new approaches to ageing that enable older citizens to stay in their own homes; the dismantling of institutional aged care facilities; greater access to in-home care; increased training and educational access for social service delivery; greater government access to financial support for workers who are suffering impacts from COVID including long COVID; low-cost access to technology options for all in education,

In the spirit of reconciliation ACRO Australian Community Safety & Research Organisation Incorporated acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.



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Executive Director's Annual Report 2021

There are some in our community who subscribe to conspiratorial rubric that seeks to downgrade the magnitude of the COVID problem. These people are fools who choose to ignore science. Personal views should never override community responsibility.

health delivery, aged care support, mental health support; greater investment in hospitals. This is by no means an all-inclusive list and it will require greater income for government which, in turn, requires a greater individual contribution by citizens and corporations via taxation. Some savings can be achieved, perhaps by scaling back our excessive defense budget? I feel that the Australian public is hungry for a fresh approach that is more inclusive of collective needs.

As I suggest, there is no doubt in my mind that we will need to progressively realign our thinking about how we live and interact with our fellow citizens. It is becoming clear that entire systems will need to be challenged, particularly those directed by economic preoccupation which appear to take precedence over all other considerations. The transnational nature of our economic and social systems has broadened our concept of community over many decades. We now understand, I hope, that we are interconnected and interdependent. The social order, previously, had assumed the opposite. We are individuals but we interact as a collective. Ironically, transnational *economic* approaches themselves appear under threat as nation-state thinking emerges as a direct result of the pandemic.

We continue to face challenging times but there is scope for optimism and I, for one, would rather live in a world of hope than one of fear.

The Year in Retrospect

In spite of the considerable COVID challenges of 2021 ACRO has retained its record for excellent service and delivery across the range of services it provides. As with most other providers within our sector, this has not been without cost with levels of anxiety within our Staff being consistently high and fear within our client groupings being similarly elevated. We have, at times, felt isolated and unsupported but this has been a hallmark of the pandemic. In spite of this, we have rarely needed to refuse services for those in need.

It has also been a year of innovation in spite of COVID impediments. We have, with the support of the Federal Government, for example, been able to finally redevelop one of our properties for emergency accommodation purposes. This is a major redevelopment which had many hurdles to overcome involving engineering and structural interventions resultant from Brisbane City Council (BCC) and QUU (Queensland Urban Utilities) underground infrastructure. When completed, hopefully in September 2022, this facility will provide three units of accommodation in addition to shopfront Office/Community space. I would like to acknowledge the work of our builder, Alan Elliott in addition to our principle consultants Scott Connell and Ben Battist. Without their considerable expertise and problem-solving this Project would have been much more difficult than it otherwise

was. This redevelopment was not immune to the COVID crisis with considerable delays caused by labour and materials shortages. We were hopeful of a completion by December 2021 but this soon proved unrealistic. I also acknowledge the Commonwealth of Australia for providing significant funding towards this redevelopment. ACRO has committed significant funding and the working relationship between the Australian Government and ACRO bears witness to the need arising out of homelessness and the scourge of domestic and family violence that often leads to that homelessness.

As already indicated, ACRO implemented COVID-aware and prevention procedures which proved to be highly successful with minimal impact on service delivery. This entailed a careful evaluation of client and staff health prior to attendance for maintenance and modification work as well as interventions to make the workplace safe into the future including:

- Working from home for those able to do so
- Stay at Home if symptomatic" adherence by all Staff
- Vaccination

I again acknowledge the perseverance by ACRO Staff in adhering to established policies and procedures during the year. This has meant minimal disruption to workflow even with compulsory lockdowns. The inconvenience of protective measures for tradespeople is particularly acknowledged – masks and gloves are not the most user friendly in the field.

One of the saddest impacts of COVID for us during the year was the ongoing suspension of our Daytripper Program. This will continue until we are satisfied that vaccination levels are of sufficient levels and infection levels are sufficiently contained to enable its recommencement. We know that this is a much missed activity for our older clients but I also understand their concerns in not wishing to participate at this time.

Another victim of COVID was our active relationship with the University of Queensland (UQ). We had been providing opportunity for School of Social Sciences students to undertake research in tandem with ACRO. Regrettably this activity has stalled and we look forward to a time when we can recommence this important partnership activity.



Dr Clive Begg Executive Director

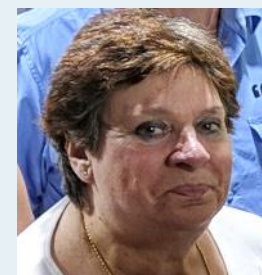
We continue to be concerned about the future of Commonwealth Home Support Program (CHSP) while the government determines its priorities for dealing with our ageing population. Potential discontinuance of the Program for Maintenance and Modifications remains problematic for the organisation and its clients. We appreciate that COVID budgetary measures have forced the government to reign in funding across the board and seek to establish efficiencies that best meet the needs of the various constituencies that they service. However, the unintended consequence of packaging maintenance and modifications with respite care, physiotherapy and the like may see important work to keep older people safe in their homes jeopardised, but, in any case the process seems counterintuitive. We feel that home maintenance and modifications stand alone from other necessary services and it remains our fervent view that it is better for people to age and remain in their own homes whilst doing so in a safe and secure manner. We do believe that people should have choice about how their packages are spent, but the scope of needs presenting older people places an unnecessary burden on people ill-equipped to make choices with limited resources. No doubt the changes to CHSP will be revealed over coming months. Our existing Program contract will end in June 2022.

Our HAS program contract remains in place until June 2023. This is another successful program that is under review. It is a State funded program that has successfully augmented CHSP over a long period. At this stage we have no definitive information about the future for the program beyond our current contract period.

Our Specialist Homelessness Service (SHS) which provides emergency Housing will also continue until June 2023 and, not unlike CHSP and HAS, we are unsure about continuity past this date. Naturally we are concerned about the apparent reduction in funding for service delivery for the homeless. There is no doubt that this reduction is not led by a lack of need. Indeed, the opposite is the case. We have previously reported the perplexing phenomenon by governments, both nationally and state-based, to reduce social housing at a time when the need for such housing

has increased. In fact, the COVID crisis should remind us of the fragility of those without a home. I have also previously reported upon my concern for older homeless women whose vulnerability is very much in issue, particularly in a climate of increasing violence against women. I am cautious not to conflate the two issues (homeless women and violence against women) as they stand apart in their own right however there is a point of convergence specifically in relation to family violence, another disturbing blight on our community.

There was a time when governments paid more than lip service to the notion of "whole of government" responses to social issues. This approach seems to have been relegated to the scrapbook of history as holistic approaches appear to be non-existent. Governments, for whatever reason and at all levels, seem more content to compartmentalise issues rather than to acknowledge their interrelated connectedness. By this I mean that advocates are now specialists in their fields rather than global in their thinking, particularly when it comes to problem-solving. The dilemma with this approach, whilst useful in a medical model for example, is that preventative approaches cannot



Jennifer Jones started work with ACRO in 1998 in the position of Project Administration Worker having come from an administrative background in Care for the Aged and the Department of Defence. Working initially remotely from our Office in Stafford and then relocating to ACRO Offices in Brisbane CBD, Clayfield and Newmarket, Jennifer was the administrative mainstay in our Home Assist Secure Program (HAS) and Home and Community Care program (HACC) and transitioned to additional responsibilities through My Aged Care (MAC). In all of these positions Jennifer was the first point of contact for our elderly, frail aged and people with disabilities. She is held in high regard by those with whom she came in contact because of her caring and patient disposition. As with all of us, Jennifer experienced the rollercoaster of life with its ups and downs but through these she provided constancy and reassurance to others with her familiar upbeat view of life. We wish Jennifer well in her retirement and great happiness for her and her daughter Rashida.



Jennifer with former Accounts Manager, Ashley Reid

be contextualised in terms other than those related to the specific rather than the more expansive. This, in turn, leads to duplication and waste. The sooner we recognise that phenomena interact, the sooner more effective "solutions" will be developed. For example, an understanding of family dysfunction interacting with unemployment, poor education opportunities, possibly homelessness as predictors of criminal activity or violence would lead to preventative programs addressing each as interrelated rather than separate from each other. As long as each process is treated separately and each is starved of financial support (the cause), the greater the probability that crime and violence will manifest (the effect).

The enormous costs for government caused by the COVID crisis will undoubtedly impact on the priority for government expenditure for a long time into the future. On an extremely cautious note, the devaluation of social services to compensate for this expenditure will lead to significantly greater costs into the future with an exponential growth in numbers of those without sufficient income, homeless and subject to increasing levels of violence as a consequence. As I suggested earlier, a revolution of thought will be necessary with old models for doing business becoming fundamentally redundant.

I have spoken about the dangers of privatisation within our sector over many years. I have suggested that "Free Trade Agreements" which disallow government from *directly* engaging in social service delivery is anathema to the concept of governance and protection for all citizens embedded in democratic principles that are germane to civilised society. The protection of the weak and vulnerable should not be viewed as a space for profit-making and commercial exploitation by corporate/religious interests. I despair at the lack of corporate memory and the failure of those charged with our governance to understand the fundamentals of their jobs. We, the people, deserve better.

ACRO Service Snapshot

Statistics

ACRO has met or exceeded its Specialist Homelessness Service targets for the 2020-21 financial year.

For the 2020-21 financial year, ACRO has also met the Places target for Temporary Supported Accommodation and exceeded the Clients target.

For our mobile housing support ACRO has exceeded the Clients and Hours targets for the 2020-21 financial year, achieving 173% and 98% respectively of targets and assisted 19 families to maintain or obtain housing.

ACRO has met all performance indicators but reports zero exits this year in its Crisis Accommodation Program. ACRO has been supporting three families long-term on bridging visas who are unable to exit to independent housing. The families have applied for protection visas and are not eligible for social housing under their current visa statuses. The fourth family has recently been approved for social housing and is awaiting an offer of housing.

For the 2020-21 financial year, ACRO has significantly exceeded the Information and Referral target and met the Home Maintenance targets. The number of new households who received HAS assistance for the first time, has decreased over the years which correlates with the introduction of My Aged Care.

ACRO notes that clients over 65 registering for My Aged Care are more likely to register for My Aged Care and this continues to impact on the number of new clients and retaining existing HAS clients.

ACRO's School Assist Program provides Aboriginal and Torres Strait Islander families, and those from culturally and linguistically diverse (CALD) backgrounds, who are experiencing homelessness or at risk of homelessness with up to \$1,000 for essential education-related costs. This program, funded under the Dignity First initiative by the