

Caroline Chisholm Society

Annual Report 2017–2018



**Caroline
Chisholm**
Society

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Locations:

1 Darebin Place, Caroline Springs 3023
(Registered Office)

977 Mount Alexander Road,
Essendon 3040

15A St Andrews Road, Shepparton 3630

Established: 1969

Life Members

Mrs C Bourke (dec), Mrs C Brennan
(dec), Mrs E Brennan, the Hon Christine
Campbell, Mrs P Coffey OAM,
Ms M D'Elia, Ms L Doolan, Mrs T Fogarty,
Mrs L Gibson, Mr B Guinane,
Mrs M Howes, Mrs W Hunt, Dr P Joshua,
Mrs L Joy, Mrs M McGarvie, Sr G Mulcahy
(dec), Miss M Napolitano, Mrs B Noonan,
Mrs H Pearson (dec), Ms M Reilly,
Mrs A Ronchi, Mrs P Saunders (dec),
Mrs E Semmell (dec), Sr M Sexton,
Mr F Smit, Mrs L Spokes (dec),
Mrs L Tainton, Mrs M Taverner,
Mrs K Tittensor (dec), Mrs P Way

Board of Directors

President and Director: Paul Webster

Vice President and Director:

Dr Michael Christie

Company Secretary and Director:

Phil Gatens, GAICD

Assistant Company Secretary and
Director: Wendy Hunt

Treasurer and Director: Stephen Mullins

Directors: Tess Fogarty, Phil Gatens, Stuart
Rowland, Kate Rowswell, Sarah Notaro

Staff

Chief Executive Officer: Helen Cooney,
MAICD, BA, MGov & CommLaw

Director Programs: Jennifer Weber PhD

Manager, Business Operations:
Amanda Moore CA, BCA

Supervisory and Senior Practitioners:

- Tania Belen Liawang, MSW, BA
- Audrey Ciappara, BSW, BPsych
- Katrina Clement, BA (Human Services)
- Amanda Wallis, BA (Sociology)

Employed staff including: Daya Adelan;
Lisa Autelitano; Rachel Callinan;
Rita Carfi; Maree Chin; Nina Conquest;
Micaela Dowd; Jessica Hana;
Fumiko Head; Sandy Hunter; Carmel Ibic;
Katherine Nguyen; Marie Panzera;
Nandita Paul; Sylvana Romagnano;
Caroline Tracy; Rhonda Viscovich
and Jessie Voogt

A dedicated team of volunteers

Our Vision, Mission and Values

Vision

To support pregnancy, children and families.

Mission

To deliver a range of pregnancy and family support services that respond to the needs of families and support them to achieve and maintain a safe and nurturing environment.

Values

We will develop services that are underpinned by the principles of:

- Respect for life
- Compassion and caring
- Social justice
- Empowerment
- Recognition of diversity
- Accountable best practice

Our Approach

Our service will utilise approaches that are characterised by the following:

- Positive pregnancy support
- Child focused and family centred
- Connecting families with communities
- Flexibility and responsiveness
- Promoting safety
- Acknowledging the expertise of families

Our Theoretical Frameworks

We are focused on the best interests of children, while highlighting families strengths, and working to ensure mothers, babies or toddlers and their families can have a good attachment.

- Strengths-based practice: We help you to identify and build on the strengths, abilities and assets that you already have. This approach leads to better, more sustainable changes in your life, and allows you and your family to work together for a safer and more nurturing environment for your children.
- Attachment Theory: Strong and secure attachment is vital to your baby's development. You can build attachment by learning to read your baby's signals and knowing how to best respond to your baby's needs.
- Best interests case practice model: Our case practice model is designed to achieve a common basis for professionals working with you and your local communities and services to meet your child's need for safety, stability and development.

Objectives

- To operate a Pregnancy Support Service.
- To provide a service of counselling and practical support to meet the physical, psychological and social welfare needs of pregnant women, parents and young children and their families.
- To provide a comprehensive service of care and support that will free women from feeling compelled by physical, psychological or social pressures to choose the termination of a pregnancy.
- To help alleviate poverty and distress through the provision of financial support, material aid and shelter.
- To provide programs of health education.
- To develop a greater awareness and understanding of the welfare rights and needs of all people, including the unborn child.
- To assist those who seek and use the services of the Society to function independently.

A warm and welcoming environment – supported by Moonee Valley City Council

A year has passed since we opened the Essendon office – a big move! We are settled into our new office and have coordinated our efforts across the two Melbourne sites. In 2018, our practitioners now all work across both our Essendon and Caroline Springs offices.

A practitioner is available on a daily basis at the Essendon office to receive calls and drop-in visits from clients seeking support with material goods. Often a family might find themselves in the midst of budgeting and financial pressures with ever increasing energy costs and private rental market costs that impact their ability to budget for some of the essentials in formula and clothing for their children.

We are regularly visited by community visitors, members and volunteers who drop by to see how they might support the organization with donations including offering their time to pack and sort the range of clothing that continues to be a significant contribution to our material goods and welfare appointments program.

Appointments – supported by Essendon Fields and our street stall

Mothers often come to our welfare appointments seeking prams and bassinets to safely sleep their newborn babies. The prams, as we as often explain to students on our school visits, are an important connection for mothers to be mobile in their communities. It allows them to visit their maternal and infant health nurse, visit a drop-in playgroup or seek out the company of other mothers in a new mums' playgroup.

We were delighted by a recent surprise visit from a young first-time dad. He had connected with us earlier in the year. At that time, he became the sole caregiver to his newborn baby. We received a call from the hospital social worker asking us if we could work with a dad as there weren't any agencies like ours able to support a young parent.

Dad's recent visit to us on a Friday afternoon was such a treat for us as he came to speak with us about how things were going now that his baby was reaching a range of milestones – including the cuteness factor! We were able to spend some time with dad to go over some parenting tips, budgeting ideas and sort through some additional support that we knew were there to support his efforts on managing his budget to ensure the house was warm.

It was great to hear that dad was connecting to his local community by joining a local dad's group and getting to know some grandmotherly types who were able to offer him some respite care and back up emergency care. He had recently experienced a minor but significant health scare that would otherwise impact his ability to meet the needs of his baby.

As a result of his contact with us and a home visit, dad was able to work quickly with us to build his community networks and find local resources that we know go a long way for dad to be connected to other dads and families. For a young family starting out these community resources will be invaluable to assist dad in his role to nurture and care for his young baby.



Homelessness – supported by the Victorian Government

While we are often working with parents to link them to community resources to help with their parenting, budgeting, mental health and migration issues, affordable rentals and homelessness continues to be a seemingly insurmountable stress on women and children.

Recently, a client experiencing family violence was socially isolated and unable to secure short term or transitional housing. Through our advocacy and some local community connections, mum and her young baby were able to be settled in with a family while working on some legal and immigration issues.

We needed help from housing agencies. However, during the course of this advocacy we found ourselves being contacted by housing agency specialists asking us to work with mum as a condition of being able to get them in to stable, short term housing. We are happy to do what we can, but if housing specialists can't help, it can be hard to see how we can! The system is stretched, and the solution is more houses and more staff to support families in those houses. Our staff witnessed firsthand much of the stress women with young children encounter when seeking appropriate housing supports from a system that is unable to provide the very basics for a mother and child in crisis.

Once these supports are in place, we witness a significant burden being removed from a young mum's capacity to now focus on the more immediate social and emotional needs of her children along with the tangible issues that need her attention to resolve.

Volunteering – it's who we are

We often highlight the importance of our volunteers, who over 50 years have contributed to thousands of hours of support and contributed more in value through their dedication to go above and beyond when the call goes out for assistance.

We are very fortunate for the volunteers who contribute. For example, a group of local mums came forward with mother and baby gift packs that we are then able to give to mothers who call upon us when they learn that they are having a baby. With the pressures and stresses they encounter for a myriad of reasons, they are invited to visit with us where we are able to offer them the time and someone to listen to as they describe their situation and what they need to enable them to be the mum they want to be for their baby.

The mother and baby gift sets are a community effort that resonates when given to the mum who opens it up to find some baby clothes, a gift for mum and a handwritten note from a mother – offering encouragement and support. These simple and thoughtful gifts are a small gesture of support with a powerful message from a team of volunteers in the community who understand through their own experiences as mothers of the challenges that our clients are managing.



Caroline Springs

Our Growing Community

The community around Caroline Springs has demographers anticipating a population the size of Canberra moving in by 2041.

This brings with it opportunities as well as challenges – there will be new homes and employment opportunities but there will also be a need to access services and programs that respond to the needs of families, children and the community at large.



Social isolation during the First 1000 days

Over the past year mothers have been telling us about their experience of social isolation and that they are not able to access services within their local community – due to the lack of public transport, no access to a car and a lack of programs within the immediate vicinity. It might also be because their first language isn't English or that they are new parents in the absence of their own parents. The transport issues in our community are very real, though. Mothers are often travelling outside their community to access programs, including interventions for their children.

Our practitioners have been connecting mothers with learner driver programs as well as supported playgroup activities that are sometimes not known about by people who come from a diverse community.

A particular need for mothers and children is access to allied health. For those who might have undiagnosed forms of autism or other issues, is a major concern. Financial pressures impact on timely access to mental health interventions including post-natal depression programs for at-risk and vulnerable mothers as well as those leaving family violence situations.

The Caroline Chisholm Society values become evident when our practitioners apply them in practice through the interventions across the spectrum of programs and services we offer.

With the volume of growth in our region, the Victorian Government has invested in new programs and ways of working. We continue the Engaging Wyndham Families program, which is designed as an early intervention approach, our family services casework, and have begun working on a new intensive case practice model.



Recently we met a mum who, with a history of family violence, was struggling financially and trying to budget because her family had incurred large credit card debts which were overwhelming. The debt compromised her ability to provide for the basics, and got so bad that child protection intervened. In working with mum, we know that there were significant improvements once she'd connected through us to the Salvation Army and a Uniting Church community. They helped with food security and stabilized a budget for mum. Together, we also assisted with meal preparations given her health issues, which included diabetes. Mum reported back that she was beginning to feel more connected to her young daughter. She was articulate about it. She specified activities they connected through including reading with her daughter and explaining the consequences of behaviours. Mum noted an improvement in communication between parents too, as they modified their own behaviour to model good communications. Mum knew her child needed to know that yelling at each other wasn't effective.

The practitioner intervention is a unique role. It seeks to understand the context and supports needed when a young mother and her child is at risk of harm. This includes understanding the impact of stressors that ultimately have on the ability to meet the social and emotional needs of a child. For example, the impact of poor mental health and lack of resilience of a primary carer. Often the intervention, as was the case for this young mum, is to focus on a safety plan while at the same time working on securing the necessary supports that will enable a mother to ensure both her own safety as well as the safety of her children.

This can often take time as in the case of our young mum from Caroline Springs who has worked through the decision points for managing her health, securing her finances, improving her relationship with a young child and determining what is in the best interests for her and her daughter.

Responding to those in need with appointments

We recently re-opened the offer of welfare appointments at the Caroline Springs office in response to the growing demands for appointments from locals to the area travelling to Essendon for help.

These appointments focus primarily on mums and their newborns, with families including recently arrived immigrant families struggling to secure work while at the same time supporting their families with the basics. Families come to us via referrals from social workers in hospitals or through word of mouth in the community.

We have also been joined by a few new volunteers, who have quietly but efficiently sorting and managing our packs of baby clothing and assisting to sort equipment for the mothers who are now booking in for our new welfare appointments.



2 Darebin Place, Caroline Springs

Thanks to a partnership between the Caroline Chisholm and the City of Melton, Darebin Place is a hub for community support with outreach to local families.

Caroline Chisholm Society owns and operates from 1 Darebin Place, which started life as a Delfin Display home. It has also been a tutor house for the then Mowbray College and a gym for the Western Jets football team. Caroline Chisholm Society has been calling it home since 2010. Melton Council owns, and offers Caroline Chisholm Society use of, the former Wirrigirri Preschool.

2 Darebin Place is a wonderful community resource. As a community, we've been able to make the most of the site by:

- Hosting Community Events
 - Local school students use it for a pamper day
 - Local families gathered for a Children's Week celebration supported by the Victorian Government
 - Mothers said Happy Mother's Day to each other at a Party.
- Integrated Family Services
 - A team of social and community services workers gather in the building every Friday to do case review and professional development.
 - The space is available for the family services workers to book for families to visit them in a low key environment.
- Parenting and play groups,
 - Children and Mothers in Mind®, an evidence-based family violence intervention, is an Australian first program designed specifically for mothers and children under four years, who have had hurtful experiences such as family violence, childhood abuse or sexual assault. 2 Darebin Place was a wonderful space for a relationship building group held weekly.
 - Towards the end of the year, a Family Violence Playgroup was also held.

The site has grown into an invaluable resource for families in the high growth areas of Melton and Wyndham and the large population in Brimbank.



To see the space in action, view our Children's Week Video. It is available at <http://caroline.org.au/ccs-video-childrens-week-2017/>



DPV Health have recently moved in to 1 Darebin Place, and use the former kinder. They've shared this reflection:

- The west team from DPV Health – BIG Steps were excited to move into their new office in the Caroline Chisholm Society building in Caroline Springs. Along with this co-location came access to the kindergarten next door. This gave us the ability to run groups such as a MyTime Playgroup providing parents of children with a disability an opportunity to meet and form friendships with others who understand. Support for the families is provided by workers from DPV health who are able to answer questions, provide access to services or simply lend an ear when necessary.
- As well as MyTime, the team will also run a transition to school group in Term 4 for children who are off to prep next year. This will be run by our specialist teacher and supported by the other therapists including the speech pathologist, occupational therapist, music therapist and physiotherapist depending on the needs of the children attending. We run different groups every term and these may include a music therapy and physiotherapy group – addressing the physical needs of our clients through music; a speech pathology and occupational therapy group – addressing the sensory needs of children who also experience speech delay; music therapy and speech pathology group that uses music to assist speech by accessing different speech pathways in the brain through music. We may also run a fussy eating group with speech pathology and occupational therapy because lots of the children we work with have sensory needs that affect eating.
- The kinder also provides us with a space to hold parent information sessions, which are useful with the rollout of NDIS in the western region. We are grateful to be able to access the kindergarten as it has opened up many possibilities for the team, and as we expand, we look forward to making increased use of the space.

Together the two spaces in Darebin Place provide a great community space run and operated by the community for the community.



Shepparton

Our Shepparton office continues to lead in outreach in the community and Goulburn Valley region. We are very fortunate with the support of a team of volunteers with diverse life and work experiences who make it possible to deliver welfare appointments and material aid and goods.

The diversity of our program in Shepparton reflects our outreach to increasing numbers of families from Iraq and Syria moving into our region.

Community connections

Our work is recognized as a significant contribution to the health and wellbeing of the community with support from philanthropic groups and partnerships with community organizations including Centrelink, Rumbalara, Save the Children, Salvo Care, Rural Housing, CatholicCare Sandhurst, St. Vincent's, Goulburn Valley Health through the Aboriginal Liaison Worker, Midwives and Social Workers.

One stand out development for 2017/18 is our relationship with the

Country Women's Association. The partnership continues to grow with a focus on several branches including the communities of Nathalia and Harston. It is through the generosity of these branches that we have received donations to purchase new winter clothing, hosting a morning tea, as well as making track suit pants and single bed blankets for families. This year, the CWA conference was in Shepparton, and we received nappies from across the state to help families in our region.

We also work with maternal and child health nurses across the region including Greater Shepparton, Campaspie Shire, City of Bendigo, Moira and Benalla Shires. Our partnership with Rumbalara also continues to grow with nurses referring clients to us where we are able to host meetings for clients when it may not be safe for home visits.

In addition to material aid offered through welfare appointments, we are also able to support the work of Catholic Care's Parents Next Playgroup by providing toys for the program, material aid for parents, nappies and baby boxes as a safe sleep solution for newborns. As a treat for mums we have the donated services of a professional masseuse who offers neck and shoulder massages as therapeutic respite for mums attending the playgroup.

We are also delighted with our growing collaborations with schools, and this year we were fortunate to have our lead practitioner, Maree Chin, address students at Notre Dame College on volunteering, Caroline Chisholm and the work of the Society. The school presented us with a cheque for \$1,000 and extended the partnership by purchasing and packing 20 nappy bags to young mums in the community. These bags will be presented by the school student leadership team to expectant mothers from *The Bridge Youth Service* and given out to many families in need.

As our lead practitioner in Shepparton, Maree, has had a busy year with her work including community events such as NAIDOC and reconciliation week, the Greater Shepparton Council early years reference group as part of Best Start and Greater Shepparton' One Village Program designed to focus on closing the gap for indigenous children and their families.

Volunteering

Our volunteer support has also grown with three CWA members joining us to support welfare appointments and material aid work taking our volunteer support for our Shepparton office to 17 active volunteers, including the Friends of GVPFSS, we now have 22 registered volunteers with more applications as we were going to press with this report!

On the 25th May 2018 we were proud to have Dawn Tricarico awarded the *Female Volunteer of the Year* award for Greater Shepparton Shire Council Volunteer Awards. Dawn has been a volunteer with CCS since 2015 and as the recipient



of this year's award was singled out by Mayor O'Keeffe congratulating Dawn on her years of service in the community.

The remarkable Sallianne first came in contact with our Shepparton office over 20 years ago. Sallianne found herself expecting her fourth child, and at the time had given away all her baby goods. Her youngest had just turned 7 when she found out she was pregnant.

Five years ago, Sallianne started volunteering as she wanted to "give back to the organization that was there when she needed the support at such a critical time. In her time volunteering with us, she was also able to secure employment in supporting her family.

We have been so privileged to have Sallianne connected with us and volunteering over this 20 year journey as she explains why it meant so much to be able to volunteer with an organization that can provide such important resources including the material aids and goods with the generosity that has inspired her to contribute in her community with passion and generosity of spirit.

Fundraising

On Sunday 20th May over 50 community members came together for the Society's bi-annual High Tea event held since 1975. Along with past clients, members and volunteers, the day included an opportunity to capture more of our

history and recognizing the incredible work over the past 50 years including a display of Shepparton's historic documents. We were fortunate to collect stories of the experiences of past clients and volunteers about their association with the Goulburn Valley Pregnancy Support Services and Caroline Chisholm Society in preparation for 50-year celebrations next year.

The day was also a wonderful celebration featuring the musical talents of Linda Moreland and Julie Collins. With over \$2,000 raised, the High Tea continues to be a tribute to the community efforts of our volunteers and members, and special recognition to the clients who have become part of the CCS family in giving back to support for other families. With this year's contributions ongoing material aid including nappies and winter clothing are made available to over 500 families per year.

Children and Mothers in Mind

As part of our programs, we were fortunate to work with several mothers and their children attending the intergenerational program of Children and Mothers in Mind (CMiM). The CMiM program, designed for women who have experienced difficult family relationships, including family violence, were supported through a 20-week program with participants attending group program as well as receiving case management support through our qualified practitioners. Underpinning the work was to work with mothers and children to respond to the trauma they had experienced, working to rebuild the attachment between parent and child, as well

as working on the adult capacity for mothers to develop and build on their attachments to improve their confidence in parenting.

CMiM recognises that women who have experienced hurtful experiences often lose confidence in their ability to parent effectively, this often leads to isolation and difficulty coping with parenthood. Incorporating practice elements originating from Canada, this 16-week evidence informed program was made available at Caroline Chisholm Society in partnership with VincentCare's Marian Community Family Violence Program.

The mothers attending the program reported on how well supported they felt with a strong sense that they weren't alone and could connect with other mothers and encourage them too. During the course of the programs the CCS practitioners were also able to work with the mothers to identify ongoing community resources where mothers were able to connect to supports to further build on the goals identified by the mothers ultimately to ensure the health, safety and wellbeing of children and their families.



Our President and CEO's Report



Paul Webster

Paul has been on the Board of Caroline Chisholm Society for over 25 years having joined in September 1991. He became President in 2012.



Helen Cooney

Helen joined Caroline Chisholm Society as a Board member in 2010. She retired from the Board and became CEO in 2012.

During 2017–2018, the Caroline Chisholm Society has continued to prioritise support for pregnant women and to provide early parenting support. The vast majority of our staff and volunteers spend their daily lives working to enable families to achieve a safe and nurturing environment for their children.

Some of our team do that with direct service support. For many years, our staff and volunteers operated with buildings and computers that were not fit for purpose. Yet, they continued to balance neighbourly goodwill with good practice – for example by introducing a program logic and using outcome measures. Last year, following the settling of our property changes and the upgrade to our IT, a particular focus for the Board and management of the Society was review and renewal to set the Society up to flourish into the future.

We have agreed to a new strategic plan with an increased focus on culture, leadership, funding, safety, risk and accountability – so that we can be the best we can be at empowering pregnant women and their babies and be there for new mums and dads, their babies and toddlers.

Key changes allowing us to achieve this included a restructure, which created or changed the roles Director Programs, Manager Business Operations, Senior Practitioner – Quality Improvement, and Volunteer Coordinator. The restructure also

resulted in staff, including clinical leadership roles, being more evenly spread across sites. We have increased the training budget and are investing in a client data system to free up time to enable staff to work more with families, free up team leaders and managers to support their staff with good supervision and focus on practice frameworks and outcomes. The data collected will also help us to advocate more effectively and easily for clients and demonstrate our worth. The system we have chosen is called CSnet.

We are delighted with the results to date of the changes we have made over the last two years. Approximately 100 additional clients have been helped in Essendon and we predict 200 additional clients being helped in Caroline Springs. CSnet should vastly improve capacity to report on our client interactions into the future. Our staff working with families, be they employed or voluntary, are now undertaking core training for family support.

Some personnel have moved on, including Frank Smit, who retired from the Board in 2017, and Karan Grieve, who was on staff for 30 years. Both remain in touch. Others have started.

We're delighted to welcome Jennifer Weber as the Director Programs. Prior to joining Caroline Chisholm Society, Jennifer was awarded a Phd in Education with research in Early Childhood. She comes with senior

government experience with human services administering education policy in Alberta, Canada. Previously, Jennifer ran the Monash Family and Child Care Service. Her qualifications are in social sciences and professional coaching.

Amanda Moore joined us as the new Manager of Business Operations. Amanda comes to us with 18 years' experience in providing business management, strategic planning, financial management, project governance and design and implementation of change. Most of those years were at the ANZ Bank. She is also a Certified Accountant, having started out at a small firm and worked at KPMG.

The new management team, comprised of Helen, Jennifer and Amanda, are tasked with realising the strategy so that the Society flourishes. Doing so includes the need to respond to a projected financial deficit for the next two years. The Board and Management are undertaking a cycle of work to consider how best to raise funds, save funds and continue to deliver the best quality services that mothers and their babies deserve.

We were delighted this year to also welcome two new babies to the Board team. Sarah Notaro and Kate Rowsell lived the experience of our clients and we welcomed their new babies, Lucas and Abi. Congratulations to their mums and dads (and brothers, in Lucas' case).

It's a rewarding but challenging time when a new baby arrives, but the work had begun earlier. There is increasing evidence that the first 1,000 days, from the time of conception until a child is two-years of age, is important for brain development. In September 2017, the Centre for Community Child Health at the Royal Children's Hospital released a paper describing that evidence. We're delighted that others agree with us about the importance of life before and after birth and we have been able to continue our advocacy during a parliamentary inquiry and a state election.

Our tradition of advocacy and offering services for mothers and babies during the perinatal period is a long one. Next year, we will celebrate 50 years since our founding in 1969. It was 50 years ago that a group of people got together to deliver a pregnancy support service and it didn't take them long to create a formally constituted entity to support families after birth to deal with the complexities of life.

We're looking forward to celebrating the past as we pursue continuing innovation into the future.



Parliamentary Inquiry into Perinatal Services

The health, care and wellbeing of mothers and babies in Victoria during the perinatal period was examined by the Family and Community Development Committee of the Victorian Parliament. Caroline Chisholm Society prepared a submission and Jennifer Weber, PhD spoke at a hearing in December, 2017.

A transcript of the hearing and our submission are available at www.caroline.org.au. The final report was tabled in Parliament in June, 2018. The report is available at www.parliament.vic.gov.au/fcdc/inquiries/inquiry/422.



Caroline Chisholm Society welcomed the report. There were proposals in Victoria for depressed and anxious pregnant and new mums and their babies, which we think is very important. That day, we put out a press release. In it we said:

The CEO, Helen Cooney, said "I am excited by the prospect of ongoing funding for perinatal emotional health programs; a proposal for a Perinatal Mental Health Plan to complement Victoria's 10-year mental health plan; and the evaluation of the need for early parenting centres and mother baby units across the state."

The proposals have been put forward by the Victorian Parliament's Family and Community Development Committee in a report from its inquiry into perinatal services, which was tabled today.

Ms Cooney said "Of all the social services needed during the perinatal period to help avoid complex and expensive health problems, the one in most dire need of investment and coordination is perinatal mental health. The proposal for ongoing funding for perinatal emotional health programs is wonderful to help empower pregnant and new mums."

Ms Cooney also said, "Victoria can and should be the best place in the world to have and raise your baby. To achieve that, we need ongoing funding for perinatal emotional health programs. They help deal with the very treatable and far too common issues of perinatal anxiety and depression. These programs also help prevent escalation into more significant mental health issues."

Caroline Chisholm Society also welcomed the proposed redress of the rural and regional divide. Helen said, "I hope the Victorian Government does evaluate the demand for early parenting centres and mother baby units across the state. These services should be available to everyone who needs them, not just those in the city. Our experience in Shepparton suggests there is a need for one in Goulburn Valley to provide effective coverage for mothers, babies and families."

"If these recommendations are carried through, the future is looking up for depressed and anxious pregnant and new mums. Their babies and toddlers need them to be empowered and supported, from the time of conception to the time their baby is 2 years old. This is their first 1000 days and it helps set up those children for the future."

The Society looks forward to working with the Victorian Government on its response and implementation of the recommendations.

"Victoria can and should be the best place in the world to have and raise your baby..."

Our Organisation

Tradition

Caroline Chisholm (1808–1877)

Our inspiration to love women and their babies comes from Caroline Chisholm. Mrs Chisholm lived an admirable life responding to the needs of youth with patience and energy. With the support of her husband Archibald and her children, she assisted people in need, irrespective of their country or creed, by social reforms and charitable work. She re-united families, protected vulnerable girls, placed the unemployed in gainful work and achieved improvements for immigrants of little means.

The Society

The Caroline Chisholm Society was established in 1969 to offer material aid and pregnancy counselling services. It exists so that women can be supported to continue their pregnancy. Within a decade, the Society responded to the needs of the community and providing home and family support. Today, the Society is a professional agency of social and community workers, service support staff and volunteers, who offer pregnancy counselling and support, material aid and family support. The Society provides services that respond to the needs of families and supports them to achieve and maintain a safe and nurturing environment. Caroline Chisholm Society is a non-denominational and non-political charity.

Strategy

Inspired by Caroline Chisholm, we support pregnancy, children and families. We were established in 1969 so that women can be supported to continue their pregnancies. The organisation has grown into a professional agency of social and community services for expectant and new mothers and families.

Our strategy is to grow into three sustainable locally embedded sites in Moonee Valley, Caroline Springs and Goulburn Valley by 2030. Our plan is for staff and volunteers to focus on effective services delivered by skilled volunteers and staff, strong finances from a diverse range of sources and sound governance of the organisation and its service provision. Our plan outlines tasks that will ensure we have progressed towards our goal of being 'bigger but not too big' by 2025.

The organisation is clearly focussed on supporting women with their pregnancy and early parenting to create a safe and nurturing environment for infants and young children. In doing so, we work with the whole family to support secure attachment and prevent and alleviate the impacts of poverty, homelessness, family violence and issues with mental health.

Effective Services

By 2025, the families supported by the Caroline Chisholm Society will be more able to keep children safe and healthy. Parents, families and communities will increase in confidence as a result of our support. We will do this by providing quality family and pregnancy support, with authoritative leadership in social and community work locally and by influencing policy nationally. We will also do this by

locating our services closer to our clients. We will know we are on track if we are a free of charge, reliable and well-known service provider in Victoria, we are a quality service provider in the Goulburn Valley, and evidence-based evaluation illustrates our success.

Strong Finances and Administration

By 2025, the finances of the Caroline Chisholm Society will include regular funding from diverse sources and its administration will assure seamless client experiences. We will continue to ensure that the Society is in a financial and administrative position able to support its services. We will do this by fostering our relationship with government, corporate sponsors and philanthropists, and by growing our private fundraising income. We will also do this by ensuring our documents and policies are consistent and simple to access. We will know if we are on track if we have secure ongoing financial support from government, members and the community. We will also know if we are on track if our documents are easily navigated and accessible from any internet-connected computer.

Sound Governance and Management

By 2025, the Caroline Chisholm Society will be a model Community Service Organisation. We will do this by regularly updating and implementing policies and procedures that are informed by best practice. We will know we are on track if membership, staffing and volunteering is strong and engaged, our community knows what we do, our regulators are satisfied and our clients are engaged in our decision-making.

Engagement

We seek to be engaged...

...as locals in the communities in which we operate	...as leaders in the Social and Community Services Sector	...as experts in the national policy context for the concerns of our clients
<ol style="list-style-type: none"> 1. Moonee Valley, where we've served as part of the neighbourhood since the early 1970s. 2. Caroline Springs, where we opened in 2010, close to growth in families and part of the outer west and local rural community we've been serving since the 1980s. 3. Goulburn Valley, where our pregnancy support, listening ears and sound advice has been available since the early 1970s. 	<ol style="list-style-type: none"> 1. State-wide 2. In the municipalities in which we are locals and can identify the pocket of disadvantage and in our neighbouring areas of greatest growth: <ul style="list-style-type: none"> • Moonee Valley • Melton • Shepparton • Brimbank, and • Wyndham 	<ol style="list-style-type: none"> 1. Pregnancy 2. Early Parenting 3. Early Childhood Education and Care <p>We are also interested in alleviating the key areas of risk for our clients:</p> <ol style="list-style-type: none"> 1. Poverty 2. Social Isolation 3. Homelessness 4. Mental Health 5. Family Violence

Services

The Caroline Chisholm Society supports families from the moment they learn of their pregnancy until their youngest child goes to school. To meet our clients' needs, funding and donations of goods are received from government, philanthropic organisations and families. Our Service offers a range of services delivered through three key program areas:

Pregnancy Counselling and Welfare Appointments Program

General counselling and support for families in person or over the telephone, pregnancy counselling referral to maternity services, and referral to other services where needed.

This program offers one-off support and support to access ongoing

services. The purpose of this program is to meet immediate needs with counselling or new and pre-loved goods and to empower clients to engage with services that help avoid them needing to return. We measure the success of this program by looking at the number of referrals of clients to support services.

Family Support Program

Assessment, planning and action as part of Child FIRST for families and children at risk of entering or re-entering the child protection system, support services for families including case management and in home support, early intervention case support and intensive case practice, housing support as part of the Transitional Housing Model including advocacy, and social support including volunteer mentoring, volunteer maintenance and staff supported peer groups.

This program offers ongoing support to help address underlying issues related to pregnancy, early parenting, early childhood education and care, poverty, homelessness, mental health and family violence. We measure the success of this program by looking at results of Outcome Stars.

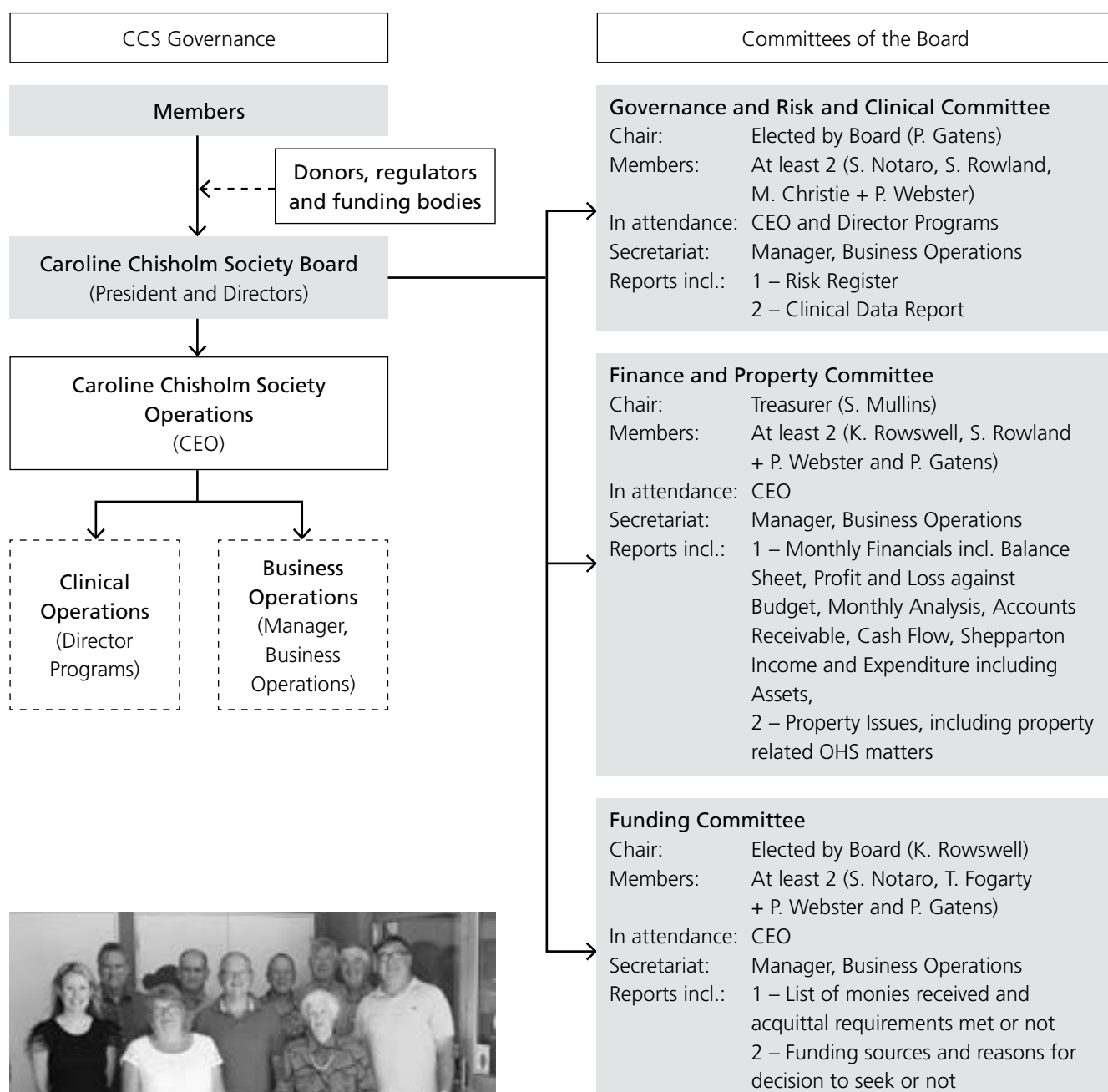
New and Pre-loved Goods Program

We supply new and pre-loved baby and maternity goods and services, and other emergency relief such as food and vouchers.

This program offers an immediate resolution to issues of access to goods, particularly in situations of stress or poverty. We measure this program by the value of the goods we offer, usually in reference to our expenditure.

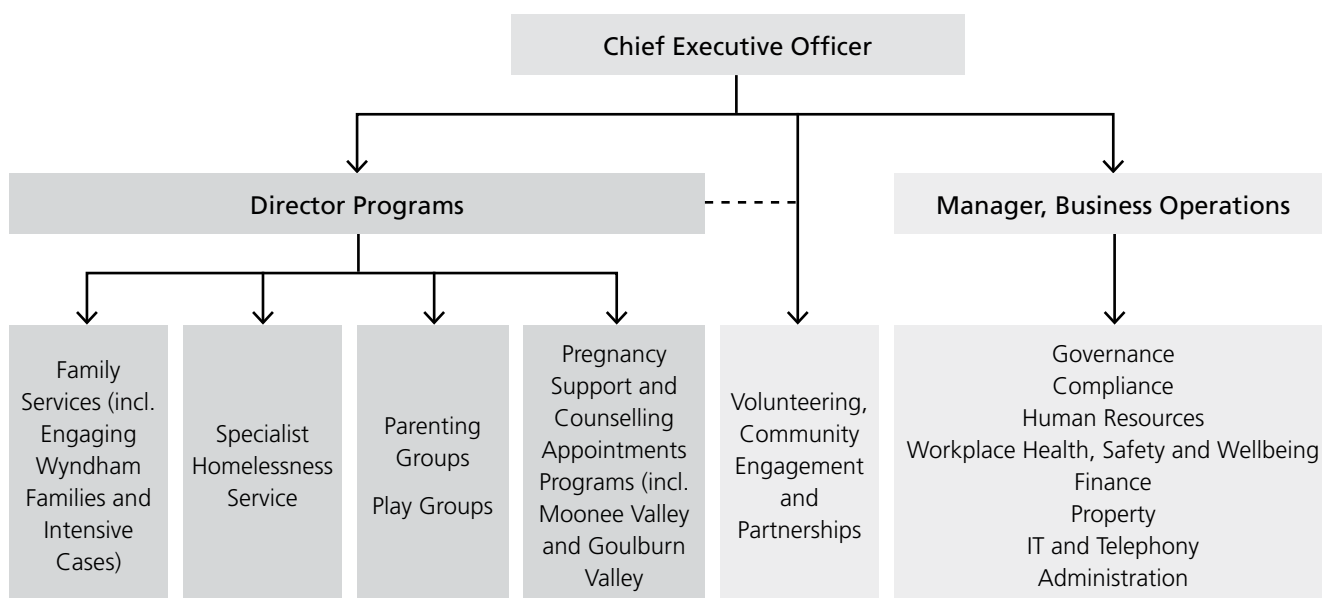
Structures

Governance



Our Organisation

Organisational



Accreditation

At all three of sites, Caroline Chisholm Society now meets both the Human Services Standards and the QIC Health and Community Services Standards! Congratulations especially to

Goulburn Valley Pregnancy and Family Support Service who went through quality assurance processes for the first time this year. Accreditation involves self-review of processes, the external audit of those processes with interviews of clients, volunteers, staff, managers and the Board and audits of

client, staff and volunteer files. Being accredited helps us to implement tools that help us be consistent in the way we approach our work, increase our efficiency, improve our quality, reduce risk, and provide the community with confidence in our service.



Caroline Chisholm Society (COM8489)

Human Services Standards (DHS)

Accredited (19/01/2018 – 19/01/2021)

QIC Health and Community Services Standards (Any Standard)

Accredited (19/01/2018 – 19/01/2021)



Volunteering – it's who we are

Our vision for volunteering

Volunteering isn't just something we love, it's who we are. Caroline Chisholm Society was born from the generous offering of one person's commitment and compassion to walk along-side and support pregnant women and young families.

This legacy of volunteering has remained the heartbeat of the Society. Looking to the future, Caroline Chisholm Society plans to continue and expand its volunteering legacy by embracing a contemporary approach to mobilising community and volunteers into action and engaging with the work of Caroline Chisholm Society in ways that are meaningful to both volunteers and those we support.

This new approach will look to encompass such things as:

- Easy for people apply to become a new volunteer
- Improved recruitment processes and systems
- Promotion of volunteering opportunities across numerous networks and platforms
- Diverse and flexible roles to suit the skills, time and availability of volunteers
- Collaborative processes to empower volunteers to identify and implement tasks and activities
- Volunteer-driven activities, fundraising and events
- Training and ongoing support

Our plan for volunteering

Our new strategic plan outlines that volunteers, alongside staff, will focus on effective services delivered by skilled volunteers and staff, strong finances from a diverse range of sources and sound governance of the organisation and its service provision.

In delivery of services we want to supplement our support with mentoring and maintenance by trained volunteers. We want to have more mentoring and maintenance volunteers engaged with clients, and more clients able to have their material aid and emergency relief needs met as a result of volunteering. Our new volunteer coordinator, Nina Conquest, will lead this work.

We see a key role in improving the quality of our services being linked to volunteering. We are working on a practice framework that describes how we work across casework support, group work, volunteer programs and pregnancy and family support appointments and counselling. Our new Director Programs, Jennifer Weber will lead this work.

A new practice framework, for all our work

At pages 30–31, you will find a discussion of an organisation wide process that is getting underway for a new practice framework. This work is all encompassing. It means our staff, be they employed or voluntary,

will be continuing the tradition of neighbourly goodwill linked to best practice and research-informed approaches.

For example, we would like to focus on adult capacity building for both clients and volunteers. This might mean engaging with former clients if they wish to volunteer. Using evidence base for such things as knitting circles that link to mindfulness techniques, using evaluation processes for new perinatal anxiety and depression supported playgroups, and engaging with schools in a way that supports the educational development of students and meets the needs of pregnant and new mothers and their families.

Our aims

Across the service, we are aiming to recruit and retain volunteers, maintain the five volunteering programs, have 30% more volunteers in 2020 than we had in 2018 and have 20% of the volunteers in 2018 still volunteers in 2020. Our updated approaches need to achieve satisfaction for volunteers and compliance with regulatory requirements. Our CEO, Helen Cooney is accountable for that.

In achieving our new approach to volunteering, we are aiming to change what we do and how we do it, not who we are. Since 1969, we've been a volunteer organisation. In 2019, 50 years later, we remain so. Street stalls and processing of goods will continue. Our goal is to supplement them with new and fresh ways to volunteer.

1,450 times last year, over 120 volunteers worked to help pregnant and new families through Caroline Chisholm Society. They worked for over 4,800 hours, contributing over \$200,000 of their time. They also raised funds, donated goods, and organised others to do so too. To them, we say 'Thank you!'

Our Programs

Building on efforts from previous years, our three key program areas for pregnancy counselling and welfare appointments; family support program; and new and pre-loved goods continue to grow and expand in specifically meeting the needs in the communities where we are based.

Our practitioners continue to conduct assessments and reviews, including:

- supportive counselling sessions in person or over the phone,
- referrals to other services such as psychological services, maternity services,
- assessments to determine adverse risks to parenting including homelessness, family violence and immigration issues.

Pregnancy Counselling and Welfare Appointments

Our free call telephone service is developing through practitioner training in pregnancy support counselling as they access to learning and development opportunities to grow in their profession in meeting the needs of clients.

We have also introduced on site drop in supports with our practitioners now available at the Essendon office to meet emergency calls from community agencies and referral services.

In addition to our counselling telephone service, the Moonee Valley office continues to offer appointments two days a week, on Tuesday and Wednesday. Goulburn Valley offers drop in welfare appointments on three half days per week. Now, we have an additional service opening at our Caroline Springs office for welfare appointments on Friday.

Melbourne welfare appointments are staffed by our caseworkers, who in addition to providing the immediate needs for material aid and goods, also provide assessments and in consultation with clients, identifying community resources that might otherwise have been overlooked.

We believe we have supported families well if their lives have improved in two main areas:

- Social – mothers have a better level of social contact and
- Pregnancy related health and wellbeing –
 - mothers are better informed and empowered to act,

- mothers are better able to manage their emotional and mental health throughout the term of their pregnancy,
- mothers engage in psychological treatment that they would not have accessed otherwise.

Towards the end of 2017 the demand in services led us to assess how best to offer appointments along side the drop in schedule for clients. After consultation it was determined to schedule practitioners at the Moonee Valley office on days to compliment the appointments schedule. This ensures that we are able to meet our objectives to be available to connect sooner with clients and often at a critical stage when referrals and assessments can make a significant impact on outcomes for mothers and their children.

Our volunteer efforts continue to be significant when it comes to sorting material aids and goods in preparation for practitioner home visits and appointments. In addition to community volunteers we have also been very fortunate to have various school student groups coming through on three afternoons a week to help in the packing and sorting of clothes.

With growing demand for material aids, especially prams and bassinets, there is no shortage of opportunities for both donating and fundraising to support these endeavours!

In 2017–2018, Caroline Chisholm Society had just over 1,200 short contacts at the Melbourne and Goulburn Valley offices (see page 33). For Goulburn Valley, some 635 clients visited, many more than last year. Now that our Melbourne offices have settled across two locations –



Essendon and Caroline Springs – we have also had several staff move on to new roles in the sector, and in particular newly funded roles in the family violence area. We have welcomed new members to our team, and this has also meant further reviews to support the work across our two catchments, including practitioners now working across both sites including team leaders based at either location with oversight for the practitioner teams.

We welcomed the appointment of Senior Practitioner – Quality Improvement, who has commenced working with our newly appointed Director of Programs, to begin working on two priorities for a new client record management system and the development of a practice framework.

As we reported in previous years, poverty and issues relating to migration and/or being a refugee continue to be identified when clients contact us for emergency relief and material aid. However we have increasing demand due to clients experiencing ongoing stress attributed to housing instability and family violence. We have found that through our home visitation program will often be the first opportunity a client has to open up to a practitioner about their situation as the client/practitioner relationship is crucial in developing safe and professional relationships that enable the client to disclose their issues. Once these are shared with the practitioner it is often the moment in the home visit that through this relationship that a client can then begin to identify how they want to move forward. This is an opportunity to begin to address the material barriers that often impact adult capabilities to see that there is a way forward.

Likewise, when a family visits us seeking goods. Earlier in the year we had a young couple with their toddler and newborn baby come to visit. The family were new immigrants from Syria and were seeking a pram for the newborn as well as some clothing. During the discussion with mum and dad, mum was able to begin to articulate what it had meant for her, the children and her husband the isolation of being “newcomers” to Australia and wanting to learn and get to know as much as they could about being Australian. It was at this point that staff had been able to prepare the package, including a pram, at which point mum broke down in tears.

Those of us in the room were moved to know what it means for a mum to open up about such things, and the impact of when someone can listen, relate to the experience of transitioning to parenthood and the impact of such changes can have on your own wellbeing and the potential to impact on the health and wellbeing of children and fathers.

For dad’s sake, and with a room full of women, he was more than happy to play with his toddler and new pram while the mothers were able to sit and reflect on the importance of new life and the role of mothers in wanting the very best for their children and families. Such values are universal, and while some things may have been lost in not being familiar with language, there was a true understanding of what mum and family were experiencing, and no words could ever capture the sense of unity in what we share as mothers in our hopes and dreams for our children.

Family Support

Our family support program continues to grow in outreach to families with referrals from other programs as well as self-referrals through welfare appointments and telephone counselling also made possible. The communities we service with our team of 11 practitioners includes vulnerable families and children residing in Western Melbourne encompassing the LGA’s of Moonee Valley, Wyndham, Hobson’s Bay, Maribyrnong, Melbourne, Brimbank and Melton. The Caroline Chisholm Society provides support for families with young children six years and under. We seek to empower women and families; our philosophy assumes that parents have an existing set of skills and assist them to further develop their parenting capacity. They are in the position to provide a safe and nurturing environment for their children and can be better equipped to meet the developmental needs of their children.

The Integrated Family Services and Specialist Homelessness Service programs conduct a range of activities and outputs which we use to measure outcomes for families. Our activities include, home visits, assessment, planning, and review of goals and action plans, referrals to appropriate services, client advocacy, supportive counselling, parent education groups and volunteer support via the mentoring and maintenance programs.

Casework is usually undertaken in the home and is focused in assisting parents to develop their parenting skills. Using the Outcome Star tool, we aim to strengthen the capacity of families to effectively parent their children. By reviewing progress

Our Programs

along the Outcome Star domains and assessing their journey towards change, the client can receive immediate feedback on how they and the worker think they are travelling. Caroline Chisholm Society staff members work collaboratively with parents using the Family Star Plus to measure progress towards change along the following domains: physical health, parent well being, meeting the children's emotional needs, keeping children safe, social networks, education and learning, boundaries and behaviour, family routines, home and money and progress to work. We have supported families well if their lives have improved in three main areas:

- 1) Housing and home life – Parents are better able to secure a safe environment for themselves and their children, parents are better able to maintain a positive family routine and better able to set appropriate boundaries for their children.
- 2) Social – Parents have a better level of social contact for themselves and their children.
- 3) Health and Wellbeing – Parents are better informed and empowered to act, parents are better able to manage their own emotional and mental health, parents are better able to respond to their children's emotional needs, parents are better able to provide a healthy lifestyle for their children.

Building a Continuum of Supports and Services

For some time now public policy and program design trends for social services and education have placed emphasis on developing continuums of supports and services in response to the vexing challenges programs and services often encounter in how to address barriers of access to timely and responsive interventions.

For programs and agencies the challenge grows in how best to deliver flexibility when funding requirements prescribe when and how services can be delivered to particular populations in targeted communities.

There is now more discussion and work being done in Victoria to address these issues and the development of continuums of supports and services, with government talk of greater flexibility for programs based on outcomes, all support our work in how we can tailor our programs to be flexible and responsive to the diversity of needs amongst clients.

The development of a continuum of supports and services focus is to enable our practice to be flexible in meeting client needs. We describe this as three levels of engagement – early intervention; specialized intervention; intensive. Through this continuum we can better understand how practitioners and clients are able to work through based on the need to be responsive, deliberate with the type of intervention, and flexible enough to address the client's needs at entry point to the services that they seek when being referred or self referral occurs.

Early Intervention

Early intervention features our welfare appointments and material aid program, Engaging Wyndham Families and supported playgroup work. Future opportunities to be featured also include prenatal mental health drop in programs as well as mindfulness and community projects for clients to connect with mums in their local communities. This feature of our work enables a degree of flexibility to assess the needs of families, often meeting a primary need for material aid, at the same time conducting an assessment that identifies underlying factors that impact the need to reach out for material aid supports. From this our practitioners are able to either triage into integrated family services or make referrals in to more appropriate community based resources.

Engaging Wyndham Families is one such program that through building relationships with maternal and child health nurses and early years practitioners in Kindergartens and childcare programs, parents can access a practitioner who is able to provide a brief intervention that targets what might otherwise be an issue that could otherwise create more serious issues for the safety, health and wellbeing of mothers and children.

Embedded in our practice is a way to avoid working with complex child protection cases. We call it 'early intervention' by aiming to receive referrals for parenting support from universal services. Through the project Engaging Wyndham Families, we have built relationships and are working innovatively through community, practitioner and educators networks

to connect sooner with families who might have self identified with a particular issue or concern; or may have had contact with a community practitioner who has identified a potential concern impacting on a child's health and wellbeing.

This approach is responsive in how practitioners are able to connect sooner rather than later and not dependent on waiting for referrals to specialized services, but rather address the immediate concerns in a timely and responsive way.

The benefits have been experienced not only for families but also for community practitioners who are able to identify, with the support of the relationships formed through the professional networks, a greater understanding of preliminary assessments that can work to mitigate the needs to draw on resources that might otherwise be in high demand and not necessarily available to the family in a timely manner.

However through engaging with families in the context of their community networks and existing relationships, practitioners across disciplines can begin to align their interventions in a way that provide for a more collaborative and streamlined approach in meeting the immediate needs of families before they are further stressed.

Family Service Intervention

This element to the continuum of supports and services is perhaps the area most community members would be familiar with as we begin to see more formalized programs and services that are structured to target a particular area of concern.

The most familiar in our work to date is Integrated Family Services and as described in other sections of our report, requires the expertise of our practitioners. This intervention is aimed at targeting when families need family services support during times of difficulty that may impact on their parenting capacity and stability in family life. Child FIRST is the entry point into family services, and through these teams our practitioners receive referrals. Families may spend up to 12 months working with a practitioner to identify from assessments the goals they wish to achieve. These may address areas of concern including social isolation; parenting style; homelessness issues; mental health or alcohol/drug related issues.

One mum referred to us through Child FIRST in late 2017 had been identified at risk due to family violence and substance abuse in the family. With a newborn and toddler, through our home visit program mum was able to work with our practitioners to identify some immediate goals and draw on their support in managing a number of legal matters as well as working on obtaining a drivers licence and finding a reliable car in order to gain greater mobility to access local community resources.

On an initial visit, when two of our practitioners went to undertake an assessment, it was very clear that mum was connected to limited family supports. Through the discussion, mum could identify how she wanted to move forward to be able to provide more for her children, including connecting with other mothers in her immediate community.



Our Programs

In 2017–18 the Integrated Family Service program supported over 200 clients across our catchments. Of these, 40% were born in a country other than Australia, 17% of whom were born in Asia, 8% from Africa and 4% the Middle East. Our data for 2017–18 indicates that the Family Support program supports families experiencing a broad range of issues with particular needs for support with pregnancy and parenting, mental health, family violence, social and physical isolation, poverty, and household and housing issues. All of these influence the capacity of parents to provide for the needs of their children. The client data is presented on pages 33–42.

Specialised Interventions

Intensive

Often we are presented with cases that require a more intensive approach with child protection orders in place and the real possibility that children may be removed from the care of their mother.

In this instance our specialization requires a commitment of 200 hours of working with a mother. In one case late last year, a mother of two was referred to our intensive program. On commencement, it was determined to continue to assess if the case would require an additional 200 hours to allow for further work. This assessment was determined based on a mid case review identifying the high needs for both mother and children, including substance abuse. Mum's own family of origin had exposed her to drug use at a very young age, contributing to her capacity to function including

meeting the needs of her children. Her own experience has been a long-term involvement with the welfare sector including DHHS. With the history of abuse and fractured family relationships, the challenges to engage were clear from the outset.

We are often asked "How does a practitioner work with a family where the issues sometimes appear insurmountable?" The task immediate to mind for the practitioner is to better understand from the assessments that are provided at the time of referral what is current for the family including determining the condition in which the mother may or may not have capacity for change. We are often placed in situations that when mothers are under considerable external pressures including from systems and regulations ensured to keep children safe, the first visit and subsequent engagement going forward can be critical to understanding how best to work with

In 2017–18, Caroline Chisholm Society worked with ECMS to continue the Outreach Family Support Program beyond its funded period, because we knew the need was great and the program worked. The program is now on a menu of services that can be delivered using new funding provided to kindergartens by the Victorian Government.

Helping families in need with the Outreach Family Support Program

18 June 2018

Janet Williams-Smith, ECMS' Director of Service Development and Strategy, says, "ECMS used the money to second two family violence workers from the Caroline Chisholm Society to work at ECMS for 12 months as outreach family support workers. Their role was to build a connection between kindergartens, family support and child protection services, to identify children who were experiencing vulnerability and on their caseloads who were not attending kindergarten."

"This program has seen some staggering outcomes: a 300 per cent increase in the uptake of Early Start Kindergarten places in Brimbank in 2017, along with a 93 per cent uptake of the pre-purchased kindergarten places.

"These children now have access to a carefree, open learning environment in their year before school. They have opportunities to play, learn new things and become the people they are."



the parent in meeting the overarching needs for children to be safe, healthy and socially/emotionally connected.

In this particular case, with so much assessed as being against the mum's capacity, a practitioner was able to identify the strengths of mum and what these mean for a plan that would support her to achieve what was in the best interests of her children. Ultimately this places incredible demands on her, but in the hope that with the help of a practitioner small milestones can deliver a successful outcome for mum and her children.

Specialist Homelessness Service

The Society's Specialist Homelessness Service provides short to medium term housing for vulnerable pregnant women, and families with young children. The Society operates four transitional properties in the Moonee Valley area. Intensive support is offered to families in these residences for an initial period of 12 weeks. If the family requires ongoing support in relation to issues other than housing, the homelessness worker is encouraged to refer the family to Integrated Family Services for parenting support and linkages to other services as necessary. The homelessness worker continues to support the family until they are transitioned into an ongoing residence.

Increasingly families come into the program with a range of complex needs and difficult personal situations. This causes a delay in being able to address the housing needs as the worker endeavours to address more urgent issues and problems that the family is facing, such as financial difficulties, violence, legal and medical issues and substance abuse. These

issues associated with long-term homelessness further complicate a family's ability to find stable long-term accommodation.

To create the best possible environment in which families can work on the issues that led to their homelessness, workers adopt a holistic approach, building on the individual strengths of the family members. At Caroline Chisholm Society, we believe it is essential that families who have faced multiple challenges and have been homeless receive a timely response, with a high level of support to increase their chances of succeeding and breaking the cycle of homelessness.

Last year, we built on our learning from a previous iteration and combined the role with Integrated Family Services, which allows the case manager to be working with ongoing clients across the week giving the homelessness program flexibility to deal with the unexpected needs of this particularly vulnerable cohort.

During 2017–2018 the specialist homelessness service provided 32 episodes of support. Our specialist homelessness services experienced an increase of 11 episodes of support with one explanation that this is due to the precarious nature of short term and emergency accommodation with clients not being able to secure more reliable transitional supports as well as not being able to move from transitional into long term housing given the growing wait lists with some families experiencing up to 10 years for affordable public housing options.

These families are usually also engaged with Caroline Chisholm Society through other programs to help them with their parenting needs. After homelessness, the top

issues these clients presented with were, 1) relationship breakdown 2) unemployment 3) family violence and 4) health. The client data is presented on pages 33–42.

Groups Service

Caroline Chisholm Society focusses on group work as it helps to reduce social isolation for families after the significant transition to parenting. We are delighted that all of our offices have onsite facilities for group work with families.

This is possible because we have the new site in Essendon complete, we have permission from Melton Council to use of the former Wirrigirri Preschool in Caroline Springs, and we remain co-located with Radcom in Shepparton at St Andrews Road.

With the generous support of the Victorian Government through the Western Integrated Family Violence Committee, facilitated by Women Health West, we were able to provide a supported drop in play group from Wirrigirri located at our Caroline Springs office. Initially designed to support an alternative to the highly structured approach of Children and Mothers in Mind® it ultimately supported transition for mothers who had participated in the program to keep in touch.

In addition to this, the supported playgroup is being further developed with some new developments for 2018/19 – so stay tuned!

Other special projects based on feedback are currently being developed, and we hope to have some further announcements later in the year.

Our Programs

Mothers in Mind®

After a successful pilot in 2016–2017, Caroline Chisholm Society as one of five pilot sites in Victoria, and in partnership with VincentCare (Marian Community) and McAuley Community Services for Women was involved in a further project to incorporate the current ten week 'Mothers in Mind®' program along with an innovative extension that will provide intensive support for mothers who have experienced family violence. The project, called "Children and Mothers in Mind" was led by Children's Protection Society. The program included 1) comprehensive assessment, 2) group work on responding to trauma, rebuilding their relationship (attachment) and sustaining the learnings, and 3) mother-child individualised counselling. Feedback from mothers indicated an overall improvement in understanding child development, the importance of connecting and how parents can take on deliberate and intentional interactions that build the parent child relationships.



This project is funded by
Victoria State Government



Case Study

Initial Presentation

Two mothers, (names changed for privacy) were both referred to 'Mothers in Mind®' by their case managers. Both mothers were apprehensive about attending the group, but hopeful that the group would help them in some way. Liz was a young mother with a toddler; and Jo was also a young mother and had a 3 year old child. Liz identified a lot of stresses in her life and the isolation of raising a child on her own. She suffers from depression and anxiety and is open to accepting support. Jo was isolated as a single mother with little family support, and presented with little confidence in herself and her parenting ability.

During MiM Sessions

Both mothers disclosed previous family violence and childhood trauma. Liz experienced some challenges in engaging with other mums as she was very keen to connect but often felt she was being rejected in her attempts to connect. For Jo it was important to be able to focus on being able to meet the social and emotional needs of her 3 year old as his displays of attention needing behaviours were being rewarded by Jo.

Both mothers talked about the importance of being a good mum and would seek approval from other mums to encourage them in their parent child interactions. Both struggle to find ways to connect and build good attachment with their children. Focus in the group work as well as through follow up with practitioners began to help each other mother set practical ways to connect with their children, including engaging and being responsive during routines in the home as well as transitions when leaving the house. Both mothers would often contribute to group conversations. Both mothers indicated that they wanted a different life for their children than what they had.

Outcomes

There were many positive outcomes for both young mothers. Liz expressed that she had found the group a positive experience. She expressed that she feels that she is progressing and although it is hard to process her experiences she feels like she is moving forward and that is ok to ask for support. She share an example where her mum came to visit and was able to ask her mum to care for her son overnight. She has shown great insights including describing how important it is for her son to have a good relationship with his grandparents. While Jo had initially expressed how tiring her preschool aged daughter was, she also struggled to make connections with her during various transitions and group activities. By focusing on this area for Jo through videos on children's development, mum expressed her thanks for sharing the information that was useful for her to understand children's feelings and their changing behaviour. Both mum's expressed that they could relate to other group participants and their experiences.

New and Pre-loved Goods

Our New and Pre-loved Goods program offers a particular focus on goods that are helpful for families during and after pregnancy. We offer many baby and maternity goods to our clients to help alleviate the immediate impacts of poverty. We do so with a view that clients accessing the goods should be empowered to access other services that can help them to prevent the need to return for more goods.

The program is also a critical support to our other two programs: pregnancy counselling and welfare appointments and family support including homelessness. With thanks to the Moonee Valley City Council and Essendon Fields, we realised our vision of a warm and welcoming environment for families in Essendon,

including the distribution of goods in a way that provides support from highly qualified staff. This year, we are also preparing to offer this service in Caroline Springs and have a similar processing capacity in Shepparton.

We receive donations of nursery equipment and recycle prams, bassinets, clothes and other baby essentials, and make sure they meet safety requirements. We sometimes get the goods from colleagues who also help mums, like The Nappy Collective and St Kilda Mums. We then re-home these items to families in need.

Our objectives in the program are diverse. With regard to our social objective, we aim that clients have a better level of social contact. For example, access to a pram allows a mother to leave her home with her baby. The health and wellbeing objective is that parents are better

able to sustain a secure living environment, including providing for their children's food and material needs. We do that by ensuring that the goods are provided through a social and community sector worker. There are also environmental benefits from our work. Environmental wastage from new and used goods is reduced. The program is only able to run due to the generosity of our volunteers who administer the program and our donors who provide the goods we pass on.



Preparing for our 50 years

The Caroline Chisholm Society began its pregnancy and family support service in 1969. It went on to incorporate in the early 1970s. That means that 2019 will be our Golden Jubilee.



In preparing for such an occasion, this year the Board and CEO consulted Members through a “Members and their Memories” afternoon tea in August 2017 and had a small gathering in August 2018, which was also in the context of planning for our future.

We have received the clear message from our members that they do wish to celebrate the past, because it was innovative and is the basis on which we can operate today. But they want to do that in a way that excites us about the future and raises funds for pregnant and new mothers and their babies and toddlers. In that context, we will celebrate our Golden Jubilee with a special fundraiser. At that fundraiser, we hope to release a booklet about our history which demonstrates the innovative and professional approach by the Society.

As part of the Golden Jubilee, some members and supporters of the Society would like to celebrate Caroline Chisholm – the woman and her work, which was supported by her family. The volunteers have proposed the creation of a fine art quilt honouring Caroline Chisholm, and discussions have begun with some quilters. The completed quilt would be displayed in a meeting room at the Essendon office and be a gift to, and an asset for, the Society. It is to be unveiled at the planned fundraiser in 2019.



As part of the Golden Jubilee, some members and supporters of the Society would like to celebrate Caroline Chisholm – the woman and her work, which was supported by her family.



Our Renewed Strategy

In 2010, our focus was to ensure sound infrastructure was in place so that the Caroline Chisholm Society could adequately support new mothers, their babies, toddlers and families. This was because the largest barriers to our success in supporting families were property and information technology.

During the intervening years, we also spent time implementing outcome tools and preparing a program logic to ensure that our practice was at the forefront of our thinking. We engaged with Services Connect, Evidence Based Practice and discussions of reform of the Child and Family Services Sector.

In 2017, the time came to set new priorities. The new priorities identified to service mothers, babies and families include well-funded, relevant and coordinated services across all three sites, a strong and collaborative internal culture and effective external partnerships to enhance service delivery and financial sustainability.

Caroline Chisholm Society is clear on the new priorities because we gathered and considered the views of clients, staff, managers, volunteers and Board through five reviews – namely, an overhaul of HR processes and procedures, a leadership and corporate structure review, a transition management process, a quality assurance review, and a Board self-review.

Focussed in the first six months of the financial year, the reviews gathered a great deal of momentum. The human resources process and procedural change included changes to follow the implementation of the Child Safety Standards. Having regard to the ongoing Board commitment to having three strong locally embedded

sites, the Society took the opportunity of the resignation of the Manager Pregnancy and Family Services to review the senior staff structure. It was important we consider the most appropriate structure for providing clinical leadership, supporting quality services, ensuring financial sustainability and responding to a changing external environment.

Our changing environment includes a Commonwealth context of changes to payment systems for our clients, a Victorian government interest in pricing reform, funding reform, and evidence-based practice. The Victorian Government has also had major strategic consultations with regard to new permission to share information. Clients are also facing changes to the health system. We have local changes discussed in Moonee Valley's 'MV2040', Melton's A city for all people, and Shepparton's 2017–2021 Council Plan and at Regional Partnerships in Western Melbourne and in Goulburn Valley.

With so much change afoot, the need to draft a new strategic plan was identified and a transition management approach was needed. Late in 2017, we appointed a Transition Manager, Jennifer Weber, to provide strong guidance and support to team leaders and senior practitioners during the Christmas break and into the new year period

and through our three yearly quality review. The three yearly quality review occurred early in 2018, providing us the opportunity to consult clients, volunteers and staff on what our new strategy should look like. And, the Board undertook its annual self-review.

In response to reviews, the Board determined to amend the Board committee structure to have a Funding Committee, to consider reports about our acquittal and applications for funds; a Governance, Risk and Clinical Governance Committee, to consider our risk register and our clinical data; and Finance and Property Committee, to consider monthly and annual financial performance and our asset strategies. They also authorised the CEO to vary the structure at the leadership and corporate levels to renew our management structure to create a 'Senior Management Team' and a 'Leadership Team'. This is the change process that created the new structure of having a Director Programs, a Manager, Business Operations and three senior practitioners with two providing clinical supervision across the Melbourne sites and one dedicated to quality integration. Together, this new leadership team has prepared our new Quality Plan.

Our approach, as you can see from the volume of reviews, was to bring the whole of the society together for a 'good old-fashioned think' about what will best help us empower and support pregnant and new families. Based on the reviews, we prepared a new strategic plan with a focus on how we will best support women with their pregnancy, children and families, through our people.

A strategy for the Society to flourish requires investment. We are anticipating that our expenses will exceed our income for the next two years. The Board and Management are therefore undertaking a cycle of work – implementation, tracking and planning – to ensure we are able to

raise and save funds and continue to deliver the best quality services that mothers and their babies deserve.

You can find our new strategic plan on our website. It outlines how we want to achieve the right conditions in which the Caroline Chisholm

Society can flourish, with an increased focus on culture, leadership, funding, safety, risk and accountability – so that we can be the best we can be to empower pregnant women and their babies and be there for new mums and dads, their babies and toddlers.



A new practice framework, for all our work

Following a year of review, Caroline Chisholm Society is now squarely focussed on a learning, accountable culture that meets the needs of mothers and their babies. One process that will help with that is a new practice framework that helps us to be resilient and strong in focussing on this special group while the environment around us changes.

The development of a practice framework helps to set out what we understand to be the key elements -including theories, practices, values and the types of interventions - guiding our work with families and children. A practice framework sets out the practice model for our organization, practitioners and volunteers, reflecting our values, principles, approaches and theories that underpin our work.

A practice framework will also reflect what our families, mothers, children and the community can expect when engaged with our organization through our programs and services. Central to our work is our focus on outcomes for mothers and their children. We hold ourselves to be accountable for the decisions and actions we make when working with mothers and children, and our practice framework reflects a strength-based approach recognizing the importance of adult capacity in shaping the social, health and wellbeing outcomes for families and their children.

How would this look in the practice for staff and volunteers at the Caroline Chisholm Society? We believe in the capacity of adults to impact the outcomes for vulnerable children and their families. Our focus on adult capacity is the

practical way we envision how our values are enacted into practice – empowerment, respect, justice, diversity, and accountability – in order that we achieve the best for our families and their children.

We know it's never too late to focus on working with adults to build up their capabilities. According to the work of Professor Jack Shonkoff and the Center on the Developing Child (Harvard University) when given the opportunity, adults can build the core skills needed to be connected to community, engaged in meaningful work and community activities, and capable of providing stable, responsive relationships to meet the social and emotional wellbeing of their children. We know the stressors – family violence, poverty, homelessness – that compromise this capacity, and that it is our communities that are impacted by this sources of ongoing adversity.

The core capabilities such as planning, self-control, awareness, flexibility, and focus are cited in research involve understanding the neurosciences and psychology explains how adults use to effectively manage parenting, work and relationships. We often read or hear about self regulation and executive functions as the scientific terminology used to describe how adults can build their capacity to manage their interactions into more responsive and regulated.

We also understand from the research how chaos, stress, and threatening situations can impact adult capacity, and the outcome of living in conditions that derail the adult's ability to manage as their coping capabilities are adversely impacted.

How do we affect change? How do we make a difference? What changes can we anticipate or make in our practice based on a better understanding of what we understand from research and practice in this field?

We certainly look to the evidence of programs and practice that might influence our own efforts including the advocacy we undertake to address the systems and services that might otherwise remove the barriers and place adults at risk of depleting them of their capacity to care for themselves and their children.

We can also focus on the adult capabilities of our practitioners, volunteers, staff, members and clients to build the core skills that address this challenge. We all benefit from not only learning strategies but also incorporating these strategies into our everyday interactions with colleagues and clients.

While our intensive and specialized interventions are underway to work with at-risk and vulnerable families, we also have much to learn from the interventions that we can implement that focus on strategies to teach skills aimed at improving self-regulation and executive function.

We understand this coming from a broad-based approach in building a continuum of supports and services aimed at connecting families, and in particular mothers, sooner to

interventions that can help in building the skills and capacity to meet not only the social and emotional wellbeing of their children, but to develop the capacity for their own social and emotional wellbeing.

Whether this be through supported playgroup, mothers prenatal education, joining our knitting group, partnering with our practitioners to connect with a mum and bridge the social barriers to get involved in local activities, these are all ways that we can build skills and greater connectivity for mothers, children and communities.

The sense of self-regulation, connection to others and the core capabilities developed by engaging in activities whether that be through a knitting group with our volunteers, working with others to conduct a stall, a community fundraiser in partnership with our local schools, or the discussion on parenting with other mothers are ways we can begin to connect mothers and children. These are the connections we understand go along way to building resilience and capacity to improve social and emotional wellbeing of mothers and their children.



The 2018 State Election

Caroline Chisholm Society is a service delivery agency, not an advocacy group. But, we have opinions about what would help pregnant and new families flourish. We do seek that there is a greater awareness and understanding of the welfare rights and needs of all people, including the unborn child. In that context, in the lead up to the Victorian Election, we have released a statement. In doing so, we have considered the advocacy position of the Victorian Council of Social Services (VCOSS), the Centre for Excellence in Child and Family Welfare, Catholic Social Services Victoria, and LeadWest. We look forward to the Victorian Government, whoever is in power, focussing on the rights and needs of pregnant and new mothers and their babies and toddlers.

On Saturday 24 November 2018, Victorians will decide who forms the next State Government. When deciding who gets your vote, please consider pregnant and new mums, babies and toddlers. Caroline Chisholm Society has heard the voice of over 1,200 families who came to see us last year. At our Mother's Day and Children's Week Parties, in private discussions with our staff, and through the data, we have been told so much about the opportunities and challenges faced by families in raising their babies and toddlers. Please ask you to get your local candidate to hear the voice of pregnant and new mums, babies and toddlers too.

☐ **Will you fund local First 1000 Days Supporters in our neighbourhoods for mums, dads, babies and toddlers?**

After parenting and poverty, the top issues raised with us relate to mental health, homelessness, family violence and isolation. Putting mental health and social isolation together, the most pressing issue for those who come to us is perinatal mental health. A Perinatal Mental Health Plan was recommended by a Parliamentary Committee, we need it and action.

The solution:

For every local government area, there should be a First 1000 Days Supporter (social worker or other health professional) who coordinates volunteers to run parenting play and education groups, so that pregnant and new mothers support each other locally during the first 1,000 days of their baby's life, from conception till the child is two years old.

☐ **Will you fund more transitional housing for mums, babies and toddlers living in homelessness?**

Last financial year, more than 60% of Victorians needing homeless help were female. A mother on single parenting payments looking for a two-bedroom rental in Melbourne has just 3-in-100 properties which she could afford. The solution is more housing. In our experience, mothers – from the time they learn of their pregnancy until their child is less than 2 years old, require an immediate response that can last until they have settled into life as a parent.

The solution:

There should be more transitional housing that comes with a support worker specifically dedicated to families in their First 1000 days.

☐ **Will you redress the divide between rural and metropolitan mums, babies and toddlers?**

The metropolitan centric government systems do not respond to the needs of pregnant and new families in rural towns on the fringe of Melbourne or in regional cities. A Parliamentary Committee recommended evaluating demand for Early Parenting Centres across the state. We look forward to that data. We need one in Shepparton. And, so that those services are the best they can be, we also need a centre for excellence in Melbourne's west to lead the State. In Melton, we have a city the size of Canberra moving in. We need hospitals planned now and they need to be planned for midwifery services and adjunct perinatal support services.

The solution:

Fund services to match existing and growth of demand for perinatal and early years services.

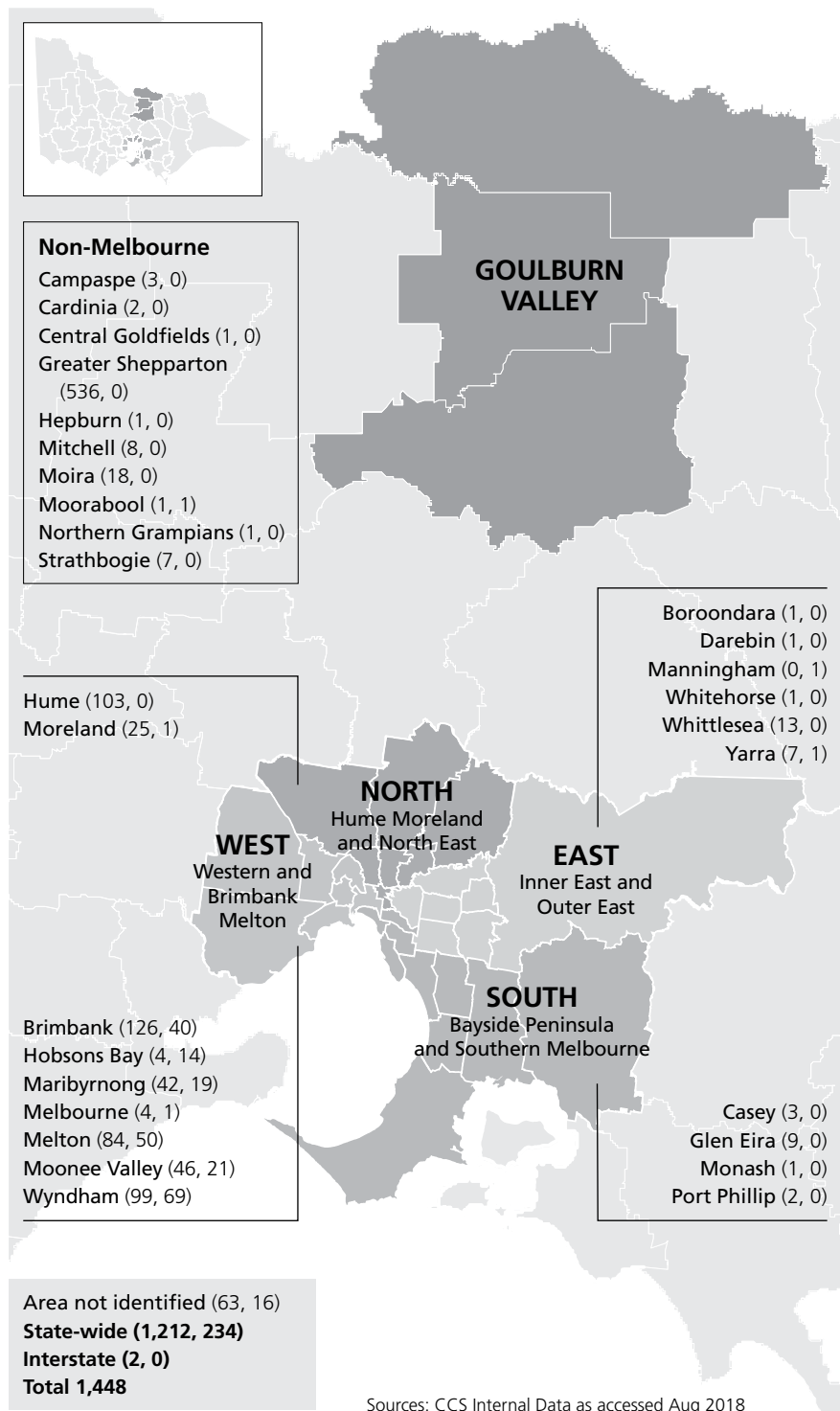
Our Clients

In a normal year, depending on funding available, Caroline Chisholm Society helps about 1,000 to 2,000 clients. Between 1 July 2017 to 30 June 2018, Caroline Chisholm Society helped over 1,400 clients. The majority of the clients (635) were seen at our Goulburn Valley office. Nearly 580 were contacts made in our Moonee Valley operations. These clients access our one off appointments for pregnancy counselling and support or for new and pre-loved goods. We are now offering appointments at our Caroline Springs office and look forward to reporting on them next year.

234 clients were supported for the longer term. These are clients in our family services or homelessness programs. We work with these families for 6 months to two years to help them set goals for themselves and achieve those goals.

- Figure 1 (State-wide Location Data 1 July 2017 to 30 June 2018) shows that the Caroline Chisholm Society is focussed on the Western Suburbs of Melbourne, with a high client load from the Cities of Shepparton, Wyndham, Brimbank, Melton and Hume. We also have large numbers of clients in Moonee Valley, Maribyrnong, Moreland, Hobsons Bay, Moira, and Whittlesea.

Figure 1: State-wide data 1 July 2017 to 30 June 2018



Legend

For each local government area, two figures are provided:

1st figure: Short contacts – Appointments (less than 2 hrs contact)

2nd figure: Long contacts – Home visiting (Greater than 2 hrs contact)

Our Clients

Our clients respond well to the fact that Caroline Chisholm Society operates as locals in our communities – those in which we are located, Moonee Valley, Melton and Greater Shepparton, and those in which we offer services, Brimbank, Wyndham, Maribyrnong and Hobsons Bay. We include Hume here, given the large

number of clients who access our Moonee Valley service from that municipality. We also have people from Moira and the City of Melbourne and other areas come to see us.

From experience, we know a lot about the issues faced by women during and after pregnancy, and

indeed the needs of their children. To demonstrate some of their concerns, we offer here some of the indicators from the Victorian Child and Adolescent Monitoring System (VCAMS) as considered current in July 2018. We have also used in these charts data from the Australian Bureau of Statistics, Census of Population and Housing 2006 and 2011. Compiled and presented in profile.id by .id. This data set shows you that our neighbourhoods face the following issues:

- Figure 2: In relation to our focus on pregnancy, Melton, Wyndham and Hume have large populations of young children anticipated. Shepparton has a very high teen pregnancy rate, while Wyndham and Melton also have many young mums (as well as Brimbank, Hobsons Bay and Hume).
- Figure 3: In relation to our focus on early parenting, with the exception of Moonee Valley and Maribyrnong who have developmentally vulnerable rates of approximately 7.5%, all our communities (Hume, Brimbank, Wyndham, Melton, Shepparton and Hobsons Bay) have rates above the state average with identified rates of vulnerability due to developmental issues.

Figure 2: Indicators related to during and after pregnancy

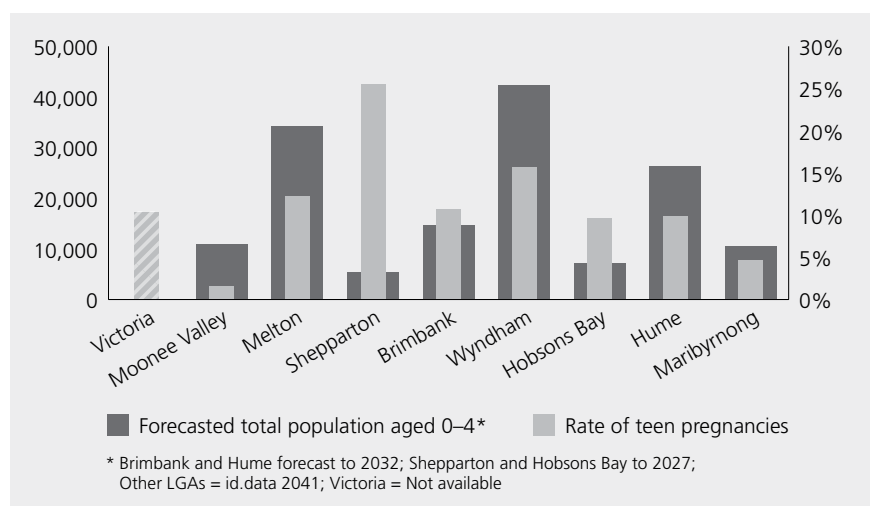
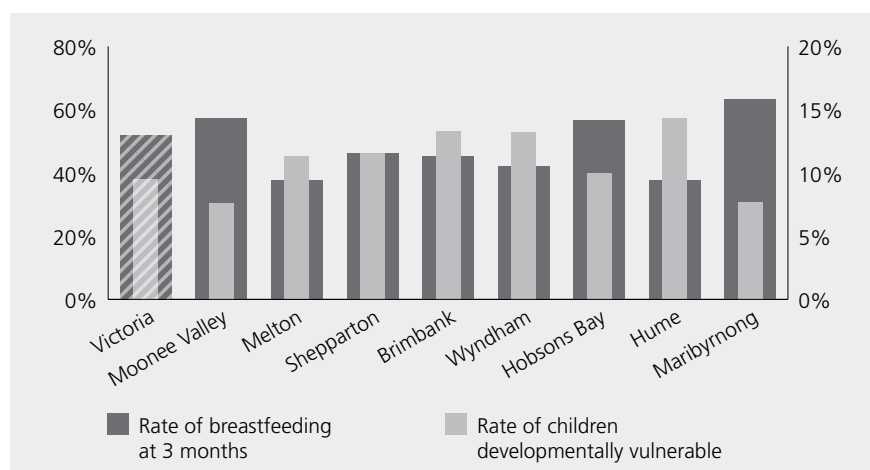
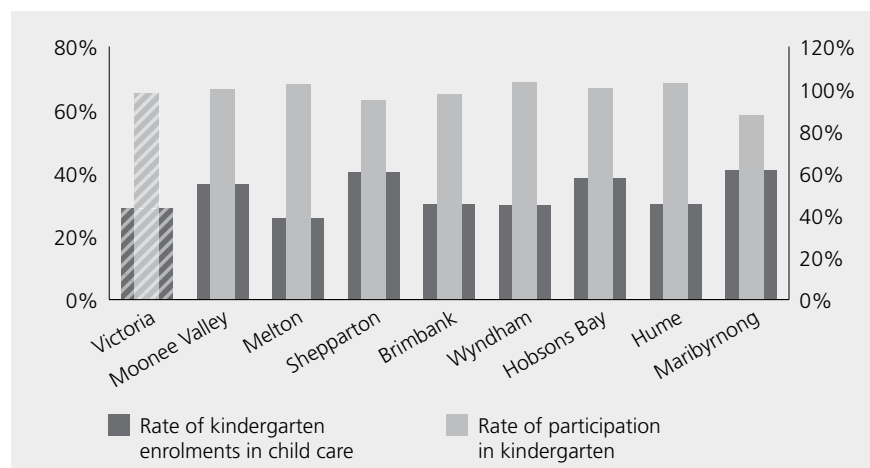


Figure 3: Indicators related to early parenting



Sources: VCAMS Indicators and Population Growth Data as accessed Aug 2018

Figure 4: Indicators relating to early childhood education and care



Sources: VCAMS Indicators and Population Growth Data as accessed Aug 2018

- Figure 4: In relation to our focus on early childhood education and care, the chart demonstrates the need for investment in kindergarten participation in all early childhood settings, especially in Shepparton and Maribyrnong.
- Figure 5: This table provides the data points used in the graphs.

Figure 5: Source data for indicators that offer some policy context for the concerns of our clients

	During and after pregnancy			Early parenting		Early childhood education and care	
	Forecasted % of population aged 0-4*	Forecasted total population aged 0-4*	Rate of teen pregnancies	Rate of breastfeeding at 3 months	Rate of children developmentally vulnerable	Rate of kindergarten enrolments in child care	Rate of participation in kindergarten
Victoria			10.4%	51.8%	9.5%	28.9%	97.9%
Moonee Valley	6.2%	11,039	1.6%	57.4%	7.6%	36.5%	99.8%
Melton	8.7%	34,215	12.3%	37.6%	11.3%	25.9%	102.4%
Shepparton	7.2%	5,399	25.5%	46.4%	11.6%	40.2%	94.6%
Brimbank	6.5%	14,632	10.7%	45.3%	13.3%	30.2%	97.6%
Wyndham	8.7%	42,406	15.7%	42.0%	13.2%	29.8%	103.0%
Hobsons Bay	6.9%	7,198	9.7%	56.6%	10.0%	38.4%	100.1%
Hume	8.0%	26,445	9.9%	37.7%	14.3%	30.3%	102.6%
Maribyrnong	6.7%	10,535	4.7%	63.3%	7.7%	40.9%	87.5%

* Brimbank and Hume forecast to 2032; Shepparton and Hobsons Bay to 2027; Other LGAs = id.data 2041; Victoria = Not available

Sources: VCAMS Indicators and Population Growth Data as accessed Aug 2018

Figure 6: Types of issues reported by clients, by issue, 1 July 2017 to 30 June 2018

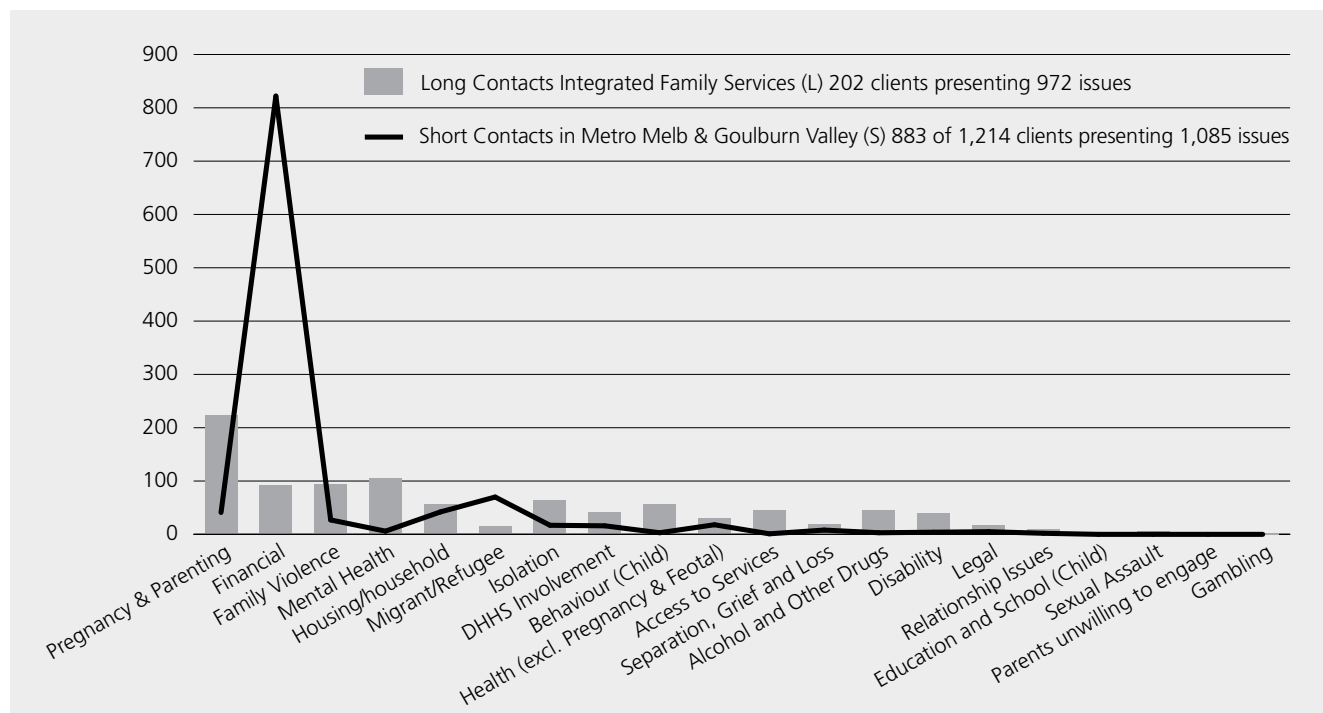
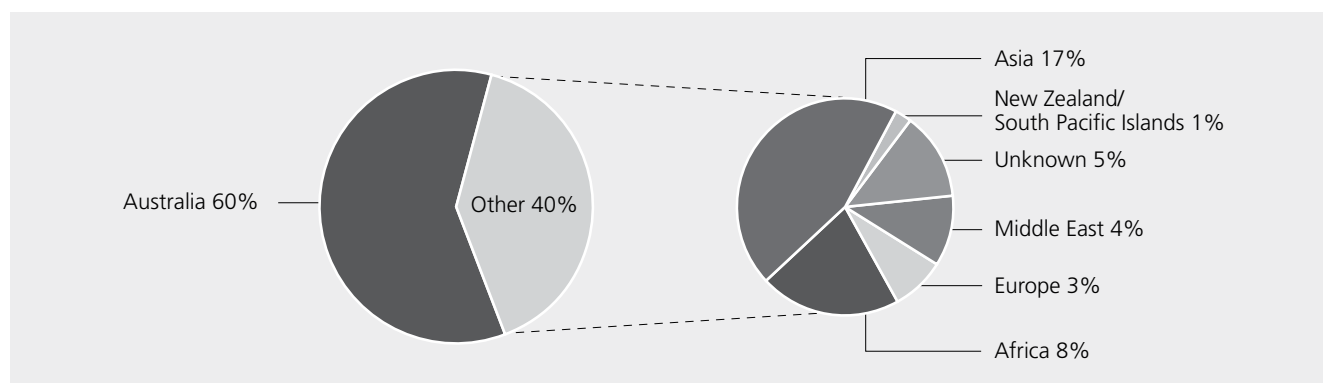


Figure 7: Country of Birth – Family Services Clients



- Figure 6 (Types of issues reported by clients, by issue. 1 July 2017 to 30 June 2018) shows, consistent with 2016–17, that our clients' most prevalent issues (after pregnancy and parenting) are associated with poverty or financial crisis. Financial issues are particularly prevalent for those clients presenting at our appointments program,

many of whom face challenges associated with being a migrant or refugee. The critical issues that clients we home visit face are related to family violence, mental health, homelessness, and isolation. If you put the mental health figures together with the social isolation, the top issue facing families is perinatal mental health.

- Figure 7 (Country of Birth – Family Services Clients. 1 July 2017 to 30 June 2018) shows that 40% of those clients we support through the Victorian Government funded family services stream were not born in Australia. Of them, 17% were from Asia, 8% from Africa and 4% from the Middle East.

Figure 9: Country of Birth – Homelessness Clients

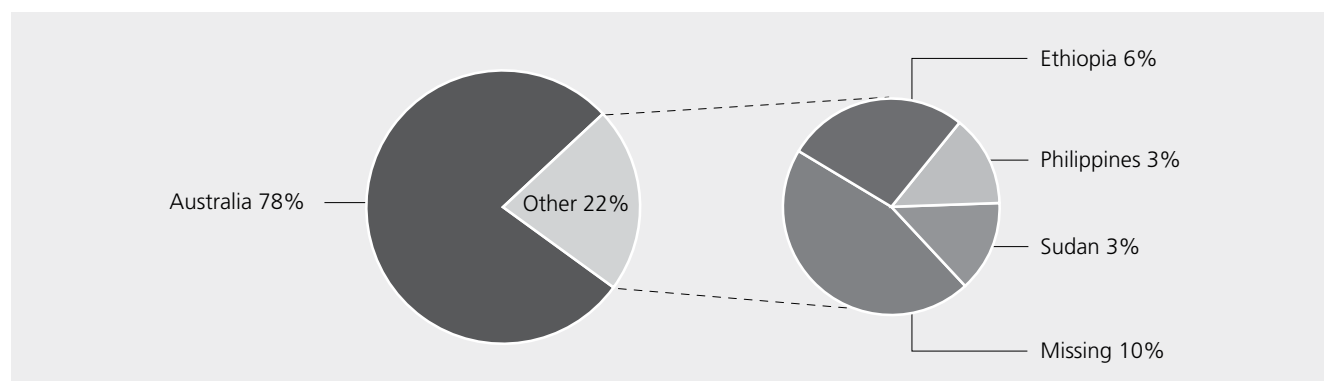


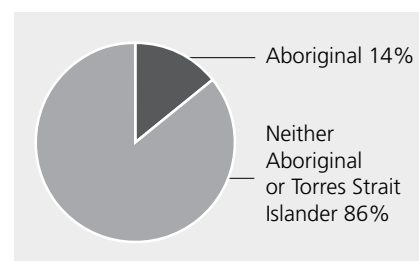
Figure 8: Satisfaction – Appointments service

Perfect – thank you!
 Well organized.
 Very Helpful.
 Truly amazing.
 So supportive and giving. Am grateful.
 Keep up the great work.
 Service is great.

Direct quotes from clients

- Figure 9 (Country of Birth – Homelessness Clients. 1 July 2017 to 30 June 2018) shows that 22% of those clients we support through the Victorian Government funded homelessness services stream were not born in Australia. Of them, 9% were from Africa and 3% from Asia.

Figure 10: Indigenous Status – Homelessness Clients



- Figure 10 (Indigenous Status – Homelessness Clients. 1 July 2017 to 30 June 2018) shows that 14% of those clients we support through the Victorian Government funded homelessness services stream identify as Aboriginal or Torres Strait Islander.

Figure 11: Outcome Star Results

Outcome star – Basic annual report – service

What does this report show?

This report allows you to review change made for service users up to a specific year and is used to provide an annual outcomes report. It does this by comparing the most recent Star within the selected year for each service user and comparing it with an earlier Star which may not be within the selected year.

Average increase and decrease in scores for each scale (Table)

This table shows the average first and last scores for clients included in this report. The difference between these two is the 'change', or outcome, shown in the column on the right.

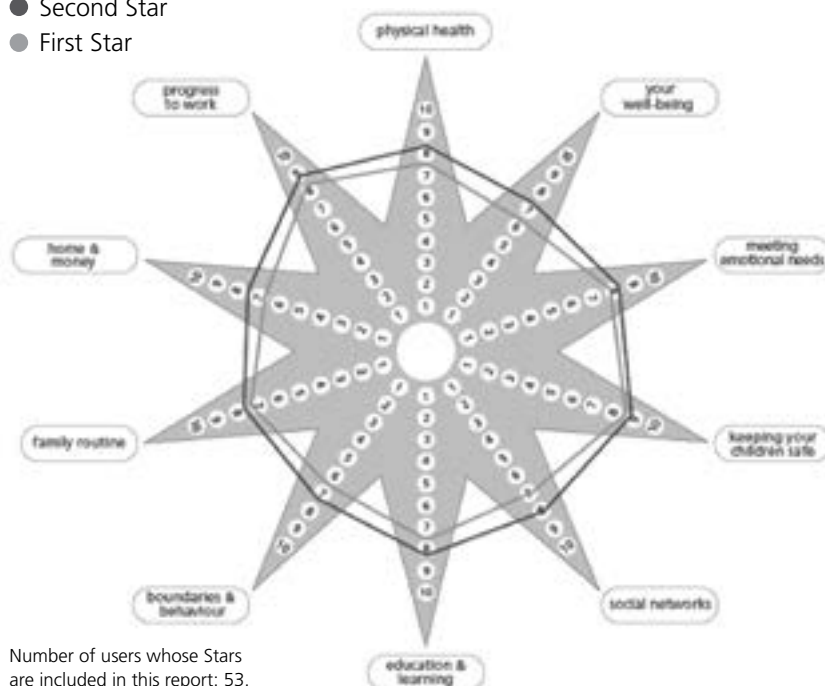
Scale	Initial	Final	Change
Physical health	7.4	8.4	0.9
Your well-being	5.9	6.9	1.0
Meeting emotional needs	7.5	7.9	0.4
Keeping your children safe	8.5	8.8	0.0
Social networks	6.9	7.5	0.6
Education and learning	7.7	8.2	0.5
Boundaries and behaviour	7.0	7.6	0.5
Family routine	7.2	7.8	0.6
Home and money	6.7	7.5	0.8
Progress to work	8.6	9.0	0.4
Average	7.3	7.9	0.6

Number of users whose Stars are included in this report: 53. Produced on 30/07/2018.

Average increase and decrease in scores for each scale (Star)

Average values displayed

- Second Star
- First Star



Number of users whose Stars are included in this report: 53.
Produced on 30/07/2018.

Figure 11: Outcome Star Results (continued)

What does this Star show?

Produced on:	30/07/18
This star illustrates a report on Family Star Plus data for the Integrated Family Services service showing the average progress for each scale made by service users up to the time period:	2017 (Jan–Dec)
Including clients who.	
The report has been refined to show the following client groups only:	
– support needs	All
– ethnicity	All
– age	All
– gender	All
Stars used to produce the report were completed jointly or by worker.	Yes
Retrospective stars were included.	Yes
The initial reading used is the lower of first or second ever.	Yes
The final reading used is the most recent in the time period.	

Percentage increase and decrease for each scale

This table shows the average proportion of the clients included in the report whose score for a scale has increased, decreased or stayed the same.

Scale	Decrease	No change	Increase
Physical health	13%	30%	57%
Your well-being	20%	20%	60%
Meeting emotional needs	19%	37%	44%
Keeping your children safe	23%	45%	32%
Social networks	21%	29%	50%
Education and learning	18%	38%	44%
Boundaries and behaviour	24%	28%	48%
Family routine	23%	29%	48%
Home and money	19%	28%	53%
Progress to work	14%	62%	24%

Number of users whose Stars are included in this report: 53. Produced on 30/07/2018.

Percentage increase and decrease for each scale

This table shows the proportion of the clients included in this report who are making progress, staying the same or slipping back based on their overall Star score, i.e. an average of their scores for each scale. A 'big' increase or decrease is defined as more than one point up or down across all scales. 'No change' means an average change per scale of between -0.25 and + 0.25

Big Decrease	Small Decrease	No change	Small Increase	Big Increase
9%	13%	15%	29%	36%

Number of users whose Stars are included in this report: 53. Produced on 30/07/2018.

- Figure 11: This section shows our outcomes with a small sample size of clients. It shows that nearly 36% of our clients felt they had a 'big increase' in their capacity to parent during the time we worked with them.

Spotlight on Our Clients in Moonee Valley

Known best for our community engagement and new and pre-loved goods, our Essendon office is a deeply embedded service balancing neighbourly good will with expertise in family and homelessness services.

The direct client work is usually undertaken by staff, and we're working to provide opportunities for volunteers to do client orientated work on-site.

Our goods are volunteer run. Caroline Chisholm Society estimates that in 2017–18 at our Melbourne offices, on over 650 occasions, for approximately 2,800 hours, volunteers contributed \$116,000 worth of their time.

The largest number of clients helped from the Moonee Valley office are in our appointments program.

- Figure 12: This section shows that 91% of clients coming our appointments at our Melbourne office responded with 'very good' or 'excellent' when asked 'Please rate the booking service'.

- Figure 13: This section shows that 96% of clients who responded to our request for feedback on our appointments with 'yes' when asked 'Did we meet your immediate need?'.

- Figure 14: This section shows that 401 of clients who responded to our request for feedback on our appointments with 'yes' when asked 'Did we refer you on to another service?'.

The families who came were diverse. In this program, 78% of the families come from somewhere other than Australia – 37% are from the Middle East and 20% from Asia and 16% from Africa. Figure 15 shows the detail of where they originate from.

Figure 12: How our clients rate our appointments service

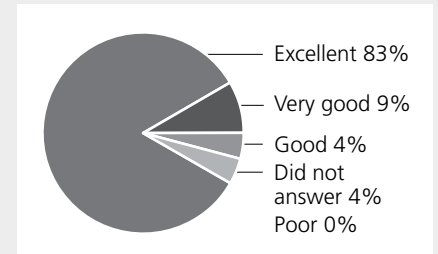


Figure 13: Did we meet the immediate needs of clients?

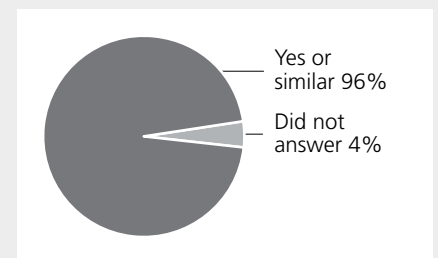


Figure 14: Did we refer clients on?

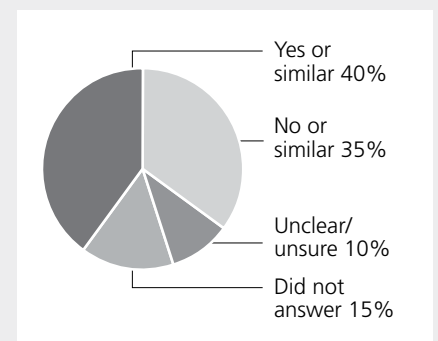


Figure 15: Ethnicity – Melbourne appointments service

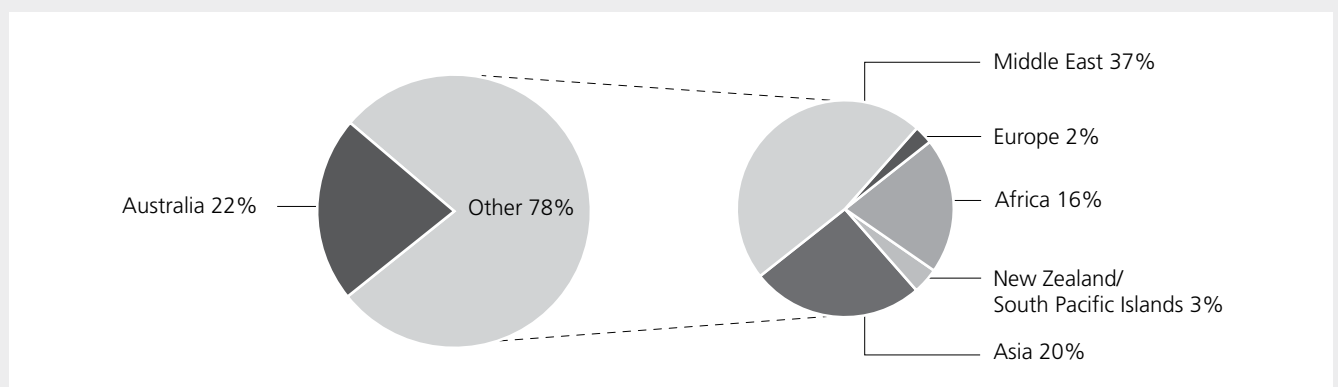


Figure 16: Value contributed – Melbourne appointments service

This financial year in Essendon, we've given out...

43	PRAMS
12	HIGHCHAIRS
56	BASSINETTES
645	NAPPY PACKS
137	FORMULA
72	FOOD PARCELS
1,282	CLOTHES PACKS
865	TOY PACKS
372	BLANKET SETS

and many more miscellaneous items that help meet the material needs of expectant and new families.

Some months we give out more than others. In

July	we gave out	458	items worth at total of	\$43,052
August	we gave out	230	items worth at total of	\$29,835
September	we gave out	390	items worth at total of	\$42,100
October	we gave out	418	items worth at total of	\$39,782
November	we gave out	444	items worth at total of	\$44,226
December	we gave out	453	items worth at total of	\$43,935
January	we gave out	392	items worth at total of	\$32,026
February	we gave out	521	items worth at total of	\$45,375
March	we gave out	572	items worth at total of	\$54,015
April	we gave out	502	items worth at total of	\$41,873
May	we gave out	458	items worth at total of	\$43,052
June	we gave out	662	items worth at total of	\$57,348

That means, we've given out **5,501** items worth a total of **\$430,515**.

Note: Figures are estimates based on values attributed by CCS.

Spotlight on Our Clients in Goulburn Valley

Known best for our community engagement and new and pre-loved goods, Goulburn Valley Pregnancy and Family Support Service is an innovative service working with a wide range of people.

The service is largely volunteer run, with our Lead Practitioner working part-time. Caroline Chisholm Society estimates that in 2017–18 at our Shepparton offices, on over 800 occasions, for over 2,000 hours, volunteers contributed \$85,000 worth of their time.

We estimate for 2017/18 that at **645** appointments, we've given out over **2,500** items with a total value of **\$237,871**.



The families who came were diverse. In this program, 36% of the families come from somewhere other than Australia – 13% are from Iraq and 7% from Afghanistan and 4% from Malaysia. Figure 17 shows the detail of where they originate from.

- Figure 18 (Indigenous Status – Shepparton appointments service. 1 July 2017 to 30 June 2018) shows that 10% of our clients in Shepparton identify as Aboriginal or Torres Strait Islander.

Figure 18: Indigenous Status – Shepparton appointments service

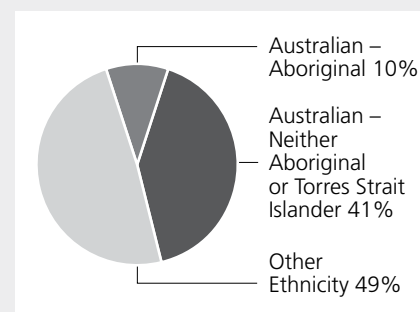
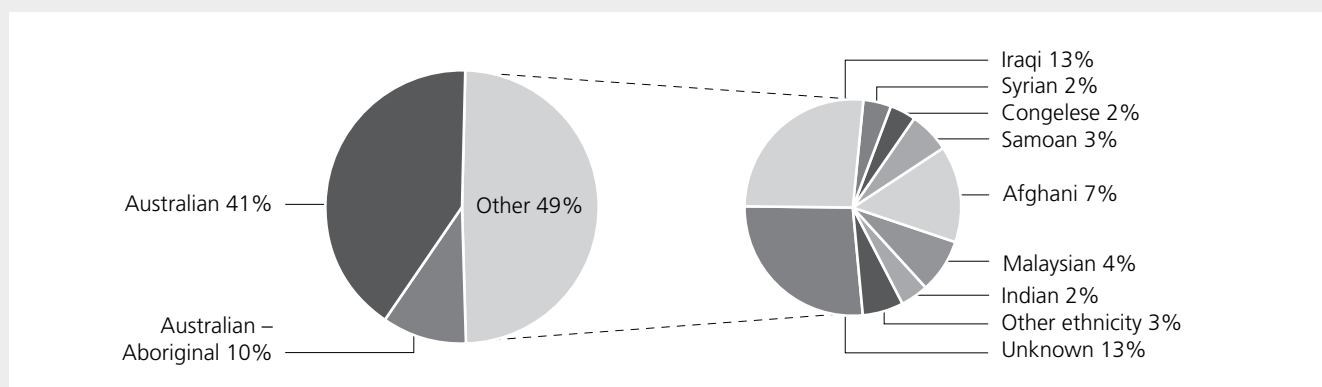


Figure 17: Ethnicity – Shepparton appointments service



Our People, Neighbourhoods and Finances

Our People: Our members, Board, staff and volunteers

Established in 1969, the Caroline Chisholm Society is a member-based organisation. Our members engage our Board and staff to run a charitable family support organization. We are a non-religious and non-political organization. Our over 100 members elect a Board of up to 12, who appoint a CEO, who in turn appoints our staff. Many of our members are current or former volunteers who support our work with clients directly or in support functions in Moonee Valley, Caroline Springs and the Goulburn Valley. We currently have over 120 active volunteers. Our life members, Board, CEO and staff are listed at the front of this report. Our team of 25 staff are dispersed across our sites, with staff that are home visiting social workers based in Melbourne's western growth zone at Caroline Springs in the City of Melton on the boarder of the Brimbank local government area and in Essendon, in Moonee Valley. Our team is diverse, made up a team with skills in family support, counselling, homelessness, volunteer coordination and administration. Our Shepparton team is largely voluntary, with a staff member to lead the practice in the Goulburn Valley and a collaboration coordinator. Our new and pre-loved goods team is spread across the three sites.

Our Neighbourhoods: Moonee Valley, Caroline Springs, Shepparton

Our neighbourhoods are special to us. While we started in 1969, by the late 1970s, we had opened in Moonee Valley. By 1978, Shepparton. We opened in Caroline Springs in 2010, as a way of consolidating our former offices in Laverton, Melton, Sunbury and Bacchus Marsh.

In Moonee Valley, we have longstanding relationships with many locals and organisations, and this is the community from which we receive the greatest number of volunteers. The children of our neighbourhood bring their pre-loved goods to us so that we can re-home them. Our bonnet and shawl stall is held fortnightly on Puckle Street and in Niddrie, and sometimes in the shopping centres. We are very grateful for the strong support we have from the retirement villages, local schools, service clubs and businesses. While most of our clients coming to the office in Moonee Valley arrive from other parts of Melbourne that are on the transport lines, such as the City of Hume, we continue to serve many people from Flemington, Kensington, Ascot Vale and Avondale Heights. The Moonee Valley City Council helps us to help those who live, work and recreate in the area.

Volunteering

Volunteering isn't just something we love, it's who we are. We were started by volunteers and our Board is still voluntary. Join us in making a difference in the lives of pregnant mothers and families with young children. Contact us and ask for the volunteer coordinator. They are located in both Melbourne and Shepparton and are dedicated to supporting volunteering.

The value of our volunteering?

Priceless! But attributable...

Caroline Chisholm Society estimates that 1,450 times last year, over 120 volunteers worked for over 4,800 hours, contributing over \$200,000 of their time.

- At our Melbourne offices, on over 650 occasions, for approximately 2,800 hours, volunteers contributed \$116,000 worth of their time.
- In Shepparton, on over 800 occasions, for over 2,000 hours, volunteers contributed \$85,000 worth of their time.

Note: These figures are rounded. Most volunteering is attributed at \$39.50 per hour, based on average hourly earnings estimate for volunteers from 2006 ABS data, with increases reflective of rises in average weekly earnings since then, determined with the ABS data from both 2006, 2013 and 2015.

Our People, Neighbourhoods and Finances

In Caroline Springs, we are close to the growth corridors of Melton and Wyndham and the large population in Brimbank. We have fine facilities that are increasingly being used by locals to help our clients. For example, our Caroline Springs office is used for a pamper day for clients organised by St Columba's school. Caroline Chisholm Catholic College and Christ the Priest Primary have provided much support in helping us to help our growing neighbourhood. DPV Health are located with us, and they service young children with a disability. We are grateful for the use of the former Wirrigirri kindergarten at 2 Darebin Place. The City of Melton helps us to help meet the needs of the growing community. We also serve Maribyrnong and Hobsons Bay from this office.

Our Shepparton office is co-located with RadCom and operates from an annex of the building. In the Goulburn Valley, we work with Rumbalara a local aboriginal controlled community organisation (who sometimes visit us so that their Koorie Maternity Service can be offered in a safe place close to the families), VincentCare (especially in responding after the trauma of family violence), the Bridge (a community service for women under 26 years of age), Primary Health Care Connect (who offer counselling), and Family Care (a family service provider that includes a ChildFIRST intake office). We do that to achieve a stronger support network around our clients. With regard to volunteering, our partners in Shepparton include local schools such as Notre Dame, the local Special School who recondition prams, CentreLink and employment agencies, and clubs and societies (e.g. Love to Sew, Rotary, Lions and the Soroptimists).

Our Finances

In financial terms, it has been a positive year for the Society. During the financial year, the Society worked towards its objective to grow in three strong locally embedded sites. In Moonee Valley, this is through the community centre, which opened in March 2017 at 977 Mount Alexander Road, Essendon. In Melbourne's western growth corridor, we operate in owned and leased space in Darebin Place, Caroline Springs focussing on excellence in the prevention of engagement with child protection. At a leased office in Shepparton, the Society undertakes a volunteer-oriented emergency relief service within the disadvantaged community.

The net surplus of the Society for the financial year ended 30 June 2018 was \$234,923 (2017: \$1,297,720). In 2017, a large proportion of the surplus was due to completion of the new building at 977 Mount Alexander Road including, \$1.171 million in grants and donations that were recognised as revenue.

There has been an increase in the net assets of the Society's assets to \$3,531,405 (2017: \$3,296,482).

Total revenue for the period ending June 2018 was \$2,492,741, compared to prior period revenue of \$3,084,412. In the prior period, all grants and donations received specially for the construction of the building at 977 Mount Alexander Road were transferred to revenue. For detailed analysis of our financial position, see our financial statements for the year ending 30 June 2018 included in this report.

Our Funders, donors and supporters

Our funders

Victoria:

- The Victorian Government through the Department of Health and Human Services supports our integrated family services including the early intervention program "Engaging Wyndham Families" and the complex case management approach known as "Intensive Family Services"; supports our specialist homelessness services; through the Western Integrated Family Violence Partnership facilitated by Women's Health West supports the Mothers in Mind® Therapeutic Playgroup and a Family Violence Playgroup; and through the Department of Education supported our colleagues at ECMS with an Outreach Support Pilot and a celebration of Children's Week.
- The Shop Distributive and Allied Employees Association supported us to offer a state-wide telephone line for pregnant and new parents, which assists their members to have a source of support for their parenting needs while the SDA supports their employment relations.
- The Lord Mayor's Charitable Foundation (Youth in Philanthropy), the Association of Civilian Widows, Women of the University Fund and Loyola College Chisholm House supported us with baby and maternity goods.

Goulburn Valley Community:

- The Sir Andrew and Lady Fairley Foundation supported us for the purchase of car seats and prams. Our new and pre-loved baby and maternity goods are helped by financial support from the Magistrates Court, SMS Scaffolding, The Community Fund, the Country Women's Association of Victoria Inc. and the Shepparton Lion's Club. A fundraiser held at the Flemington Kensington Bowls had its proceeds go to the Shepparton operations.

Moonee Valley Community:

- Moonee Valley City Council, through the Community Support Subsidy, and Essendon Fields have supported us to fulfil our vision for a warm and welcoming environment for families in Essendon, including the distribution of goods in a way that provides support from highly qualified staff.
- Our new and pre-loved baby and maternity goods are helped by financial support from Friends of Sister Clare Mahon, Penleigh & Essendon Grammar, St Thomas Anglican Church Moonee Ponds, Anglican Parish of Christ Church Essendon, Specsavers, MRC Found Trust, Riverside Ladies Golf Club, Nazareth College, Airport West Uniting Church and the Rotary Club of Essendon.

Melton and Brimbank Community:

- The Melton City Council supported the use of the former "Wirrigirri Preschool" to offer a range of services.

Donors and supports

We also thank those who have made significant organisational and personal contributions of funds to allow us to operate. We are not able to name you all, but we are grateful for your support.

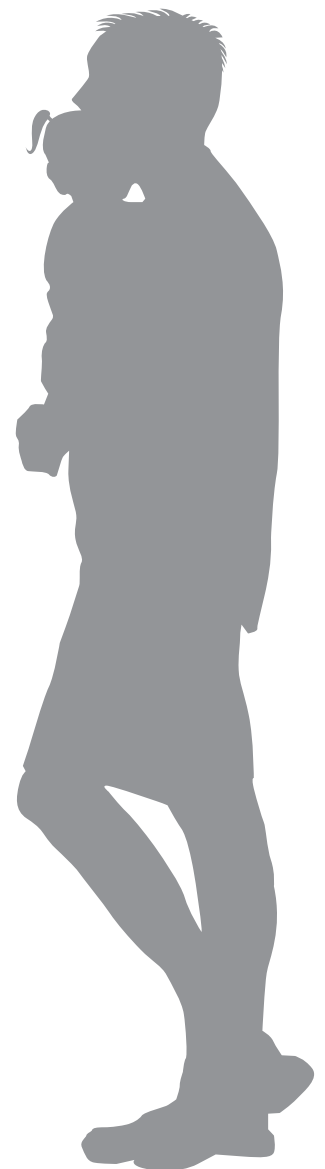
We particularly thank those treasured individuals who make the gift of their time be that with professional services or volunteer activities. There are also too many of you to name.

The organisations that made in-kind contributions to our operations are also thanked warmly.

Locals in our neighbourhoods of Moonee Valley, Essendon, Caroline Springs and Shepparton help us daily and the generous donations we receive from locals is deeply encouraging to our team.

We also thank our local council representatives and officials in the City of Moonee Valley, the City of Melton, the City of Greater Shepparton and the City of Brimbank for their support.

We acknowledge the traditional owners of the lands on which we live, work and recreate as individuals, as an organisation and as a community.



Our Year and Our Future

The 2017–2018 year was a time of review following the previous year that included the opening of the new Moonee Valley office, a funded project in Goulburn Valley and changing scope of tenancy in Caroline Springs.

The reviews have focussed on organisational change so that we can focus on:

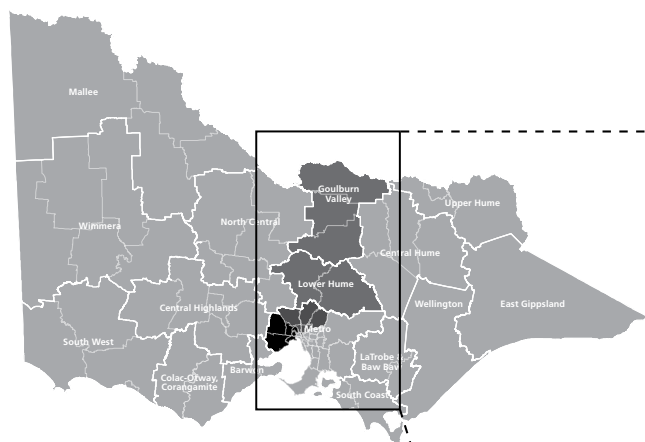
- Meeting the needs of pregnant and new mothers and their families by:
 - focusing on raising and saving funds for services
 - having services spread across all three sites
 - having a social worker available
- Being a great place to work, with a culture of learning.
- Offering best practice and accountable services.

The purpose of our new focus on learning, accountability and funding is to achieve the right conditions in which the Caroline Chisholm Society can flourish – so that we can be the best we can be to empower pregnant women and their babies and be there for new mums and dads, their babies and toddlers.

The year 2018–2019 has begun and the result of our review is focus on meeting the needs of clients by:

- Raising funds through donations, fundraising and grants
- Being neighbourly through offering appointments and processing goods at all three sites, and support workers available from 9 to 5 Monday to Friday, in person at Essendon or by phone from all three sites
- Offering expert support through good clinical governance, home visiting case work support across Melbourne's west, and quality improvement processes, including:
 - training in pregnancy and family support as core part of being a volunteer or employee at Caroline Chisholm Society
 - access to supervisory staff at each of the Melbourne offices
 - clinical data collection, reporting and analysis with a project to implement CSNet underway.

Together, these are a necessary platform for the Society to flourish and deliver on our promise to be there for mothers, babies, toddlers and their family with a listening ear as they seek our pregnancy counselling and support appointments, ongoing family support services and new and pre-loved baby and maternity goods.



Contact Us

Helpline

- Statewide – 1800 134 863

Appointments

(incl. counselling, welfare support and new and pre-loved baby and maternity goods):

- Shepparton – 03 5821 0826
- Essendon – 03 9361 7000
- Caroline Springs – 03 9361 7000

Specialist Homelessness Service

– 03 9361 7000

- Western Melbourne

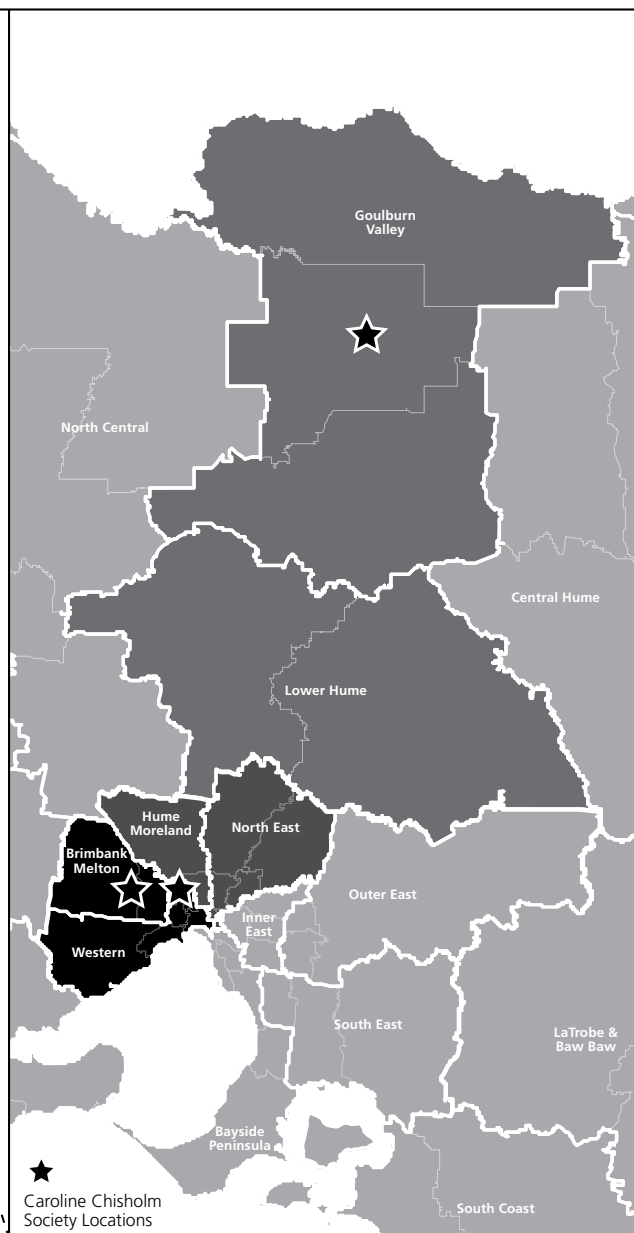
Integrated Family Service

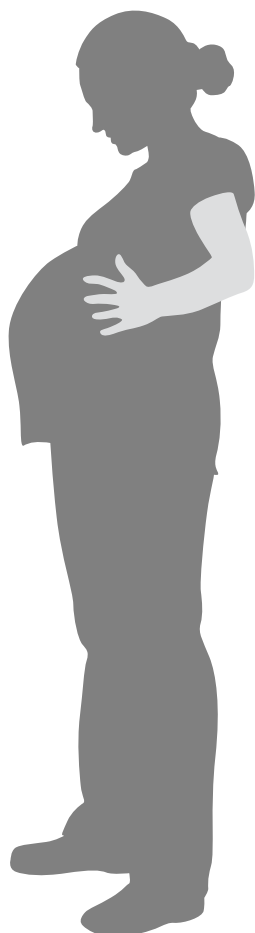
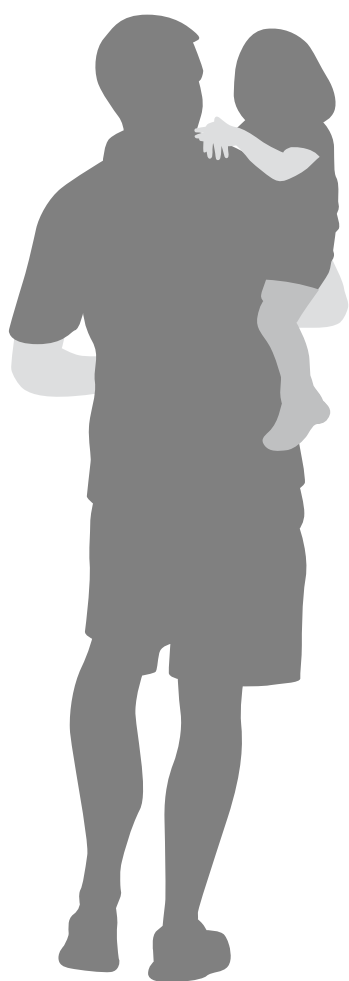
– 03 9361 7000

- Western Melbourne
- Brimbank/Melton
- Engaging Wyndham Families – Early Intervention Program
- Intensive Family Services

secretary@caroline.org.au

www.caroline.org.au





Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

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Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Directors' Report

The directors present their annual report together with the financial report of the Caroline Chisholm Society ("the Society") for the financial year ended 30 June 2018 and the auditor's report thereon.

Directors

The directors of the Society at any time during or since the end of the year are:

Names	Appointed/Resigned
Teresa (Tess) Fogarty	10 September 1989 – present
Paul Webster	17 September 1991 – present
Franciscus (Frank) Smit	20 September 2005 – 26 September 2017
Wendy Hunt	21 February 2006 – present
Michael Christie	23 October 2009 – present
Kate Rowsell	18 May 2010 – present
Stuart Rowland	20 November 2012 – present
Philip (Phil) Gatens	21 May 2013 – present
Stephen Mullins	12 May 2015 – present
Gavin Kempin	25 August 2015 – 31 October 2017
Sarah Notaro	26 April 2016 – present

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal Activities

The principal activities of the Society during the financial year was the provision of support for pregnant women and families with young children. The objectives of the Society remain the provision of quality pregnancy and family support services, achieved via ongoing collaboration with our service partners, staff and community.

There was no significant change in the nature of the activities of the Society during the year.

Company Secretary

The following person held the position of Company Secretary:

- Philip Gatens

Operating and Financial Review

The net surplus of the Society for the financial year ended 30 June 2018 was \$234,923 (2017: \$1,297,720). In 2017, a large proportion of the surplus was due to completion of the new building at 977 Mount Alexander Road, Essendon, including, \$1.171 million in grants and donations that were recognised as revenue.

There has been an increase in the net assets of the Society's assets to \$3,531,405 (2017: \$3,296,482).

Directors' Report

Review of Operations

In the directors' opinion, it has been a positive year for the Society. During the financial year, the Society worked towards its objective to grow in three strong locally embedded sites. In Moonee Valley, this is through the community centre, which opened in March 2017 at 977 Mount Alexander Road, Essendon. In Melbourne's western growth corridor, we operate in owned and leased space in Darebin Place, Caroline Springs focussing on excellence in the prevention of engagement with child protection. At a leased office in Shepparton, the Society undertakes a volunteer-oriented emergency relief service within the disadvantaged community.

Total revenue for the period ending June 2018 was \$2,492,741, compared to prior period revenue of \$3,084,412. In the prior period, all grants and donations received specially for the construction of the building at 977 Mount Alexander Road, Essendon were transferred to revenue.

State of Affairs

In the opinion of the directors, there were no significant changes in the Society's state of affairs during the financial year, not otherwise disclosed in these financial statements.

Events Subsequent to Reporting Date

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the directors of the Society, to affect significantly the operations of the Society, the results of those operations, or the state of affairs of the Society in future financial years.

Future Developments, Prospects and Business Strategies

Effective services; strong finances and administration; and, sound governance and management; are the stated strategic objectives of the Society. Financial management continues to be a major focus of the Society's directors. Facilitated strategic planning in collaboration with operational staff and relevant key stakeholders has provided clarity in decision making about the most appropriate use of our scarce resources. The Society is actively exploring opportunities for growth in areas aligned with existing services.

Environmental Issues

The Society's operations are not regulated by any significant environmental regulation under either Commonwealth or State legislation.

Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Directors' Report

Meeting of Directors

The number of directors' meetings and number of meetings attended by each of the directors of the Society during the financial year are:

	Number eligible to attend	Number attended
Teresa (Tess) Fogarty	8	8
Paul Webster	8	8
Franciscus (Frank) Smit	1	1
Wendy Hunt	8	6
Michael Christie	8	6
Kate Rowswell	8	5
Stuart Rowland	8	6
Philip (Phil) Gatens	8	7
Stephen Mullins	8	8
Gavin Kempin	2	0
Sarah Notaro	8	7

Information on Directors

Teresa (Tess) Fogarty

Director

Qualifications	
Experience	Director since 1989
Special Responsibilities	Moonee Valley Representative Member, Funding Committee

Paul Webster

President

Qualifications	MA, LLB
Experience	Lawyer
Special Responsibilities	State and National Engagement Ex Officio Member of all Committees

Wendy Hunt

Assistant Secretary

Qualifications	Dip Teaching
Experience	35 years' education field and 20 years in pregnancy support
Special Responsibilities	Assistant Secretary Goulburn Valley Representative

Directors' Report

Michael Christie

Vice-President

Qualifications	MB, BS, FRACGP
Experience	General Practitioner, West Brunswick Clinic
Special Responsibilities	Vice-President Member, Governance Risk and Clinical Committee

Kate Rowsell

Director

Qualifications	BBus (Acc) CA
Experience	Financial Accounting and Reporting
Special Responsibilities	Chair, Funding Committee Member, Finance and Property Committee

Stuart Rowland

Director

Qualifications	Law; B.Th. (SCD); B.Litt. (Melb)
Experience	Lawyer
Special Responsibilities	Member, Governance Risk and Clinical Committee Member, Finance and Property Committee

Philip (Phil) Gatens

Secretary

Qualifications	BBus, Grad Dip (BIS), FCPA
Experience	Internal Audit Manager in Financial Services Sector
Special Responsibilities	Chair, Governance Risk and Clinical Committee Ex Officio Member of all Committees

Stephen Mullins

Treasurer

Qualifications	Dip Financial Planning, Dip Financial Markets, Cert Business Studies (Accounting), Cert Superannuation Management
Experience	Financial Services and small business management and operations
Special Responsibilities	Chair, Finance and Property Committee

Sarah Notaro

Director

Qualifications	B Ed (Primary)
Experience	Primary teaching
Special Responsibilities	New Parent Representative Member, Governance Risk and Clinical Committee Member, Funding Committee

Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Directors' Report

Indemnifying and Insuring Officers or Auditors

The Society has insurance for each of the directors against liabilities for costs and expenses incurred by them in defending any legal proceedings arising out of their conduct while acting in the capacity of director of the Society, other than conduct involving a wilful breach of duty in relation to the Society.

Dividends

The Society's constitution precludes the payment of dividends.

Significant changes in the state of affairs

In the opinion of the directors there were no significant changes in the state of affairs of the Society that occurred during the financial year.

Auditor's Independence Declaration

The auditor's independence declaration for the year ended 30 June 2018 has been received and can be found on page 7 of the financial report.

Signed in accordance with a resolution of the Directors:



Director:

Paul Webster

Dated this 11th day of September 2018



SUITE 101,
486 WHITEHORSE ROAD,
SURREY HILLS, VIC. 3127

TELEPHONE: (03) 9836 1188
FAX: (03) 9836 7332
EMAIL: info@badawy.com.au

Auditor's Independence Declaration under subdivision 60-C section 60–40 of the Australian Charities and Not-for-Profits Commission Act 2012 to the Directors of Caroline Chisholm Society

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2018 there have been:

- (i) no contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-Profits Commission Act 2012 in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

Name of Firm: Badawy & Associates
Registered Auditor 7918

Name of Principal:

A handwritten signature in black ink, appearing to read 'J. Badawy', is written over a horizontal dotted line. Below the signature, the name 'Joseph Badawy' is printed in a standard sans-serif font.

Address: Suite 101A/486 Whitehorse Road, SURREY HILLS 3127

Dated this 31st day of August 2018

CERTIFIED PRACTISING ACCOUNTANTS, REGISTERED COMPANY AUDITOR

J. Badawy FCPA

Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018



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Independent Auditor's Report to the Members of the Caroline Chisholm Society

Report on the Financial Report

I have audited the accompanying financial report of Caroline Chisholm Society which comprises the statement of financial position as at 30 June 2018, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies, other explanatory information and the directors' declaration.

Director's Responsibility for the Financial Report

The directors of the Society are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Australian Charities and Not-for-Profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting my audit, I have complied with the independence requirements of the Australian Charities and Not-for-Profits Commission Act 2012. I confirm that the independence declaration required by the Australian Charities and Not-for-Profits Commission Act 2012, which has been given to the directors of Caroline Chisholm Society, would be in the same terms if given to the directors as at the time of this auditor's report.

CERTIFIED PRACTISING ACCOUNTANTS, REGISTERED COMPANY AUDITOR

J. Badawy FCPA



SUITE 101,
486 WHITEHORSE ROAD,
SURREY HILLS, VIC. 3127

TELEPHONE: (03) 9836 1188
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EMAIL: info@badawy.com.au

Independent Auditor's Report to the Members of the Caroline Chisholm Society

Basis for Qualified Opinion

Donations and other fundraising activities are significant sources of revenue for the Caroline Chisholm Society. The Society has determined that it is impracticable to establish control over the collection of donations and funds from other fundraising activities prior to entry into its financial records. Accordingly, as the evidence available to us regarding revenue from these sources was limited, our audit procedures with respect to donations and other fundraising activities had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion, as to whether donations and other fundraising revenue the Caroline Chisholm Society recorded are complete.

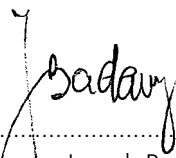
Auditor's Opinion

In my opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial report of Caroline Chisholm Society is in accordance with Australian Charities and Not-for-Profits Commission Act 2012 including:

- (i) giving a true and fair view of the Society's financial position as at 30 June 2018 and of its performance for the year ended on that date; and
- (ii) complying with the Australian Accounting Standards and the Corporations Regulations 2001.

Name of Firm: Badawy & Associates

Name of Principal:


Joseph Badawy
Registered Company Auditor

Address: Suite 101A/486 Whitehorse Road, SURREY HILLS 3127

Dated: 12th September 2018

CERTIFIED PRACTISING ACCOUNTANTS, REGISTERED COMPANY AUDITOR

J. Badawy FCPA

Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Statement of Profit or Loss and Other Comprehensive Income

for the year ended 30 June 2018

	Note	2018 \$	2017 \$
Revenue from funding bodies		2,428,397	2,737,025
Other income	5	54,313	339,319
Employee expenses		(1,719,937)	(1,347,866)
Program expenses		(120,757)	(105,474)
Depreciation		(104,243)	(79,705)
Occupancy expenses		(48,572)	(58,269)
Communications and IT		(81,760)	(63,124)
Travel expenses		(36,514)	(26,741)
Motor vehicle financing costs		(859)	(319)
Other expenses		(145,176)	(110,424)
Results from operating activities		224,892	1,284,422
Finance income		10,031	8,068
Net surplus for the period before income tax expense		234,923	1,292,490
Income tax expense		–	–
Surplus after income tax expense for the year attributable to the members of Caroline Chisholm Society		234,923	1,292,490
Other comprehensive income for the year, net of tax		–	5,230
Total comprehensive income for the year attributable to the members of Caroline Chisholm Society		234,923	1,297,720

The accompanying notes form part of these financial statements.

Statement of Financial Position

as at 30 June 2018

	Note	2018 \$	2017 \$
ASSETS			
Current assets			
Cash and cash equivalents	6	745,326	515,044
Other assets	7	24,350	33,275
Total current assets		769,676	548,319
Non-current assets			
Property, plant and equipment	8	2,984,120	2,954,592
Total non-current assets		2,984,120	2,954,592
TOTAL ASSETS		3,753,796	3,502,911
LIABILITIES			
Current liabilities			
Trade and other payables		76,000	58,516
Deferred income		35,083	22,838
Hire purchase liability		3,600	3,385
Employee benefits	9	59,598	61,386
Other Liabilities		–	–
Total current liabilities		174,281	146,125
Non-current liabilities			
Employee benefits	9	39,595	48,189
Hire purchase liability		8,515	12,115
Total non-current liabilities		48,110	60,304
TOTAL LIABILITIES		222,391	206,429
NET ASSETS		3,531,405	3,296,482
EQUITY			
Reserves			
Retained earnings	10	3,531,405	3,296,482
TOTAL EQUITY		3,531,405	3,296,482

The accompanying notes form part of these financial statements.

Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Statement of Changes in Equity

for the year ended 30 June 2018

	Revaluation Reserve (\$)	Retained Earnings (\$)	Total Equity (\$)
Balance at 1 July 2016	–	1,879,809	1,879,809
Surplus for the year	–	1,297,720	1,297,720
<i>Other comprehensive income</i>	118,953	–	118,953
Total comprehensive income for the year	118,953	1,297,720	1,416,673
Balance at 30 June 2017	118,953	3,177,529	3,296,482
Balance at 1 July 2017	118,953	3,177,529	3,296,482
Surplus for the year	–	234,923	234,923
<i>Other comprehensive income</i>	–	–	–
Total comprehensive income for the year	–	234,923	234,923
Balance at 30 June 2018	118,953	3,412,452	3,531,405

The accompanying notes form part of these financial statements.

Statement of Cash Flows

for the year ended 30 June 2018

	Note	2018 \$	2017 \$
Cash from operating activities:			
Receipts from grants		1,878,755	1,651,382
Receipts from fundraising		10,252	13,640
Receipts from donations		40,301	237,946
Receipts from other operating activities		553,401	540,712
Interest received		10,031	8,068
Payments to suppliers and employees		(2,128,624)	(1,702,432)
Net cash from operating activities		364,116	749,316
Cash flows from investing activities:			
Proceeds from the sale of assets		3,500	7,182
Purchase of property, plant and equipment		(133,089)	(124,119)
Net cash (used in) investing activities		(129,589)	(116,937)
Cash flows used in financing activities:			
Repayments of borrowing		(4,245)	(23,902)
Net cash (used in) financing activities		(4,245)	(23,902)
Net increase / (decreases) in cash held:		230,282	(608,477)
Cash and cash equivalents at beginning of financial year		515,044	1,123,521
Cash and cash equivalents at end of financial year	6	745,326	515,044

The accompanying notes form part of these financial statements.

Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Notes to the Financial Statements

1. Reporting entity

Caroline Chisholm Society ("the Society") is a public company limited by guarantee. The Company, referred to as "the Society", is a not-for-profit entity and is primarily involved in the provision of support for pregnant women and families with young children.

2. Basis of preparation

a. Statement of compliance

The Society adopted AASB 1053 Application of Tiers of Australian Accounting Standards for the financial year beginning on 1 July 2010 to prepare Tier 2 general purpose financial statements.

The financial report of the Society is a Tier 2 general purpose financial report which has been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements (AASB – RDR's) (including Australian Interpretations) adopted by the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. The financial statements were authorised for issue by the Board of Directors on 11 September 2018.

b. Basis of measurement

The financial statements have been prepared on the historical cost basis except for land and buildings which is carried at fair value.

c. Functional and presentation currency

These financial statements are presented in Australian dollars, which is the Society's functional currency.

d. Use of estimates and judgement

The preparation of financial statements in conformity with AASBs requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets, liabilities, income and expenses.

Actual results may differ from these estimates.

Estimates and underlying assumptions are reviewed on an ongoing basis.

Revisions to accounting estimates are recognised in the period in which the estimates are revised and in any future period affected.

3. Significant accounting policies

The accounting policies set out below have been applied consistently to all periods presented in these financial statements.

a. Financial instruments

i. Non-derivative financial assets

The Society initially recognises loans and receivables and deposits on the date that they are originated. All other financial assets are recognised initially at the trade date at which the Society becomes a party to the contractual provisions of the instrument.

The Society derecognises a financial asset when the contractual rights to the cash flows from the asset expire, or it transfers the rights to receive the contractual cash flows of the financial asset in a transaction which substantially all the risks and rewards of ownership of the financial asset are transferred. Any interest in transferred financial assets that is created or

retained by the Society is recognised as a separate asset or liability.

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Society has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Society has the following non-derivative financial assets: trade and other receivables, deposits and cash and cash equivalents.

Loans and receivables are financial assets with fixed or determinable payments that are not quoted in an active market. Such assets are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition loans and receivables are measured at amortised cost using the effective interest method, less any impairment losses. Loans and receivables comprise trade and other receivables.

Cash and cash equivalents comprise cash balances and deposits.

Accounting for finance income is discussed in note 3(g).

ii. Non-derivative financial liabilities

The Society initially recognises debt securities issued and subordinated liabilities on the date that they are originated. All other financial liabilities are recognised initially on the trade date at which the Society becomes a party to the contractual provisions of the instrument. The Society derecognises a financial liability when its contractual obligations are discharged or cancelled or expire.

Notes to the Financial Statements

Financial assets and liabilities are offset and the net amount presented in the statement of financial position when, and only when, the Society has a legal right to offset the amounts and intends either to settle on a net basis or to realise the asset and settle the liability simultaneously.

The Society has the following non-derivative financial liabilities: trade and other payables and deferred income.

Such financial liabilities are recognised initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition these financial liabilities are measured at amortised cost using the effective interest rate method.

b. Property plant and equipment

i. Recognition and measurement

Items of property, plant and equipment are measured at cost less accumulated depreciation and impairment losses except for land and buildings which are carried at fair value.

Cost includes expenditure that is directly attributable to the acquisition of the asset. The cost of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the asset to a working condition for its intended use, and the costs of dismantling and removing the items and restoring the site on which they are located. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment.

Land and buildings held for use in the supply of services and for administrative purposes are stated at their revalued amounts being the fair value at the date of revaluation, less any subsequent accumulated depreciation and subsequent accumulated losses. Revaluations are performed with sufficient regularity such that the carrying amounts do not differ materially from those that would be determined using fair values at the end of each reporting period.

When parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items (major components) of property, plant and equipment.

Gains and losses on disposal of an item of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of the property, plant and equipment and are recognised net within other income in profit or loss. When revalued assets are sold, the amounts included in the revaluation reserve are transferred to retained earnings.

ii. Subsequent costs

The cost of replacing part of an item of property, plant and equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the Society and its cost can be measured reliably. The carrying amount of the replaced part is derecognised. The costs of the day-to-day servicing of property, plant and equipment are recognised in profit or loss as incurred.

iii. Depreciation

Depreciation is calculated over the depreciable amount, which is the cost of an asset, or other amount substituted for cost, less its residual value. The method of calculating depreciation for plant and equipment and motor vehicles changed during the year ended 30 June 2017, from a diminishing value basis to a straight-line basis. Depreciation is recognised in profit or loss over the useful lives of each part of property, plant and equipment, since this most closely reflects the expected pattern of consumption of the future economic benefits embodied in the asset. Land is not depreciated. Capital works in progress is depreciated when it is available for use.

The estimated useful lives for the current and comparative periods are as follows:

- | | |
|------------------------|-----------|
| 1. Buildings | 40 years |
| 2. Plant and equipment | 4–8 years |
| 3. Motor vehicle | 5 years |

The Society recognises its land and buildings at fair value.

Depreciation methods, useful lives and residual values are reviewed at each reporting date.

c. Impairment

i. Financial assets

A financial asset is assessed at each reporting date to determine whether there is objective evidence that it is impaired. A financial asset is impaired if objective evidence indicates that a loss event has occurred after the initial recognition of the asset, and that the loss event had a negative effect on the estimated future cash flows of that asset that can be estimated reliably.

Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Notes to the Financial Statements

Objective evidence that financial assets are impaired can include default or delinquency by a debtor, restructuring of an amount due to the Society on terms that the Society would not consider otherwise, indications that a debtor or issuer will enter bankruptcy, the disappearance of an active market for a security.

The Society considers evidence of impairment for receivables at both a specific asset and collective level. All individually significant receivables are assessed for specific impairment. All individually significant receivables found not to be specifically impaired are then collectively assessed for any impairment that has been incurred but not yet identified.

Receivables found not to be specifically impaired are then collectively assessed for any impairment that has been incurred but not yet identified. Receivables that are not individually significant are collectively assessed for impairment by grouping together receivables with similar risk characteristics.

In assessing collective impairment, the Society uses historical trends of the probability of default, timing of recoveries and the amount of loss incurred and adjusted for management's judgement as to whether current economic and credit conditions are such that the actual losses are likely to be greater or less than suggested by historical trends.

An impairment loss in respect of a financial asset measured at amortised cost is calculated as the difference between its carrying amount and the present value of the estimated future cash flows discounted at the asset's original effective interest rate. Losses are recognised in profit or

loss and reflected in an allowance account against receivables. Interest on the impaired asset continues to be recognised through the unwinding of the discount. When a subsequent event causes the amount of impairment loss to decrease, the decrease in impairment loss is reversed through profit or loss.

ii. Non-financial asset

The carrying amount of the Society's non-financial assets, other than inventories are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated.

The recoverable amount of an asset or cash-generating unit is the greater of its value in use and its fair value less costs to sell. In assessing value in use, management considers the depreciated replacement cost of an asset when the future economic benefit of the asset is not primarily dependent on the asset's ability to generate net cash inflows and where the entity would, if deprived of the asset, replace its remaining future economic benefits. For the purpose of impairment testing, assets that cannot be tested individually are grouped together into the smallest group of assets that generates cash inflows from continuing use that are largely independent of the cash inflows of other assets or groups of assets (the "cash-generating unit" (CGU)).

An impairment loss is recognised if the carrying amount of an asset or its CGU exceeds its estimated recoverable amount. Impairment losses are recognised in profit or loss. Impairment losses recognised in respect of CGUs are allocated first to

reduce the carrying amount of any goodwill allocated to the units, and then to reduce the carrying amounts of the other assets in the unit (group of units) on a pro rata basis.

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

d. Employee benefits

i. Other long-term employee benefits

The Society's net obligation in respect of long-term employee benefits is the amount of future benefit that employees have earned in return for their service in the current and prior periods plus related on costs. That benefit is discounted to determine its present value and the fair value of any related assets is deducted. The discount rate is the yield at the reporting date on Commonwealth Corporate bonds that have maturity dates approximating the terms of the Society's obligations.

ii. Short-term benefits

Liabilities for benefits accruing to employees in respect of wages and salaries, and annual leave represent present obligations resulting from employee's services provided to reporting date. Short-term employee benefit expected to be settled within 12 months, are measured

Notes to the Financial Statements

at their nominal values using the remuneration rate expected to be paid as at reporting date, including any related on-costs.

e. Revenue

i. Government funding

Revenue from funding bodies is recognised when the right to receive that revenue has been established.

ii. Other income

Revenue from membership comprises annual membership fees and is recognised in revenue on a straight-line basis over the membership period.

Revenue from donations and fundraising is recognised in revenue when conditions of the donation have been met. Where the donation is not linked to specific conditions, donations are recognised upon receipt.

f. Lease payments

Payments made under operating leases are recognised in profit or loss on a straight-line basis over the term of the lease. Lease incentives received are recognised as an integral part of the total lease expense, over the term of the lease.

Determining whether an arrangement contains a lease

At inception of an agreement, the Society determines whether such agreement is or contains a lease. A specific asset is the subject of a lease if fulfilment of the arrangement is dependent on the use of that specified asset. An arrangement conveys the right to use the asset if the arrangement conveys to the Society the right to control the use of the underlying asset. At inception or upon reassessment of the

arrangement, the Society separates payments and other consideration required by such an arrangement into those for the lease and those for other elements on the basis of their relative fair values. If the Society concludes for a finance lease that it is impracticable to separate the payments reliably, an asset and a liability are recognised at an amount equal to the fair value of the underlying asset. Subsequently the liability is reduced as payments are made and an imputed finance charged on the liability.

g. Financial income

Finance income comprises interest income on term deposits and bank accounts. Interest income is recognised as it is received.

h. Goods and services tax

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense. Cash flows are included in the cash flow statement on a gross basis.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the balance sheet. Cash flows are included in the statement of cash flows on a gross basis. The GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to, the ATO are classified as operating cash flows.

i. Income tax

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

j. Presentation of financial statements and reduced disclosure

The Society has adopted AASB 1053 Application of Tiers of Australian Accounting Standards, AASB 2010-02 Amendments to Australian Standards arising from Reduced Disclosure Requirements and AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements. This has resulted in a reduction of disclosures for item such as financial instruments, share-based payments, defined benefit superannuation plans, equity accounted investments and business combinations. Comparative information has been re-presented or removed so that it also conforms to the new disclosure requirements.

4. Determination of fair values

The carrying value of financial and non-financial assets and liabilities approximates fair value.

The fair value of land and buildings is based on the directors' assessment of fair value based on recent selling prices in this location.

Refer to Note 3 for accounting policies.

Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Notes to the Financial Statements

5. Other income

	2018 \$	2017 \$
Fundraising	10,252	13,640
Donations	40,301	237,946
Membership fees	1,670	340
Sundry income	2,090	2,893
Rent	–	84,500
	54,313	339,319

6. Cash and cash equivalents

Cash on hand	340	588
Undeposited funds	55	172
Cash at bank	98,450	276,885
Short term bank deposits	646,481	237,399
	745,326	515,044

7. Other assets

Prepayments	19,100	15,856
Trade debtors	5,250	17,419
	24,350	33,275

Notes to the Financial Statements

8. Property, plant and equipment

	2018 \$	2017 \$
Freehold land and buildings at fair value	2,797,681	2,797,681
Accumulated depreciation	(84,398)	(51,595)
	2,713,283	2,746,086
Fixtures and fittings at cost	220,935	171,244
Accumulated depreciation	(63,377)	(39,714)
	157,558	131,530
Motor vehicles at cost	168,572	117,116
Accumulated depreciation	(85,967)	(69,983)
	82,605	47,133
Computer equipment at cost	65,116	49,060
Accumulated depreciation	(34,442)	(19,217)
	30,674	29,843
Total property, plant and equipment net book value	2,984,120	2,954,592

9. Employee benefits

Current		
Annual leave	59,598	61,386
Non-current		
Long service leave	39,595	48,189
	99,193	109,575

Our Financial Report

Caroline Chisholm Society – ABN 42 005 066 919
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2018

Notes to the Financial Statements

10. Equity – retained surpluses

	2018 \$	2017 \$
Retained surpluses at the beginning of the financial year	3,296,482	1,879,809
Asset Reserve	–	118,953
Surplus after income tax for the year	234,923	1,297,720
Retained surpluses at the end of the financial year	3,531,405	3,296,482

11. Contingent assets and contingent liabilities

There were no contingent liabilities, or any contingent assets as at the balance sheet date.

12. Related party transactions

There were no related party transactions during the year. No directors received any remuneration or compensation for their services.

13. Subsequent Events

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material or unusual nature likely, in the opinion of the directors of the Society, to affect significantly the operations of the Society, the results of those operations, or the state of affairs of the Society, in future financial years.

Directors' Declaration

In the opinion of the directors of Caroline Chisholm Society:

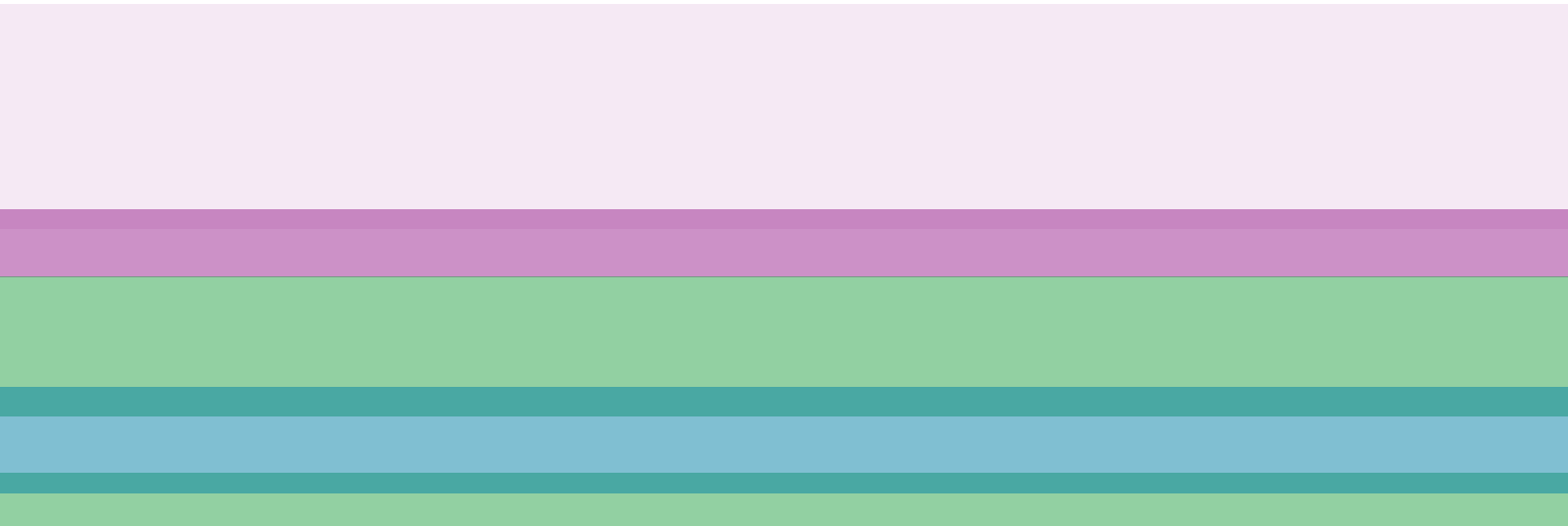
1. there are reasonable grounds to believe that the Society will be able to pay its debts as and when they become due and payable, and;
2. the financial statements and notes, as set out on pages 10 to 20 are in accordance with the Australian Charities and Not-for-profits Commission Act 2012, including;
 - a. complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001; and
 - b. giving a true and fair view of the Society's financial position as at 30 June 2018 and performance of the Society for the financial year ended on that date.

Signed in accordance with a resolution of the Directors:



Director
Paul Webster

Dated this 11th day of September 2018



**Caroline
Chisholm**
Society