



# ANNUAL REPORT 2021-2022

# WE ACKNOWLEDGE

**in our 50 years of service, the traditional owners of the land on which we live, work and provide services, and pay our respects to their elders, past, present and those yet to come.**

We acknowledge Dr Philomene Joshua, Mrs Pat Coffey OAM, and the countless women and men who committed to making an impact in the lives of women and children over the past 50 years.

We honour this heritage, and pay tribute to this work, as well as especially paying tribute to the ongoing and everyday labour of love we witness through the privilege of being a part of the lives of mothers and children.

## CHILD SAFE STATEMENT

The Caroline Chisholm Society is committed to child safety and is a child safe organisation.



Clients names have been changed throughout the report to respect their privacy.

Project management and copy editing by why not this & associates.

Illustration and design by redwagon graphic design.

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# FOREWORD

This year's Annual Report demonstrates the impact our village is making to some of the most vulnerable members of our community – pregnant women, mothers and their families.

Our village is made up of supporters, volunteers, members, philanthropists, Trusts and Foundations, businesses, community groups, all levels of government, suppliers, staff, directors and other key stakeholders. We acknowledge and celebrate the difference you help make to those who need us.

Since its foundational days, the Caroline Chisholm Society has come to be known for its specialisation in the First 1000 Days committed to working in support of pregnant women, keeping families together and reducing the need for child protection services involvement in the lives of women and their young children.

Together we have been providing 50 years of compassion and care. Together we are making a real and lasting difference. Together we are the village that mothers and children need.

Thank you for being part of our village.

# OUR HERITAGE AND MISSION –

## The Caroline Chisholm Society

It's a story so many are very familiar with, as so many have been an integral part in shaping the vision, mission and values of the Caroline Chisholm Society.

From genuinely humble beginnings, a group of women and men had a vision that pregnant women in need of support and care would have access to resources designed to enhance and promote the dignity of being a mother; providing for the health and safety of babies and young children; and nurturing the mother and child relationship.

Led by Mrs Pat Coffey OA and the late Dr Philomene Joshua (nee Tenni), the Society was established in 1969 to offer material aid and pregnancy support services for women to be supported to continue with their pregnancy.

A young mother herself at the time, Dr Joshua embarked on what would be not only life changing for her and her family, but for the thousands of women and their children that would ultimately come in contact with the Caroline Chisholm Society over the last 50 years, and who continue to present for supports and services across the western suburbs of Melbourne and Goulburn Valley.

The Society's inspiration is drawn from a clear vision by the members and brought to reality through the work of a dedicated team of professional staff, volunteers, and supporters wanting to improve outcomes for mothers and their children.

Our inspiration to care for, support and advocate for mothers and their babies comes from Caroline Chisholm herself who worked to re-unite families, protect vulnerable and at-risk young women, secured employment and safe work for women and families, and worked to improve outcomes and address the exploitation of women and immigrants.

Caroline Chisholm is undoubtedly an Australian heroine: an inspirational social reformer, dedicated to improving the living conditions of women and women with children draw parallels in the objectives of her work and our work today.

The issues women and children face today have not changed since Caroline Chisholm's time, nor since the establishment of our Society by a group of concerned mothers and grandmothers more than 50 years ago.

Women continue to face exploitation, violence, homelessness, social and economic insecurities, and material needs. These factors continue to impact on the social, health and emotional wellbeing of thousands of women, babies and young children.

**It is our heritage, history, mission and village that ensure we continue to be at the forefront of providing compassion and care to mothers and children.**



# OUR IMPACT

## on The First 1000 Days

The reputation of our work continues to grow with increasing recognition of our specialisation in the first 1000 days and early years.

Our maternal wrap-around approach - featuring trauma informed practices and the importance of self-determination and being connected into community - as being so fundamental in promoting the dignity of motherhood and the safety in giving birth, building capacity to care for and promote the health and wellbeing of babies and children, and wanting everything that so many of us dream and hope for our families.

Lee and her husband Paul have a beautiful 6-month-old baby. They are slowly adjusting to parenthood and its demands. The couple were referred to the Society by a social worker from the hospital when baby Natalie was born. Lee and Paul were identified as having an intellectual disability and needing supports to help with their early parenting of baby Natalie.

*"The work with the Society has been awesome, our practitioner took me to the library the other day and it was good.*

*Before the arrival of our baby, I worked as a cleaner in a local primary school. We didn't have much family support but since baby has arrived - from the moment I became a mum felt so good - we were excited to take our new baby home.*

*We needed some help with Natalie once we were home, especially the transition and dealing with this time. But with the support of our practitioner and support from our extended family it has made it easier.*

*We are going to start our parenting program soon - SafeCare - which is going to help us more with our parenting and routines. Our little girl is doing well, I have been able to help baby with teething and can read her signs better. She has six teeth now.*

*We also know how much she loves car rides and she falls asleep when we drive. I am lucky that our baby girl sleeps throughout the night.*

*The Enhanced Maternal Nurse also visits once a month to do regular checks on both of us to check up on our wellbeing. Our practitioner is also helping us with our reading as we can then start to read stories to our little girl too."*

At the Caroline Chisholm Society when our Practitioners are welcomed into the client's home, we want to make them feel like they belong in the community. In the First 1000 Days we know the importance of stability and nurturing. We want to keep families together and help them thrive.



In 2021 the Caroline Chisholm Society became an accredited SafeCare agency. Established in 1979, SafeCare® is an evidence-based, behavioural parent-training program for families at-risk or reported for physical abuse or child neglect. The National SafeCare Training and Research Centre (NSTRC) at Georgia State University, provides training and support for SafeCare®.



## PRESIDENT'S REPORT

In reviewing the past year, it is a good opportunity to reflect on the parts that make up the Caroline Chisholm Society.

Firstly, the pregnant mothers, babies and young families whom we support. This is our work, our whole reason for being. They are the reason we do what we do. Everything from the nappies we provide, the pregnancy supports, home visitation, the housing support, the food parcels, to the answering the telephone, writing reports, driving to visit clients, this is all aimed to support our mothers and families and our community at large. We are indeed privileged to be of service to them.

Our volunteers devote many hours supporting the Society. From packing the aid parcels, distributing the baby clothes, child seats provision, selling goods on the street stall, giving technical advice to management. There are countless things that volunteers do for the Society and our clients. You bring your skill, time and laughter to us. Thank you to all our volunteers.

Our staff are devoted and highly skilled. They go that extra yard for our clients.

The work they do, in many ways, is unique. It is very difficult at times. Family violence, homelessness, drug issues, difficult family relationships, endless reporting and documentation requirements are all too familiar to them. We thank our staff for their wonderful work they do. They really do help the pregnant mothers, babies and young families. To all our staff, sincere and heartfelt thanks to you for your great work.

The support of the State and Federal governments, who fund many of our programs, is greatly appreciated. In particular, we thank our local state members, Danny Pearson and Ben Carroll, and Federal member Bill Shorten.

Our donors who most generously support our work, your donations together with our skills, volunteers, resources and expertise, deliver much help to our vulnerable clients. A big thank you. You are vital to our work.

Shepparton is doing well. The generous support of the Westpac Foundation has enabled vitally needed pregnancy support in the Goulburn Valley. The volunteers continue to do fantastic work for the community.



**“THE WHOLE IS  
GREATER THAN THE  
SUM OF ITS PARTS”**

**- ARISTOTLE**

Our CEO, Dr Jennifer Weber, has guided the Society with great dedication and perseverance. On behalf of the Board, I want to thank Jennifer for her devotion to our ethos and work for our clients.

To my Board colleagues, I am grateful for all your strength, wisdom, energy and passion that they bring to the Society.

As Helen Keller wisely said, *"Alone we can do so little; together we can do so much."*

Best wishes to you all,

**Dr Michael Christie**  
President





## CEO'S REPORT

### OUR IMPACT, MILESTONES AND ACHIEVEMENTS

Welcome to our 2021/22 Annual Report. You will notice with this year's edition a significant revamp in our design as part of our efforts to feature key strategic outcomes, milestones and achievements over the past 12 months.

While the new design and layout greatly helps to feature key elements in our work, the impact speaks to the incredible efforts of our professional staff and practitioners, volunteers, supporters and members who continue to bring about the vision of the Society's mission today in communities and homes across the western suburbs of Melbourne and Greater Shepparton.

Like so many organisations across the sector, the past 12 months have presented many challenges and further hardships placed on families and communities. These same organisations have had to navigate funding uncertainty, the increase cost of doing business and the recruitment and retention of staff.

And yet these barriers while at times appear to be insurmountable, I'm quickly reminded of how anything is possible with

the support we have of so many people across our community.

In this year's report we highlight the incredible work underway by our team in Shepparton, and with the support of the Westpac Stronger Families, Stronger Communities grant along with the Helen McPherson Smith Trust, we have reached more families through case work specifically designed in keeping families together and reducing the risk for the need of child protection services.

You will also have the opportunity to read more about the impact of our evidence-based programs as our team of practitioners, including new graduates to the field and specialists in early parenting, and the First 1000 Days, continue to make their mark in building parenting confidence and strengthening parent and child interactions.

The Society was also fortunate to have secured new government grants in housing and perinatal mental health, providing a specialist focus in our maternal wrap around approach with the ability to



integrate working with mothers impacted by mental health issues. For too long mothers have experienced delays in accessing services having to navigate to find the most appropriate service and then being advised of wait lists and delays.

The Society also increased its outreach into communities in the west, experiencing a 20% increase in self referrals from mothers looking for assistance due to the restrictions in Maternal and Child Health services. Through media coverage and advocacy, the Society continues to work closely with local MPs and both the Victorian Department of Health and the Department of Families, Fairness and Housing to establish prevention and early intervention support for the Society's First 1000 Days Engagement project.

And the work is never quite complete without forging new collaborations, and 2021/22 was no exception. Our collaboration with the Big Group Hug's Sustainable Collective project has been designed to focus on recycling and repurposing donations of clothing and goods for families in the west. We can't

always do this alone as material aid demands continue to grow. Collaborations like this ensure that we are well placed to build our collective impact in a very local and practical way.

**On behalf of the CCS Team, thank you for your support. It is a privilege to share with you the impact of our work and the generosity from our breadth of supporters towards our commitment in achieving our mission.**

**Dr Jennifer Weber**  
Chief Executive Officer





Artwork animated from Caroline Chisholm, 1852, Angela Cohen Haynes  
From Design Galleries, State Library of New South Wales

**“I PROMISE TO KNOW NEITHER COUNTRY  
NOR CREED, BUT TO SERVE ALL JUSTLY  
AND IMPARTIALLY.”**

Caroline Chisholm was a changemaker, successfully advocating for immigrant women and family welfare during the 1800s in Australia. She was a social reformer dedicated to improving the living conditions of single women, and women with children, arriving in the new colony of New South Wales. Caroline Chisholm dedicated her life to providing practical assistance including housing, work and social protection, as well as agitating for change on behalf of women and their children.

We continue her legacy and work today through the Caroline Chisholm Society.



# OUR SUPPORTERS



# OUR VILLAGE OF PARTNERS, SUPPORTERS & COLLABORATORS

## A Partnership of Innovation and Care

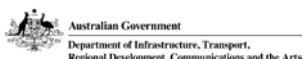
In 2021 the Caroline Chisholm Society was one of 26 organisations to be part of Westpac's Safe Children, Safer Communities grants program. The program has committed \$9.2M over three years in support to organisations keeping children safe and building safer communities.

The Society was the successful recipient of a \$600,000 3-year scaling up grant to pilot our maternal wrap around work in the Goulburn Valley community.

We are very grateful to Westpac and their Safe Children, Safer Communities grants program recognising this vital work and committing their support for the Goulburn Valley community over the next three years.

You can read more on the impact this generous grant will have for the Goulburn Valley community on page 24.

Our achievements are enabled by the generosity of our many supporters.  
Our gratitude goes to:





## **A PASSIONATE ADVOCATE FOR VULNERABLE PREGNANT WOMEN AND THEIR FAMILIES**

In 1972, Dr Philomene Joshua was determined to support vulnerable pregnant women and mothers with babies. From her home in Box Hill, and with the loving support of her family, she set up the Pregnancy Support Phone Service, the first of its kind in Melbourne. Staffed by volunteers who were trained and educated by Philomene, women across Melbourne were beginning to receive the best care based on their individual needs. Her determination and vision turned into the establishment of the Caroline Chisholm Society.

## VALE DR PHILOMENE JOSHUA

Sadly, after a brief illness Dr Philomene Joshua (nee Tenni) died unexpectedly on Friday 17 June 2022.

Philomene was born in Leongatha in 1930. The eldest of six girls, from a young age she wanted to be a doctor.

In 1949, Philomene commenced her studies in medicine at the Mildura branch of the University of Melbourne, and moved to Melbourne in her second year of studies, living with her aunt Agatha, a midwife delivering babies in Brunswick.

In the 1960s, married, living in Box Hill, a busy life with five children and a bustling medical practice, Philomene decided it was time to take leave and sell her Bulleen practice. Once patients discovered where Philomene lived, they sought her out for assistance. Many of them were pregnant women, or mothers with babies and children.

**Very soon Philomene's work from home grew as women at risk and vulnerable continued to visit her seeking her support.**

Realising the growing need and support for her work, Philomene began to draw on other women in her community who began to volunteer in providing material aid, responding to home help and assistance, as well as sourcing, if not opening their own homes, to provide emergency housing.

During her time in general practice, Philomene soon came to realise so many of the women, often single and pregnant, needed more than a GP - they needed housing, support and a lot of help.

*"Something had to be done."*

Connecting with the growing network of women in Shepparton led by Mrs Pat Coffey, an organisation was beginning to form. And so, Philomene and her network of volunteers set up doing what has now become a heritage we continue to this day.

In 2019 with a history book launch and in 2021, in amongst the demands and pressures of COVID restrictions, we were honoured to be invited to Government House. We feel fortunate that on both occasions we were able to host 50 years of Caroline Chisholm Society with Philomene, her family and friends, as well as members and supporters who came together in honour of this life-giving work.

**A remarkable woman and an extraordinary legacy.**

**Vale Dr Philomene Joshua.**



# OUR IMPACT

## AT A GLANCE

Our Strategic Plan has guided us in our mission, our work and our ability to help all those who reach out to us. As we begin work on developing a new Strategic Plan for the next three years, our impact can be seen through our three goals that form our current Strategic Plan:



Keep Families Together



Strengthen our Impact



Develop and Nurture our People

# GOAL 1 –

## Keeping Families Together

By providing quality family and pregnancy support, with authoritative leadership in social and community work.

### We supported:

**700 families seeking support** for material aid and reporting increased cost of living impacting on the care and wellbeing of over **1,200 children under the age of 5**. We gave out **over 2,000 items** worth a total of **\$250,000**.

**191 women and their children** who were **experiencing housing instability** and homelessness with just over **33 women led households** accompanied by **54 children** requiring specialist housing services.

**Over 550 families** across our single session, brief consults and **home visitation programs**.

**Over 280 women** who had **difficulty accessing services and supports** due to poor access to transport.

Just under **90 who self-reported a history of child protection involvement** including **7 young pregnant women** aged under **16 with current child protection involvement** due to an unborn report.

**450 families** wanting to focus on **building their parenting confidence and improve their parenting style** with the goal set to improve the parent-child attachment.

A further **290 women** seeking material aid support who also indicated **needing assistance in accessing early parenting interventions**.





**124 women** who **reported disabilities** impacting their parenting including **7 women with intellectual disabilities** and **10 with physical disabilities**.

**50 clients who received perinatal mental health services** through the Society's maternal wrap around supports featuring the work of perinatal mental health practitioner.

**43 Aboriginal and Torres Strait Islander families** who sought out services from the Society.

## GOAL 2 – Strengthen our Impact

By ensuring the Society is in a financial and administrative position to be able to support its services.

-  Our First 1000 Days intervention program has helped **76 pregnant women** who were referred to the Society and **250 vulnerable under 2 year-olds**, with a total of **404 children under the age of five** coming into service contact with the Society.
-  Department of Families, Fairness and Housing  
our practitioners conducted **just under 8,000 sessions** and over **16,000 hours of contact** in various programs including intensive supports, parenting programs and brief consult sessions.
-  **20% increase in self-referrals from mothers**  
who are unable to access maternal and child health nurse services in their communities due to staffing shortages. They are mothers concerned for their babies' and infants' wellbeing and developmental milestones.
-  We responded to over **220 women reporting family violence** as an issue including financial controlling and a history of violence.

### Referrals by Local Government Authorities

13% City of Brimbank ● 21% City of Melton ● 46% City of Wyndham

### Referrals by Community Services

19% child protection ● 22% community agencies ● 25% hospitals  
20% self-referrals    10% health and maternal and child services    10% family violence and police



# GOAL 3 –

## Develop and Nurture our People

By being a model community service organisation.

### 2021 Staff Engagement Survey:

- All participants were clear on the Society's work and their personal values overwhelmingly aligned with the work.
- The Caroline Chisholm Society's mission was clearly able to be identified and people's understanding of how the organisation's mission correlates to their roles were aligned across responses.
- Staff have also reported increased confidence to be successful in their roles and there were overwhelmingly positive responses to what practitioners see as their individual contributions.



*Families reporting they are more connected.*

*Improvements in parent's confidence to parent.*

*Parents being grateful and achieving their goals.*

# PERSPECTIVES FROM A NEW GRADUATE

In 2021/2022 the Society welcomed 3 new graduates who had undertaken student placements with the Society during COVID.

The Society supported six student placements in Melbourne and Shepparton contributing over 2500 hours in support of client outreach and supports.

## Meet Niki - our new graduate

Our work as a practitioner is not only informed by our academic skills and background but by our individual diverse life experiences:

*"I come from a Culturally and Linguistically Diverse (CALD) background and can see that this brings a unique lens to my work with families that come to the Caroline Chisholm Society.*

*Research shows that many CALD groups still very much steer away from the service system. The only language I knew was Greek until 6 years of age.*

*My Grandparents taught me Greek. I only learnt English when I started primary school. The teachers at school thought I had a speech delay. This experience also taught me that CALD communities can often be misunderstood.*

*Reflection is a critical part of social work and I can see that experiencing adversity is a strength. Sharing a similar experience enables our empathy and compassion to remain checked, which is a critical aspect of our work. Before primary school I had no idea about the wider world. After high school I thought the only career pathways for me were to be in Medicine or Law. My community expected me to achieve. I completed a Bachelor of Science at University of Melbourne with an aim to get into medicine.*

*I struggled with this career path and decided to take a year off. I followed my father's path as he also had completed a Bachelor of Science. The world was Black and White for me during those years.*

*Eventually I had a strong yearning to do work with people at a deeper level. I went back to do Master of Social Work at RMIT and was confronted by this intense information. I was glad to see the contrast of the science and social world. I commenced working.*

*Everyone needs to be open to their vulnerabilities and privileges. Teaching vulnerability is a strength.*

***Rapport and building rapport are critical in our work. We need to be present to our clients and have integrity in all our interactions. We need to have genuine connections and move away from the superficial. Vulnerability is also a strength and we ought to be honoured to be working with the families we do since they are opening up their homes to us."***

### **Meet Jess - one of our student placement**

Jess is in her first year of Master of Social Work and had her first placement with CCS. This is a 14-week full time placement.

*"I have enjoyed the direct experience to work with clients across diverse needs. It has also given me the opportunity to not only build experience and knowledge around parenting capacity but also across more broader issues such as, mental health, family violence and housing support.*

*A standout experience for me has been working with a senior co-worker who is warm and shows an empathetic approach to clients. The shadowing and reflective discussions I have had, has helped to develop practice knowledge.*

*I want to work in the mental health space in the future, and I am grateful for this placement, as it has given me a holistic perspective. Whilst it is still working in family services it also encompasses dealing across multiple challenges that are faced by the community. This has given me a broader understanding of intersectionality, to see that, complexities such as mental don't exist in isolation. This placement has also challenged me as I did not have much knowledge about the housing or parenting capacity, and this has certainly enabled me to gain the knowledge and skills to work in these areas in the future."*



# OUR IMPACT IN THE GOULBURN VALLEY

## Partnering with Westpac in keeping children safe

In 2021 the Caroline Chisholm Society was one of 26 organisations to be part of Westpac's Safe Children, Safer Communities grants program. The program has committed \$9.2M over three years in support to organisations keeping children safe and building safer communities.

The Safe Children, Safer Communities grants program awarded the Society \$600,000 over 3 years to scale up our pilot maternal wrap around work in the Goulburn Valley community.

This grant will support the work of the Society in reducing the number of babies and infants entering out-of-home care placements, improving early parenting outcomes for mothers and the health and wellbeing of young children.

The Society's specialisation in pregnancy, early parenting, and the first thousand days is recognised as a significant early intervention for women at risk of child protection involvement, and is inline with state legislation and public policy to prevent future harm and reduce the likelihood of child protection intervention after the child's birth by working earlier and in partnership with the mother, including access to appropriate support services to address the need and risk factors impacting her parenting capacity.

While working with women with children and expectant mothers to reduce the risk of child protection involvement and out of home care placements for infants and

young children, the Society provides home visitation, outreach work, and material aid to improve early parenting and family wellbeing.

### Meet Natalie

Natalie joined the CCS Goulburn Valley team in December 2021, with a background in Youth and Homelessness she had a great passion and desire to work in the Family Services sector. She has joined a warm and welcoming team at the Shepparton branch and feels like it is being part of a family.

The most rewarding part of Natalie's job has been the transformations she has seen from when women and families come in to access our services to the end of our time with them. Seeing how it all transpires has been a great aspect of the role.

Coming to us with a wealth of knowledge and experience Natalie said the key to a positive outcome with a client is initially knowing how to converse with them and have the emotional empathy to be able to listen to their needs. Each client is different, so it has been about working out the different techniques that work to build an honest and transparent relationship with them. This opens good communication; the families feel supported and feel comfortable to access our services.

In this service we are able to see women feeling empowered and in control to go out and make the right choices for them and their family.



### Meet Rose

Rose is 28 years old, has two daughters and is currently living in social housing in regional Victoria. She is studying for her Advanced Diploma in Domestic Violence.

Her story before she got to this stage, has been quite the journey. Rose was in a controlling relationship for four years. She had two children to her partner but did not realize that she was being conditioned to live in a state of control from her independence, finances and decision making.

One night her partner abused her, and this was her chance to get out, she called the police and since then has not turned back.

At the time she felt quite low and broken not only because of what domestic violence does to the victim, but also because she felt quite foolish for not seeing the signs, as she was studying the very topic. It has taken some time for her to see this in a different light.

Rose was referred to CCS for material aid, however when the staff ended up explaining to her about the services that we offer she was overjoyed and felt relieved.

She used to often wear a mask to step outside, as all her teeth had decayed due to not being able to get to a dentist for all these years. Rose and her kids were even deprived of a clock in their house so they would have no concept of time. One of her daughters has shown signs of ADHD and is being assessed but in the meantime when she attends sessions with mum it has been challenging as

she absorbs all the information that is shared between mum and the practitioner.

Working with us over the past three months Rose has come leaps and bounds due to her determination and love for her children. She is working with us on positive parenting outcomes, she can now gather the kids when it is meal times, put time restraints on activities and engage with them in a much more structured and meaningful way. Rose is taking back her role as the parent and an empowered woman.

We are also working on the emotional aspect of it and how Rose is dealing with the loneliness she faces especially at night-time, once the kids go to bed. She is going to join a Library and borrow some books to start reading before bed or working with us on other techniques if the reading does not work for her. Rose is also looking forward to her kids going to Kindergarten and Childcare so she can focus her time on getting a job and now that she has her smile back, her self-esteem and confidence is growing. Her next priorities are to get her girls feeling empowered and to heal herself.

She has found great support in CCS, as Child Protection have now closed her case and she sees that as a great sign of progress.



# BEHIND EACH STATISTIC IS A PERSON IN NEED, READY TO SHARE THEIR STORY

## Meet Jemima

**Jemima** was referred by a social worker at Werribee Mercy Hospital. Initially she did not engage, and the worker almost closed before doing a local intake. Jemima was not responding to phone calls or messages.

At the first home visit, Jemima was unable to maintain much eye contact and was incredibly softly spoken. She expressed general apathy and an inability to action anything in preparation for her baby's arrival.

At the second home visit, Jemima and the worker continued to build rapport. Jemima made a lot more eye contact, spoke candidly and she even shared laughter with the worker.

The worker completed an outcome star with Jemima and as they were wrapping up the visit Jemima was smiling, stating she enjoyed doing it as it felt like tangible goals had been set that give her something to focus on.

*87 women self-reported a history of child protection involvement including 7 young women aged under 16 with current child protection involvement due to an unborn report*

## Meet Claire

**Claire** is a young mother with two young sons, Robert and Thomas. She was referred to the Society in mid-2021. With the guidance of a practitioner, Claire was able to establish a safe home free of family violence, fully supported with emotional wellbeing and parenting confidence.

Throughout the service Claire welcomed the additional supports with bags of clothes and nappies for the boys. As they grew out of their clothes, Claire donated bags of clothes back so other families can be supported too. Working with some set goals, Claire was able to source a car seat, enrol Robert into an early childhood program who had not had a lot of social connection during COVID restrictions. As a bright boy he is thriving and adores the activities and play with other children. This has meant Claire has had the time and space to talk about the family violence she's experienced and has been supported to leave a violent relationship.

Today, Claire is hopeful of a fresh start and is looking forward at moving to a new home. She is also interested in higher education and would like to study midwifery. Claire has a cool-head and a huge heart.



# OUR IMPACT – MATERNAL WRAP AROUND APPROACH

In 2021, the Society secured additional funding through the Department of Families, Fairness and Housing in support of a perinatal mental health practitioner. Growing demand for mental health supports and increasing numbers of women identifying this as a number one goal for focus made this a priority for the Society, as community supports meant long waitlists to access other programs.

As a result of this funding, over 50 mothers have received supports as part of the Society's wrap around approach as a strengths-based intervention guided by 10 principles. This includes a multidisciplinary team along with drawing on the immediate and natural supports of family and community networks.

Our research to date is developing an 11th principle - trauma-informed practice - recognising the prevalence of trauma and its impact on the emotional, psychological, and social wellbeing of individuals and communities. Based on the success of the model, additional work is now under way featuring outreach work in the City of Wyndham thanks to the support from the Wyndham City Council.

Lee self-referred to the Society after trying to connect with her local maternal and child health service to be advised that due to staffing shortages the service was in restriction.

*"Since working with the team of practitioners, Lee has reported a significant improvement in her physical and mental health and how this has enhanced her parenting skills and overall wellbeing.*

*This began by overcoming the difficulty of allowing professionals into her home to grasp an authentic picture of the family's needs.*

*Walking alongside mothers and incorporating empowerment into social work allows for respect for individual choice, authenticity, transparency, and genuine connection to foster between families and case members. It signifies that a collectivist approach – a team effort – is pivotal in ensuring positive change is sustainable.*

*Sharing vulnerability is a strength. In order to get to a destination we have never been to before, guidance is key."*

190

**Over 190 women identified social isolation**

as a barrier to their ability to connect with community

86

**describing postnatal complications**

as a serious health issue impacting their parenting and another 13 seeking out psychological supports



## OUR IMPACT – BRINGING UP GREAT KIDS AND PARENTING AFTER FAMILY VIOLENCE

In 2021, we reported on the implementation of the Bringing Up Great Kids in the Early Years' Parenting Program, a group program developed by the Australian Childhood Foundation for a range of parents and children 0-6years, including those who might be considered vulnerable or at risk.

The program uses ideas of mindfulness and reflection to support parents to review and enhance their patterns of communication with their children, to promote more respectful interactions, and encourage the development of children's positive self-identity.

Based on the success of this program, the Society commenced offering a groupwork pilot program for Bringing Up Great Kids: After Family Violence.

The aim of groupwork is to bring together clients who have faced adversity providing them with a safe space to interact with people who are in similar experiences through the means of social interaction and education.

223

**reported family violence**

as an issue including economic abuse  
and a history of violence



### Meet Gail

*"My experience of family violence meant I felt the shame of not having achieved what I should have by now in my life."*

*I wasn't too sure about coming along to these sessions because of this, and I'm left feeling quite distressed and it's really difficult for me to find anything positive in my life right now."*

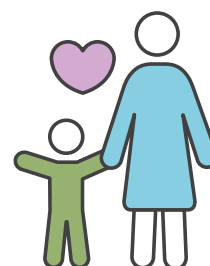
On joining the already established group for BUGK – Parenting after Family Violence, Gail presented quite distressed and unsure about her involvement. It was during this first session other participants took it upon themselves to comfort her, all sharing words of affirmation with her to ensure that she felt supported and to see how far she had come.

At the end of the session, all group members wrote their phone numbers on the whiteboard in order to stay in touch and provide one another ongoing support.

This moment and the collective support provided by peers from research shows that change and insight can be extremely powerful in groups.

In working closely with her practitioner in follow up sessions from group work, Gail explored the effects of family violence on parents and how messages through violence and derived from childhood are able to be discarded, reframed or retained. Through psychoeducation and BUGK parenting program, Gail described how she was able to identify that in spite of her experiences with family violence she could continue to build on her strengths, was able to recognise incidental teaching moments, and respond to her child with warmth, positivity and kindness.

Gail reported on significant improvements in family wellbeing and stability in relation to financial situation, overcoming family violence, law and migration and social networks. Together with her practitioner Gail explored the effects of family violence on parents and how messages through violence and derived from childhood are able to be discarded, reframed or retained.



# OUR IMPACT – THE EVERY CHILD PROGRAM

In the 1960s, the Society was a leading organisation in the provision of emergency accommodation, home assistance, pregnancy supports and material aid for at risk and vulnerable pregnant women, and women with young families presenting in need of additional supports due to financial and social pressures.

Over the past 50 years our work has evolved, with material aid featuring in drop-in sessions offered on site across all offices; outreach in place-based locations including foodbanks and community hubs as well as being delivered to families in need during COVID when they were impacted by restrictions and isolation which limited their movements in the community including access to early childhood and other community services such as food and financial relief programs.

Across the delivery of material aid, the Society features a unique service in offering brief consults with clients with a trained practitioner and the support of social work student placements, as a "no wrong door" approach, with appointments scheduled through self-referral, hospitals and community agencies.

The presence of a practitioner ensures assessing for needs and issues that are often underpinning why a parent or family may be in contact for material aid. Their compassion and care leads to them uncovering more from clients who begin to share the impact of violence, homelessness, exploitation and risks of child protection involvement.

During these brief consults the ability to assess for need ensures an early help pathway for families in as local intake for the Society or into more appropriate services as identified in consultation with the family.

Sometimes the basic necessities for children and babies are in place, and at other times more serious issues are identified with additional services required to ensure children are safe; mothers have access to housing supports and are connected into community and social networks.

Over the past 12 months, the Society provided over **900 clothing and care packs**, distributing material aid to the **value of over \$70,000**; and supported **700 appointments and requests for assistance in Shepparton**.

**Seven volunteers**, including student placements, **provided approximately 1,500 hours of compassion and care** in Shepparton. Their voluntary time equates to a value of **more than \$70,000**.



### Meet Briona

**Briona** recently attended a brief consult on request of a call to see if there was any chance of her coming by to pick up a bag of winter clothing as her youngest had recently experienced a growth spurt, and didn't have a winter coat or appropriate footwear to attend his early childhood program.

At the time of her appointment, Briona began to open up a little more about her situation and soon disclosed the need for a car seat as she had been driving around without one. With a car seat in place she could use more of the backseat of her car to store what the family had in the way of possessions.

It turned out that Briona had recently fled a family violence situation and was under the impression she didn't qualify for assistance. The family were moving around amongst friends, sometimes being able to stay. Not wanting to impose, she would often find a safe park area to park and sleep for the night.

With two children under 3, the risks were significant to both mother and children. Through assessing and local intake, housing supports could be put into place immediately in securing at least short emergency accommodation while further work was undertaken to find more suitable long-term solutions.



had difficulty accessing services

and supports due to poor access to transport



# Responding to the Housing Needs of Pregnant Women and Infants During the First 1,000 Days

Dr Jennifer Weber, Chief Executive Officer, Caroline Chisholm Society\*

*We give our thanks and acknowledgements to Jenny Smith CEO and Noel Murray Parity Editor and the work for CHP in advocating for the needs and interests for individuals and families experiencing homelessness.*

The Caroline Chisholm Society has long advocated for a Housing First approach in support of pregnant women and infants. As a specialist service in the First 1,000 Days, the Society has spent the past 50 years working with pregnant women and their children, providing much needed supports and interventions in response to family violence, exploitation, early parenting, financial insecurity and growing concerns in housing instability and homelessness.

Since commencing services in the late 1960s, the Society quickly transitioned from a volunteer network providing emergency housing and material aid supports to being an accredited and registered community services provider, operating across the western suburbs of Melbourne and Goulburn Valley with a reach to over 30,000 families over the course of its work to date.

The most prevalent issues faced by the women and families receiving services through the Society are increasing financial and economic insecurities, housing instability and homelessness,

mental health concerns, social isolation and family violence. For some women, presenting in the later stages of their pregnancies often reveals situations of high risks including financial and housing instability.

A point of difference for the work of the Society has been its well accessed material aid program, with a common visit to outreach or in house services providing baby essential packs, prams, nappies and formula. These visits often reveal the crisis in need for women giving birth and leaving hospital to then arrive in need with little to no supports in place for the care and wellbeing of a new-born baby.

Women may be less inclined to connect with service providers for fear of a report to or involvement with Child Protection. Either real or perceived, this remains a significant barrier to why pregnant women are inclined to avoid service connection and involvement for fear of putting at risk their aspirations and hopes in being a mother.

Young pregnant women may have experienced family violence, are often excluded from the family home and may present with mental health issues, little confidence and a limited knowledge of parenting. They are less likely to be able to secure accommodation for themselves and their children, maintain positive routines and, due to their changing circumstances, are often unable to set appropriate boundaries in relationships.

Pressures upon them may make it difficult for them to manage their own emotional and mental health and respond to their children's emotional health and social wellbeing. Their wellbeing

and that of their children may be further impacted upon by issues in relation to intergenerational trauma, separation, loss and grief.

Housing supports and pathways through to employment, education and training are crucial in enabling young people to move out of the cycle of unstable and insecure housing and into a more positive trajectory of adult capability.

In more recent times, and further evidenced through the past two years of the COVID pandemic, the growing number of cases of pregnant women presenting with experiences of sexual exploitation, violence, mental health and housing issues. This has been of particular concern across the western suburbs of Melbourne with the pandemic as it has exacerbated housing instability and housing options for pregnant women.

## Unborn Reports

In 2019 the Department of Families, Fairness and Housing (DFFH) identified a cohort of women impacted by unborn reports as a priority focus. The concerns for the conditions in housing for pregnant women and unborn reports in the western suburbs of Melbourne identified that there were potentially over 2,000 women at risk of such reports. With little data readily available to determine what the situation is when it comes to those experiencing housing insecurity or homelessness, and with under-reporting, the unborn report data doesn't necessarily reflect accurate numbers of pregnant women in need of prevention and early intervention specialist services including housing supports. And yet we know from our work that pregnant women involved in an unborn report tend to present



with housing instability and financial insecurity as an immediate need.

According to the Victorian Child Youth and Families Act (CYFA), Child Protection services can receive an unborn report; share information about a mother of the unborn child with a service provider for the purposes of assessing risk or seeking advice on the most appropriate service to provide assistance; provide advice to the person who made the report; or provide advice and assistance to the mother of the unborn child.

This is an opportunity that is often missed in connecting a pregnant woman into support services as in cases of self-referral the immediate needs are overlooked as the case for intervention is less likely to be initiated prior to baby being born.

### Promising Practices: Maternal Wrap Around and Housing First is Key

For the work of the Society as a specialist agency in the first 1,000 days of a child's life and early years, pregnant women seeking supports may typically present in need of essential material aid, financial supports or may be experiencing a crisis including exploitation as a result of unstable housing arrangements.

We know from the research into the first 1,000 days how a baby's brain development develops more quickly than at other time of life, with early experiences critically important in affecting baby's cognitive, social and behavioural development. Specialist services during this important time include the implementation of evidence-based programs providing for the health and safety for mother and child, promoting the mother child relationship focussing on attachment, and community connection in support of family functioning.

The Society has also invested in collaboration in developing a maternal wrap around approach, engaging 10 principles — family voice, natural supports, collaboration, community based, culturally component, individualised, relational team focussed, persistent, outcome based — and drawing on research to integrate trauma-informed practice.

Over the past two and half years, the Society has worked with over 100 women and their families experiencing inadequate or inappropriate housing arrangements and supporting 25 experiencing homelessness. Of these, several pregnant women presented in response to referrals from government agencies, food banks, and hospital social workers, and self-referral.

They were often presenting due to precarious living arrangements through limited financial resources, a lack of understanding of how the prenatal health system operates, lack of agency in advocating for their needs through various service systems in health and community services. Fearful of being reported at the time of birth, cases are often managed

to stabilise a housing situation with the concern that a baby, born to a mother in a hospital emergency ward, may not be released into the care of the mother post-birth due to uncertainty around housing.

### Sliding Door Moments

The prenatal stage also provides for time in working with mum to address their social and immediate health and physical care needs. This is a critical stage of development and wellbeing, including the impact of mental health issues, alcohol and other drug issues and prenatal pregnancy checks to ensure the soon-to-be mum is able to meet both the physical and emotional needs of her baby.

One such pregnant woman — Lea\* — contacted the Society as her financial supports were impacted as a result of COVID lockdowns, and her cash in hand job had come to an end due to the physical nature of the work and the risks to her health in continuing. In working with Lea (34 weeks pregnant), it was soon revealed that due to her visa status, she had limited access to

medical and health supports and, in trying to save for the birth, was now sleeping on a mattress in a shared one-bedroom flat with a couple who made the offer to her when they had heard through friends of her situation.

Often, pregnant women like Lea are trying to navigate the system with misinformation of what health and community services they may qualify for or are able to access, and where appropriate supports may be available.

And then there are women like Simone\*, in the late stages of pregnancy, with lived experience of out-of-home care placements. Young pregnant women are familiar with the system, highly suspicious







It's this same reputation that works when a social worker who knows of our work contacts a practitioner to connect with and to figure out a plan going forward. It's the contact that means a doula package, a practitioner, clothing packs and baby essential items along with family reunification work are mobilised to ensure the safe delivery of a baby; along with the efforts in supporting mum in her transition into parenting, and building her capacity for meeting the social and emotional wellbeing and developmental needs of her infant. It is the work of practitioners to gather the right supports on walking into situations revealing the precarious living arrangements that place both mother and baby at risk of further exploitation and harm; and we know that, if we can reach a pregnant woman sooner in her pregnancy, that housing supports and wrap around approach can deliver better outcomes for both mother and baby.

### Upholding the Dignity of Motherhood

The case for early intervention at such a critical stage during pregnancy cannot be overstated as the science and social research confirms the importance of the first 1,000 days and the need to intervene sooner to maximise the time in meeting the developmental needs of soon to be born baby.

Ensuring a pregnant woman is provided with greater coordination in the service system — across health and community — is designed to be responsive to the overall social, emotional and economic wellbeing for mothers and their babies.

There remains a desperate need for a response in the western suburbs of Melbourne for pregnant women and their new-born babies. They are relying on our advocacy to mobilise community, business and government partnerships to deliver a much-needed prevention and early intervention approach designed to meet the ever-growing need for support of the social, wellbeing, developmental and economic outcomes of women and children.

\* Lea and Simone – not their real names

of services, and wanting to avoid at all costs any involvement in the system and services, will go to great lengths to avoid being in contact with services and supports for concerns — perceived or real — that they risk being involved with Child Protection following the birth of their child.

At 37 weeks pregnant, Simone attended Centrelink due to a mix-up in her income support, Centrelink staff were able to ascertain that Simone's situation was more than a mix-up on

payments. While couch surfing, having had to leave her family of origin due to violence, Simone had never sought out or received antenatal check-ups.

We often refer to these cases as a sliding door moment. The reputation of the Society's specialisation in the first 1,000 days is well known and held in high regard as a service available regardless of referral pathways and in the efforts we make to find the right, timely and responsive supports necessary for mother and her baby.

# OUR IMPACT – HOUSING & HOMELESSNESS

Lia, a newly single and pregnant mother, was referred for support to access a cheaper private rental. With two children and pregnant, Lia had recently separated from her partner as she felt it was safest for her emotional wellbeing after experiencing family violence, and he was returning overseas.

*“I was very overwhelmed with the pregnancy, having little income, transitioning to single payments, and no idea how I would find the money needed for a rental given how expensive they are.”*

Going into labour, Lia was supported by the Society with material aid and resources including a cot for her toddler to transition into due to co-sleeping. Through parent coaching, she was supported by a practitioner to prepare a private rental application building mum’s confidence in searching and inspecting rentals alone.

Lia describes the experience as being empowered and quickly found a rental she loved and that was affordable.

Through advocacy with the real estate and practical support to apply for the property, Lia was approved and excited for the move. Further advocacy resulted in half the rent in advance being funded by Women’s Housing, while practical assistance by the Society’s housing specialist resulted in Lia accessing the bond loan. Lia openly worked on a budget to fund the move, new furniture and the remainder of rent in advance.

Once Lia’s housing situation was stable, the Society’s housing specialist was able to provide additional support and education around parenting and community services that would benefit her toddler, as he was not sleeping, struggling to adapt to a newborn brother and was in process to access the NDIS.

Lia’s engagement was significant and she enthusiastically engaged with the Society’s early parenting specialist in support of a new focus on supporting mother’s parenting confidence, growing sibling relationships and a settled home, social connectedness, mental health and navigation of community services related to the children.

*“Thank you to everyone at the Society. Having a new home has made all the difference, and now I get to focus on the care and happiness of my young children.”*





## TREASURER'S REPORT

The Society achieved a net surplus of \$53,993 for the year ending 30 June 2022 against the Board's approved operating budget deficit of \$264,877.

The Society's major source of income are government grants from the Department of Families, Fairness and Housing (DFFH) which allow the Society to deliver services in our area of specialisation in working with mothers and families in Brimbank Melton and Western Melbourne.

In addition to the DFFH grants, the Society also receives funding from local government, corporate partners, philanthropic organisations and individual donors. These various grants and donations along with the support of our volunteers enable us to provide additional services such as material aid and programs to further support women in their pregnancy and early parenting where poverty, homelessness, mental health and social isolation are common issues. The key geographic locations that this funding supports are Brimbank, Melton, Western Melbourne and the Goulburn Valley area but we do support women and families

with young children who come to us for support from any location wherever we can.

For the financial year, the Society's revenue of \$2.5 million exceeded our budget plan. Of particular note, was a grant of \$600,000 from Westpac's Safe Children, Safer Communities over three years to support our work in the Goulburn Valley area.

The effects of the COVID-19 pandemic continued to impact the sector, particularly in the first half of the year. Employee recruitment was challenging resulting in delays in filling vacancies as well as office closures during the State restrictions. Consequently, our expenses were lower than expected.

The Society's net assets are approximately \$4.2 million. We own outright our two strategically located Melbourne properties at 977 Mt Alexander Road, Essendon and 1 Darebin Place, Caroline Springs.

On behalf of the Board of Directors, I wish to present the audited financial statements for the year ended 30 June 2022.



**“WHEN IT COMES TO  
GIVING, SOME PEOPLE  
STOP AT NOTHING.”**

**– VERNON MCLELLAN**

The full set of audited financial statements can be found on our website at [www.caroline.org.au](http://www.caroline.org.au). Our Statement of Income and Position is contained on the next pages.

Thank you to the supporters of our work. Your financial assistance and volunteering contribute to our aim in keeping families together.

I also wish to thank the Finance Committee and the Society's Leadership Team for your support and service during the year.

**Stephen Mullins**  
Treasurer



# MEET JAY - "WHY I DONATE AND STAY CONNECTED"

The Society has been a household name for her from the time I was a child.

Whilst going to school Jay fondly recalls one of her friend's being in the Chisholm House and they had also had some school projects on Caroline Chisholm.

After having two children, Jay was always looking for a place to donate her kids' clothes, or excess items they have received from relatives and loved ones as hand me downs.

I was fortunate enough that I had an incredible circle of support during the time when my children were born and growing up. They were inundated by the number of offers to help and gifts they received.

*"Just to think there's kids out there that don't have a bed to sleep in or sometimes not know where their next meal comes from, is sad. We often donate to charities that support kids, when I experience the stressful parenting, it really brings it home".*

The fact that Caroline Chisholm Society was local to Jay made it much more meaningful.


She says that this year they didn't have much time to get organised. Instead, Julia and her family generously chose the Caroline Chisholm Society to donate money to. When able she also donates to our material aid program. They often drop of pre-loved kids' items and feel like they are contributing to the sustainability of our environment.


You can join Jay and show your support for pregnant women, mothers and their families. Visit [caroline.org.au/donate](http://caroline.org.au/donate) or call 03 9361 7000 or 1800 134 863 to donate.


Scan the QR Code to subscribe to our e-newsletter




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# THANK YOU FOR SUPPORTING CAROLINE CHISHOLM SOCIETY



**Caroline  
Chisholm**  
Society

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