

Strengthening Families in the *Goulburn Valley*:

A Summative Impact Evaluation of the
Caroline Chisholm Society's Maternal
Wrap-Around Support Services



All information supplied for this report has been treated in the strictest confidence. It shall only be used in this context and shall not be made available to third parties. Data provided by respondents, as well as their identity, and all assurance given to respondents have been and shall be fulfilled.

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Acknowledgement of Country

The authors of this report proudly acknowledge Victorian Aboriginal people as the First Peoples and Traditional Owners and custodians of the land and waters on which we rely. We celebrate that Australia is rich in living Aboriginal culture, based on the values of reciprocity and respect for Elders and Country.

We pay our respects to ancestors of this Country, Elders, knowledge holders and leaders – past and present.

Contents

Executive Summary	05
Introduction	06
Service Description	10
Evaluation Methodology	11
Data Considerations	12
Parent Voice - Residential Care and Child Protection	13
Results	14
Demographic Characteristics of Primary Clients	14
Primary Client and Service Delivery Outcomes	16
A Closer Look at Integrated Family Services	17
– Referral Outcomes	18
– Client Needs	19
– Goals	20
– Change Analysis	21
Parent Voice - Pregnancy, Violence and Homelessness	22
Discussion	23
Interpretation of findings	24
Strategic Insights	26
Potential Areas for Further Evaluation	26
Conclusion	27

Executive Summary

This summative impact evaluation of the Caroline Chisholm Society's maternal wrap-around services in the Goulburn Valley provides an assessment of effectiveness and reach. Conducted by the Impact Initiative, with data collected from January 2021 to May 2024, the evaluation aimed to measure the impact of the Society's material aid and integrated family services (IFS) on families and the broader community.

Key Findings

- 1. Reach and Service Accessibility:** Demographic diversity underscores the Society's commitment to inclusivity and its capacity to address the varied needs of its client base.
- 2. Service Delivery Effectiveness:** Quantitative data shows notable improvements in the domains of looking after your baby, safety and stability, life skills, and health and wellbeing. These results demonstrate the Society's ability to support families in developing essential skills and creating safe, nurturing environments crucial for the healthy development of both the child and the mother.
- 3. Community Impact:** The Society's services clearly contribute to the social and economic stability of families in the Goulburn Valley.
- 4. Early Intervention and Diversion from Child Protection:** The Society's proactive engagement has been instrumental in preventing the trauma of newborn removals. By providing early support to at-risk expectant mothers, the Society effectively diverts families from the Child Protection system. This approach ensures the safety and wellbeing of both mothers and children, fostering long-term family stability and health.

Strategic Insights

- Long-term Sustainability:** The findings advocate for sustained support and investment in the Society's services to ensure their continued effectiveness and reach. Stakeholders, including funders and policymakers, are encouraged to recognise the benefits of these comprehensive family support services and ensure continuous funding and policy adaptation to meet evolving family needs.
- Early Intervention Priorities:** Stakeholders should prioritise funding and policy changes for early intervention work that supports women at risk of unborn child reports, recognising its essential role in mitigating risks and fostering healthier community dynamics. Investing in these preventative measures ensures a stronger, more resilient support network for vulnerable families.

Conclusion

The Caroline Chisholm Society plays a vital role in supporting mothers, children, and families across diverse demographics in the Goulburn Valley. The current evaluation underscores the importance of these services in fostering environments essential for maternal and child wellbeing.

Introduction

Organisational Background

The Caroline Chisholm Society is a beacon of support in Victoria, providing crucial services from pregnancy through the early years of a child's education. As a registered and accredited community service organisation, the Society specialises in nurturing the bond between mothers and their children, ensuring that families are equipped to create safe and loving environments for the most critical stages of early development.

The Caroline Chisholm Society addresses the multifaceted needs of families facing challenges such as homelessness, family violence, and mental health issues. Through a range of services from home visitations to the distribution of essential baby and maternity goods, the Society alleviates the strains of financial pressures and supports maternal and child health.

Operating across several Victorian areas, including the western suburbs of Melbourne and the Goulburn Valley, Caroline Chisholm Society interventions are a testament to the organisation's adaptability and responsiveness. The organisation's expertise in the First 1000 Days—an integral period for child development—positions it as a specialist in fostering early childhood health and emotional well-being.

In an environment where many interventions and government initiatives lack a strong theoretical underpinning, the Society operates from a deeply informed and purposeful stance. Their operations are steered by the principle¹ that enhancing adult capabilities is crucial not only for improving child outcomes but also for boosting the caregivers' employability and stabilising family economics and social dynamics, thereby easing familial stress.

Couched within this evolving Theory Of Change, the Caroline Chisholm Society implements strategies and interventions to amplify protective factors and mitigate the stress that heavily burdens parents of young children. This thoughtful, evidence-informed approach marks the Society as a leader in developing practical, theory-driven solutions in a field that often relies on unstructured and atheoretical methods.

Integrated Family Services

The Society's specialisation in a wrap-around approach is implemented through Integrated Family Services (IFS), offering home visitation to families with children aged 0-5. The program focus is on the development of the parent/child relationship, establishing routines, building parenting strategies to enhance parenting confidence, and connecting families to local community services and programs.

This wrap-around approach is strength-based, engaging a multi-disciplinary team to work collaboratively with families on goal setting. This method ensures that the support provided is comprehensive, addressing the unique needs of each family and empowering them to achieve their goals.

¹ For more information, [click here](#) (Center of the Developing Child, Harvard University)

Introduction

The Shepparton Story

Since its inception in 1978, Goulburn Valley Pregnancy and Family Support has been a cornerstone of the wider Shepparton community, offering free and confidential support services to families expecting a baby or with children up to the age of six years. **Over the past 50 years,** the Caroline Chisholm Society has consistently delivered a range of vital interventions to vulnerable mothers at risk, addressing critical issues such as homelessness, family violence, financial stresses, and mental health concerns, including postnatal depression.

Each year, no fewer than 600 women and families reach out to the Society's services in the Goulburn Valley, seeking assistance through visits or contacts. These interactions typically begin with an enquiry regarding material aid or the need for a meeting to discuss pressing concerns. At these critical points of contact, trained staff are available on-site to provide immediate advocacy, assist with service navigation, and facilitate access to specialist services and supports.

A dedicated team of volunteers plays an indispensable role in the Society's operations. These volunteers ensure that material aid is meticulously sorted, packed, and ready for distribution to families in need. The support provided by the Society is not just a lifeline but a comprehensive service that includes a wide range of material aids, such as care packs filled with essential items. These efforts are made possible through generous donations, both in-kind and clothing, from the community and local partners.

The Society estimates that the services offered in the Goulburn Valley are **valued between \$200,000 to \$300,000 per year.** This valuation includes the cost of volunteer time and the provision of material aid. The extensive network of support and the consistent dedication of both staff and volunteers highlight the significant impact and value of the Caroline Chisholm Society's presence in the Goulburn Valley. Their efforts ensure that vulnerable families receive the support and resources they need to navigate challenges and build more stable, secure lives.

Introduction

Policy Context: Unborn Child Reports

According to the Victorian Child Youth and Families Act (CYFA)², Child Protection services can receive an unborn report, share information about a mother of the unborn child with a service provider for assessing risk or seeking advice, provide advice to the person who made the report, or offer advice and assistance to the mother of the unborn child. This period (i.e., before a baby is born) is often a missed opportunity to connect expectant mothers with prevention and early intervention services. These services are crucial for mitigating risks associated with violence, exploitation, and homelessness. Often, self-referrals by expectant mothers are overlooked until the time of birth, when Child Protection services may become involved. **This gap represents a critical juncture where early intervention could substantially alter outcomes for both the mother and child.**

Every year, over 2,000 women in Victoria are at risk of having an unborn report filed³. Based on information collected as part of Caroline Chisholm Society's work in the region over the past 3 years, approximately 60 women in the Shepparton area are at risk annually. This figure underscores a significant need for targeted support and intervention in the region.

As will become evident throughout this report, the Society's work in the Goulburn Valley demonstrates the significant impact of early intervention. By engaging with women early, the Society aims to divert them away from Child Protection and provide the necessary support to ensure the safety and well-being of both the mother and child.

² Department of Families, Fairness and Housing (DFFH), "Unborn Reports, November 2023," [available here](#).

³ Department of Families, Fairness and Housing (DFFH), "DFFH Annual Report 2022-23" [available here](#).

Introduction

Purpose of Evaluation

This summative impact evaluation aimed to measure the effectiveness of the Caroline Chisholm Society's expanded maternal wrap-around services in the Goulburn Valley, supported by the Westpac Safe Children, Safer Communities funding initiative over three years. This initiative was designed to pilot the Society's wrap-around approach within the Goulburn Valley community, focusing on improving parenting outcomes for mothers and the wellbeing of young children.

The primary goal of this report is to assess the impact of the Society's specialisation in the early years. This specialisation is offered through the delivery of an Integrated Family Services (IFS) model, featuring access to material aid, family services, and comprehensive supports.

The evaluation employed a rigorous approach grounded in structured evaluative reasoning, which seeks to formulate well-supported judgments about the performance and value of Caroline Chisholm Society's services. In the social and family welfare sector, such judgments are based on specific conceptualisations of what constitutes 'good', 'bad', 'success', and 'non-success'. This involves defining not only defensible criteria but also determining which aspects of the program will be evaluated. Informed by the standard precepts of scholarly research and industry best practices, this report offers a comprehensive evaluation of the Society's impact in the Goulburn Valley.

Furthermore, the evaluation seeks to illustrate the significance of the Caroline Chisholm Society's presence in the region. By presenting evidence of tangible outcomes, this report informs stakeholders—including funders and policymakers—of the essential nature of continued support for the Society's initiatives in the Goulburn Valley.

Evaluation Context

Recently, the Caroline Chisholm Society engaged the Impact Initiative to conduct a comprehensive evaluation of its services. This current report is part of a broader effort aimed at understanding not only the impact of the Society's initiatives but also identifying areas for improvement across its range of services. The Impact Initiative, known for its robust analytical capabilities and deep understanding of the social and family welfare sector, is tasked with using both quantitative and qualitative methods to provide a nuanced view of the Society's processes and programs. It is hoped this partnership will yield insights that contribute to the continuous enhancement of services provided by the Society, ensuring they meet the evolving needs of the families they support.

The data used in this report was collected from January 2021 – May 2024.

Author's Note

As we present the findings of this evaluation, it is paramount to acknowledge that each data point and statistic represents a personal story—a mother, child, or family courageously navigating profound challenges. These narratives of resilience and perseverance form the core of this report.

The research and evaluation team at the Impact Initiative wishes to express profound gratitude to all staff, practitioners, and volunteers at the Caroline Chisholm Society. Your dedication illuminates the often unseen struggles against homelessness, family violence, financial hardship, and mental health issues faced by many families in our community. Your efforts underscore our shared responsibility to enhance the well-being of the most vulnerable among us. This acknowledgement is a testament to the critical and often life-changing work you perform every day, shaping not only individual futures but also the fabric of our society.

Service Description

Maternal Wrap-Around Services

The Caroline Chisholm Society's maternal wrap-around services are foundational in supporting families, in particular, women with children and expectant mothers in the Goulburn Valley. By integrating home visitation, outreach initiatives, and the provision of material aid, the Society aims to enhance early parenting practices and promote family wellbeing across critical developmental stages. These services aim to significantly reduce the risk of Child Protection involvement and out-of-home care placements for infants and young children, offering options designed to bolster family stability and well-being.

Through direct engagement, the Society's practitioners work with families to assess their specific needs, focusing on early parenting and the critical First 1000 Days. This period is recognised as a crucial phase for setting the foundation of optimal health, growth, and neurodevelopment that will influence the child's life trajectory. Indeed, a key component of Caroline Chisholm Society's IFS in the Goulburn Valley includes the evidence-based program, Bringing Up Great Kids – The First 1000 Days. This initiative is geared towards nurturing parents as they embark on the journey of raising their children. It emphasises the importance of a warm, responsive, mindful, and supportive parenting style, which has been shown to foster secure attachments and positively impact children's development and future well-being.

In addition to enhancing early parenting skills, the Society focuses on building resilience and adult capability. This approach not only improves the immediate health and well-being of children but also empowers parents with the skills and confidence needed to navigate the challenges of parenthood. By strengthening adult capabilities, the Society ensures that the interventions provided have a lasting impact, transforming the lives of families and fostering environments where children can thrive.

Through these comprehensive maternal wrap-around services, the Caroline Chisholm Society addresses immediate and long-term family needs, embedding practices that benefit children's development and ensure family stability.

Material Aid

The Society's material aid program features as an early help pathway for families who might not otherwise be connected into services and supports. While meeting an immediate need, families are scheduled for single sessions or brief consults in determining and better assessing what - if any - are the needs that mean a family is seeking material aid.

This point of entry is an opportunity to screen and often identifies issues impacting capacity to provide for and care young children, including family violence, homelessness, mental health and child protection involvement.

Evaluation Methodology

Data Collection

For this evaluation, data were sourced from multiple sources:

1. Service Delivery (Administrative) Data:

This included demographic information, goal attainment statistics, intervention outcomes, and aggregated data extracted from the Outcomes Star - New Mum Star. The New Mum Star is an evaluative tool tailored for first-time mothers, though it is broadly applicable to all expectant and new mothers. This tool, crucial for assessing the transition into motherhood, evaluates nine critical areas of a mother's life, including: life skills, health and well-being, looking after your baby, baby's development, safety and stability, connecting with your baby, relationship, family and support network, and goals and aspirations across a 5 point likert scale (1 = 'stuck', 5 = 'self-reliance').

2. Qualitative Feedback:

Focus groups and interviews were conducted with volunteers and practitioners at the Caroline Chisholm Society in the Goulburn Valley. These discussions were invaluable in capturing nuanced, experiential information that administrative data alone could not reveal. The qualitative data gathered from these discussions were essential in understanding the contextual effectiveness of the services and the personal transformations experienced by the clients.

Data Analysis

Quantitative Analysis

Descriptive statistics⁴ were employed to provide a foundational understanding of participant demographics, engagement and referral metrics, and the effectiveness of the services provided. This included calculations that offered an aggregate view of the data (i.e., measures of central tendency). Where possible, inferential statistical methods were then applied to explore deeper insights and relationships within the data.

Quantitative Analysis

An inductive approach was used for the qualitative data analysis to allow themes and patterns to emerge organically from the volunteer and practitioner discussions. After transcription, template analysis—a type of thematic analytic method—was used to analyse the responses. Template analysis permits a combination of both a priori themes relevant to the foci of the evaluation alongside inductive coding to develop additional themes during analysis. Codes were clustered into meaningful groups in which hierarchical and lateral relationships between themes were defined. The initial template was further refined through systematic coding of all transcribed responses (conducted independently by two researchers). The final template was then reapplied to the full dataset. Both coders then engaged in a cooperative discussion of themes to decide on the most pertinent and recurrent aspects of the coded data.

⁴ Analysis of the quantitative data varied as a function of data collection methods, data quality (hygiene), and sample size. Broadly, a range of descriptive analyses (for example, means, standard deviations, bivariate correlations, crosstabs analysis, frequencies, etc.), were conducted.

Evaluation Methodology

Data Considerations

It is essential to note that the data utilised in this report predominantly stems from administrative records not originally collected for research/evaluation purposes. This introduces inherent limitations that must be acknowledged in the interpretation of findings:

- **Data Completeness:** The administrative nature of the data means that there may be instances of missing, incomplete, or erroneous entries, which could affect the comprehensiveness and reliability of the results.
- **Source Verification:** The Impact Initiative did not have the opportunity to verify the sources or cross-check the accuracy of the data provided. Consequently, there is an implicit reliance on the integrity of the data as supplied. This reliance necessitates a cautious approach to drawing conclusions, emphasising the potential need for further validation where possible.

Over the data collection period (January 2021 to April 2024), the Caroline Chisholm Society in the Goulburn Valley supported well over 1,500 clients. However, for the purposes of ensuring reliability and validity in our analyses, the following results focus on:

1. the primary client,
2. cases that have been closed during this period and,
3. for which substantial and appropriate data are available.

This approach allows for a more accurate and meaningful evaluation of the services provided, while acknowledging that the findings may not encapsulate the entire scope of client engagements during the specified timeframe.

Of the 1528 clients:

- **40%** were Primary Clients
 - Of these Primary Clients, **22%** were Pregnant upon presenting
- **8%** were Significant Others
- **50%** were Children (including Unborn Children)
- **2%** were Other Family or Household Member

Evaluation Methodology

Parent Voice - Residential Care and Child Protection

Sue had been residing in a youth foyer when she found she was 14 weeks pregnant.

On advice she could no longer remain in the program, Sue was referred to the Caroline Chisholm Society for assistance in determining other housing options and support during pregnancy.

Having spent a substantial number of years in care, Sue was now seeking additional support and advocacy as a soon to be parent and now unable to secure housing was at risk of an unborn child report.

While requiring hospital care due to health complications, Sue returned with supports in place including the collaborative efforts of a multi-disciplinary team led by CCS staff to secure long term social housing.

Upon return from giving birth, Sue undertook engaging in parenting programs and supports including Circle of Security in building parent/child attachment.

Mum has remained connected into services during her transition to motherhood, including focussing on mental health supports and additional parenting supports.



Results

Demographic Characteristics of Primary Clients

In evaluating the effectiveness and reach of the Caroline Chisholm Society's services in the Goulburn Valley, it is essential to consider the demographic characteristics of the clients served. This analysis provides insights into the diversity and specific needs of the client base.

Gender Distribution

The gender distribution of the primary clients reveals (unsurprisingly) a significant predominance of females, who constitute **95%** of the cases reviewed. In contrast, male clients represent a smaller fraction, at **5%**. While this gender disparity underscores the Society's substantial engagement with women with children and expectant mothers in the Goulburn Valley (reflecting the targeted support structures for mothers and female caregivers in familial settings), fathers also received targeted services aimed at addressing early parenting issues, supporting them in their roles within the family dynamic. This inclusive approach ensures that the Society's interventions are comprehensive, addressing the needs of the entire family unit and promoting positive outcomes for all family members.

Age Profile

The age distribution of the primary clients shows a mean age of **33** years, with a standard deviation of **8.6** years, indicating high variability in the client age range. The median age is **32** years, closely aligning with the mean and suggesting a middle-aged client base. The mode age of **27** years highlights a frequent age point, possibly indicating a common life stage for seeking services from the Society. The age range spans from **16** to **77** years, demonstrating that the Society's services cater to a broad spectrum of life stages, from mothers and fathers in their youth to elderly primary caregivers.

Indigenous Status

Regarding Aboriginal and Torres Strait Islander status, the majority of clients (**84%**) did not identify as either Aboriginal or Torres Strait Islander. However, there is notable engagement with the Indigenous community, with **16%** identifying as Aboriginal and/or Torres Strait Islander. This distribution reflects the Society's reach into diverse community segments, including marginalised groups, in the Goulburn Valley.

Country of Birth

The majority (**60%**) of primary clients were born in Australia, indicating a strong local demographic. However, significant numbers of clients were born in countries with recent histories of conflict or economic hardship, including Iraq, Afghanistan, India, Tonga, Samoa, and Syria. This diversity highlights the Society's role in supporting migrants and refugees, who often face complex challenges such as displacement, trauma, and integration into a new cultural setting.

Results

How these findings align with the volunteer and practitioner discussions (1)

The qualitative analysis of focus group discussions and interviews with practitioners and volunteers further illuminates these demographic findings, reinforcing the Caroline Chisholm Society's deep commitment to serving all members of the community. Two key themes of relevance emerged from these analyses: **Universal Support** and **Cultural Sensitivity**. Practitioners and volunteers consistently expressed a philosophy of universal support, emphasising that their mission is to assist anyone in need, regardless of gender, age, or background. This ethos of inclusivity is particularly important in overcoming stigma that may deter individuals from seeking help, ensuring that services are available and tailored to meet the diverse needs of individuals. Additionally, the theme of Cultural Sensitivity was prominently highlighted, with staff demonstrating a keen awareness and responsiveness to the unique challenges faced by migrants and refugees, as well as indigenous populations.

This sensitivity is critical in establishing trust and ensuring effective support, particularly for clients from backgrounds marked by conflict, trauma, or displacement.

"At the Caroline Chisholm Society, we help anyone who needs it, no matter their gender, age, or anything. Everyone deserves support."
Volunteer

Exploring Volunteering Further: Wendy's 40-Year Perspective

Wendy recalls her time in volunteering for the Society including distributing material aid, minding children of clients and taking clients to hospital visits.

Over 40 years ago, the need for material aid in the community and the Society's response to providing much needed aid was something quite unique. While family services have undergone significant change, volunteering has changed to support professional staff.

Having worked with diverse communities, Wendy recounts while working with more Aboriginal families and families with refugee experiences over the years, the challenges they present with are the same now.

Results

Primary Client and Service Delivery Outcomes

Activity (Case) Type

The distribution between material aid and IFS in the current sample reveals that the majority were seeking and received (at least initially) material aid support:

Single Sessions/Brief Consults: **75%**

Integrated Family Services: **25%**

Referrals

In analysing the referral sources for Primary Clients, distinct patterns emerge for those requesting material aid and being scheduled for single sessions/brief consult appointments compared to IFS:

For clients receiving **Material Aid**, self-referrals accounted for the largest portion at **35%**, indicating a significant level of self-identification or self-advocacy among clients seeking this type of aid. Following self-referrals were referrals from family and friends (**15%**) and community health services (**14%**). This suggests that personal networks and primary healthcare providers play key roles in directing clients towards material support and reflects a broad spectrum of pathways through which individuals access material aid and service supports from the Caroline Chisholm Society in the Goulburn Valley.

Over the 3 years, more than \$250,000 worth of material aid has been distributed: diverting **30,000 kilograms** in clothing and goods (including prams) from landfill.

Volunteers have contributed **5,000 hours** in collecting, sorting and packing material aid; and is valued at \$200,000.

Conversely, for **IFS**, there was a predominant reliance on self-referrals, constituting nearly half of the referrals (**49%**). This high percentage points to a proactive approach by clients in seeking comprehensive family and mental health services. Community-welfare, particularly housing and mental health services, followed as significant referral sources.

How these findings align with the volunteer and practitioner discussions (2)

The qualitative findings echo the patterns observed in the referral sources, highlighting a unique aspect of the Caroline Chisholm Society's approach: the absence of a formal referral requirement and, consequently, no waitlist. This policy significantly enhances the **Accessibility** and immediacy of support, allowing clients to receive help as soon as they recognise the need. This direct access is particularly vital in mitigating crises and ensuring timely intervention, which practitioners and volunteers identified as crucial in maintaining the effectiveness of both Material Aid and IFS. Practitioners and volunteers emphasised the positive impact of this approach on client outcomes, noting that it allows for more fluid and responsive support tailored to immediate client needs.

"One of the best things about us is that there's no formal referral needed and no waitlist. Families can get help as soon as they need it." Practitioner

Results

A Closer Look at Integrated Family Services

Duration

The average case length for primary clients that received an evidence-based program⁵, in this case Bringing Up Great Kids – The First 1000 Days, stands at approximately **183** days, equating to around six months. This average suggests that clients typically engage with this service for half a year, highlighting a substantial period for intervention and support (the median case length of **171** days [close to the average] suggests a commonality in the duration most clients receive this service).

The standard deviation of case lengths is **103** days, indicating a considerable spread around the average. This high variability shows that while many cases align around the six-month mark, there are significant deviations, with some cases concluding much sooner and others extending considerably longer. For example, the shortest case duration recorded is **40** days, reflecting scenarios where the intervention may have been rapidly effective or perhaps truncated for other reasons. At the upper end of the spectrum, the maximum case length observed is **490** days (this is the only case with a duration of over **1** year), potentially indicating prolonged engagements for certain complex or intensive needs.

Average Case Length:

Approximately 183 days (about 6 months)

Standard Deviation:

103 days, indicating variability in case duration

Minimum Case Length:

40 days

Median Case Length:

About 171 days

Maximum Case Length:

490 days

⁵ Specification: we define an **evidence-based program** as an approach to service delivery that has been shown to be effective through documented, rigorous scientific research. It is a model that has had better overall results for families than other models of service to which it has been compared.

Results

Referral Outcomes

Among the primary clients who were recipients of IFS, **33% were referred to third-party services** upon program closure⁶. These referrals were categorised into several key support areas:

- **Housing Support:** Referrals included services such as Beyond Housing.
- **Financial Assistance:** Clients were connected to financial counselling and financial assistance programs.
- **Indigenous Services:** Referrals to organisations including Rumbalara supported Aboriginal and Torres Strait Islander families.
- **General Family Support:** Various family care and support services, including The Bridge, Family Care, and Family Haven, were also utilised.
- **Youth Services:** Programs like Uniting Care Youth Services focused on supporting young clients.
- **Health Services:** Referrals to health services such as GV Health ensured clients received necessary medical and health-related support.
- **Community and Social Services:** Clients were also connected to community services like The Orange Door, Oz Child, and Uniting.

These referral outcomes illustrate the Caroline Chisholm Society's integral role in the Goulburn Valley community, its collaborative efforts with various organisations, and demonstrates its commitment to addressing a wide range of issues, including family violence, Indigenous support, and youth services. The Society's approach not only addresses immediate concerns but also fosters long-term relationships and community connections.

The Society's role in facilitating these connections underscores its importance in the broader community support network. By leveraging partnerships and maintaining strong relationships with other service providers, the Caroline Chisholm Society ensures comprehensive care and support for vulnerable families. This collaborative effort is a testament to the Society's dedication to creating a robust support system that meets the diverse needs of the community.


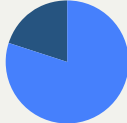
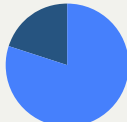

⁶ This percentage is calculated by excluding missing data.

Results

Client Needs

209 Families Receiving Specialist Services

A focused examination of factors related to Child Protection involvement and client pregnancy for primary clients that participated in the Bringing Up Great Kids program revealed some notable findings. These data, after excluding missing entries (percentages are based only on the cases where data was available), provide insights into the prevalence and distribution of these factors among the clients:

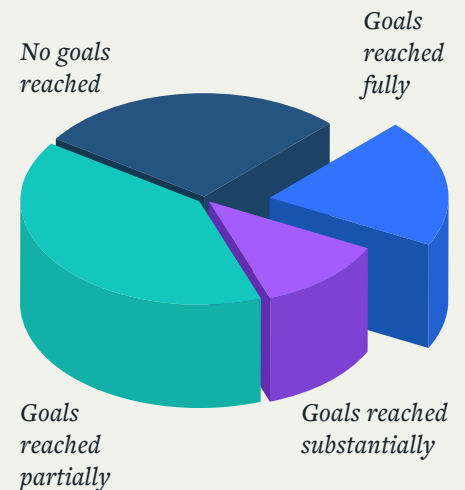
<p>1. Pregnancy: 66% of the clients were pregnant. This high percentage of pregnant mothers emphasises the importance of IFS in addressing prenatal and maternal health concerns, alongside broader family dynamics.</p>		<p>Yes: 66% No: 34%</p>
<p>2. Unborn Child Protection Reports: 20% of cases had an unborn child protection report. This proportion highlights the need for early intervention and monitoring to safeguard the wellbeing of unborn children and support expectant mothers.</p>		<p>No: 80% Yes: 20%</p>
<p>3. Significant Concern Regarding the Wellbeing of Children: 20% of the cases exhibited significant concerns regarding the wellbeing of children or the unborn child. This indicates that a notable portion of clients present scenarios that require intensified support and targeted intervention.</p>		<p>No: 80% Yes: 20%</p>
<p>4. Unborn Referrals: 27% of cases were listed as unborn referrals, underscoring a targeted approach towards expectant mothers and unborn children within the Society's practice framework.</p>		<p>No: 73% Yes: 27%</p>

Results

Goals

A common metric of service delivery is goal attainment. The journey towards achieving established goals is a testament to the complexity and dedication inherent in social work:

- **Goals Reached Fully: 20%**
 - This result underscores the resilience and effort of both clients and Caroline Chisholm Society practitioners in navigating challenges to reach a highly successful resolution.
- **Goals Reached Substantially: 12%**
 - This indicates significant progress, showcasing that even if the journey isn't complete, meaningful strides were made.
- **Goals Reached Partially: 40%**
 - These cases reflect the realities of social work, where incremental progress is still a positive outcome amidst complex life situations and multifaceted challenges.
- **No Goals Reached: 28%**
 - This outcome should not be seen as a reflection of failure but rather an illustration of the intricate and sometimes unpredictable nature of human circumstances and the social support system.



It is important to note that while this analysis sheds light on goal achievement, it does not distinguish between the significance of individual goals nor differences between clients that completed the intervention and those that were connected and partially completed (data missingness prevented the latter analysis). Within the sample, clients have varied goals, including both substantial and smaller-scale objectives. It currently remains unclear the extent to which the attainment of a 'big' goal differs from the attainment of several 'small' goals (i.e., low hanging fruit).

Results

Change Analysis

Data from the Outcomes Star for new mothers demonstrated measurable improvements across key domains of maternal and child care, indicative of substantial enhancements in the mothers' capabilities and environments:

- **Moderate improvements:** The most notable improvements were observed in looking after your baby, safety and stability, life skills, and health and wellbeing domains.
- **Steady Performance:** Other domains including your baby's development, and connecting with your baby, maintained steady scores.

The overall pattern of no score decreases and notable improvements in critical areas reflects well on the Bringing Up Great Kids - The First 1000 Days program. It suggests that the approach's emphasis on warm, responsive, and supportive parenting is successfully imparting skills that lead to secure attachments and positive outcomes for children's development.

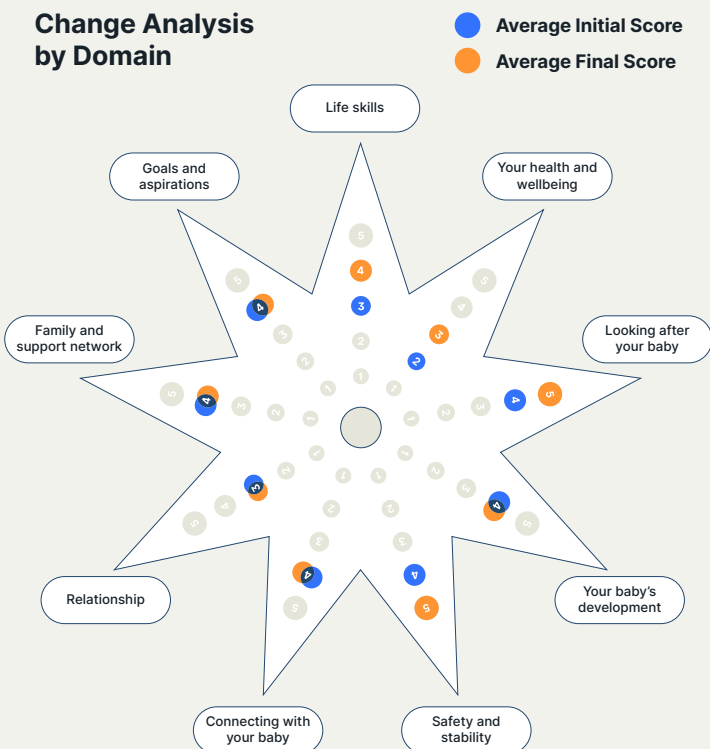
How these findings align with the volunteer and practitioner discussions (3)

The qualitative insights from practitioners and volunteers strongly resonate with the quantitative improvements observed in the Outcomes Star analysis above, particularly the themes of **Empowerment** and **Self-efficacy** among clients. These themes emerged vividly in discussions, where practitioners noted how the Bringing Up Great Kids program has significantly boosted mothers' confidence and autonomy in parenting. Indeed, the substantial enhancements in domains like looking after your baby, safety and stability, life skills, and health and wellbeing were mirrored in the stories of mothers (shared by the volunteers and practitioners), who reported feeling more equipped and assured in their roles post working with the Caroline Chisholm Society in the Goulburn Valley.

This empowerment is a direct result of the program's focus on warm, responsive, and supportive parenting practices, which not only improve immediate family dynamics but also lay the foundation for long-term positive outcomes in children's development. Practitioners and volunteers observed that as mothers gain more confidence and skills, they become proactive in seeking and applying new knowledge, which sustains and amplifies the improvements made. This cycle of empowerment and improved self-efficacy is critical to the program's success, ensuring that the benefits extend beyond the immediate intervention period and contribute to a lasting change in the overall wellbeing of families in the Goulburn Valley.

"Mothers have shared with [sic] about how much more capable they feel. It's [sic] can be a significant transformation." Practitioner

Change Analysis by Domain



① Stuck ② Accepting help ③ Believing and trying ④ Learning what works ⑤ Self reliance

Results

Parent Voice - Pregnancy, Violence and Homelessness

Leah was referred to the Caroline Chisholm Society at 21 weeks pregnant and with the care of her 4-year-old son.

With a history of child protection involvement including the current issues surrounding Leah's efforts in securing safe housing.

With court intervention, the Society had successfully advocated for soon to be baby to remain in the care of mum.

During the course of mum's pregnancy and post birth, the Society led a multi-disciplinary team of GP, maternal and child health services, and a housing and NDIS provider to focus on family reunification, housing supports, setting boundaries and routines.

Mum has set a goal to get connected into local community networks including early childhood and parenting activities.



Discussion

This summative impact evaluation sought to capture the effectiveness of the Caroline Chisholm Society's material aid and IFS. Our approach aimed to highlight not only the quantitative outcomes but also qualitative experiences, thereby ensuring a holistic understanding of the Society's reach, service accessibility, and overall effectiveness in fostering nurturing and supportive environments for families. This mixed-methods approach not only provided measurable evidence of program outcomes but also offered contextualised understandings of the experiences of practitioners, volunteers, and mothers and families engaged with the Caroline Chisholm Society in the Goulburn Valley. By integrating quantitative rigour with qualitative depth, the findings from the current evaluation paint a comprehensive picture of the societal and individual impacts of the Society's services, demonstrating success in a narrative form. This methodology underscores the Impact Initiative's commitment to a rigorous and empathetic evaluation process, attuned to the multifaceted challenges faced by the families we study.

Discussion

Interpretation of findings

- *Reach and Service Accessibility:* The evaluation highlighted the Society's substantial engagement with a predominantly female clientele, emphasising the demand for support of mothers and expectant mothers. The diverse age range and significant representation of indigenous and immigrant populations underscore the Society's commitment to inclusivity and its capability to cater to a varied client base.
 - Indeed, the primary clients' country of birth presents a diverse multicultural profile and mirrors the evolving demographic landscape of the Goulburn Valley. A significant portion of the Society's primary clients, although rooted locally, is composed of individuals born in countries with complex socio-political backgrounds. This demographic shift highlights the region's growing diversity and the increasing role of immigrants in the community fabric.
- *Referral Outcomes and Community Collaboration:* The evaluation revealed that over one third of primary clients who received Integrated Family Services (IFS) were referred to third-party services upon program closure. This illustrates Caroline Chisholm Society's commitment to comprehensive support by addressing needs such as housing, financial assistance, Indigenous services, family support, youth services, health services, and community connections.
 - *Community Role:* These referrals highlight the Society's vital role in the Goulburn Valley, showcasing its ability to leverage partnerships and maintain strong relationships with other service providers. This collaborative approach ensures a robust support system for vulnerable families and demonstrates the Society's dedication to addressing diverse community needs.
- *Referrals and Client Needs:* The patterns of referrals to the Society's services reveal critical insights into how families in the Goulburn Valley access support. A significant number of clients self-refer, indicating an awareness and proactive approach among mothers seeking help but also a clear demonstration of how visible and embedded the Caroline Chisholm Society is within the local community.
 - This visibility facilitates a supportive environment where mothers feel empowered to access necessary services directly, without judgement.
 - Additionally, community health services and social networks play a crucial role in directing mothers to the Society, highlighting the importance of community-based pathways in facilitating access to support. This interconnected referral system underlines the necessity of maintaining strong community ties and partnerships to ensure that vulnerable families are not left isolated but are guided towards the help they need.
 - Qualitative findings from practitioners and volunteers underscore this aspect, revealing a policy of no formal referrals and no waitlist, which enhances the accessibility and immediacy of support. This approach allows clients to receive help as soon as they recognise the need, mitigating crises and ensuring timely intervention.

Discussion

Interpretation of findings

- *Service Delivery Effectiveness:* Quantitative analyses revealed that primary clients demonstrated improvements across several of the Outcomes Star domains, including looking after your baby, safety and stability, life skills, and health and wellbeing. These changes indicate that the Society can successfully support mothers in developing key skills and creating safe, nurturing environments, which are essential for the healthy development and wellbeing of both the child and the mother⁷. Qualitative insights complement these findings, with practitioners and volunteers highlighting themes of empowerment and self-efficacy among clients.
- *Community Impact:* The Society's services have significantly contributed to the social and economic stability of families in the Goulburn Valley. By providing culturally sensitive support, the Society plays a pivotal role in enhancing community cohesion and integrating diverse demographic groups.
- *Material Aid and Environmental Impact:* The significant distribution of material aid over three years underscores the Society's role in both supporting families and promoting environmental sustainability. By diverting **30,000 kilograms** of clothing and goods from landfill, the Society demonstrates a commitment to reducing waste and providing essential resources to those in need.
 - *Volunteer Contributions:* The extensive volunteer involvement, totalling **5,000 hours**, highlights the community's dedication and the substantial impact of volunteer efforts. This contribution emphasises the importance of community engagement in sustaining the Society's operations and enhancing the overall effectiveness of its material aid program.
- *Proactive Support Against Traumatic Interventions:* The alarming practices around newborn removals highlighted in [recent whistleblower reports](#) underscore a critical concern mirrored in our findings: the need for sensitive and proactive support for expectant mothers. The harsh reality is that mothers, often without warning, face the immediate separation from their newborns due to Child Protection concerns. This evaluation found that 20% of IFS cases involved unborn Child Protection reports while another 27% were unborn referrals. Such cases are often associated with significant concerns for child wellbeing, highlighting the necessity for early intervention and targeted support. The Society's work, especially in the prenatal phase, is crucial in building a protective and nurturing environment that can mitigate the risk of such traumatic interventions post-birth. This proactive support is essential not just for the immediate wellbeing of mothers and newborns but also for fostering long-term stability and health in families within the Goulburn Valley.

Given that approximately 60 women in the broader Shepparton area are at risk of unborn reports annually, the Caroline Chisholm Society's efforts are crucial. The Society's proactive engagement and support strategies are effectively diverting a significant number of these at-risk families away from the Child Protection system. By intervening early and providing comprehensive support, the Society helps ensure the safety and wellbeing of both mothers and children, fostering long-term stability and health in families within the Goulburn Valley. This underscores the importance of their work in mitigating risks and preventing traumatic interventions post-birth

⁷ When interpreting the improvements observed in the Outcomes Star for new mothers, it is crucial to exercise caution in assuming causality; *post hoc, ergo propter hoc*. This logical fallacy, which translates to "after this, therefore because of this," reminds us that just because an outcome follows an intervention, it does not inherently mean that the intervention caused the outcome. While the data shows enhancements across key domains following the participation in the evidence-based program Bringing Up Great Kids – The First 1000 Days, these results do not permit us to establish a direct causal relationship. Other factors, such as concurrent support services, individual circumstances, or even broader socio-economic changes, could influence these improvements.

Discussion

Strategic Insights

- *Long-term Sustainability:* The evidence from this evaluation underscores the imperative for sustained support and investment in the Caroline Chisholm Society's services to ensure their ongoing effectiveness and reach in the Goulburn Valley. Stakeholders, including funders and policymakers, should recognise the potential long-term benefits of these comprehensive family support services. Investment in these services is not just a short-term alleviation of immediate issues but a strategic commitment to the future health and stability of the community. This necessitates a forward-looking approach that encompasses not only continuous funding but also policy frameworks that adapt to evolving family needs and integrate these services as foundational components of a robust social welfare system.
- *Early Intervention and Diversion from Child Protection:* The findings highlight the critical role of the Caroline Chisholm Society in providing early intervention and proactive support to expectant mothers, particularly those at risk of unborn child reports. This proactive approach not only prevents the immediate trauma of newborn removals but also promotes long-term family stability and child wellbeing. Stakeholders should prioritise funding and policy support for this work, recognising its essential role in mitigating risks and fostering healthier community dynamics. Investing in these preventative measures ensures a stronger, more resilient support network for vulnerable families and contributes to the overall social and economic stability of the Goulburn Valley region.

Potential Areas for Further Evaluation

- *In-depth Analysis of Non-Engagement and Connected but Partially Completed Cases:* Understanding the root causes behind families not engaging can provide deeper insights into potential challenges the Society faces.
- *Significance of Individual Goals:* Future research could delve into understanding the impact of achieving 'big' goals versus several 'small' goals.
- *Evaluation of Long-Term Outcomes:* To comprehensively assess the enduring impact of the Caroline Chisholm Society's services in the Goulburn Valley, future research should prioritise longitudinal studies. Such studies would track the progression of clients over extended periods, allowing for a clearer understanding of how early interventions influence longer-term outcomes in overall family well-being. This approach would help to identify lasting benefits and any delayed effects of the services, providing a more complete picture of the societal and individual returns on investment.

Conclusion

The evaluation of the Caroline Chisholm Society's maternal wrap-around services in the Goulburn Valley underscores their pivotal role in supporting mothers, children, and families across diverse demographics. The Society's ability to reach a broad spectrum of clients, particularly women, indigenous populations, and immigrants, highlights its commitment to inclusivity and tailored support. The demonstrated improvements in essential domains on the Outcomes Star reflects the effective delivery of services that foster nurturing environments essential for both maternal and child wellbeing.

Findings from the evaluation also highlight the Society's success in supporting over 1,500 clients in three years, illustrating its capacity to address a wide range of issues including homelessness, family violence, financial stress, and mental health concerns. The proactive engagement and early intervention strategies have been crucial in diverting families from the Child Protection system, particularly among women at risk of unborn reports. By providing targeted support, the Society has meaningfully contributed to the safety and wellbeing of both mothers and children.

The evaluation emphasises the necessity for sustained investment and support from stakeholders, including funders and policymakers. Recognising the long-term benefits of the Society's services, there is a clear need for ongoing funding and adaptive policy frameworks to ensure these vital programs continue to meet the evolving needs of the community.

And finally, the success of this report hinges on the generous participation and cooperation of Caroline Chisholm Society staff and volunteers. The Impact Initiative research and evaluation team extends its deepest appreciation to each individual who participated in lengthy discussions and to those who facilitated access to your organisational data. Your insightful contributions, experiences, and wisdom have been invaluable in informing the evaluation. Your dedication and collaborative efforts are fundamental to the ongoing improvement of support for families in the Goulburn Valley.

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