



ANNUAL REPORT 2018-19



Acknowledgement

Toora Women Inc. acknowledges the Aboriginal Peoples as the Traditional Custodians of this land that we live and work on. We would like to pay our respects to their Elders past and present, to celebrate their ongoing contribution to Australian culture and express our gratitude for the privilege of being here.

Funded by

ACT Health Directorate

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Capital Health Network

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Marketing and Communication

Policy, Quality Assurance and Risk

Domestic Violence and Homelessness Service

Heira Domestic Violence Program

Women and Children's Program

Families Program

Toora House Supported Accommodation Program

Coming Home Program

Aleta Outreach Program

Head Tenant Program

Property Management

Alcohol and Other Drug Service

Toora AOD Day Program

Lesley's Place Residential Program

Marzenna House Transitional Program

Toora AOD Outreach Program

Counselling Service

AOD counselling





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Board Chair Report

On behalf of the Board, I would like to thank the Toora team as we enter our 38th year of providing quality, gender-specialist services to vulnerable women and their families in the Canberra region.

Our workers are our most valuable asset, and their enthusiasm for continuous improvement and learning bodes well for the future of the organisation. The 'behind the scenes' administration and finance team gives the Board confidence that Toora is well managed and compliant across our financial, administration, quality and policy areas.

The Toora Advisory Forum (AF) gives workers the opportunity to contribute to operations with two representatives sitting on the Board. This year we said goodbye to Fika Wangke and welcomed Karina Lockwood who has joined Tracie Williams. The contributions from AF meetings and consultation through the AF Board members give the Board a holistic understanding of services 'on the ground'.

Once again, our Executive Director, Susan Clarke-Lindfield, supported by the leadership team, has met the challenges facing Toora and the wider sector. Her ability to identify and build on strengths and opportunities underpins Toora's growth in recent years.

Toora's partnership with EveryMan, under the leadership of Susan and EveryMan CEO Greg Aldridge, continues to strengthen, with clear benefits for clients and workers. Collaborative work practices are giving clients access to gender-specific case management and support services. Workers from both organisations are participating in joint programs for professional development and clinical supervision.

In an ever-tightening financial environment, the Board acknowledges the need for alternative funding sources. We were fortunate to have Menslink CEO, Martin Fisk, share his organisation's experience of increasing non-government funding.

 Toora and EveryMan Board Partnership group.





Joan and Susie at the Gala.



To this end Toora has established a fundraising committee, an offshoot from our stakeholder committee, and already workers are enthusiastically developing a range of ideas.

Toora participated in the Audrey Fagan Board Traineeship Program, which provides opportunities for women in the ACT to gain the skills and capabilities required to participate in Boards within the Territory. The ACT Government has committed to a target of 50% female representation on its boards and committees, so Toora, as a gender-specific service was proud to showcase our 100% female membership.

Board members completed a biannual self-evaluation at the end of 2018, and it was encouraging to see great progress has been made in a number of areas since the 2016 survey. All board members agreed we were tracking well against the strategic plan, and they are all confident Toora is achieving its vision to be 'a leader in gender specialist, innovative and evidence-based services for women with complex needs'. After noting gaps in areas of risk management, we have been working on an updated plan and I anticipate it will be ratified in the next financial year.

Our commitment to good governance has been reinforced with Board members completing webinars on conscious governance through the Institute of Community Directors. The webinars have been followed up with discussions at subsequent board meetings.

This is my first and last chair report. Our inspiring and hardworking chair, Joan Scott, is on a leave of absence, and I will be retiring at the upcoming November AGM. It's been a privilege working with my fellow community board members who bring a diversity of skills to our strategic planning. Thank you Gail Freeman (Treasurer), Flor Sermeno, Suzanne Muir and our newest member, Olivia Turner, for your professional input and friendship. Not a Board meeting goes by without participants reflecting on the collegiality, humour, respectfulness and professionalism of the team. Thanks also to Aghia Gunawan for her outstanding secretarial support.

I am grateful to have the opportunity to reflect on my time with Toora and look forward to watching from the sidelines as this amazing organisation continues to meet the challenges of providing high quality care and support to vulnerable women in our region.

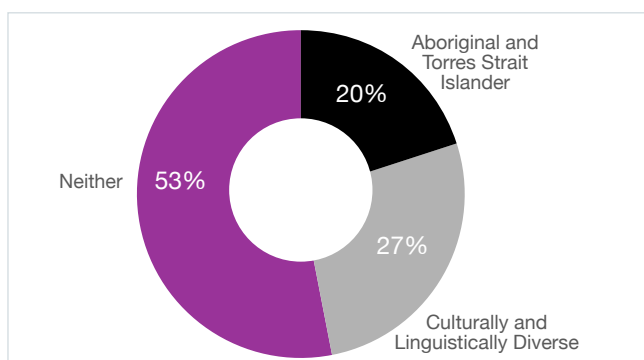
Susie van den Heuvel
Acting Chair

Executive Director's Report

Hello and welcome to Toora Women Inc.'s 36th Annual Report. I am proud to present our strategic highlights from the past year and to reflect on our organisation's achievements and the hard work of all our staff, volunteers and board members.

Another busy year (2018–19) for Toora saw the provision of specialist wrap around support services to 501 women and 156 children across our Alcohol and Other Drugs, Domestic Violence and Homelessness Services. We continued to deliver services to women and children from diverse backgrounds with 99 clients identifying as Aboriginal and Torres Strait Islander and 138 from Culturally and Linguistically Diverse backgrounds.

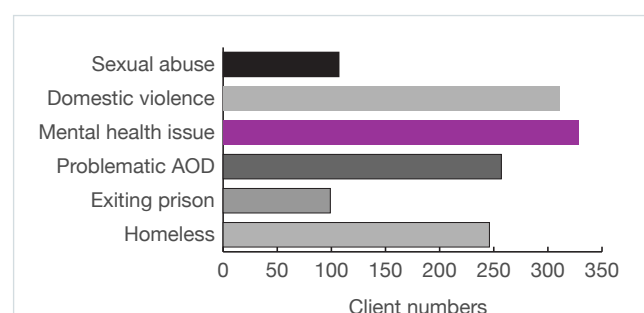
Figure 1. Client cultural diversity



Many of these women and children entered our services with experiences of significant trauma and presented with high and complex needs. The most common issues for women and children across the organisation include domestic and family violence, mental health issues, alcohol and other drug use, homelessness, sexual abuse and exiting from the prison system.

As well as providing gender-specialist services to our clients we continued to promote and strengthen the Toora brand and advocate for the needs of women and children. Alongside this work we have built on our organisational strengths, developing and implementing streamlined processes to develop sustainable funding and the delivery of best practice services for the wellbeing of all clients.

Figure 2. Common issues



Strategic Goal 1: To provide gender-specialist quality services that are holistic, evidence-based and outcome focused

Partnership with EveryMan Australia

Toora's partnership with EveryMan Australia continues to provide many benefits for clients of both agencies. This reciprocal service delivery partnership, enables the provision of gender-specialist case management, counselling and staff training to support each organisation's clients — individuals and families — in relation to homelessness or domestic violence matters.

This past year, we successfully completed the pilot of the Building Respectful Families program with an 85% positive outcome for clients. The program provides coordinated gender specific support to couples seeking to address and reconfigure patterns of violence and abuse, through intensive case management and six education modules.

Support for children

As mentioned previously, 156 children resided across Toora services this year. Evidence shows that domestic and family violence seriously impacts on children's current and future physical, psychological and emotional wellbeing. Witnessing those they love being physically and emotionally hurt and controlled can have a profound impact on children.

Such experiences undermine their sense of safety and lead to feelings of fear and helplessness. They are more likely to experience higher rates of depression and anxiety, trauma symptoms and behavioural and cognitive problems.

A small increase in funding enabled us to expand our child and family worker hours which goes a long way to helping mothers to support their children.

Providing in-house trauma counselling services at Toora ensures timely support to children in an environment that they consider safe. A submission was provided to the ACT Budget Consultation seeking funding for two children's trauma counsellors. Although this submission was unsuccessful, Toora will continue to advocate for the children in our care.

Strategic Goal 2: To inform people of who we are, what we do and why we do it

COAG National Summit on Reducing Violence Against Women and their Children

Toora's participation in strategic consultations throughout the year allowed us to advocate for the needs of women and children and promote the work of Toora Women Inc.

In October 2018 I attended the COAG National Summit on Reducing Violence Against Women and their Children in Adelaide. The purpose of this summit was to inform the Fourth Action Plan of the National Plan to Reduce Violence Against Women and their Children 2010-2022.

In our collective delegate statement, we identified that domestic, family and sexual violence against women is a national emergency costing the Australian economy \$26 billion a year. Three million Australian women have experienced violence since the age of 15 by a person known to them. Every two minutes in Australia, police are called to a domestic family violence incident and a woman is murdered every week. In the statement summit delegates called for specific action across nine areas:

- *We must invest in primary prevention and early intervention to stop violence at its source*
- *We must make reducing violence everyone's business*
- *We must listen to lived experience and respect cultural knowledge*
- *We must acknowledge and better respond to the unique experiences of Aboriginal and Torres Strait Islander women and children*
- *We must respond better to sexual violence, as a form of domestic and family violence and as a separate crime*
- *We must improve systems so women and children are safe*
- *We must change the behaviour of people who chose to use violence*
- *We must respect the needs of children and young people as individuals*
- *We must learn from what's working, be flexible and tailor our approaches*

Statement from delegates at the Council of Australian Governments Summit on Reducing Violence Against Women and their Children, 2-3 October 2018 <www.coag.gov.au/sites/default/files/communique/statement-delegates-coag-summit-reducing-violence-women.pdf>



Rosie Batty and Susan.



Improved social media presence

In late 2018, a Social Media Specialist role was created at Toora to promote and better manage our profile on various digital platforms and strengthen our online presence.

This ensures ongoing engagement with the community through a wide range of media. The successful access of information about our services by clients and supporters is also evidenced through social media analytics of Facebook, Twitter, Instagram and YouTube. Toora also received media coverage during Homelessness Week 2018 with press releases published on HerCanberra, Canberra Weekly and CityNews.

This year, we participated in a number of social media campaigns including the global 16 Days of Activism against Gender-Based Violence with its theme of 'Orange the World', and the International Women's Day campaign #BalanceforBetter to build a gender balanced world. Our in-house #BalanceforBetter video received over 1,600 views and much positive feedback.

We are also very excited to have launched our new Toora website in early 2019, as so much time and hard work have been put into sculpting the perfect website to share our program information and stories.

The new website was designed to improve user experience, is mobile-friendly, and integrated with Search Engine Optimisation (SEO) tools and Google Analytics.

Through keeping abreast of social media trends, current affairs and participation at community events, Toora continues to inform the broader community on the ways in which we are meeting the needs of the women and children in our services.

Strategic Goal 3: To be a sustainable organisation with diverse income streams

Generous community donations

Over the year, many people donated money or goods to Toora and we want to take this opportunity to thank them for their generosity. All contributions went a long way in making the lives of our clients a little easier.

Once again, we were fortunate to be a recipient of money raised by the Fearless Comedy Gala in October 2018. The Fearless Initiative aims to unite comedians against family violence and was created by Canberra comedian and family violence survivor, Juliet Moody. Comedians from across Australia generously donated their time and talent to put on a fantastic night of hilarity, which also provided a boost for Toora staff in the audience. All proceeds went towards supporting the children in our care.

Staff at Robson Environmental in Fyshwick donated all proceeds from their staff Christmas party fund to Toora, enabling us to host a special children's Christmas party. It was very exciting for children in our service to spend a beautiful summer day at Canberra's National Zoo & Aquarium among many animal friends while partaking in games, crafts, face painting, and gifts. Thank you to the National Zoo & Aquarium also for their generous donation of free entry fees and the Cheetah Cabana.

2019 Harmony Day.



Strategic Goal 4: To ensure organisational capacity and capability to meet the needs of existing and future clients

Staff diversity

Cultural diversity across our organisation is one of Toora's many strengths and was celebrated with much joy for Harmony Day 2019. As part of our 2019 Harmony Day celebration, Toora staff came together for afternoon tea to share cultural dishes, dress up in their traditional costumes and partake in global and trivia games.

There are several interesting statistics we would like to share including how 57% of our staff were born overseas across 16 countries of birth. 16% of these staff migrated from English-speaking countries with the rest learning English as a second language. There are 19 languages spoken fluently (including English) among our staff, with Spanish being the second most spoken language at Toora, which is also one of the top ten languages spoken among Toora clients.

Risk management

Toora's ongoing commitment to quality services and improved practices in the past 12 months was evident as we continued to develop and review internal policies and practices, revised staff and client surveys, and streamlined our staff and Board induction process.

As part of this commitment we implemented a cloud-based incident and risk management system called Tickit on Demand (Tickit). Data from Tickit has enabled us to develop strategies to ensure the safety of our clients and workers and provide strategic reporting to the Board.

We also continue to implement the recommendations provided by our accrediting bodies including the Quality Innovation Performance (QIP) and National Regulatory System for Community Housing Providers (NRSCH) as part of our compliance review. While accreditation work and regular surveys put a lot of pressure on our staff and frontline work, it highlighted positive client data to support our claim that Toora is the organisation of choice for women. The process also provides an avenue for our clients to voice their feedback.

Key challenges and opportunities in the future

As always, it's hard to know what challenges lie ahead in this rapidly changing environment for not-for-profits. The leadership of Toora will continue to work diligently to keep abreast of what's happening on the horizon to meet emerging client needs and strategic opportunities. The needs of children will continue to be a primary focus with our advocacy, submission writing, and fundraising activities.

The Boards of Toora and EveryMan Australia voted to continue the successful partnership between our agencies. We have been successful in applying for grant funding from Hands Across Canberra, the Snow Foundation and Office for Aboriginal and Torres Strait Islander Affairs to run the Building Respectful Families program for another year.

Through the partnership we also plan to open a Complexity Centre, drawing together advanced practitioners from across the programs of both organisations. These practitioners are trained and experienced in EveryMan's Integrated Practice Methodology (IPM), specifically developed for clients with high and complex needs, through many years of mentorship and training with the respected Bower Place Clinic in Adelaide. It has been through the disciplined use of the IPM that Toora and EveryMan practitioners have often been able to assist clients who have previously been unable to develop or sustain positive changes in their situation.

Many thanks to our team

The success of Toora is a result of the tireless contribution of many people committed to our mission of 'Safety, Respect and Choice for Women'.

Toora is fortunate to have a dedicated and hardworking Board and I would like to thank them for their support throughout the year. I am also exceptionally grateful to work alongside a skilled executive team. Thank you Mirsada Draskovic, Rebecca Wood, Tess Rogel and Aghia Gunawan for regularly finding the time in your busy workloads to put on your strategic hats.

And thank you to all of Toora's awesome and tireless staff who are the backbone of the organisation. With client complexity growing every year and diminishing resources, Toora staff do an outstanding job in supporting clients to achieve positive change.

As always, I would like to thank our funding bodies – the ACT Government's Community Services Directorate, and Health Directorate, and the Capital Health Network. We don't often take the time to sit back to recognise and celebrate our achievements. This report is a snapshot of what we accomplished throughout the year and I continue to be proud to lead Toora Women Inc.

Susan Clarke-Lindfield
Executive Director

Toora Domestic Violence and Homelessness Service



• HEIRA DOMESTIC VIOLENCE PROGRAM • WOMEN AND CHILDREN'S PROGRAM • FAMILIES PROGRAM • TOORA HOUSE SUPPORTED ACCOMMODATION PROGRAM • COMING HOME PROGRAM • ALETA OUTREACH PROGRAM • HEAD TENANT PROGRAM • PROPERTY MANAGEMENT

In the past three years Toora Domestic Violence and Homelessness Service (TDVHS) has undergone great change and growth with expansions to include support to single women with accompanying children and families under three new programs and additional properties. This year our team have focused on evaluation, planning and development of our client and property management services, thereby enhancing service delivery. This has included the creation of a new administration position to support me to identify opportunities for internal improvements and community partnerships.

Key achievements from this change in focus include in-house delivery of two terms of the eight-week Circle of Security course aimed at developing and enhancing secure relationships between parents and children; providing client access to onsite dental care with the support of the ACT Health's Mobile Dental Clinic; establishment of an MOU with Canberra Girls' Grammar School; and the engagement of

Canberra based psychologist and former academic, Dr Sandi Plummer, to evaluate how the core principles of Trauma Informed Care are put into practice in our service delivery.

The partnership with Canberra Girls' Grammar School allows TDVHS to share our experiences, skills, and resources with students. The program encourages diversity, promotes equal opportunity and raises awareness of the issues of violence against women and children through education and information sessions, joint fundraising and awareness events, and the establishment of a volunteer homework club to students in our residential services.

Dr Plummer's evaluation indicated that our workers can easily identify the impacts of trauma on clients and understand the need to individualise their support.

Workers were able to clearly explain how they would use a client centred approach to foster Trauma Informed Care with its core principles of safety, trustworthiness, choice,

At Canberra Girls Grammar School.



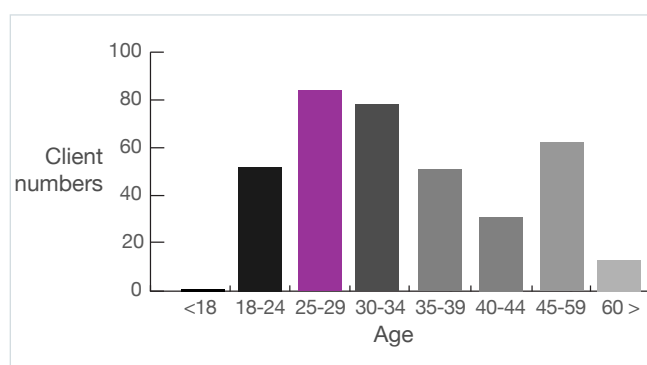
collaboration, and empowerment. The feedback received from workers focused on emphasising emotional safety and creating a safe environment, working with clients where they are at, individualising support, and being compassionate. Dr Plummer outlined some recommendations in her report that the service is currently implementing.

Service profile

In the last twelve months, TDVHS provided support to 536 clients through our residential and outreach domestic violence and homelessness programs. The total number of clients supported by the Head Tenant and Coming Home Program has remained consistent with previous years while Women & Children's Service, Families Program and Toora Accommodation and Support Service have experienced an increase in total numbers of clients supported during this period.

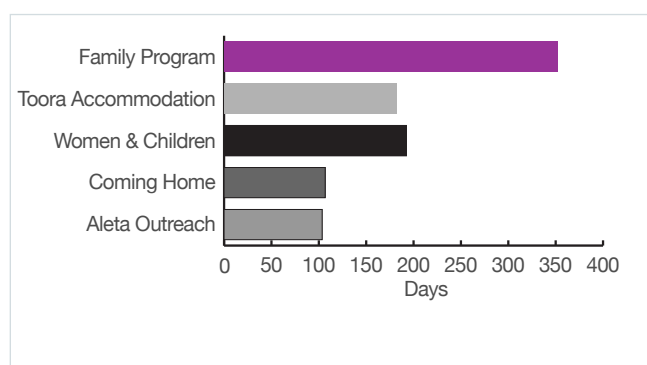
While in 2017–18, 18.5% of clients identified as being from Aboriginal and/or Torres Strait Islander background, this year it increased to 22%. TDVHS also saw an increase in clients from Culturally and Linguistically Diverse (CALD) backgrounds from 25.5% in 2017–18 to 35% this year.

Figure 3. Age of presenting clients



This year we experienced some fluctuations in the average length of support periods across our services. There was a significant increase in the average length of support periods for our Family program with an average of 352.1 days. Toora Accommodation and Support Service averaged 182.30 days, Women and Children's Program 192.4 days, and Coming Home Program 106.7 days. The average length of support periods for Aleta Outreach Program clients was 103.5 days.

Figure 4. Average number of support days



As part of her bi-yearly visits, the ACT Attorney General's Official Visitor for Homelessness, Di Lucas, met with clients in shared accommodation across the service. Di advised that clients were generally satisfied with accommodation services and appreciative of support received.

Heira Domestic Violence Program

TDVHS continues to support Culturally and Linguistically Diverse (CALD) families escaping domestic violence. In the past twelve months families have entered our residential services seeking asylum or assistance to resolve other complex immigration problems. Due to uncertain visa status these families have no access to income or other financial assistance. Meeting the complex needs of at least four separate clients and their accompanying children for over eight months, while continuing to pay rent and property maintenance costs, has placed particular strain on the limited resources available to the service.

Through the Christmas Initiative Program, we continued to support single women with and without accompanying children during the Christmas period. This work is made possible through a partnership with Housing ACT, Domestic Violence Crisis Service (DVCS), OneLink and specialist homelessness services. For clients of the program without income or uncertain visa status, exit options from the service have been limited, resulting in longer support periods. For example, one family who moved into accommodation with the service via the Christmas Initiative Program in 2017–18, with uncertain visa status and limited financial resources, was in the service almost a year and a half. They have just recently moved into independent accommodation.

Toora Homelessness Programs

TDVHS continues to support high numbers of single women with co-morbidity issues. With complex needs—stemming from acute trauma, mental health problems and active addiction—these clients often have difficulty engaging with case management and living in shared accommodation. Their behaviour can often trigger other residents. Sometimes clients in active addictions are willing to address their addictions, but because of long waiting lists to access detox and rehabilitation services, the window of opportunity is lost. The service continues to work closely with detox and rehabilitation services, Toora Counselling Service and community mental health services to link clients into appropriate supports.

Through the Head Tenant Program, the service supports clients struggling to maintain their property to reasonable standards and sustain their tenancy. We continue to attempt to balance the complex needs of clients with the competing interests of various support agencies (eg. Guardians, NDIS) and individuals (family members) involved in their tenancy. The service continues to collaborate with support agencies and individuals through regular case conferences to identify and foster a shared understanding of how best to assist the client while supporting them to maintain their tenancy.

One of our major achievements for the year was the successful transition of the last of the families that had come from the Inanna crisis accommodation service, into independent living.

Collaborations

TDVHS and EveryMan Australia continue to collaborate to support families experiencing domestic violence. The initial Building Respectful Families pilot was finalised with promising outcomes achieved. The program has been packaged into key learning modules with funding to run the pilot for another year with evaluation by the University of Sunshine Coast. 'Prevention and practice: empowering non-violent men to prevent violence against women' presented to men's outreach workshops organised by Migrant and Settlement Services of the ACT (MARSS) has been another ongoing joint venture with EveryMan. A facilitated planning session with leadership and middle management of both organisations was held to discuss and plan ongoing and new joint activities for 2019-20.

TDVHS engages with various agencies to provide health and outreach services to women with and without accompanying families. Ongoing collaboration with the ACT Women's Health Service Nurse Practitioner enables the provision of clinics for the women in our service, thereby improving health outcomes for our clients.

Our Child and Family Specialist continues to work closely with Child at Risk Health Unit (CARHU), Office of Children, Youth and Family Support, the Child and Family Centres, Woden Community Centre and other external agencies to support the needs of clients with accompanying children. Our partnership with Woden Community Services has delivered mother's self-care groups and in-service craft

groups to clients of TDVHS. Childcare for all group sessions was offered by qualified service staff and the program has received positive feedback. Another highlight for the service is the innovative partnership between TDVHS, Red Cross and ACT Libraries to provide volunteer support to clients of TDVHS to assist them to navigate online systems and complete paperwork.

The service also carried on close work with the Domestic Violence Crisis Service (DVCS), providing access to vacant beds for women, with or without accompanying children, escaping domestic violence after hours and on weekends. Our work with OneLink and Housing ACT also enables us to support clients to access accommodation, and provide outreach supports to women who are at risk of losing their tenancy, to sustain their tenancy.

TDVHS continues to work closely with Throughcare, the Alexander Maconochie Centre and Prisoners Aid ACT to ensure smooth service provision to clients who are incarcerated or exiting incarceration. Ongoing engagement with Care Inc. Financial Counselling, Legal Aid, Welcome Legal and Women's Legal Services enables the service to provide clients with support to address legal, family law and financial concerns.

Systemic input

TDVHS participated in the Women's Health Service Nursing and Model of Care review to give feedback on gaps in the health system and how to best meet the health needs of a diverse range of women. TDVHS also contributed to a study analysing 'Support requirements and accommodation options for people in the ACT with high and complex needs' undertaken by the University of Queensland's Institute for Social Science Research.



Hard at work.



Toora's Contract Manager and I had the opportunity to attend the 2018 Stop Domestic Violence Conference. This gave us the opportunity to participate in various workshops showcasing current best practices being used across Australia to work with clients experiencing domestic and family violence.

The service has collaborated with local Registered Training Operators including the Canberra Institute of Technology (CIT) to provide students with work placement opportunities within the service. Students were able to participate in assessments, observe case management meetings with clients and participate in team meetings and professional supervision sessions.

Our workers who have been undertaking the Diploma of Community Services with the support of College of Transformation, Education and Training (CTET) have successfully completed their studies. All workers in the team now have minimum qualifications required to work in the sector.

As the Director of TDVHS, I have remained as a member of the Joint Pathways Executive Committee and proactively participate in regular meetings. I have also continued to participate in multi-disciplinary panels, offering my experience and input into decisions regarding Housing ACT priority recommendations.

Key trends

The service continues to experience difficulties in supporting clients escaping domestic violence to find adequate, safe and affordable storage for their furniture and belongings, as well as long-term respite for their pets. The inability to take pets when leaving violent relationships, or the need to sign up to long-term storage costs can have a significant impact on our clients emotional and financial wellbeing and can impede their ability to move forward. In response to storage barriers, TDVHS has developed a relationship with Storage King to provide our clients with discounted fees. The service also provided rent discounts on a case-by-case basis to clients who are experiencing financial hardship as a result of storage fees.

TDVHS has also experienced an increase in the number of clients living with mental illness. This year 55% of clients in our services identified as having a diagnosed mental health condition or were being supported by a specialist mental health practitioner.

TDVHS has supported 152 children through the Women and Children's Program, Family Program and Toora Accommodation and Support Service. This figure constitutes 50% of all clients across these three residential programs. With 70% of these clients escaping domestic violence, the service observed that many of these children have behavioural difficulties that are associated with experiences of trauma. To meet the demands of the increasing numbers of children accompanying parents accessing TDVHS services, a case coordinator position has been moved from case management to assist the Child & Family Specialist worker.

Future directions

In recognition of the needs of the children in our service, and the gap accessing timely therapeutic supports in the community, Toora have been putting in budget submissions to fund the services of an onsite children's therapist. Toora also continues to work towards obtaining a suitable entity status under the Children and Young People Act 2008 to provide a Community Care and Protection Service (CCPS) to achieve best possible outcomes for children and young people.

In recognition of the increasing representation of Indigenous clients in our services, TDVHS would like to provide Indigenous clients with the choice to work with an Indigenous Case Coordinator. The service is currently seeking to recruit an Indigenous Case Coordinator. Further strategies to address this need include an MOU with CIT Yurauna Centre to provide work placements to Aboriginal and Torres Strait Islander Students. The MOU also includes provision, by CIT Yurauna Centre, of free Road Ready and professional driving lessons, scholarships and access to free school and vocational courses, tutoring and free child care for Indigenous clients.

Over the next 12 months TDVHS will be focussing on implementing Integrated Practice Method and skills development modules from the Building Respectful Families program to enhance service delivery to clients with involvement with the criminal justice system. Efforts will also be put towards planning and implementing further actions under the ACT Justice Reinvestment Strategy. The service will also be looking to roll out and evaluate the Building Respectful Families program in partnership with EveryMan Australia to two couples, one in Queanbeyan and one in the ACT and hope that the collaboration can procure ongoing funding to continue delivering the program.

Thank you

Thank you to the staff at TDVHS for their dedication and passion, to Susan, Rebecca, the admin and AOD team for their support, and the Board for providing strong leadership.

I am extremely thankful and appreciative for the ongoing assistance and donations provided by Bond Hair Religion, Share the Dignity, Pandora's pre-loved fashion, OzHarvest, Zonta Breakfast Club, GIVIT, and private donors.

Mirsada Draskovic

Director, Toora Domestic Violence and Homelessness Services



Alcohol and Other Drug Services

• TOORA AOD DAY PROGRAM • LESLEY'S PLACE RESIDENTIAL PROGRAM • MARZENNA HOUSE TRANSITIONAL PROGRAM • TOORA AOD OUTREACH PROGRAM

This year the Alcohol and Other Drug (AOD) Service maintained their existing programs at a consistently high standard. It has been a busy year for the team operating an AOD Day Program, two residential services Lesley's Place and Marzenna House and Outreach duties. Alongside this the team have also carried out an ongoing review of services to ensure that we are adhering to best practice guidelines.

There have been many highlights for the AOD Service this year. We are pleased to have received a further three-years funding from ACT Health and two-years funding from Capital Health Networks which allows us to continue providing specialist AOD treatment services to clients in our community.

The Service obtained membership with the Australian Therapeutic Communities Association (ATCA) as a Residential Rehabilitation Services Provider. We are working towards accreditation status to become certified as a Residential Rehabilitation Service. The Team Leader and I completed an intensive Therapeutic Communities (TC) training package, which included a two-week placement with Karralika Programs in their Therapeutic Communities. We have reviewed our practices and have brought into our programs a number of TC principles and procedures from the Therapeutic Community Model.

Other major highlights for the AOD Service are reflected in our Client Satisfaction surveys and the amazing feedback the team have received regarding their programs. There is no better achievement than hearing first-hand that the AOD programs are making a difference to the lives of those we support:

"I am so very happy and overwhelmingly grateful to Toora and the amazing women who work with us. I have felt supported, protected and heard. I have been to several rehabilitation facilities over the last few years and yet, I have not ever experienced the level of care and support that I have received with Toora at any of the other facilities."

Toora AOD team have offered unwavering supports for our clients during this past year. The team has worked closely together to maintain the existing programs, as well as growing and developing areas of the service to better suit client needs. The team have offered comprehensive wrap-around supports to all clients throughout the various stages of their recovery journey.

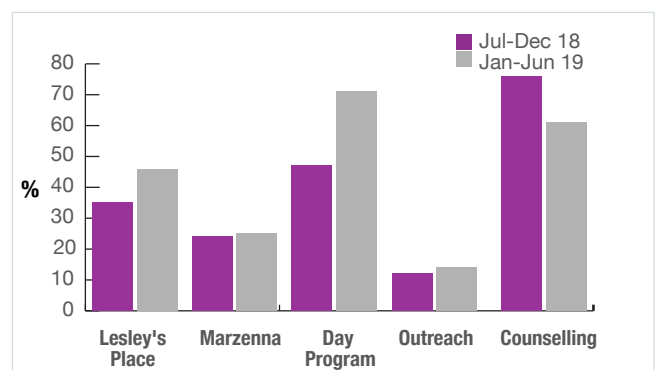
This growth and amazing feedback would not be possible without the ongoing dedication and hard work from the AOD team who are continuously taking on extra responsibilities and duties. I would like to thank you all for your contribution and in giving your all to support our clients.

Service profile

The AOD Service provided Initial Assessments to 221 clients this year. Of these 134 received a Comprehensive Assessment compared to 92 the previous year. Clients who presented from Aboriginal and/or Torres Strait Islander background (18) remained consistent with the previous year (19), while clients from a Cultural and Linguistically Diverse (CALD) background almost doubled, increasing from four to seven clients. The highest age range of presenting clients was 25–29 years followed closely by 35–39 years. Clients reporting a history of domestic violence was high at 118, and 85 reported a history of sexual abuse. Mental health issues are prevalent in this population and were reported by 123 clients.

With high demand for assessments a Case Coordinator took on a new role of Assessment and Intake Worker. The role manages the flow of clients into pre-treatment groups such as SMART Recovery and Open Door Drop in, and completes harm minimisation and pre-program information and paperwork. The role completes a risk matrix and management plan of how AOD Services can best support this client. Risk Matrix Assessment Meetings are held weekly with the Team Leader or Director for clinical review.

Figure 5. Services used by clients



Residential services

Ongoing development days have been held to involve all staff in change management and reviewing the effective implementation of TC Principles throughout our programs, with least disruption to staff and clients. Parts of the TC approach have been woven into our programs, such as 'community as method' and 'rational authority', with a strong focus on values. With this, we have sought to build the residential program into a small but solid community that both supports and challenges each member to be accountable to their recovery journey.

To facilitate this community, the AOD Service has implemented a number of new groups, both staff and peer-led. We now hold weekly Awareness Groups, where any treatment issues that have arisen during the week can be discussed by residents with the support of staff. Additionally, we have implemented a weekly Peer Support meeting, for residents from both Lesley's Place and Marzena House to meet and support each other on a personal level and plan social outings together.

Day Program

The Day Program has continued to thrive this year and offer outstanding psycho-educational and therapeutic approaches to assist clients in their recovery. The Day Program graduated 30 clients successfully and has had many others weave in and out of the program depending on where they are at on their recovery journey.

The Day program continues to network with a number of services who deliver sessions to the clients, further

upskilling their knowledge. Legal Aid is one of our newest agencies who we would like to welcome onboard. Canberra Alliance for Harm Minimisation (CAHMA) are still working closely with the Day Program to deliver Naloxone training to clients. Four groups were carried out this year with a total of 17 clients receiving the training and a Naloxone take home pack. One staff member was also trained. The Day Program also continues to promote 'We Can' Nicotine replacement therapy (NRT) and provided 28 people with NRT Vouchers this year.

The Pathways from Prison program is truly established in the Alexander Maconochie Centre (AMC). The program is based on the AOD Day Program content and links incarcerated clients into treatment. A steady number of clients attend each fortnight with the program being held in high regard by other organisations. Feedback from Police and Court Drug Diversion Services Alcohol and Drug is that the clients seem a lot more motivated and have expressed that they are getting a lot from the program.

Collaborations

The AOD Service has continued its long-standing commitment to supporting student placements, with two students from Canberra Institute of Technology (CIT), two students from the University of Canberra, and one student from Upskilled completing their placement this year. The AOD Service has been invited again to talk to Diploma and Certificate IV in Alcohol and Other Drugs students at CIT. We are also in the process of signing an MOU with the Yurauna Centre, to support their clients on placements and for the Centre to provide Cultural Awareness training for Toora AOD.

Our team.





 A conversation with Johann Hari.

The AOD Service also took part in the 20km walk to raise funds for Karinya House for the work they do in supporting women and babies. We also had a stall at the 11th Annual Co-Morbidity Interagency Day, with staff liaising with a number of local services and providing information between services and clients.

Systemic input

There has been considerable systemic involvement this year with the AOD Service involved in numerous projects and research programs. These include the Domestic and Family Violence Capability and Assessment Tool (DV-CAT) and development and ongoing consultations regarding the Drug and Alcohol Court development.

As the Director of this Service I had the pleasure of attending Uniting's Fair Treatment campaign launch with Sir Richard Branson in Sydney. This campaign focuses on how we can reform lives and drug policy, for the fair treatment of all people. The Alcohol Tobacco and Other Drug Association ACT (ATODA) Drug Policy Series was also launched with a sequence of international speakers, cutting-edge ideas and stimulating conversations about drug policy to Canberra. The AOD team participated in all local Drug Policy events.

The AOD Service took part in the ACT Service Users Satisfaction and Outcomes Survey (SUSOS), which is a one-day survey conducted at alcohol, tobacco and other

drugs services across the ACT every 12-18 months. The information from these services are compiled centrally and a report is written by ATODA which details the experience of service users in the ACT and makes recommendations about service improvement. Workers liaised with ATODA to prepare for this survey. On the day, 20 clients attended our Day Program rooms to take part in the survey and were reimbursed by ATODA with a \$25 cash payment. The sector is awaiting the report to be finalised by ATODA.

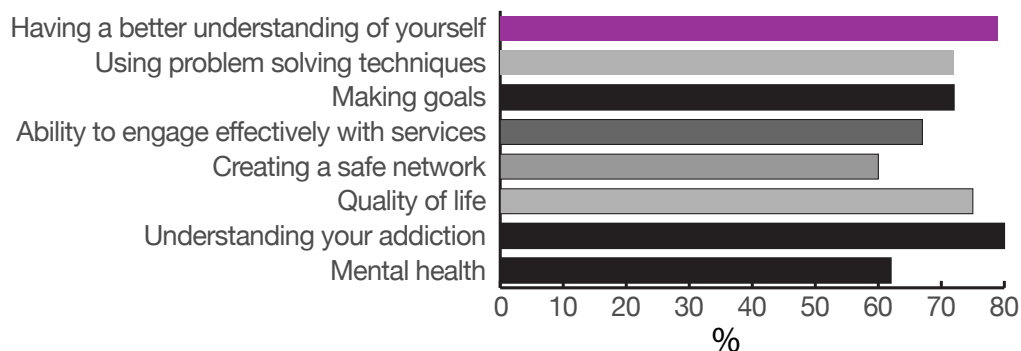
Key trends

Last year methamphetamine (33) was reported as the Primary drug of choice with alcohol following (28). This year reports that client's primary drug of choice is alcohol (44), followed by methamphetamine (39), cannabis (18) and heroin (10). Findings are consistent with 2016-17 findings from Alcohol and Other Drug treatment services in Australia (Australian Institute of Health and Welfare, 2018) which stated that:

- *nationally, alcohol was the most common principal drug of concern, accounting for 32% of episodes; and*
- *after alcohol, amphetamines (26%), cannabis (22%) and heroin (5%) were the next most common principal drugs of concern—together, these four drugs accounted for 85% of all treatment episodes.*

There has been increasing involvement with Child and Youth Protection Services (CYPS) working in partnership with complex cases. This reporting period eight clients

Figure 6. Client identified improvements



continued having visitations with their children, five had their children remain in their care due to engaging with Toora AOD programs, and four women had their children returned to their care after a period of separation through CYPS removal. Four of these children lived in the AOD Residential Services with their mothers.

Certain behavioural traits of some clients create an unsafe environment in a residential setting. Some clients do not have the capacity, due to their complex needs, to engage in the behaviour change required to stay in the program. This program suitability can be hard to judge with complex clients and the behaviours often do not show until the client is in the residential setting. It is unsafe to keep them in the program at times due to violent behaviour. However, many come from the AMC or from the homelessness sector and there is nowhere to refer these clients to exit to. This is proving challenging when trying to simultaneously keep individual clients and the service as a whole safe. Sometimes there is nowhere for these clients to go except on the OneLink homelessness wait list.

Future directions

The AOD Service is excited to continue to grow in line with other Residential Rehabilitation programs in the ACT working within the Therapeutic Community model and gaining full membership with ATCA by passing their accreditation audit. The AOD Service is currently planning to undertake the DFV-CAT Audit and have been attending planning meetings to restart this project and engage with external assessors. Planning with EveryMan Australia and Toora has commenced regarding delivery of the Building Respectful Families Program to include a family in the AOD Service. We are looking forward to strengthening our internal relationships with Toora Domestic Violence and Homelessness Service and some new initiatives that are being developed across the services.

I would like to extend my thanks to the Board, our Executive Director Susan Clarke-Lindfield, Toora Domestic Violence and Homelessness Services, and the Admin Team for their ongoing support throughout the year.

We would also like to thank ATODA, Karralika, Good360, Bunnings, Big W, Zonta, OzHarvest, GIVIT, Cancer Council, Care Financial, Hepatitis ACT, Canberra Alliance for Harm Minimisation and Advocacy and Legal Aid for their time and donations that have made such an amazing difference in our programs and in our clients lives.

Rebecca Wood

Director, AOD and Clinical Services



Clients journey.

Counselling Service



• ALCOHOL AND OTHER DRUG (AOD) COUNSELLING

The Counselling Service has continued to provide individual and group counselling to residential and community clients. Our counsellors have worked with 71 new clients this year. The team is small, yet unique, offering specialist AOD counselling and therapeutic interventions for a range of issues including domestic violence, mental health, past trauma, relationships and parenting.

Our counsellors are continually building their knowledge and capacity to support their clients by attending training such as:

- Bessel Van Der Kolk's seminar 'Trauma neuroscience and the evolving therapy of traumatized children and adults'
- Somatic Self Psychology Workshop 1 and 2: The relationship as a safe container and empathy.
- Trauma online training 'How to work with the traumatised brain', National Institute for the Clinical Application of Behavioural Medicine (NICABM)
- Vicarious trauma
- Childhood trauma informed training
- Cultural Competency

that attendance can be intermittent for the AOD population. Rescheduled appointments are viewed as positive and demonstrate a flexible approach to accommodate the needs of clients. When appropriate, counsellors have also supported parents and partners when clients request their presence during sessions.

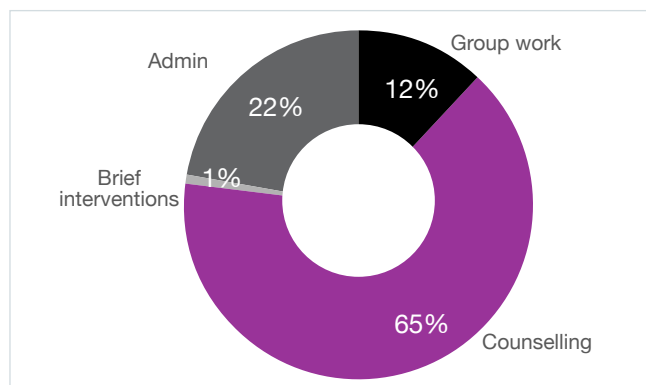
As with the AOD Service, highlights are shown in the feedback received for this service:

"My counsellor has been excellent I wouldn't have moved forward and understand what I do now without her help and advice. I am honestly so grateful to have had her assist and counsel me"

"My counsellor has been excellent she is so understanding and supportive & has provided with me all relevant & useful information which has helped me stay abstinent"

"I cannot thank the staff in this team enough for their wholehearted commitment to the clients they work with and the development of the service as a whole."

Figure 7. Percentage of service delivery from Counsellors



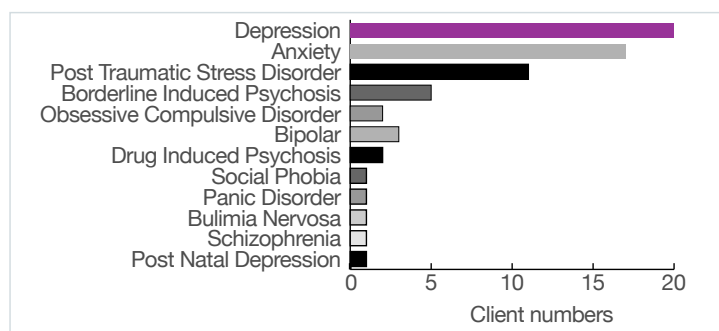
Over the last six months there were 321 appointments booked with over a 50% attendance rate. 182 appointments were attended, 112 were rescheduled and only 27 were not attended without notification. Due to the nature of addiction and related issues of trauma, mental health problems, homelessness and legal issues, the counsellors understand

Service profile

Of the 71 clients presenting to the Counselling Service the most common age range was 36-45. This is a slightly older representation than clients in the AOD Services who are in the 26-35 age range. There have been three clients present from an Aboriginal and Torres Strait Islander background and four from a Culturally and Linguistically Diverse background.

Not only have the Counselling Service been operating at full capacity, the counsellors also responded to a number of clients who drop-in to the service in crisis. As the office is based in the city it is a prime location for those in crisis to be brought to the service by others seeking help. Although this is not in the Service funding agreement counsellors do their utmost to ensure that the individual is seen, heard and referred to a service that can support them.

Figure 8. Mental health diagnoses



The Healing Trauma Group had 20 clients attending over four groups with 12 graduating. This is an amazing outcome as such an intensive treatment group can be difficult for clients due to life circumstances. Feedback was received from four clients and 100% would recommend this group to others.

The AOD Service has fitted a personal alarms system in the counselling office and the assessment rooms as this is where one to one appointments occur with staff and clients. This allows an extra layer of safety for workers.

Collaborations

The Counselling Service has started a weekly outreach visit to Lesley's Place so that residential clients can attend counselling appointments without disruption to other activities in their weekly planner. Our counsellors now work more closely with members of the AOD team due to changes in worker location. The AOD Team Leader works from the counselling office once a week and reviews incoming referrals and risk assessments with counsellors. Toora's new Intake Worker is also often based at the Counselling Service and this has meant more fluid communication between the AOD and Counselling services and a speedier referral process.

Systemic input

Toora's counsellors also play a huge part in the development of organisational policy and procedures with one attending as a member of the Clinical Governance Committee and another as a member of the Reconciliation Action Plan Committee. Through these committees the counsellors give invaluable feedback to the development of policies such as the Suicide Prevention policy. They contributed to the development of the Reconciliation Action Plan (RAP) which also led to a conversation around cultural sensitivity at intake. Training in the IRIS reiterated simplicity/basics that should occur at assessment, like asking what a client wishes to be called, inviting clients to identify their own issues, and significance of sorry cuts.

Key trends

The primary drugs of concern were methamphetamine 34%, alcohol 31%, cannabis 23% and heroin 10%. Last year alcohol was the highest drug of concern and nicotine was also mentioned in the top four to replace heroin.

It has been recorded that 55 out of 71 clients state having a formal mental health diagnosis. There were 12 types reported, the highest being depression, anxiety, post-traumatic stress disorder (PTSD) and borderline personality disorder. This is an increase from the previous year and aligns with the counsellors' experience of a higher number of complex clients.

Counsellors have noticed a growing number of clients presenting with formal PTSD diagnoses in the last 18 months. This may be related to the higher number of clients presenting with a history of domestic violence, with an increase from 76% to 86%. Clients reported verbal, physical and emotional violence occurred at higher rates than sexual and financial violence.

There continues to be a lack of affordable services to refer clients for longer-term trauma treatment. This is a problem with the increase of clients presenting with PTSD and complex issues.

Future directions

The Counselling Service is currently planning to undertake the Domestic and Family Violence Capability Assessment Tool project. Staff are attending planning meetings to restart this project and engage with external assessors.

Counsellors are building a package of care to normalise relapse and integrate grounding skills, self-monitoring and awareness skills for clients in our Services. This will be integrated into all programs for those leaving our services.

On behalf of the Counselling Service I would like to thank Toora AOD, Toora Domestic Violence and Homelessness Service, Detox and ATODA for their ongoing support. We have also had the support of numerous external agencies such as legal services, Corrections ACT, many GP's and mental health practitioners, and other AOD services, to work together to provide the most holistic, wrap-around supports for our mutual clients.

Rebecca Wood

Director, AOD and Clinical Services

Treasurer's Report

The year ending 30 June 2019 has been another challenging year for Toora Women Inc. finances. Toora is always finely balanced between being profitable and making a loss. To this end, the Finance Committee meets every month to review the organisation's financial position. The Finance Committee consists of the Treasurer, the Executive Director and the Financial Controller as well as a volunteer with specific financial expertise in not-for-profit. This Committee then reports direct to the Board at its monthly meeting and examines the actual expenditure, the forward budget and how this all fits into Toora's strategic direction.

Table 1. Toora income 2018–19

Where the money comes from	\$
Domestic Violence & Homelessness Service	3,015,617
Alcohol and Other Drug Service	1,407,533
Donations	34,169
Rent and other contributions	530,526
Bank interest & other income	92,293

Most of the income that we generate comes from Government funding, so the Finance Committee is looking at finding new sources of income going forward.

Figure 9. Toora income sources 2018–19

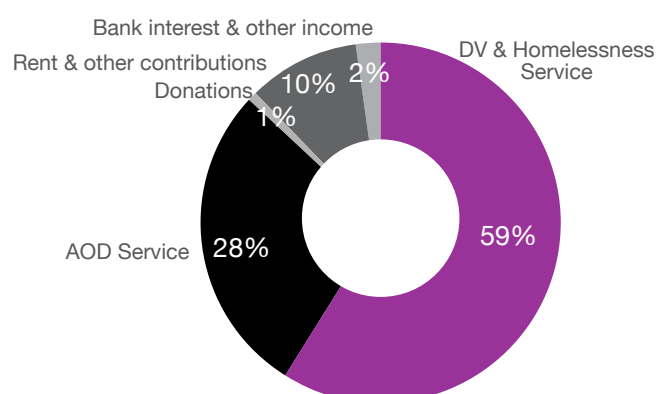
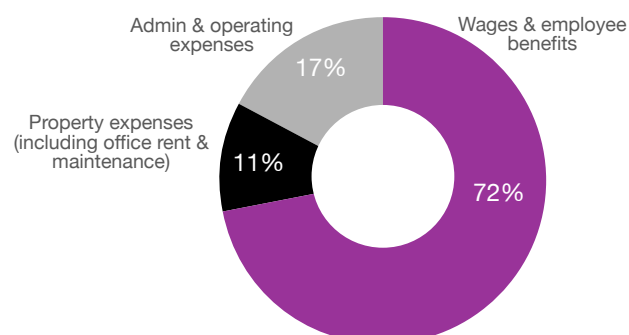


Table 2. Toora expenditure 2018–19

Where the money goes	\$
Wages & employee benefits	3,634,376
Property expenses (including offices rent and maintenance)	576,713
Admin and operating expenses	832,436

Most of our expenditure is on wages and employee benefits. There is not a lot left for all our other costs, so we must budget carefully and make sure that we are carefully controlling our expenditure.

Figure 10. Toora expenditure 2018–19



The budget process is now more streamlined with Directors meeting with the Executive Director and Financial Controller on a regular basis to both prepare and monitor the budget. This is a much better process and enables appropriate decisions to be taken by the Executive Team. We have also approved our three-year financial forecast which will enable us to be even more proactive with our financial strategies and performance monitoring.

There have been some challenges for the finance team this year. Two staff members left at the same time and have only recently been replaced. In addition we have had major difficulties with our payroll outsourcing company since Easter.



This necessitated finance team members having to work late on many occasions, reports not being ready on time for payroll, superannuation, fringe benefits and leave entitlements. A new payroll provider has been engaged and payroll is now back on track. I would particularly like to thank Kathryn Harmon for her dedication in staying late to deal with these payroll problems.

My thanks to the auditors for their assistance both in relation to the audit and throughout the year.

I would also like to thank all the Toora Women Inc. staff for all their hard work in making Toora the financially sound organisation that it is today. We could not do this without you and your inputs and your assistance to the Finance Team.

Lastly, I would like to thank my co-Board members. Board meetings are a delight and I am pleased that the Board members all take a keen interest in matters financial.

In summary this has been another good year for Toora Women Inc. financially. We work well as a team and have sound financial management practices which ensure that we operate within our means. Thank you all.

Gail Freeman, FCA
Treasurer

If you wish to view a copy of the audited accounts please contact the Finance Office at Toora, 6122 7000 or email bookkeeper@toora.org.au

CLIENT TESTIMONIALS

"I only have to mention what I need and there is a path in. I have been supported every inch of the way and can't praise Toora high enough."

"Toora workers have been endeavouring to support in many ways."

"My worker was supporting me throughout my journey from homelessness to living in my housing property."

"I had excellent support with housing issues during a period of time when I was very vulnerable and needed advocacy."

"Thank you so much for everything you have done for our family."

"They are not just a service, they care."

"My worker was amazing she gave the best support. I'm not sure I would have been able to do all that I have without her."



INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF TOORA WOMEN INCORPORATED

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Toora Women Incorporated (the association), which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss, statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the accompanying financial report of Toora Women Incorporated is in accordance with Div 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the association's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- (ii) complying with Australian Accounting Standards – Reduced Disclosure Requirements and Div 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the registered entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of the Committee for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the committee determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the committee is responsible for assessing the ability of the registered entity to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the committee either intends to liquidate the registered entity or to cease operations, or has no realistic alternative but to do so.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF TOORA WOMEN INCORPORATED

Auditor's Responsibility for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the registered entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the committee.
- Conclude on the appropriateness of the committee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the registered entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the registered entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



Shane Bellchambers, FCA
Registered Company Auditor
BellchambersBarrett

Canberra, ACT
Dated this 24th day of October 2019

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