

Toora
Women Inc.

TOORA WOMEN INC.

SAFETY, RESPECT AND CHOICE FOR WOMEN

ANNUAL REPORT 17.18

Acknowledgement

Toora Women Inc. acknowledges the Aboriginal People 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.

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- ACT Health Directorate
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Services and Programs

Administration Office

- Executive
- Administration
- Finance
- 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

In the midst of the busy-ness of life and work, it is important to pause and take the time (and a deep breath) to reflect, appreciate and celebrate what we as “Toora” have achieved. This is also an important step as we plot our future course.

Toora began over 36 years ago in response to the issue of homeless single women in Canberra. The Toora of today, while still maintaining feminist values and principles, has grown in so many ways ... but primarily in wisdom, maturity and size.

Toora's growth as now, a major provider of women's services in the ACT, has been incremental and purposeful. It has continued to proactively work to identify, advocate for and provide contemporary, evidence-based, services to meet the increasingly complex needs of women and their children. This was accomplished by ensuring that Toora had sound leadership and management and committed, agile, professional workers.

Essentially, it is 'all about the people!' The women, children and families that we support; leaders and managers to envision and encourage; and the knowledgeable, caring and expert workers who partner with the client and other agencies to 'make it happen'.

As a Board, it is often difficult to determine how well an organisation is performing. Are we getting it right? Are we on the right course? While we get a sense from the Executive Director and Advisory Forum representatives, Staff Satisfaction Surveys and client feedback, it is often reassuring for a Board to obtain external measures of 'success'.

The Accreditation of Toora against the QIC Health and Community Standards in April was one such measure. We need to be reminded that not all Non-Government Organisations (NGOs) such as Toora test themselves against these rigorous standards. But Toora did so confidently and was successful!

Toora's successful registration as a Community Housing Provider was another accolade and acknowledgement of the quality of, in this case, our homelessness services. Both of these external processes of rigorous appraisal was certainly a huge team effort lead by the relatively new but extremely capable Aghia Gunawan. The Board is so proud and appreciative for the efforts of everyone involved.

As well as the workers, I would also like to thank the often 'behind the scenes' Administration team who ensure the foundations of the organisation are organized, strong and functional. Without these people in the financial, administration, quality and policy areas, the organisation would soon come to a standstill. While quiet achievers, you too are much appreciated.

The Board continues to be impressed by the healthy culture of continuous quality improvement and desire to learn, share knowledge and improve, which permeates the whole organisation. It signals an openness for new ideas / innovations; a sense of freedom and confidence to take a chance and try new things, to improve and to grow. I believe that this is a contributing factor to the success of Toora.

Over the last year, the Board has seen some 'refreshment' of membership. We sadly bid farewell to two gifted women. Lyn Hearfield who was our board Secretary, member of the Policy Sub-Committee, fundraiser and committed Ambassador for Toora. Lyn has made an incredible contribution to Toora and assures us that she will continue to advocate for women and Toora while she explores other new and exciting aspects of life.

Rebekha Pattinson has graciously used her gifts as a lawyer and great communicator to guide us through another Constitutional change in consultation with workers, many tricky high-level policy reviews and general discussions at the Board level. In spite of having to step down from the Board due to her frenetic workload,

Rebekha has assured us that the firm King, Wood and Malleson's will continue to provide pro-bono support to Toora - for which we are very grateful.

While the Board is still searching for a suitable Board member who has legal qualifications, we have welcomed Suzanne Muir as our newest member. At her second meeting, Suzanne said that she did not feel 'new' at all which was how we too were feeling! This is a great testament to how comfortable she feels in sharing her vast knowledge and insights to support the Board's deliberations. We look forward to her continuing contribution.

The role of the Advisory Forum (AF) representatives that sit on the Board is critical to the success of Toora. This year we sadly bid farewell to Tilly Gardner, thanked her for her valuable input and wished her well in the future. As a result, Tracie Williams has joined Fika Wangke as the second AF representative and has brought great energy and enthusiasm to her role. You are a wonderful advocate for Toora's workers, Tracie.

As a Board, we acknowledge the excellent leadership and vision of Susan Clarke-Lindfield (Executive Director) who keeps us facing forward and challenges us to be the best we can be ... and more. Her knowledge, expertise and insights into the women's sector and excellent communication and advocacy skills have been identified and have been sought after from government and non-government sectors. Thank you for your wisdom, insights and endeavour!

Last but not least, I would like to thank the current Community Board members for their commitment to volunteer on the Toora Board and generously sharing their expertise in such an open, caring and respectful manner. They are: Gail Freeman (Treasurer), Flor Sermeno (Deputy Chair), Susie van den Heuvel (Chair, Stakeholder and Communication Group) and Suzanne Muir. Each freely bring their unique gifts, interests, connections and insights that together; allow us as a Board to better strategically guide the organisation.

I am thankful to have such amazing, talented and dedicated women to work with to achieve our mission of safety, respect and choice for women. I look forward to working with you all to continue to provide safe, high quality and woman-lead services to those in our community who need them.

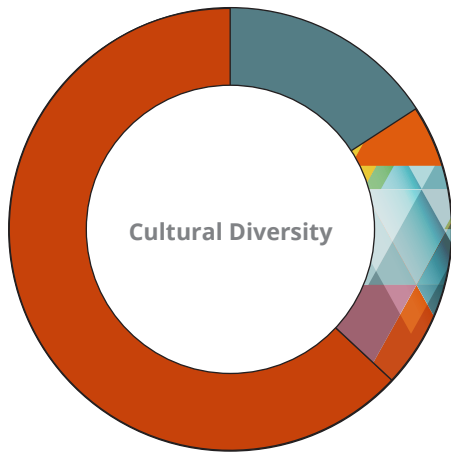
Joan Scott
Board Chair



Executive Director's Report

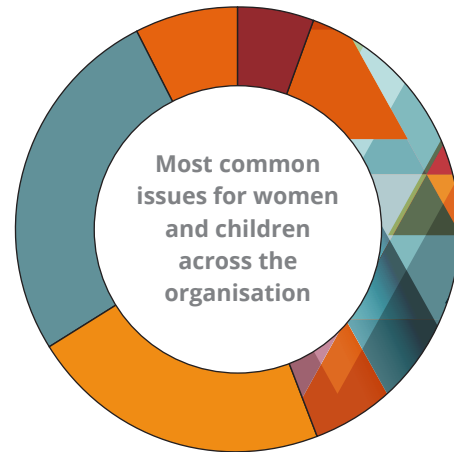
Hello everyone and welcome to our 35th Annual Report. It has been quite a busy year with Toora providing support to 462 women and 156 children across our alcohol and other drug, domestic violence and homelessness services.

We continued to deliver services to women and children from diverse backgrounds with 102 identifying as Aboriginal and Torres Strait Islander and 128 from Culturally and Linguistically Diverse backgrounds.



- 16% Aboriginal and Torres Strait Islander
- 21% Culturally and Linguistically Diverse
- 63% Neither

Most clients of Toora have experienced significant trauma in their lives and come to us with high and complex needs. The table below lists the most common issues for women and children across the organisation:



- 65 clients Sexual abuse
- 432 clients Domestic/family violence
- 249 clients Mental health issue
- 296 clients Problematic AOD use
- 83 clients Exiting prison

This executive report covers the strategic highlights of the year:

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

Partnership with EveryMan Australia

Our partnership continues to provide choices for women. For those who do not wish to leave their relationship but just want the violence to stop or alternatively who wish to safely and respectfully separate, this year the development of the Building Respectful Families program was finalised and trialled. The program provides coordinated gender specific support to couples seeking to reconfigure patterns of violence and abuse through intensive case management and six education modules.

ATODA Research, Scope and Design a Safer Families Project for the AOD Sector

The link between domestic and family violence (DFV) with alcohol and other drugs (AOD) has always been apparent to Toora with 83% of our AOD clients this year reporting they experienced domestic violence and many stating that this is the reason they chose a women-only service. The ACT Review of DFV Deaths 2016 further evidences this link, reporting that perpetrators had problematic drug and/or alcohol use in 7 out of 11 reviewed domestic violence deaths.

We were pleased this year to participate in the ground breaking ATODA *Alcohol and Other Drug (AOD) Safer Families Program*. This involved participation in the steering committee and with co-design of the:

- *Domestic and Family Violence Capability Assessment Tool: for Alcohol and Other Drug Settings*
- *Scope of Practice: for Working with Service Consumers in Alcohol and Other Drug Settings Who Experience or Use Domestic and Family Violence*
- *Practice Guide: for Responding to Domestic and Family Violence in Alcohol and Other Drug Settings*

We look forward to continuing participation in the upcoming year which will include a baseline capability assessment of our AOD service around the DFVCAT and then co-design of the next step.

Support for Children

As mentioned above, this year 156 children resided across Toora services. The lives of many of those children in our care have been significantly disrupted due to DFV and have often lost touch with 'normal life' due to the violence they have seen in their families or experienced themselves. Most children have suffered multiple forms of harm and are victims of complex trauma.

Evidence shows that DFV has a serious impact on children's current and future physical, psychological and emotional wellbeing. Victims of DFV are more likely to experience higher rates of depression and anxiety, trauma symptoms and behavioural and cognitive problems.

A second Child & Family position was created to support mothers with accompanying children during this reporting period. However, to do this we had to reduce our number of case coordinators which put significant pressure elsewhere in our service delivery. The Community Services Directorate have been aware of the need to recognise children as individuals in their own right and we applaud their recent decision to provide funding in the upcoming years.



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

Vietnamese Delegation



The Australian-Vietnam Human Rights Dialogue held in Canberra this year enabled officials from both countries to find practical ways to strengthen our engagement on human rights issues. As part of the Dialogue, DFAT thought a visit to Toora would be an excellent opportunity to share best practice in promoting gender equality and supporting women who have experienced domestic violence, or drug and prison rehabilitation issues. A visit to Dulili House went well, followed by the formal reception at DFAT where we had the opportunity to further discuss different approaches in delivering DFV support with the Vietnamese Minister of Labour – Invalids and Social Affairs.



Standing Committee on Justice and Community Safety—Inquiry into Domestic and Family Violence

This year, a Standing Committee on Justice and Community Safety called for submissions to its inquiry into domestic and family violence – policy approaches and responses. The Inquiry was particularly interested in the adequacy and effectiveness of current policy approaches and responses; the implementation of the ACT’s 2016/17 funding commitments to prevent and respond to DFV and how outcomes are being measured; the issues and policy challenges for the ACT; best practice policy approaches and responses being taken in other jurisdictions.

Approaches to tackling DFV have evolved and adapted over decades in response to the changing needs and growing demand of women and children experiencing DFV. As community awareness of DFV increases, so do the pressures on the system to provide safety and improved support for those experiencing it. This year, in addition to our specialist Heira Domestic Violence Service, 75% of our homelessness beds were also taken up by women and children escaping DFV.

Our submission made nine recommendations and can be found at: <https://www.parliament.act.gov.au/in-committees/standing-committees-current-assembly/standing-committee-on-justice-and-community-safety/inquiry-into-domestic-and-family-violencepolicy-approaches-and-responses>

Other strategic consultations we participated in during this reporting period were Family Safety Hub, ACT Housing Strategy, Research into Methamphetamine Use in the ACT, Preparatory Meeting for the DVPC Extraordinary Meeting on the Needs of Children and Young People Affected by DFV.

Crimes (Invasion of Privacy) Amendment Bill 2017—Criminalising Technology-Facilitated Abuse in the ACT

We were pleased to have the opportunity to make a submission around draft legislation tabled by the Greens to criminalise non-consensual sharing of intimate images – otherwise known as “revenge porn” or technology-facilitated abuse – in the ACT and add a clearer, stronger definition of consent in our *Crimes Act*.

In the end, the Liberals brought an amended bill forward and the Greens helped pass this version in order to close the gaps in the laws faster, but it was good for Toora to be part of the wider conversation.

Under the ACT’s legislation, now people who publish or threaten to publish revenge porn face up to three years in jail or a \$45,000 fine. The penalties are increased to either five years in jail or a \$75,000 fine if the victim is under 16.

Strategic Goal 3: To be a sustainable organisation with a diverse funding stream

Commonwealth funding moved to Capital Health Network

Our Commonwealth AOD funding (formerly known as NGOTGP) was moved to the Capital Health Network this year. This has proved to be quite positive and we look forward to continuing our contracts with them for another year.

Fearless Comedy Gala



This year we were fortunate to be a recipient of money raised by the Fearless Comedy Gala. 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 and was a boost for those of us from Toora in the audience. It was an acknowledgement of the difficult and valuable work that we do and the sense of community support around us. So often we focus on the difficulties of the work and forget to celebrate how far we've come. This event was a wonderful and fun opportunity to get together to do so and the \$19,590 raised for Toora went towards the children in our care.

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

Data analysis

This was the first full year that our new SRS data management platform for AOD services was operating and we are extremely pleased with its ease of use and integrity of the data. This database was purpose built for Toora and has many similarities to our homelessness platform SHIP.

Diploma of Community Services

As part of our Workforce Development Strategy to upskill our workforce, this year we formed a partnership with registered training provider CTET to run the Diploma of Community Services at Dulili House. All 6 staff members completed the 16 work-based units and have been awarded their diplomas.

Accreditation Review

In April, an assessment team from QIP visited Toora for three days and reviewed our services against eighteen QIC Health and Community Standards. The three-year Accreditation review finished with fantastic results and an affirmation that Toora is a 'best practice' organisation which delivers high quality services. The reviewers interviewed approximately 30 people and visited five Toora sites.

The reviewers appeared to very impressed with us and said that every Standard had been fully met and all their recommendations would merely be 'value adds'.

Other comments they made were:

- Toora leadership has the right people in the right jobs.
- The staff and leadership clearly have a commitment to quality assurance
- Changes to the organisation have been embraced by staff and it shows
- Staff have a clear commitment to clients with service delivery which is person centred and flexible.
- Other agencies see Toora as leaders in quality case management and now Toora needs to step up into that leadership role.

We feel incredibly proud of our organisation and all that we've achieved. Research indicates that when most organisations undergo a major change such as an amalgamation or merger, after three years they still do not see the benefit. Toora had a period of massive unplanned growth with its homelessness and DV service and also major changes to AOD service structure and delivery. So, it's extraordinary that eighteen months later, we have had such a positive accreditation review.



Key challenges and opportunities in the future

As in other years, it's hard to know what challenges lie ahead in this rapidly changing environment for not-for-profits. The focus of Toora's leadership has been to build an organisation that is as agile and resilient as possible and we are happy with the results.

As mentioned above, the needs of children are foremost in our plans. In the upcoming year we will be searching for funding to employ two specialist children's trauma counsellors to deliver therapeutic supports which address children's post-traumatic stress.

Older women who are homeless have also been a concern for us as many struggle to maintain a tenancy. This is the fastest growing homeless demographic due to reasons such as the superannuation gender gap, lack of affordable housing and domestic violence

Many thanks to our team

I have a committed and hardworking Board and would like to thank them for their support throughout the year. I also have a dedicated executive team and thank Mirsada Draskovic, Rebecca Wood, Tess Rogel and Aghia Gunawan for their vision and commitment in fitting Leadership responsibilities into their very busy jobs.

In addition, I would like to thank the amazing staff of Toora. In a sector where the resources are ever shrinking and needs of the clients grow more complex every year, staff continue to meet the challenges with dedicated skills and commitment.

Finally, I would like to thank our funding bodies - Capital Health Network, ACT Health and the Community Services Directorate.

This report is a showcase to Toora's combined achievements and once again, I'm proud to present this annual as a demonstration of your hard work and to take time to celebrate our success.

Susan Clarke-Lindfield

Executive Director



Toora Domestic Violence and Homelessness Services



S N A P S H O T S

Heira Domestic Violence Program

Provides shared supported accommodation to women with or without children, escaping domestic violence.

Toora House Accommodation and Support Program

Provides supported accommodation for women who are homeless due to a variety of issues including dependencies on AOD or mental health issues.

Aleta Outreach Program

Provides support for women in the community who are experiencing difficulties in maintaining their independent living. We also provide outreach support to women living in domestic violence relationships.

Coming Home Program

Provides accommodation and outreach support for women exiting the Alexander Maconochie Centre, which includes support while in incarceration and following through to their release back into the community.

Women and Children's Program

Provides support services and/or property management for women with (or without accompanying children who are at risk of, or experiencing homelessness.

Families Program

Provides support services and/or property management for families in all their diversity, who are at risk of or experiencing homelessness.

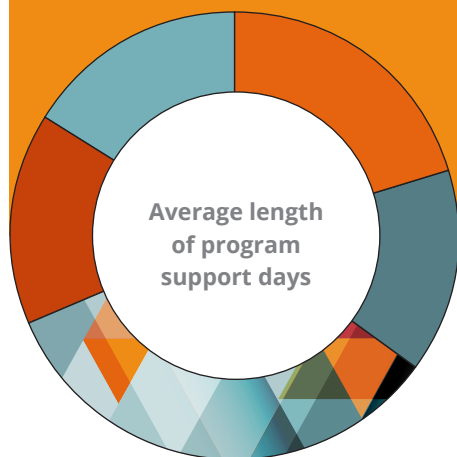
Head Tenant Program

Provides support services for all people, who are at risk of, or experiencing, homelessness.

Toora Domestic Violence and Homelessness Service

“I am so thankful to have been accepted to stay in this house, to be able to leave behind the life of abuse I was living. It’s like a ton of bricks have been lifted off my back. There are no words to describe the relief I feel. I haven’t felt such peace in a long time”

Client



- 134.7 Family Program
- 97.7 Accommodation and Support Program
- 220.7 Women's and Children's Program
- 101.4 Coming Home Program
- 105.8 Aleta Outreach Program

Introduction

As Toora Domestic Violence and Homelessness Service (TDVHS) moves into its third year of service delivery to women with or without accompanying children and families, I would like to thank the team as it is now business as usual at the service. It is only through the hard work of the team ensuring that new and existing clients are continuing to receive a consistent high level of service delivery, that this smooth transitioning from working previously only with single women to a wider demographic of women with accompanying children and families has been made possible.

The major highlights and achievements for TDVHS this year has been the ability to set up and run groups and being able to provide childcare options for mothers attending the groups. The service has been able to in the last year provide self-care groups for mothers, craft groups and has also trained two workers in Circle of Security. I would like to thank the team for taking the additional responsibilities of planning and running groups and for participating in various internal and external committees along with their regular case management, thereby giving their 100% to working with vulnerable clients and their children.

In the last 12 months, the service has accommodated 155 children through our residential programs. In recognition of the increasing needs of the children and their parents, TDVHS moved a case coordinator who had a Diploma in Children's Services to work closely with the Child and Family Specialist to support mothers with accompanying children through case management, and by providing childcare while mothers have attended groups within the service.

In partnership with EveryMan Australia, TDVHS has run the pilot of the Building Respectful Families Program. The pilot thus far has been well received by the current clients in the program and who continue to engage well. With the completion of the pilot, the program will be packaged and ready for use once additional financial resources can be procured.

Service Profile

In the last 12 months, TDVHS through our residential and outreach domestic violence and homelessness programs provided support to 555 clients. While in the previous year, 16.21% of clients identified as being from Aboriginal and/ or Torres Strait Islander background, this year it increased to 18.5%. TDVHS also saw an increase in clients from Culturally and Linguistically Diverse backgrounds from 23.06% in 2016-17 to 25.5% this year.

The average support length in a closed support period for our residential clients were 134.7 days under Family Program, 97.7 days under Toora Accommodation and Support Program, and 220.7 days under Women and Children's Program. For women exiting prisons under our Coming Home Program, the average length of support was 101.4 days and our outreach clients with closed support periods had an average length of support of 105.8 days.

Heira Domestic Violence Program

Since the service profile of TDVHS changed to support women with or without accompanying children, TDVHS has seen that the number of single women escaping domestic violence being referred to the service has reduced, as women with accompanying children are prioritised for referrals by the centralised referral agency, due to the needs of the children.

Our Child and Family Specialist continues to support clients around setting up routines, making appropriate referrals around the physical health and mental well-being of their children. While the Child and Family Specialist can support the parents in addressing the support needs of the children, the service has continued to identify the need for timely access to trauma counsellors for children have experienced while living in domestic violence situations. The service has observed that many of these children who have not been supported with their trauma, have behavioural difficulties. Currently the service is working with Child at Risk Unit (CARU) as a referral agency for these children, but due to their long waiting list timely access to support is not available for the children.

TDVHS, while working with clients with accompanying children and no CYPs involvement, has identified that there are no respite services for these clients. Some clients have no family or other supports to assist them when one child is sick, or if the parent themselves must go to hospital due to illness or because they are having another child. TDVHS is not a 24hour service and thus unable to provide this respite service. TDVHS is continuing to develop crisis plans with clients so as to ensure they have some support in such crises as a short-term solution.

TDVHS has continued to support clients through the Christmas Initiative Program which is a partnership between Housing ACT, Domestic Violence Crisis Service, Onelink and the Specialist Homelessness services to provide support to clients experiencing domestic violence during the Christmas period. While Christmas is the quiet period for many organisations with shutdowns, it remains the busiest period for TDVHS as the service is open to support clients through the holiday period.

Toora Homelessness Programs

TDVHS has continued in the last twelve months, to accommodate single women who have experienced severe trauma and with AOD and mental health issues. The service continues to struggle with a lack of exit points for these clients as they have limited engagement and do not have enough supports in place to be able to sustain an independent tenancy and for the service to be able to make a priority recommendation. Exiting into private shared accommodation for these clients is also not a viable long-term option due to the severity of their trauma and the complexity of their AOD and mental health issues. As a result of their complex needs, these clients have difficulty in sustaining their tenancy in a shared supported accommodation environment, can often create an environment of chaos and trigger all the residents of the house.

“Having shelter for myself and my children was important”

Client



Due to the lack of exit points for single women with complex mental health and AOD issues, the length of their stay with the service is long. As Toora Domestic Violence and Homelessness Services is the only service to offer accommodation support to single women experiencing homelessness due to reasons other than escaping domestic violence, this has meant less capacity to offer residential support to new single clients seeking entry.

TDVHS continues to support clients with disabilities in an outreach capacity and has worked closely with Housing ACT to address their need for independent housing. For clients with disabilities, crisis accommodation either shared or standalone is not an option they often would like to consider due to the houses not being set up to support their individual needs and the temporary nature of being in crisis accommodation.

Toora Domestic Violence and Homelessness Services, through our head tenant programs, continue to work with clients around hoarding and squalor. Many of these clients have lived in hoarding and squalor conditions for a long time and are not ready and/or do not see the need to make any changes to their living conditions. While achieving small changes or movements for clients with hoarding and squalor issues requires intensive work over long periods of time, the process of engagement with these clients and building rapport and trust before these issues can be raised is long and can be challenging.



Collaborations

TDVHS and EveryMan Australia continue to collaborate with cross referrals. EveryMan Australia has been able to offer counselling support to TDVHS's male clients. TDVHS has been able to continue to support EveryMan Australia with co-case management for a young female client.

TDVHS has continued to collaborate with the Nurse Practitioner with Womens Health Service to provide one on one physical health check appointments to clients at two of our premises. Clients have also been accessing support from the Nurse Practitioner directly with any health concerns they may have.

TDVHS Child and Family Specialist has in the current report period, worked closely with a number of community organisations around meeting the needs of clients with accompanying children. Some of the organisations that the service has collaborated with are, but not limited to, West Belconnen Child & Family Centre, Uniting Church, ACT Libraries, CARU Belconnen Community Centre, Companion House, Scullin Childcare Centre, Primary Schools, Barnados Australia and ACT Together.

Toora Domestic Violence and Homelessness Services also continues to work very closely with Child and Youth Protection Services (CYPs) to ensure that clients with accompanying children have the necessary supports in place to address any parenting concerns. Toora Domestic Violence and Homelessness Services also continue to work in partnership with Woden Community Services to provide groups for mothers and childcare for the accompanying children during the groups.

Toora Domestic Violence and Homelessness Services continues to work very closely with Housing ACT in the last six months. This collaborative partnership has also supported short term residential and outreach clients to gain appropriate independent accommodation, and to sustain their independent tenancies.

Toora Domestic Violence and Homelessness Services and Throughcare continue to have a close working relationship to support clients exiting incarceration to meet their identified goals. Matrix meetings are held monthly and any issues for clients are raised and addressed. Throughcare also continues to provide brokerage for clients from Coming Home Program to meet their case management needs. This has included access to paid residential AOD community programs for clients. Toora Domestic Violence and Homelessness Services also continues to work closely with Alexander Maconochie Centre and Prisoners Aid ACT to ensure smooth service provision to clients who are incarcerated or exiting incarceration.

Toora Domestic Violence and Homelessness Services also continue to work very closely with Legal Aid, Street Law, and Women's Legal Services to provide clients with support around legal issues regarding housing, domestic violence, custody of children and separation of assets.

Systemic Input

TDVHS management and senior case coordinators participated in research by ACT Shelter's session on Trauma Informed Care and how it is practised in Toora Women Inc. The workers discussed their understanding of Trauma Informed Care and how it is embedded in how the workers in Toora Women Inc. approach their work, in line with our mission of safety, respect and choice. The discussion reflected that workers value taking time to establish and build rapport and trust so that clients feel safe to work with the service. Participation in the research supported the team to contribute to sector knowledge and identify areas of training required in the sector. Additionally, having the ability to work closely with and receive professional supervision from psychologist Sandi Plummer has helped the organisation move into trauma informed care practice model has been integral to the serviced development.

TDVHS and EveryMan Australia's middle management continue to meet bi-monthly to discuss opportunities for co-case management, referral pathways to different programs, training opportunities and to identify any other possible operational collaborations. In the current reporting period, staff from both services have collaborated to present a men's outreach workshop organised by Migration and Settlement Services for men from Sudan and Sierra Leone on *Prevention and Practice: Empowering non-violent men to prevent violence against women*. The services have also partnered to co-facilitate EveryMan Australia's *Preventing Violence Managing Anger* groups based on best practice of co-gendered facilitation. Both facilitators have advanced cultural competence training which reflects a whole of partnership approach to cultural respect, inclusion and accessibility.

As the Director of TDVHS, I regularly participate in Joint Pathway Meetings and continue to contribute to the sector by being a part of the Joint Pathways Executive. As a member of the Joint Pathways Executive, I have along with other members of the Executive met with Minister Shane Rattenbury regarding women being exited into homelessness from institutions. I have also been involved with identifying and organising the Homelessness Forum trainings being held for the workers in the homelessness sector. Workers from TDVHS have been participating in the homelessness sector forum training.

As a member of the Multi-Disciplinary Panel, I continue to provide my input into decisions on priority needs recommendations.

TDVHS has also participated in research around 'Domestic Violence in Australian Muslim Communities', Australian Institute of Criminology's research on 'Women's imprisonment', and both staff and clients also participated in research around 'Food access for vulnerable women'. TDVHS also offered placements to students studying Mental Health and Community Services at CIT and one student was offered a job as a case coordinator with the service.



Key Trends

Toora Domestic Violence and Homelessness Services, in the current reporting period, has provided shared accommodation to single women over the age of 70 escaping domestic violence. After having experienced the trauma of being in long term domestic violence relationships, shared crisis accommodation with clients who are much younger having varied needs, plus instability due to constant change in the make-up of the house, have taken a further toll on their mental health and how they have settled into the accommodation. In recognition of the particular needs of the older women and because they have no immediate identified exit points due to the complexity of their situations, Toora Domestic Violence and Homelessness Services has designated a property to house them together. This has been a positive move for these clients as it has provided an element of stability in their immediate circumstances.

TDVHS continues to see culturally and linguistically diverse clients with asylum seeker applications and/or other complex immigration issues and no income in our residential services. The service has had in the last twelve months, more clients in our residential service with accompanying children with no access to income or any other financial assistance. Having to meet the complete financial needs of a minimum of four separate clients and their accompanying children for over eight months, while continuing to pay rent and other maintenance costs for these properties has continued to place a strain on the limited resources available to the service.

Future Direction

TDVHS would like to be able to expand the groups being offered to clients with accompanying children. The service will be running Circle of Security groups in the new year, once external childcare supports can be procured. The service is also looking into Suitable Entity registration with CYPS and will be focusing on putting the required systems into place.

Thank you

I would like to thank the AOD team for their support, and Susan and our Board for their continued leadership and support.

I would like to extend my sincere gratitude to Zonta Club of Canberra, Bond Hair, GIVIT, Share the Dignity, Oz Harvest, and Pandora Op-Shop for the time and support through donations for clients. I would also like to thank the group of professional women from the South Asian Community who hosted a Christmas lunch for our clients and for making the children in our service smile with their Christmas gifts.

“Taking care of myself and my wellbeing is important, in that way I am capable of taking care of his needs.”

Client



Mirsada Draskovic

Director, Toora Domestic Violence and Homelessness Services

Toora Alcohol and Other Drug Services

S N A P S H O T S

AOD Day Program

An eight-week abstinence based program, integrated with intensive case management for women. The program offers vocational education in AOD harm minimisation, relapse prevention and living skills enabling women to build on their strengths and develop new skills. The program allows participants to work in groups in a safe and respectful environment and to explore their own personal issues that led to the misuse of drugs and alcohol.

Lesley's Place

A Residential Service assisting women and accompanying children in their AOD recovery, through pre-program outreach, support and case management and aftercare. The program is for women who have already completed a supervised withdrawal yet require short term, day-to-day support in their recovery.

Marzenna House

A Transitional Residential service offering AOD supports and case management for women and accompanying children. It is for women who have already established their recovery and are seeking additional longer-term support before returning to the wider community.

“I found the program worked very well for me the workers are fantastic. I have grown so much as a person since being with Toora I feel safe in my skin and everyday I’m growing truly grateful. It really helps women who are in need. I will recommend this service to other women who are in need.”

Client

Thank you

Year after year the AOD Service welcomes clients with open arms and supports them through their darkest of times. The team have strongly embraced professional development opportunities this year ensuring clients have access to the best current treatments. Many clients report entering the service feeling broken with little hope, yet workers assist them to turn their lives around. As the director of this service I give a heartfelt thank you to all for the exceptional work that you do.

Service innovation

The team welcomed Nicole Ter Horst as their team leader along with Karina Lockwood as a case coordinator and Lorinda Slatter as day program facilitator. Lorinda took charge of the day program whilst Madeline Maslow was on Maternity leave. Maddie has since returned and the two of them are working amazingly together to facilitate the program. It is fantastic to have you all as part of this team. We farewelled Tilly Gardener and Sih Tosam, with Suzanne Storrie transferring to our Counselling Service to utilise her skills as a Counsellor.

All staff continue training in line with the ACT Minimum Qualifications Strategy. They have participated in developing their advanced Motivation Interviewing and Cognitive Behavioural Therapy Skills, along with training in Domestic and Family Violence (DFV) responses. The team worked extremely hard to prepare the service for accreditation review with “Quality Innovation Performance”. Two surveyors visited all AOD sites and were impressed with the programs and gave staff excellent feedback. The Day Program was particularly “highly commended by stakeholders and clients”. We were happy that the organisation was re-accredited and that all teams contributed and worked together to make this happen.

Modelled on our AOD Day Program, the Pathways from Prison Program has had some incredible outcomes with clients. Many have reported enjoying the sessions and find the content useful. This program enables workers to deliver AOD education and information to clients in prison, prepare clients for programs on release by giving them a taste of what to expect. It lets workers to see client motivation and willingness to engage, therefore helping workers assess suitability for programs. It also facilitates a post-release soft entry into our AOD residential service.

Oz Harvest have visited the Service throughout the year and completed cooking classes with the clients, who have found extremely beneficial. This teaches the clients how to cook, budget for shopping and provide healthy food for themselves and their children. Zonta have also continue to contribute free homeware to our women to help them when they leave out service. We are extremely grateful for the supports off these organisations.

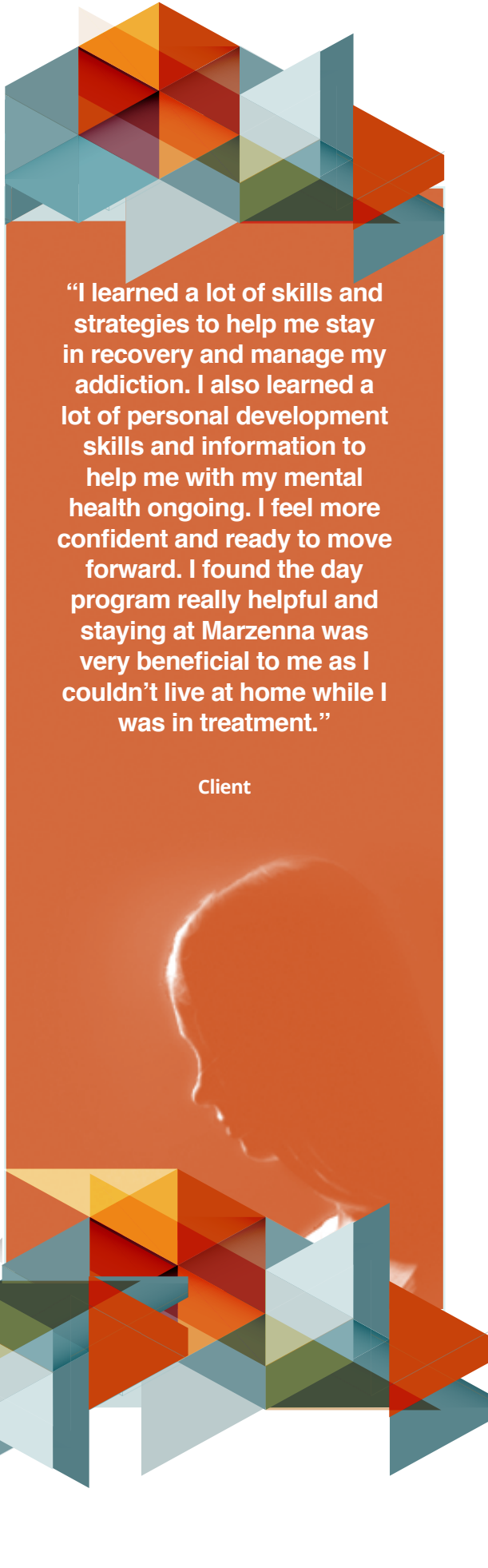
Systemic input

The AOD Service continue to regularly host students placements. Having a positive relationship with CIT has led to them inviting the Service to talk to their students. The Director was also invited by CIT to sit on a panel and review the AOD Qualifications to ensure that the appropriate material is being taught to students entering into the sector. This was a great way to ensure that the students are being taught best practice.

The Service plays a big part in Sector based activities. We had a stand at the Reclassification of Codeine workshops, handing out leaflets and sharing knowledge of our service with other services. We also have a stand at the annual Comorbidity Interagency Day each year. We have a representative at the ATODA worker group monthly and also have represented the service at a Joint Pathways Meeting.

The Service participated in a year-long research project looking at the links between substance use and DFV and the appropriateness of worker response. Through this project and using experts from the sectors, three tools were developed; The Domestic and Family Violence Capability Tool, A Practice Guide and A Scope of Practice. These are the first tools of their kind for the DFV and AOD sector and something the Service is proud to have been part of.

A new intake process has ensured that the Lesley's Place and Marzenna House have a constant flowing stream of new residents to keep the beds filled. The old process found a delay between bed dates and detox dates causing a delay in access, so the beds were empty sometimes whilst the clients were waiting for detox. The new process closes this gap and ensure a smoother transition.



“I learned a lot of skills and strategies to help me stay in recovery and manage my addiction. I also learned a lot of personal development skills and information to help me with my mental health ongoing. I feel more confident and ready to move forward. I found the day program really helpful and staying at Marzenna was very beneficial to me as I couldn't live at home while I was in treatment.”

Client

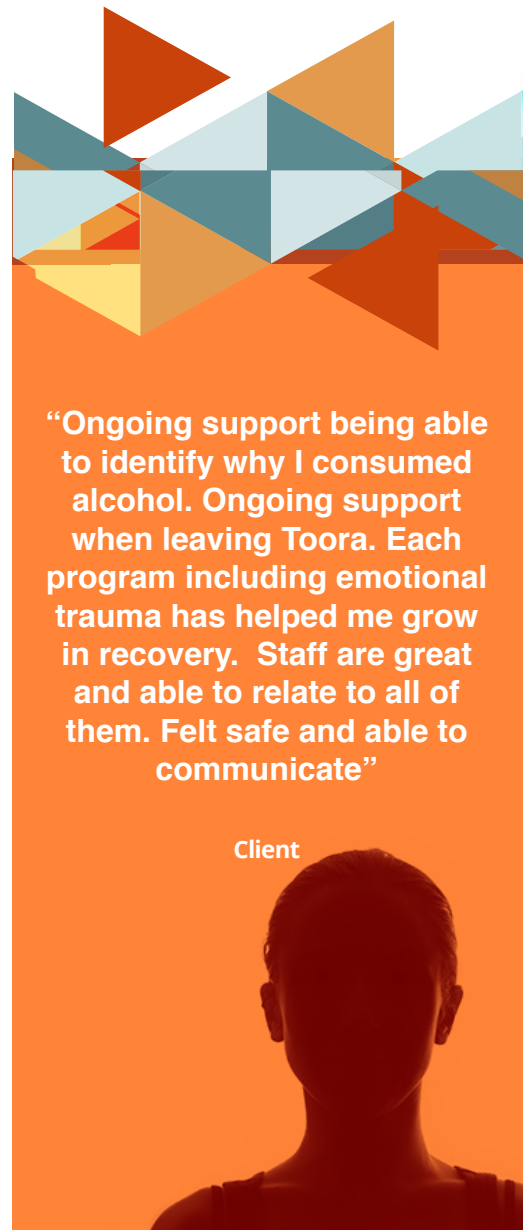
Key trends

The service completed 92 comprehensive assessments on 88 different clients. The assessments reported that the primary drug of choice is methamphetamine (33), followed by alcohol (28), cannabis (18) heroin (10) and buprenorphine (1). Also 73 of these clients reported using Nicotine. This is different to the counselling service findings who identified that alcohol was the highest primary drug of choice. This may reflect that those with methamphetamine use find it harder to stay in counselling treatment due to the type of substance used.

The data collected also highlighted the consistent findings that women with substance abuse issues have usually experienced a traumatic life event where the AOD use is a coping mechanism in response to the abuse and not necessarily a causal factor. The graph below shows the number of women had experienced and reported one or more traumatic life events.

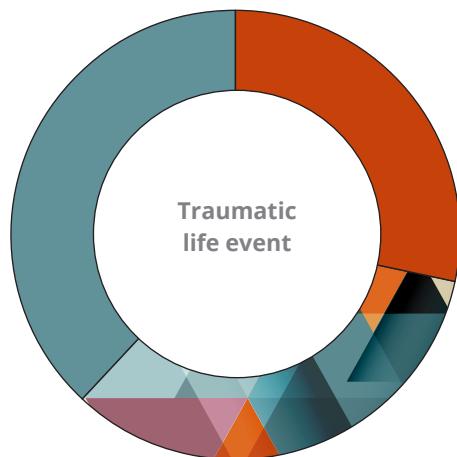
Of the 92 assessments completed, 75 clients reported unemployment. The most common age range for clients accessing treatment was 26–35 years old.

Lesley's Place had a lot more contact with children in the residential service over the last 12 months which also increased engagement with Child and Youth Protection Services (CYPS). This year seven clients reported being pregnant at the time of assessment, with three of these entering residential services. Other children had been removed from their mother's care so staff assisted in organising supervised visits with the children visiting onsite. This has been beneficial for the clients as they can have the children in their own space and it has also strengthened relationships between CYPS and our AOD Service.



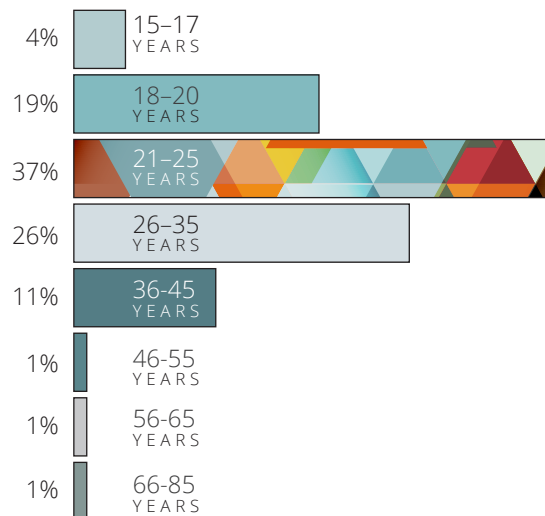
“Ongoing support being able to identify why I consumed alcohol. Ongoing support when leaving Toora. Each program including emotional trauma has helped me grow in recovery. Staff are great and able to relate to all of them. Felt safe and able to communicate”

Client



- 58 Sexual abuse
- 68 Traumatic event
- 77 Domestic violence

Percentage of clients in each age range




Future directions

Due to the outstanding feedback from clients regarding the benefits of SMART Recovery groups (Self-Management and Recovery Training) we are training another worker to assist in the facilitation of these groups. "The SMART Recovery Groups run by Toora were also something I found and continue to find to be invaluable in the day to day management of sobriety". *Quote taken from Community Client testimonial.*

Rebecca Wood

Director, AOD and Clinical Services



"The Toora staff, accommodation and program content is the best I have ever encountered in my 30 year battle with PTSD, OCD, depression and anxiety together with alcoholism. I cannot speak highly enough of this extremely important community"

Client



Toora Counselling Service



S N A P S H O T S

Toora Counselling Service

Supports women with complex issues who have experienced past or present traumas, such as the impact of their own or another's drug and alcohol use, domestic, family and sexual violence, mental health issues, homelessness and the ACT.

“I am in such a better place and I’m so grateful to my counsellor for teaching me skills to recognise and manage my feelings.”

Client

“Having my counsellor to talk to has given me more confidence in who I am and has helped me in my daily life. Thank you for all your help”

Client



Thank you

I am truly proud, as the Director of this Service, to applaud the outstanding achievements of Toora’s Counselling Service over the last year. The Service has continued to grow from strength to strength, thanks to its hardworking and dedicated Counsellors. With the Counsellors’ drive to self-improve and their passion for their roles, clients accessing this Service receive the best quality treatment and supports possible. Clients have reported numerous times to the Service that without these supports, they would not be here today to tell their stories. A heart-felt thank you to this team.

Service innovations

The Service farewelled Karin Woods in December 2017 and welcomed Suzanne Storrie the following March. Sue, formally a case coordinator in the Toora AOD Service, brings with her extensive individual and group counselling experience gained from her years of counselling in various settings in New Zealand. Sue is trained and experienced in Acceptance and Commitment Therapy, which she regularly uses to help her clients.

Both counsellors are degree qualified and maintain memberships with relevant professional bodies. Our counsellors attend regular clinical supervision and training. This year, Ashleigh’s personal development efforts were focused on advanced Motivation Interviewing Skills and Cognitive Behavioural Therapy, along with training in Domestic and Family Violence (DFV) response. Ashleigh and Sue’s combined skills and knowledge offer supports to clients from all backgrounds.

Ashleigh and Sue participated in preparing the Counselling Service for accreditation with Quality Innovation Performance Ltd in April. The accreditors provided extremely positive feedback about the Counselling Service and it passed accreditation with flying colours. Ashleigh also assisted Rebecca Wood with the new AOD Service brochures, the new Toora AOD Service Model of Care document and the upcoming new Toora AOD Service Website.

Key trends

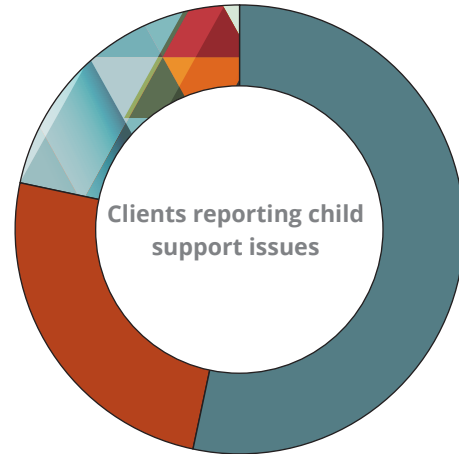
Alcohol continues to be the primary drug of choice for women accessing the service, followed by Methamphetamine. Many women are poly drug users, therefore using more than one substance. The chart below shows a breakdown of client's primary drug of choice recorded from July 2017 to June 2018.

Data for this reporting period is consistent with our previous data, which shows high levels of women who attend our service are experiencing or have experienced domestic and family violence (DFV). Out of 23 women between July 1 2017 and Dec 31 2017, 16 (70%) reported having experienced DFV and this increased to 19 out of 23 clients (83%) between Jan 2018 and Jun 30 2018.

Data for this reporting period highlights the impact of DFV on our clients and shows that many are struggling with issues around their children and many have involvement of child protection services. Clients overwhelmingly want to remain primary caregivers for their children and often struggle to gain the correct support to do so.

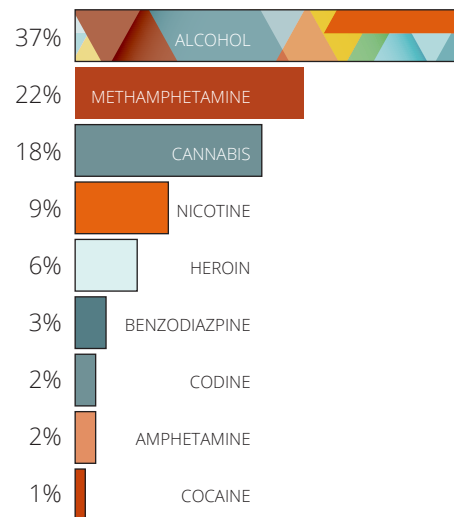
The data shows nearly half of the clients have CYPs involvement and over a third have had their children removed. Extended supports are needed for these clients in the form of more flexible treatment and recovery options, supports for escaping from DFV, obtaining safe housing, extended counselling for improved coping and emotional regulation, and parenting courses.

The Healing Trauma Group has continued to run periodically throughout the year to support these clients with DFV. Clients report suffering trauma, with this leading to their AOD use. This program has run three times this year and has had 50% graduation rate with some extremely positive outcomes. All the clients attending the Trauma Groups felt their goals had been met. Clients began to understand the link between abuse and the ways individuals use alcohol or other drugs as a way to cope with abusive relationships. All clients would recommend this program, with one very enthusiastic about the group.



- 29 Clients with children
- 17 Child and Youth Protection Services involvement
- 10 Child/ren removed from care

Primary drug of choice



“More appreciative of myself and I feel stronger mentally and physically. I feel safe to talk about what is on my mind ”

Client



Future directions

Karin and Ashleigh noted last year that shame is a common issue for clients in the service and they started working on gathering data through the TOSCA -3S shame, guilt and blame scale to obtain a numerical representation of shame experienced by Toora Counselling clients in order to implement Connections Shame Curriculum, by Brene Brown. Unfortunately, the TOSCA - 3S was deemed unsuitable to continue using with clients as some of the questions asked were misleading or not appropriate. It was decided due to this and the fact that the service was operating with a sole counsellor for a while, that this project will be held off until more time can be spent researching a more appropriate data gathering tool.

With the counselling data for this reporting period showing that many clients are struggling with issues related to child protection services, the service is looking at ways how we can incorporate better understanding for these parents of the effects of separation on the child. The service aims to help mothers understand this from a child's perspective with a more child-centred approach and help them learn how they can care and nurture their children, building better communication, decision making and problem-solving skills. The service also hopes to secure funding for a child and family specialist counsellor through various funding submissions.

Rebecca Wood

Director, AOD and Clinical Services

“I have the tools knowledge and support to get back on track and feel confident. My life has changed astonishingly since giving up drinking and my counsellor has gently and consistently guided me through the many sources of challenge, resentments grief and shame that have come up. I am so very grateful to my counsellor and Toora for providing this incredible support.”

Client





Treasurer's Report

The year ending 30 June 2018 has been another challenging year for Toora Women Inc (TWI) finances. TWI is always finely balanced between being profitable and making a loss. To this end, the Finance Committee meets every month to review TWI's financial position. The Finance Committee consists of the Treasurer, the Executive Director and the Financial Controller. 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 TWI's strategic direction.



- 60% Domestic Violence and Homelessness Service
- 28% Alcohol and Other Drug Service
- 1% Donations
- 10% Rent
- 1% Bank interest & other income

Where the Money Comes From	2017-18
Domestic Violence and Homelessness Service	2,880,408
Alcohol and Other Drug Service	1,359,945
Donations	34,255
Rent and other contributions	483,517
Bank interest & other income	71,921

Most of the income that we generate comes from Government grants, so the Finance Committee is looking at finding new sources of income going forward. Late in the financial year we were advised that we had been underpaid by approximately \$49,413 for our Equal Remuneration Order funding for 2017 and 2018. It was received too late to be expended in 2018 so has been carried forward into the current year.

Where the Money Goes	2017-18
Wages and employees benefits	3,439,574
Property expenses (including offices rent and maintenance)	574,517
Admin and operating expenses	711,031

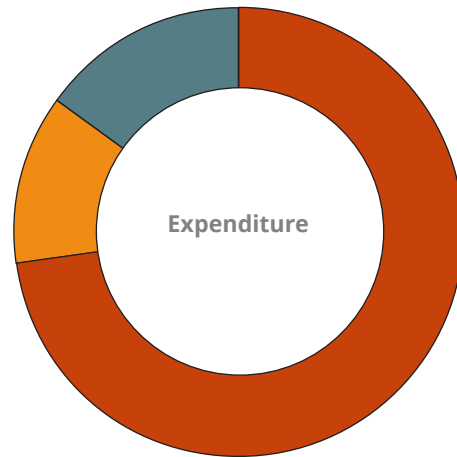
Whilst most of our income comes from Government Grants, most of our expenditure is on wages and employee benefits. There is not a lot left for all our other costs, so we have to budget carefully and make sure that we are carefully controlling our expenditure.

The budget process is now more streamlined with the 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.

The Finance Team has been increased this year to deal with the additional work that becoming a community housing provider has caused as well as the additional work caused by expansion of our services. I would like to thank the Finance Team for their hard work and dedication whilst dealing with these financial changes as well as the changes caused by new software programs and the changes resulting from moving to the cloud.

My thanks to the auditors for their assistance particularly as to the best way to deal with a change in accounting policy so that the accounts are consistent.

I would also like to thank all the TWI staff for all their hard work in making TWI the financially sound



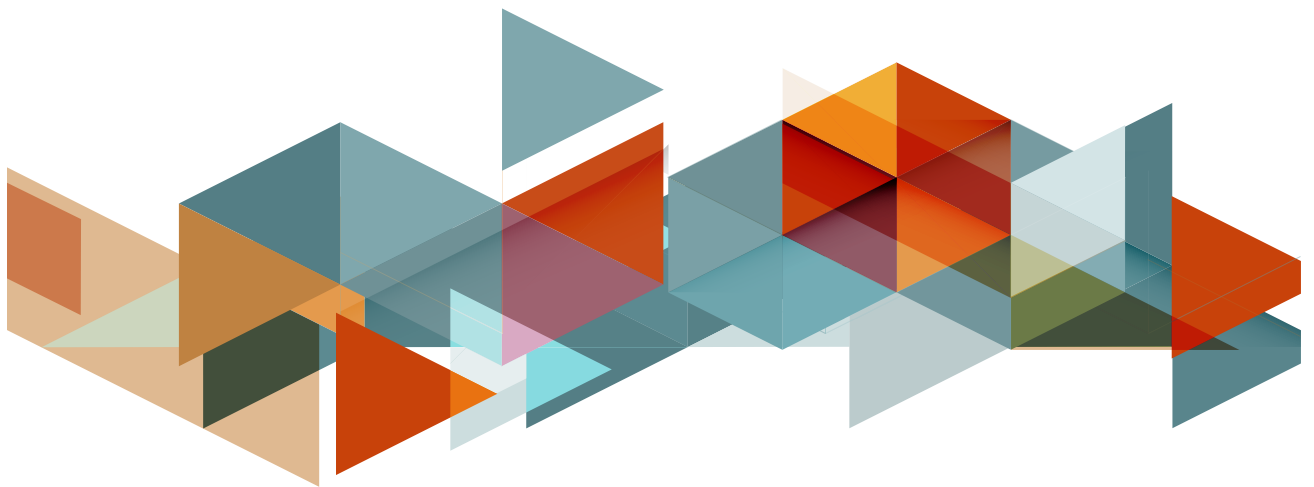
- **73%** Wages and employees benefits
- 12% Property expenses (including offices rent and maintenance)
- 15% Admin and operating expenses

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 since Board members had financial refresher training recently there is a much clearer focus on matters financial.

In summary this has been another good year for TWI 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 sight a copy of the audited accounts please contact the Finance Office at Toora, 6122 7000 or email bookkeeper@toora.org.au

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

Report on the Audit of the Financial Report

Opinion

We have audited the accompanying financial report of Toora Women Inc (the association), which comprises the statement of financial position as at 30 June 2018, 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 Inc 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 2018 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 INC

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 1st day of November 2018





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