contents

our vision 02
presidents report 03
executive directors report 04
new developments 06
programs & services 11
the family unit 18
cald program 22
glbtiq report 25
financial reports 27
auditors report 28
staff & members 29

our vision

Every person who attends any of our programs or services will be encouraged and supported to enjoy positive connections with their peers, their family and their wider community.

mission

Building better relationships by:

1. Utilising a public health perspective ensures our efforts have both the dimensions of focus and spread as appropriate, and allows us to embrace the spectrum of interventions from prevention and early intervention through to clinical interventions. Our intention is be responsive to the diverse and changing needs of families and communities
2. A commitment to social justice and to supporting communities in taking action to address family and community needs. This will be done through community development programs, and group work programs.
3. The whole practice of the agency will be based on evidence informed practice, incorporating research undertaken by ourselves as well as connecting to other evidence bases.
4. Making a contribution to the development of the welfare sector through the dissemination of programs and practice via education and training.
5. Establishing and maintaining networks and partnerships to meet complex and changing needs. We aim to build the resource base of individuals, couples families and communities by strengthening their capacities and by assisting them to enhance their own networks and partnerships.

We aim in particular to work with those in the community considered socially marginalised or resource poor in order to lessen the impact of social exclusion.

Drummond St Relationship Centre (since 1966), formerly the Charity Organization Society(18887-1947) and the Citizen's Welfare Service of Victoria (1947-1996), has a remarkable history as one of the longest serving welfare organisations in Victoria. An examination of its history not only provides a unique historical account of its role in the development of welfare and social work practice but also traces the major social issues and events which impacted on the lives of Victorian families for well over a century. Throughout its history, Drummond St Relationship Centre has had a proud tradition of independence of thought and action, supporting and calling attention to the lives and needs of those who have been “voiceless” in our wider society. This independence has allowed a distinctive role in advocacy and success in numerous instances of charity and government policy reform. In so many areas of social work practice its origins can be seen within the documented history of this organisation and the services it has developed and delivered.

The values that underpin all aspects of our work:

leadership

In the face of social, economic and cultural change, our longevity as a leader in the provision of welfare rests in our unwavering commitment to respond creatively to the changing needs of families and communities.

client centred

DSRC'c services and practice are developed and delivered on the basis of our client's needs, strengths and aspirations.

safe & secure environment

DSRC provides a physically and emotionally safe secure and supportive environment, ensuring the privacy of all those who use our services.

diversity

DSRC"s services and practice are appropriate and responsive to the diverse, complex needs and backgrounds of families in our community.

professionalism

DSRC maintains professional standards of service delivery. We employ highly committed professionally trained and qualified staff, who are enthusiastic about their work with individuals, groups and families.

quality & transparency

DSRC ensures it delivers the highest quality of services and practice. Our work is founded on research, practice wisdom and the voice and needs of our clients.

inclusiveness

We deliver equitable services promoting all families needs. We take extra care that access by families that have something different about them is encouraged and promoted in an equitable manner.

value & innovation

DSRC will utilise it's resources with intelligence by adding value where existing services are appropriate rather than duplicating and we will aim to innovate where service gaps or deficiencies exist.

president's report

I want to acknowledge the past year with a "well done" More has been achieved than any of us believed possible. Everyone has gone "the extra mile" and has taken a lot of risks into unknown territory. Thank you Karen, Helen, Lyn, Reima and all the staff

a new foundation is laid

Soon after our "new" CEO Karen arrived she began talking about our history. She began to enthuse people about our past: innovative service provision; a strong voice for social justice; firm roots in community. This past has been reclaimed amidst a very challenging service provision milieu. Karen quickly rose to the challenges of these changes: a broader range of interventions essential to the needs of a complex and diverse community; the risk of a single source of funding; the continuing, almost ceaseless reorganization of the public sector.

We had to become lean and mean but Karen has drawn around her a team of senior staff with diverse skills, firstly on a part time basis, with their hours expanding now as we have grown.

All this gives you a glimpse of the way we need to operate. The planning has to be strategic; staff has to be committed to hard work and facing hard decisions; service provision and administrative staff have had to develop skills for a much larger variety of responses to client needs and to government imperatives.

One of my joys is to see the word "prevention" back into the language of service provision. We are increasingly able to work with an educative, counselling and community development approach to support and enrich relationships: between family members; between communities; with marginalized groups and individuals. This is happening on an organizational level also in our huge new project which provides services for the African community. This is captured by our newly developed "contract" We are the lead agency, the funded agency but are working with a large Community Health Centre, another venerable agency, a Municipal Council and no less than four African communities. So from a small but strategic employment of an African worker several years ago our expertise has been acknowledged by funding for this project. We have entered the "new age"

This can only be a beginning as the path ahead will demand a responsive, energetic agency willing to do the hard things and respond to the needs of a constantly changing client group and funding systems.

Our new foundation has also involved an upgrade of our internal operations. Our property, a great inheritance from our past, has been upgraded; our risk management has been overhauled; our financial, administrative and client intake and record keeping and data base is in good shape.

This year has demanded maximum output from us all. I want to thank the staff for the willingness to engage in the challenges of the year. The morale feels in good but this has not been achieved without pain as some of the old has had to be abandoned, the familiar has had to expand into the unfamiliar and increased responsibilities have been taken on.

This new "world" has been demanding for the Board too. We have recruited new members with a wider skill base and this has continued into our recruiting of new Board members for our coming year. The complexity of Board tasks has also been reflected in our decision to increase the size of the Board. The Board will continue to review the skills and the contribution of Board members as we continue to respond to changed tasks. Board membership is not for the faint hearted.

Thank you to our current Board members, to Georgina Hughes, Mark Evans and Caroline Streeter who have resigned during the year and to our new recruits who have caught the vision of our work.

JOHN SMITH
President DSRC

executive director's report

Well it is hard to believe that I have been at DSRC for over 12 months now. As the Executive Director, I was entrusted with the responsibility for the stewardship of the organisation its 119th year at a time when the family law sector was undergoing major reform and we faced a number of challenges. To say that we have had an enormous year would be an understatement. Much has needed to be done both at an infrastructure and service provision level and this has been guided by a process of reflection and strategic planning. I strongly believe that a critical task of any Executive Director is to not only carry an organisation forward, ensuring its relevance, vitality and sustainability, but also to honour its proud past, its contribution to welfare services and its longevity. This is even more important when you consider that DSRC has a history which few not for profit agencies can boast. I recall in my early days at the organisation I came across an historical report which was commissioned in the organisations century year.

> Drummond St Relationship Centre (since 1966), formerly the Charity Organization Society(1887-1947) and the Citizen's Welfare Service of Victoria (1947-1996), has a remarkable history as one of the longest serving welfare organisations in Victoria. An examination of its history not only provides a unique historical account of its role in the development of welfare and social work practice but also traces the major social issues and events which impacted on the lives of Victorian families for well over a century.
>
> Throughout its history, Drummond St Relationship Centre has had a proud tradition of independence of thought and action, supporting and calling attention to the lives and needs of those who have been "voiceless" in our wider society. This independence has allowed a distinctive role in advocacy and success in numerous instances of charity and government policy reform. In so many areas of social work practice its origins can be seen within the documented history of this organisation and the services it has developed and delivered.

From its foundation as an organiser of welfare we see the use science to inform our practice, the origins of family case work practice, program development in response to community need, innovation, a commitment to professionalism and education, and a voice for the "voiceless". It struck me at the time that this unique journey provides a rich framework for our thinking about and planning our future. Whilst many not for profit agencies struggle to maintain their organisational identity as they negotiate the new pressures in welfare provision and a changing more complex client group, our work of the past 12 months has been made easier by being guided by these foundational principles.

At an infrastructure level, we now have a sound platform for maintaining and/or expanding the scope of our service development and delivery. From safe, secure and welcoming facilities for the delivery of counselling, groups and community education programs, to building the capacity to capture rich client data which informs both our program evaluation and development efforts.

We have administration systems which are robust and ensure accountability and staff base of skilled, committed and energetic professionals.

Once this work was completed, the task began of examining our programs and services in the light of community and family needs, the evidence base and context of funding opportunities. This included an examination of barriers to service utilisation such as people's capacity to pay and access to child care. There was some need for us to expand our funding base and better resource critical areas of work to ensure appropriate service model particularly in our work with the African Community. You will see from our program reports and new areas of program development the fruits of this work. We have consolidated our individual, couple and family counselling program which has gone form strength to strength with increased capacity to work with the whole family and respond to complex needs such as mental illness. This includes the delivery of specialist therapeutic groups in relation to specific issues or needs. In order to better respond and support families early we have developed our Family Unit which delivers community education and parenting groups. We have been successful at gaining funding to deliver community capacity building programs for the African community which aims to assist them with the settlement process and ensure they maintain their connection to family and community. Our work with the GLBTI community has continued to develop to include participating and supporting community initiatives, the employment of gay and lesbian counsellors and delivering parenting groups.

At a broader level, we have been very committed to maintaining DSRC's role and leadership in increasing the sectors understanding of the needs and issues impacting on families and family connection, and evidenced based models and practice. We are currently leading a discussion with a number of partner organisations in relation to the establishment of a virtual collaborative research centre (CRC - see image). Most not for profit organisations have limited capacity and resources to undertake research and program evaluation on their own. The CRC model would provide a vehicle for a collaborative evidenced based program and practice development and evaluation, applied research and dissemination including collective advocacy and education and training for the sector.

These are all exciting initiatives and none would be possible without the passion and enthusiasm both at the Board and staff level. My sincere thanks to the Board for their patience, support and energy throughout the year. I especially want to thank Roslyn, Joan and Alun (the Executive) for their guidance and practical assistance.

To my Management team (Helen, Lyn, Reima, Leanne and Michelle) you all bring to the organisation the diversity of knowledge, skills, experience and energy required to take DSRC on its next journey. This has required a huge amount of effort and, strategic thinking and attention to detail and as they say, “the proof is in the pudding”.

To the clinical team and administration staff, thank you for your diligence, honesty, patience and ability to embrace change whilst at the same time maintaining a quality service to our clients.

I especially want to thank Helen (the Deputy ED) and Michelle (Executive Assistant) who have given me tremendous support in this new role.

Karen Field
Executive Director DSRC New Developments at DSRC

new developments at dsrc

new developments at dsrc

responsive programs for dads

Parent training is seen to be an important part of a comprehensive prevention strategy, addressing a number of risk factors and enhancing a number of protective factors for children and young people (Communities that Care Prevention Strategies: A research Guide to What Works,1996). Effective parent training provides information and skills specific to developmental ages, to help parents to be more effective in raising their children. Effective parent training helps parents set clear standards for behaviour and promote bonding by increasing opportunities for children to be involved in the family, as well as increasing their skills and recognition for involvement.

The Fitting Fathers into Families report by Department of Family and Community Services (1999) indicates fathers are still often excluded from mainstream family services and cites research indicating that education and support programs specific to fathers are effective in helping them to adopt a more active and competent role in parenting (p.23). The 'Inviting Dads In' workshops (2002) study lists strategies which have been used by services to promote engagement of men and these include:

- Activity-based groups for men with ongoing support; incorporating a social component to the service, for example, an outing or BBQ;
- Working with other services to share resources;
- Providing after-hours services;
- Responding further to the needs of men already accessing services;
- Using male-friendly language in promotion;
- Employing male staff and pursuing male students and volunteers.

In the past12 months DSRC has undertaken a review of its programs and services in relation to the engagement of men. Like many Family Relationship Service Programs our male client numbers were a lot lower than female service users (2004-2005 around 35% men). We have developed a number of strategies to increase men attending for clinical programs and parent education groups. This includes offering childcare sessions so that both parents can attend, redesigning our marketing and promotion materials strategies in order to ensure they respond to the needs of men. In addition, DSRC has developed a specific program "Have a Go", which provides an innovative model of practice for engaging and providing parenting and relationship support to men in our communities, utilising an appealing and male-friendly medium.

aims of "have a go"

- To assist men to strengthen their relationships and connections with their children, as a protective factor for their children
- To educate men about their children's developmental stages, their needs in relation to different temperaments and personalities and gender issues which need to be taken into account
- To provide fathers with practical strategies for communicating better, building strong relationships with their children ad setting effective boundaries
- To create a more supportive community of men who feel valued, empowered and competent in their roles as men and fathers
- To increase community capacity to engage men, including men and families at risk, in support for family relationships

"HAVE A GO" is an innovative project designed to harness our community's available positive male role models (those who are active involved fathers) and match these mentors with fathers who need assistance developing their parenting skills. The program would suit men who find that as their children grow into adolescence maintaining the relationship is becoming harder, fathers who need assistance sharing interests and relating to their daughters, and separated fathers who find they are isolated , unsure of how to entertain , communicate effectively or set boundaries during periods of contact with their children. This program integrates positive parenting and health promotion messages into a fun outdoor activities schedule so that rather than asking men to attend formal parenting classes they can learn 'on the job' and be supported by other fathers.

other dads as mentors

From health promotion research and frameworks, mentoring consistently emerges as significant. It is known to address two of the critical prerequisites for health and wellbeing.

In the "HAVE A GO" Project, mentors are supported to work intentionally to build the skills and experiences of mentorees in the following areas:

1. Community Male Mentors model prosocial behaviour and supportive sustainable relationships. They are "real" people who are fathers who are linked to "real" community resources in the same local area of the men and their children;
2. Mentoring increases community participation and responsibility in addressing the long-term health and wellbeing of men and their children.

new developments at dsrc

The Resiliency and Risk and Protective Frameworks offer a theoretical understanding applicable to the aims of this project. With regard to increasing and enhancing protective factors for the men and their children research indicates that the following factors appear to be critical:

- Individual characteristics – resilient temperaments, positive social orientation and connection and the mastery of social and emotional competencies including life, relationship and parenting skills.
- Bonding – children and young people need to have strong and positive attachments to family members, teachers and other adults. This project enhances their relationship with their fathers and other male role models from the local community.
- Healthy beliefs and clear standards – in order for bonding to occur the adults with whom children establish and maintain attachment need to have and model healthy beliefs and a sense of optimism about the future. This requires working with dads to increase their own health knowledge and skills including positive thinking, seeking help and support and healthy behavioural choices.

an integrated approach to family violence

Despite the increasing prevalence and knowledge base of the effects of family violence on female victims, children and perpetrators, research shows a lack of successful interventions. Evidence is clear with Family violence being linked to a range of negative health outcomes for adults and children. Interventions tend to be tertiary, where violence is serious/entrenched, with poor outcomes for victims and ineffective for perpetrators. On average, it can take up to 6 years for a woman to leave and is the leading cause of death and disability in women 15-44 years in Victoria. Service providers struggle to deliver programs which identify and intervene in family violence especially where couples want to stay together and want the violence to stop. The family law sector must focus more on early intervention to prevent higher numbers of family violence cases rather than a focus on attempting to ameliorate the trauma of living for years in violence and Men's Behaviour Change Groups, "after the horse has bolted". DSRC and its partners Family Life, City of Melbourne – Family Services, Commmunity Connections and University of Melbourne are currently seeking funds to develop and trial a new model "Just Families" which is innovative as its focus is at the early end of the family violence intervention spectrum by identifying vulnerable families, keeping families healthier and addressing the issues which cause vulnerability.

This project will involve the multi-site evaluation of a best practice model for the early identification and intervention for families either vulnerable, at risk or who have experienced family violence. By intervening early in areas which alert to the risk of family violence, we are able to also diminish the onset of other health risk behaviours including suicide, mental illness, drug and alcohol, and anti-social behaviour to name a few.

The primary aim of this project is the development of an intervention model which will reduce the prevalence and outcomes of family violence. The following objectives are key to achieving this:

1. Development of indicators of vulnerability to family violence.
2. Training of Maternal and Child Health Care Providers to take part in the screening component of the program. Evidence is clear that families are most at risk to family violence in the first 12 months of a child's life.
3. Development and trial of a Family Violence early intervention model including evidenced based components.
4. Disseminating the program model and tools to the field to ensure sustainability of the model. Including the development and delivery of curriculum and evaluation tools.

family violence
prevention & early intervention project

The model proposes the development of a two-pronged prevention and early intervention model which can identify and assist families who are at risk or vulnerable to family violence as a risk factor for suicide and other mental health issues. There are two key components of the intervention model:

1. **Identification of at risk or vulnerable families.** This may include family violence which may have crossed the legal threshold however, the couples are adamant they want to remain together but want the violence to stop (Commonwealth Australia, PDAV, 2003). Assessment and screening needs to be able to pick up on the nature and severity of that violence (Ramsey et al, 2002) and provide education and support information to the women. This component of the model would involve development/ identification of screening and assessment tools for use by Maternal and Child Health Nurses and others in contact with potential at risk vulnerable families, including primary health care providers. It may also involve the delivery of Community Education and info re: Pathways to Specialist Programs and Services at the Tertiary End. A specific training program will be developed and delivered to Maternal and Child Health Nurses from each Centre

   Those families who are identified as meeting the early intervention criteria and are therefore amenable to intervention will be referred to the Early Intervention Program.

2. **Early Intervention Program**

   Just Therapy & Family Group Conferencing

   Underlying Principle: The Safety of Women & Children is paramount and informs all decisions

   This project proposes the development and trial of an early intervention model which will encompass a co-operative, consensual approach to working with families to help them change behaviour when it is unsafe, and preserve the family unit wherever possible or to restore/maintain a safe, healthy connection where not (Waldegrave, 2006).

   The model will integrate and be informed by a range of evidence based approaches including the family violence approaches for both women and child victims and male perpetrators, therapeutic counselling and group work, "Just Therapy" (Waldegrave, 2005) and; Family Group Conferencing and Restorative Justice principles, government policy and legislative frameworks. The following components of the project model will set it aside from existing Tertiary services. These include:

   - A comprehensive evaluation design to develop the evidence base in an innovative area of practice.
   - Incorporating a restorative justice framework aimed at healing the damage that has been caused by male violence, to involve those most effected by it, the women and child victims, in determining appropriate responses to it and to make things safer and better for the victims and the perpetrators.
   - Providing women and children with appropriate (including developmental assessment and intervention for children) holistic, strengths-based therapeutic interventions.

     This includes individual work in the form of counselling, emotional and general support, group work focusing on assisting women to understand violence, become self aware, shared experiences and helping women to move on (United Kingdom Home Office. Tackling Domestic Violence, 2005: Abrahams, 2005).
   - Utilising an inquisitorial approach - this includes assessing the influences and causes of male destructive and violent behaviour addressing them with therapeutic and educational resources. This includes utilising and developing further safety indicators for assessing perpetrators and their progress towards taking responsibility for their violence.
   - Identifying and garnering extended family (kinship) involvement by utilising the Family Group Conferencing approach provides the means to mobilise support, assess and monitor ongoing safety of the women and children. This can involve women & children, the male perpetrator, community elders/leaders (Indigenous and CaLD families), extended family &/or other family support networks, who have intimate contact with the family and work towards the development of a family agreement.
   - Providing family therapy to help families become much more aware of the dynamics between them and create new and positive cycles of behaviour and relationships.
   - Applying a "strengths-based" approach to rehabilitating the perpetrators whilst accepting responsibility for their violence and helping families to live safely through the process. This includes work with male perpetrators and women who are violent to children.

new developments at dsrc

education and training unit

the need

There is a pronounced need in our society for more effective interventions for people dealing with common problems like addiction, anxiety, aggression and family violence. Currently workers in the field undertake health promotion activities, try to prevent health risk behaviours or intervene early in a number of settings – individual, school/work, and community. However workers have very few models for effective interventions at a family level (Toumbourou & Gregg 2001). If this work does occur it is usually done by experienced individual workers with little chance for dissemination, or on an ad hoc basis by those trying different approaches with little training or support. Of course there is family therapy which is effective for those families who actively seek such help. But what of the families who stand by, unsure what to do when their children stray into unhealthy behaviours, their partners drink at dangerous levels or violence occurs in the family. Commonly people with problems will eventually "go and get treatment" for their problems, the challenge is to ensure that this can be transferred long term into the contexts in which they live. When workers engage only with individuals they overlook the importance of the family as primary supporters, enablers and monitors of people's behaviour.

The research is clear and gives us examples such as the fact that most young people who are fostered return to their original family connections when they leave care (NYA Leaving Care Report, 1999). Prisoners who leave jail and have supportive families involved in their rehabilitation have a much lower rate of recidivism (Pathways to Prevention, 2001).Women with post natal depression fare better when their families are actively involved in their recovery (beyond blue 2006). It is critical to intervene with families because of the number of risk factors leading to the onset of problems like drugs, mental illness and violence lie in the family arena – strong family attachment is the key to better health and welfare outcomes (Catalano & Hawkins 1996).

building on what as been achieved already

Communities, families and individuals need workers to take a much more proactive approach to involving family members in health and welfare interventions. The family setting is critical as a point of intervention, whether we are focusing on the up stream determinants of many health risk behaviours – such as health promotion, prevention and early intervention programs or at the treatment end where family connection is critical to both achieving treatment change and maintaining that change for an individual. DSRC is seeking to develop a key partnership with organization who have been developing successful interventions at the family level.

The purpose of the partnership will be to disseminate this work via curriculum and thereby equip workers in the health and welfare field with accredited qualifications, better enabling them to intervene effectively at a family level. Research tells us that this is paramount if we are to successfully address the problems of individuals (such as mental illness, substance abuse and domestic violence), strengthen families and improve outcomes for children (Hawkins, Catalano & Miller, 1992).

This multi sectorial approach will enhance each sector's capacity to develop and deliver family interventions and training. The Partnership will design the structure of the initial short course and suggest the most effective models which will be of the most practical use to workers. The following key principles inform all of DSRC programs and services:

1. DSRC's core business is to facilitate programs and services which strengthen families' connection and protective capacity whilst responding to risk and vulnerability.
2. DSRC has a participative approach to program and service development which incorporates client feedback and needs.
3. DSRC develops and contributes to evidence based programs and practice.
4. DSRC has a commitment to ensuring equity of access and minimising barriers to all programs and services.
5. DSRC programs and services will both ensure specialist services to meet the complex and special needs of some families.
6. DSRC will attempt to add value to existing community programs and services rather than duplicating existing services.

programs & services 2005/2006

programs & services 2005/2006

The following key principles inform all of DSRC programs and services:

1. DSRC's core business is to facilitate programs and services which strengthen families' connection and protective capacity whilst responding to risk and vulnerability.
2. DSRC has a participative approach to program and service development which incorporates client feedback and needs.
3. DSRC develops and contributes to evidence based programs and practice.
4. DSRC has a commitment to ensuring equity of access and minimising barriers to all programs and services.
5. DSRC programs and services will both ensure specialist services to meet the complex and special needs of some families.
6. DSRC will attempt to add value to existing community programs and services rather than duplicating existing services.

Programs and Services fit within four areas, in addition DSRC provides adjunct services including Child Care and Outreach Support and an Education and Training Unit which includes.

CURRENT

clinical/therapeutic	family education	community development	specialist/special needs
Individual, Couple Counselling	Community Education Seminars (Parenting)	CaLD Programs African Families • Kuusa Project • African Women's Programs (Parenting and Sew What)	First Wives Club (Separated Women)
Family Therapy	Baby Makes Three (first time Parents)	GLBTI • Counselling • Parenting • IVF/AI	Isolated Women Support Group
Family Counselling/Therapy	Tantrums and Tiaras		Women whose husbands are gay
Child & Adolescent Counselling	Parenting 5 -12		
	Parenting Adolescents		
	Conflict in Relationships		

ADJUNT SERVICES & PROGRAMS

Child Care and Family Support

- Child Care Sessions • Family Support Worker • Parenting Infants Outreach – first 12 months
- Child Educational and Developmental Assessments and Planning – One on One with parent/s

Education and Training Unit

- Delivery of Specialist training and education • Student Unit and Internship via University of Melbourne Partnership

Research and Development

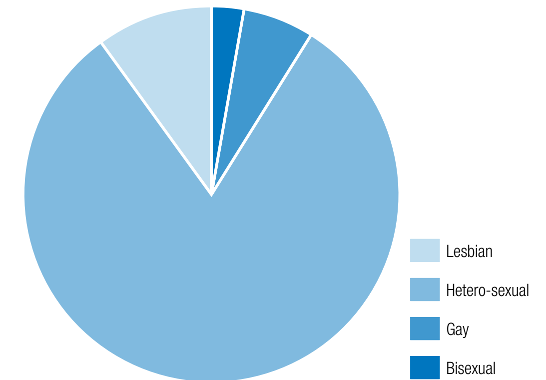
- Applied research, program and practice development and program evaluation.

UNDER DEVELOPMENT 2006 - 2007

clinical/therapeutic	family education	community development	specialist/special needs
Just Therapy • clinical trial Family Violence Project and Family Group Conferencing	Prevention • Ante Natal & Maternal and Child Welfare • Family Violence Project	Men and Relationships Heroes • Mentoring and Adventure Program	DARE Program (beyondblue the National Depression Initiative our Evaluation Partner) three groups (one for consumer and relations, partners and relations, and consumers and parenting)

programs & services 2005/2006

client sexuality



clinical programs

This has been an enormous growth year for our clinical programs having serviced 929 new clients throughout the financial year. Our clinical work includes counselling services for individuals, couples, family therapy, and counselling sessions for children and young people. We delivered well over 5000 clinical sessions and achieved a 80 – 85% attendance rate.

Of interest is the increasing complexity of our client group which reflects research findings in relation to families including:

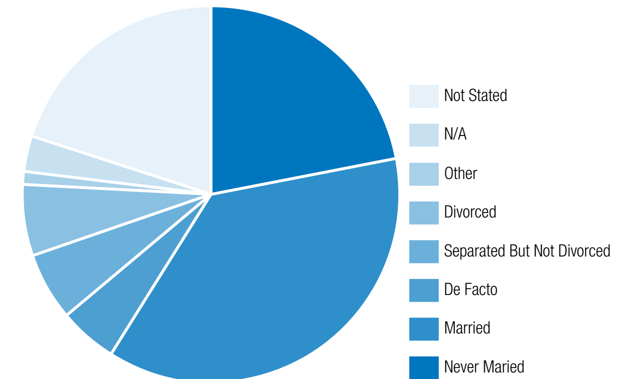
- Increasing numbers of women and children experiencing abusive and violent relationships suffering with mental health issues [One in five Australian women experience violence at some time in their lives (ABS, 1996a). Violence is the leading cause of death, illness and disability in Victorian women aged between 15 – 44 years. One in four children in Victoria has witnessed intimate partner violence (OWP, 2002)].
- Increasing men's relationship issue needs, including anger management, family violence, and parenting/ access issues (Rodgers and Pryor, 1998)
- Co-morbidity of drug and alcohol and/or mood [anxiety and depression] disorders (Robinson and Rodgers, 2003).
- Conflict and legal issues for separated couples regarding child living and access/contact arrangements. Increasing issues for child access and connection to fathers and co-parenting (Family Matters, 2005).
- Financial /unemployment/gambling stresses.
- Families with complex issues in crisis.
- Relationship life cycle transition issues [formation, parenthood, separation, step and blended formations, post separation relationships with parents, grandparents and extended family].
- Behavioural issues in children and young people linked to family conflict and violence, separation and grief and loss.
- Increasing numbers of young people overwhelmed by caring for parent[s] with emotional, grief, financial burdens from family violence and 'bad' separations.
- Increasing numbers of women who are isolated, have low self-esteem and depression and/or generalised anxiety.

We have increased and enhanced our therapeutic services to include:

- Individual and Couples Counselling
- Child and Adolescent Counselling
- Family Therapy
- Intercultural couples counselling
- Specialist Counselling for Individuals who experience depression and generalised anxiety and drug and alcohol or who have complex issues.

This year we have reviewed our fee policy in order to provide affordable counselling, removing barriers for those families who have little or no capacity to pay. Currently 30% of our clients are health care cardholders and experience a range of health and wellbeing issues. The new fee structure is the only way these families will receive a service. Ina ddition, we have developed a Child Care service which has allowed many parents without access to childcare to attend both counselling and groups.

programs & services 2005/2006



specialist/ special needs programs

With the increasing complexity of client needs we have need to develop new therapeutic interventions and approaches to support a number client with similar issues. This includes delivered specialist therapeutic and support group. Often it is the shared experiences that group provide that is critical client not feeling isolate and alone. Specifically we have run:

- First Wives for Separated and Divorced Women.
- Women Discussion Group for isolated women.
- Support Group for Women whose husbands are gay.

family unit

Since December 2005 when the first group was established we have run 11 groups and 14 community seminars. A total of 361 participants have attended.

community seminars:

Because we know it is notoriously difficult to attract people into support and education groups, the DSRC free community seminars were developed. These act as a conduit to the groups; after someone has enjoyed a two hour seminar they are much more likely to sign up to attend an ongoing group. People also have an opportunity to hear about the values DSRC espouse and be reassured that their parenting style will not be judged harshly, that we believe there are many different ways of raising healthy children and having relationships and that we tend to favour an inclusive and humorous approach through which everyone is made welcome. This opportunity to test out our services is working well and most groups run with a maximum number of participants. For those who will never become group participants (for many people it's just not their style) the seminars provide a short succinct education session with practical strategies and a link to DSRC should they run into trouble and wish to attend counselling or parent support sessions. We have had a number of fathers attend the seminars, decline the opportunity to join a group, then return a few months later to see one of our counsellors about family and parenting issues.

The community seminars are attended by a diverse range of people including referrals from agencies dealing with high risk clients such as Melbourne City Mission and local mental health services to parents who are referred by their local secondary school, Maternal Child Health nurse or GP.

Community Seminars have run on the following topics since December 2005:

For most the demand was high enough to run multiple sessions.

- Parenting young adolescents (aged 12-16) – this has run twice
- Parenting older adolescents (aged 16 and over)- this has run twice
- Parenting toddlers (aged 1-4 years) - this has run twice at DSRC, 3 times at local MCH venues in conjunction with the City of Melbourne and once at a childcare centre in Airport West
- Conflict Resolution for couples

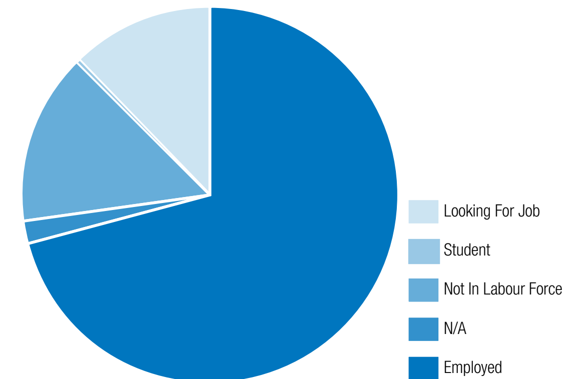
Helen has also worked with key women in the parenting field from the African community to deliver 3 parenting sessions with a theme of assisting children to resettle and build resilience in their new home.

group work

11 groups between 3 and 6 weeks in duration have run at DSRC since December 2005. Topics were:

- Enjoying your new baby (this ran twice)
- Parenting older adolescents (16 plus)
- Parenting young adolescents, using the Victorian Parenting Centre's ABCD program
- Parenting 5-12 year olds
- Women's Discussion Group (for isolated women)
- First Wives Club (for separated and divorced women)
- Parenting toddlers group (run with Glen Eira Council and MCH service)
- Parenting toddlers group run at DSRC
- Parenting adolescents where drugs and alcohol are a problem
- Lesbian Parenting

programs & services 2005/2006



community development

DSRC has expanded it services to CaLD communities in particular supporting the African Australians who come to Australia under the humanitarian entrants program. This work has culminated in a partnership with four local African Communities Groups:

- Somalia Community of Victoria
- Australian Oromo Community Association of Victoria
- Sudanese Multicultural Centre
- Eritrean Community of Australia

A partnership has also been forged with local service providers in particular:

- Doutta Galla Community Health Service
- City of Moonee Valley

This partnership aims to integrate services within the Kensington, Flemington and Ascot Vale areas and in Carlton a significant partnership with City of Melbourne – Family Services based at the Carlton Family Resource Centre.

The vast majority of African Australians have entered Australian via the Refugee/Humanitarian category. As such they are a visible minority who not only bring with them a range of mental and emotional health issues relating to their refugee experience but also have cumulative settlement experiences which result in a range of psycho-social issues.

In particular we are now seeing a range of African people with co-morbid psychological and social health issues including mental illness, drug and alcohol issues, early school leaving, unemployment, gambling, violence and anti-social behaviours.

These issues have received much media attention in the local area which serves to further alienate and isolate them from mainstream society and services. Research evidence from a range of sectors and focus groups run by the partner agencies with the African community including young people highlights the following issues:

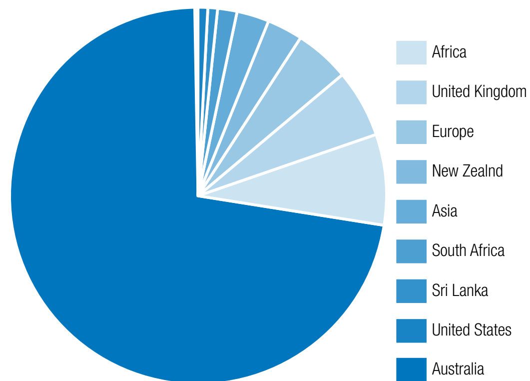
- A history of displacement from their homes, families and support networks;
- They are of non-English speaking background (NESB) and often come from rural communities to find themselves resettled in a large city;
- Single parent matriarchal family groups who have been either widowed or abandoned;
- Problems of inadequate accommodation;
- Family violence with young men being increasingly of concern;
- High unemployment rate within the community and increasing rate of petty/antisocial behaviour in young people;
- Young people are linked with early school leaving, intergenerational conflicts and lack of male role models;
- Increasing presentation with physical and oral health issues and mental health crises including untreated post traumatic stress disorder and drug and alcohol issues.
- Lack of understanding of how to access and navigate the complex government and other community services due to fear, and lack of responsiveness and cultural appropriateness of the service providers to these African cultures, and lack of English language proficiency.
- The experience of isolation and alienation/exclusion;
- Family crises/breakdown and lack of culturally appropriate services and support;
- Economic disadvantage;

Halakhe Gunyu our CaLD Program Co-ordinator has supported a number of CaLD families this year a long with delivering forum and groups for specific ethnic community such as Somalia Men's Group in Heidelberg. In addition, Halakhe has provided training, supervision, and secondary consultation for a range of professionals working (65 workers) with the African Community.

This year DSRC were successful in receiving funding via the Commonwealth Stronger Families initiative to extend this work via our Kuusa Community Connections Project.

programs & services 2005/2006

client employment status



education and training

We have trained over 600 professionals through our tailored PD sessions, conference presentations and our training partnership work with beyondblue, the national depression initiative. In addition, three students completed the Couple States of Mind subject for their Masters in Social Work – Melbourne University. We have also established a Student Unit with the University of Melbourne Social Department for undergraduate Social Work Students and Internships for Masters students.

In addition, Halakhe Gunyu has run a number of seminars for professionals working with the African community.

kuusa community connections project

The focus of this project has three broad aims:

1. To build the heath, capacity and connection between and within, the African Australian Communities living in Inner North West suburbs of metropolitan Melbourne by providing leadership, training (including youth work traineeships) and community mentors to members of their own community including families, parents, children and young people.
2. To provide child-centered culturally appropriate counselling and group work to African Australian families, parents, children and young people. This also includes family with intercultural marriages/relationships.
3. To build the capacity of Community based agencies and professionals such as Community Workers, Primary Health Workers, Youth and Welfare Workers to better understand and therefore meet the needs of African Australian families, children and young people.

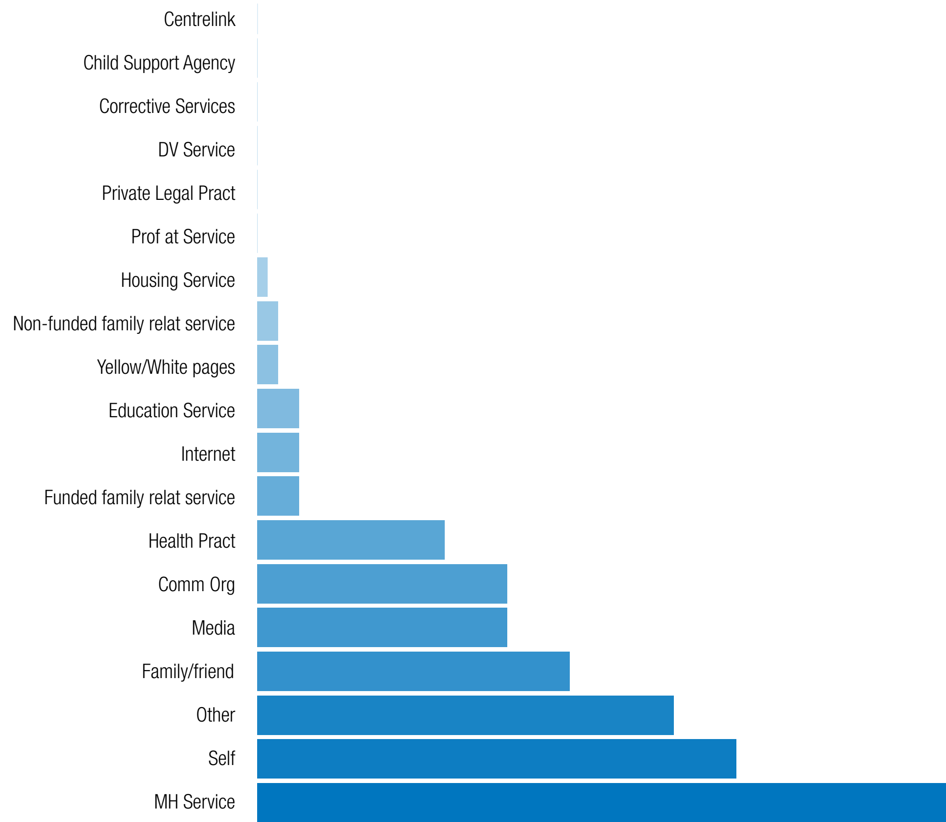
PRIMARY PARTICIPANTS

activity	target group	how many
Youth Groups	Young Men And Women	20 Per Year
Men's Group	Adult Men	20 Per Year
Mentors	Adult Men And Women Community Leaders	20 Over Two Years
Youth Work Trainees	Young Men And Women	2 Per Year
Counselling Such As Crisis Intervention Support/brief Interventions	Families, Couples And Children	50 Per Year
Parenting Groups	Adult Men And Women	15 Per Year

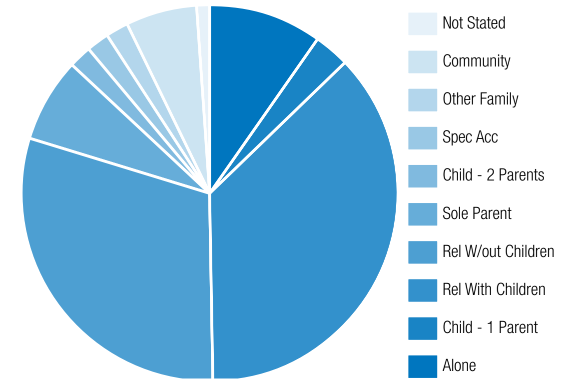
SECONDARY BENEFICIARIES

activity	target group	how many
Education And Training Intercultural Work	Professionals Such As Community Workers, Primary Health Workers, Youth And Welfare Workers	50 Per Year
Community Seminars Brining Together Different African Communities – Such As Sudanese, Somali, Ethiopian, Eritrean, Oromo And Other Newly Arrived African Communities	Community Groups	50 Per Year

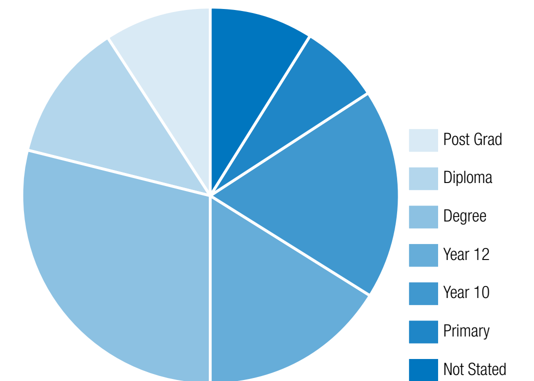
client refferal source



client family membership



client education status



the family unit

the family unit

Since December 2005 when the first group was established we have run 11 groups and 14 community seminars. This Unit is now firmly established with a growing reputation for a wide variety of early intervention offerings and a friendly non clinical environment.

A total of 361 participants have attended groups and seminars at DSRC.

community seminars

"That is what learning is. You suddenly understand something you've understood al your life, but in a new way"
- Doris Lessing, Author.

Because we know it is notoriously difficult to attract people into support and education groups, the DSRC free community seminars were developed. These act as a conduit to the groups; after someone has enjoyed a two hour seminar they are much more likely to sign up to attend an ongoing group. People also have an opportunity to hear about the values DSRC espouse and be reassured that their parenting style will not be judged harshly, that we believe there are many different ways of raising healthy children and having relationships and that we tend to favour an inclusive and humorous approach through which everyone is made welcome. This opportunity to test out our services is working well and most groups run with a maximum number of participants. For those who will never become group participants (for many people it's just not their style) the seminars provide a short succinct education session with practical strategies and a link to DSRC should they run into trouble and wish to attend counselling or parent support sessions. We have had a number of fathers attend the seminars, decline the opportunity to join a group, then return a few months later to see one of our counsellors about family and parenting issues.

The community seminars are attended by a diverse range of people including referrals from agencies dealing with high risk clients such as Melbourne City Mission and local mental health services to parents who are referred by their local secondary school, Maternal Child Health nurse or GP.

patrick and son….

"Human beings are the only creatures on earth that allow their children to come back home."
- Bill Cosby, Actor

Patrick heard of the DSRC seminars through a friend at work- whose son brought home a school newsletter advertising our free seminars. He had been having increasing trouble with his 19 year old son who had recently moved home, and was living in the bungalow out the back, was smoking increasing amounts of cannabis and seeming withdrawn. Patrick had been separated from his partner for 10 years and admitted that she normally "dealt with the emotional things with the kids"….. Now it appeared it was his turn and he was at a loss as to where to start. His initial idea was to call the Police next time he caught him smoking. Patrick called DSRC and booked in for a free seminar on Parenting Older Adolescents. This session covered topics like: communicating at a new level with young people, setting clear boundaries, supporting their employment and education and encouraging independence and responsibility. Patrick took notes all the way through!

After the seminar Patrick put the communication strategies into practise with good results and called the DSRC Parent Support Worker for more hints on managing the drug and alcohol use. Together they formulated a detailed plan – knowing that some things might not work but were worth a try. Firstly Patrick decided to clear the house of alcohol completely and include his son in his new gym membership and love of cycling. He worked with his son on his strengths, and told him it was normal to have low periods and a change of direction at his age and he would support him all the way. Patrick had a few BBQs to reconnect with extended family and friends his son had always liked. He also took a week off work and assisted him to begin studies in Horticulture. He encouraged those friends of his son who did not use drugs to come to the house and gave him space to entertain – he even dropped them in the bush for a camping weekend. Patrick then took the opportunity to attend an ongoing group for parents of older adolescents where he received a lot of support from other parents and more ideas about helping his son. Bit by bit Patrick focussed on all the health promoting aspects of his son's life and minimised the support (eg: financial) and environmental (filling the bungalow up with cycles and tools) for substance abuse. Patrick's son is going well, mostly because he feels supported, knows his family love him for who he is and has a parent who recognised a risky situation, got in early and took positive action. Patrick has realised that perhaps he needs to attend counselling at DSRC to improve relations with his ex wife so that in future they can help the kids in a co ordinated way. She is considering the idea.

the family unit

community seminars have run on the following topics since december 2005

For most the demand was high enough to run multiple sessions.

- Parenting young adolescents (aged 12-16) – this has run twice
- Parenting older adolescents (aged 16 and over)- this has run twice
- Parenting toddlers (aged 1-4 years) - this has run twice at DSRC, 3 times at local MCH venues in conjunction with the City of Melbourne and once at a childcare centre in Airport West
- Conflict Resolution for couples

Helen has also worked with key women in the parenting field from the African community to deliver 3 parenting sessions with a theme of assisting children to resettle and build resilience in their new home.

group work

"Those whom we support, hold us up in life"
– Marie Ebner von Eschenbach

Our Group Programs have been very successful and we now have three facilitators taking on this role which is terrific. We are branching out from information and support groups to include therapeutic groups including one for parents of adolescents with drug issues and another for couples who want to enhance their relationship and work on this over a number of weeks in a group setting.

11 groups between 3 and 6 weeks in duration have run at DSRC since December 2005. Topics were:

- Enjoying your new baby (this ran twice)
- Parenting older adolescents (16 plus)
- Parenting young adolescents, using the Victorian Parenting Centre's ABCD program
- Parenting 5-12 year olds
- Women's Discussion Group (for isolated women)
- First Wives Club (for separated and divorced women)
- Parenting toddlers group (run with Glen Eira Council and MCH service)
- Parenting toddlers group run at DSRC
- Parenting adolescents where drugs and alcohol are a problem
- Lesbian Parenting

people who really know where you're coming from

"I laugh, I love, I hope, I try, I need, I fear, I cry. And I know you do the same things too, so we're really not that different me and you"
– Colin Raye, Musician

Our First Wives Club is a group for women who have separated or divorced and are negotiating a new way of life. It is simply inspiring to watch the women who attend supporting and challenging each other, some grieving, some feeling like life as they have always wanted it has finally begun. It is common to see someone who has recently split with their partner and still in the thick of conflict having a cry with someone beside them who is 5 or 10 years down the track and can really understand how they are feeling. The issue of how to help the kids adjust to changing family life is often discussed and it is great to hear how these children are progressing over the months. Participants come up with positive strategies for reconnecting with the people they were before the relationship and adding all the wisdom they've gained since. This really helps those women for whom a new life seems a frightening proposition. There are lots of spirited debates about independence, forgiveness, shared parenting, moving on and some wonderful goals for the future announced. This group is facilitated by two of our trained counsellors who have experienced separation themselves and this Club is becoming one of our most popular and tight knit groups. The First Wives Club meets once a month for dinner and group support at DSRC.

“Families are our oldest and most precious institution”

Mary Pipher *from the shelter of each other*

education and training

“The great aim of education is not knowledge but action”
- Herbert Spencer, English Philosopher

In terms of Education and Training work, we have trained over 640 professionals through our tailored PD sessions, conference presentations and our training partnership work with beyondblue, the national depression initiative.

Although the focus has been on getting the group work up and running we have made definite inroads in the education and training area.

Our first offering in professional development for other services came via Moreland Hall. Helen delivered a training session on the link between adolescent development and substance abuse which was well received by the 30 people who attended. We have been asked to take part in their future seminar series.

DSRC was asked to develop a session for the City of Melbourne’s Community Nurses who often have to facilitate groups but lack confidence. This session was called “Running Great Groups” and was requested as a direct result of the feedback they had received from clients about the groups we offer which was a huge compliment.

DSRC staff presented at the Rainbow Families Conference which celebrated the contribution of same sex couples bringing up children together and GLBTIQ single parents. We presented on “Raising Happy Healthy Children” and were pleased to find that we had received the highest participant satisfaction rating at the conference.

Our training partnership with beyondblue, the national depression initiative continues to work well with Helen presenting to 485 people over the year.

some thoughts on families

by diana kay, counsellor and family therapist at dsrc

Families are important and they are also very complex. They can provide a place of nurture, happiness and belonging but they can also be confronting, painful and sad.

They can be strong and resilient but also vulnerable, (weak) AND COMPLICATED. They can be full of victories as well as failures. We need our families, but all of us to varying degrees are challenged with being part of a family, and all families at different times and in different ways need and benefit from help, support and encouragement.

When families make the decision to attend counselling, that is to be courageous enough to say “Hey, we need help!” we enter into another privileged experience of hearing and holding a sacred story. As we sit with a family, or various individual family members, we become engaged in a unique story that is at times interesting and wondrous, and at other times tragic and messy.

Yet the story is a testimony to lives lived and lives currently being lived in a particular web of meaning and experience, creating a family story that is both memorable and real. In the process of telling and sharing (their story) and the opportunity of it being heard, received, held and honoured a family or family member can hopefully experience a sense of acknowledgement and acceptance and in turn greater clarity and understanding of themselves and each other which in turn opens up the way for resolution. Possibilities and renewed hope.

Recognising and affirming individual and family strengths is, I believe, a key to reclaiming an aspect of their personal/family identity which often gets lost in the worries and stresses. It is a pleasure and indeed an honour to work with families at DSRC.

CaLD program

CaLD program

This has been an extremely busy and rewarding year with a major focus and growth in our CaLD programs and Intercultural Counselling Program to more community development project related activities. The community development work was needed to meet the needs of newly arrived communities where one to one counselling alone could not be sufficient. According to the record of DFACS, clients from the CaLD background are under represented in counselling and family support service. This is because of the lack of accessibility of these services and lack of trained culturally responsive counsellors/staff and un affordability of the services, even though, in principle every one should have access to services regardless. The Department has taken some initiatives to improve the skills of FRSP workforce to improve culturally appropriate services to this target group by providing cross cultural training opportunities for few.

DSRC has been providing a direct and indirect support services to individuals and family members of the African communities. The direct services included supporting the African young people, men's and women's groups. We have also been providing secondary consultation to number of service providers who directly work with the African communities.

The vast majority of African Australians have entered Australian via the Refugee/Humanitarian category. As such they are a visible minority who not only bring with them a range of mental and emotional health issues relating to their refugee experience but also have cumulative settlement experiences which result in a range of psycho-social issues. In particular we are now seeing a range of African people with co-morbid psychological and social health issues including mental illness, drug and alcohol issues, early school leaving, unemployment, gambling, violence and anti-social behaviours. These issues have received much media attention in the local area which serves to further alienate and isolate them from mainstream society and services. Research evidence from a range of sectors and focus groups run by the partner agencies with the African community including young people highlights the following issues:

- A history of displacement from their homes, families and support networks;
- They are of non-English speaking background (NESB) and often come from rural communities to find themselves resettled in a large city;
- Single parent matriarchal family groups who have been either widowed or abandoned;
- Problems of inadequate accommodation;
- Family violence with young men being increasingly of concern;
- High unemployment rate within the community and increasing rate of petty/antisocial behaviour in young people;
- Young people are linked with early school leaving, intergenerational conflicts and lack of male role models;
- Young women are particularly disadvantaged and few programs and services that specifically address their needs exist. Particular issues relate to teen pregnancy, early school leaving, and many young women are forced out of schoolwork etc. in order to take on carer roles within their family;
- Increasing presentation with physical and oral health issues and mental health crises including untreated post traumatic stress disorder and drug and alcohol issues.
- Lack of understanding of how to access and navigate the complex government and other community services due to fear, and lack of responsiveness and cultural appropriateness of the service providers to these African cultures, and lack of English language proficiency.
- The experience of isolation and alienation/exclusion;
- Family crises/breakdown and lack of culturally appropriate services and support;
- Economic disadvantage.

CaLD program

The guiding principle behind our community development work is a belief that the community needs to be part and parcel of the service development, planning and delivery. We were able to develop a meaningful partnership with four African community groups (Oromo, Somali, Eritrean and Sudanese) living within the housing states of Inner West Melbourne and service providers within this local area (the Doutta Gala Community Health Service, the Melbourne City Mission and the Moonee Vallley City Council).

Our approach is to work towards building the capacity of these communities to become more independent and active participants in identifying and responding to needs. We also believe in inclusive service provision to all African community members and avoid over servicing one community over another. We based our work on sustainable culturally responsive framework developed from the African indigenous practice and the western concepts of group work/ community work. We have received a two year grant from the Commonwealth Governments Stronger Families and Communities Strategy to implement the 'KUUSA' African Community Connection Project. This project is an integrated African concept of transition from one developmental stage to the next relevant to the needs of these communities in their current environment.

This partnership aims to integrate services within the Kensington, Flemington and Ascot Vale areas and in Carlton a significant partnership with City of Melbourne – Family Services based at the Carlton Family Resource Centre.

kuusa community connections project

As previously detailed in this report this project is guided by a reference group representing various African communities and service providers. The project will be run from an outreach venue of North Melbourne Community Centre, central and accessible to the communities living within the housing states of Nth Melbourne, Kensington, Flemington and Ascot Vale. We have further plans and interest to develop our work with these African communities within the inner suburbs of Melbourne to support them along stages of integration into the Australian wider community.

PRIMARY PARTICIPANTS		
activity	**target group**	**how many**
Youth Groups	Young Men And Women	20 Per Year
Men's Group	Adult Men	20 Per Year
Mentors	Adult Men And Women Community Leaders	20 Over Two Years
Youth Work Trainees	Young Men And Women	2 Per Year
Counselling Such As Crisis Intervention Support/brief Interventions	Families, Couples And Children	50 Per Year
Parenting Groups	Adult Men And Women	15 Per Year
SECONDARY BENEFICIARIES		
activity	**target group**	**how many**
Education And Training Intercultural Work	Professionals Such As Community Workers, Primary Health Workers, Youth And Welfare Workers	50 Per Year
Community Seminars Brining Together Different African Communities – Such As Sudanese, Somali, Ethiopian, Eritrean, Oromo And Other Newly Arrived African Communities	Community Groups	50 Per Year

glbtiq
report

glbtiq report

Recent census data shows an increasing number of gay and lesbian families (with children) along with an increasing number of young people who are identifying as gay, lesbian, bisexual or queer. Like the general community, these young people and families are seeking responsive and sensitive counselling and groups to assist them with their relationships. DSRC prides itself as a specialist service provider of family programs for the Gay, Lesbian, Transgender, Intersex and Queer Community. Not only does this commitment run to the delivery of specialist counselling programs and groups, we have employed a number of gay and lesbian counsellors, and ensure that our physical space are GLBTIQ friendly and safe spaces. In addition, we run regular training for our entire staff in relations to working with the GLBTI community. This included workshops given by Dr. Ruth McNeer and Rhonda Brown on working with Lesbian couples and families.

Part of the success of this program has been active strategies to ensure the GLBTIQ both know the services we provide but also provide us with feedback in relation to their needs. This has included actively supporting community driven initiatives such as:

- Exhibited at Midsummer Carnival in January 2006.
- Exhibited at Gayaz Expo at Melbourne Convention Centre Sept. 2005.
- Sponsored the 2nd Australian GLBTIQ Multi-Cultural Conference.
- Sponsored the 3rd Rainbow Families Conference, and conducted a workshop on raising resilient children for same-sex parents.
- Frequent appearances by DSRC members on JOY 94.9 FM, along with CSA promoting DSRC services.

Over the past year Drummond Street Relationship Centre has taken an active role in supporting the GLBTIQ community. Drummond Street was a major sponsor for the 3rd Annual Rainbow Families Conference. In addition to sponsoring, several staff members presented at that conference. Drummond Street played a significant role in supporting the 2nd Australian GLBTIQ Multicultural Conference held in Melbourne. Prominent members of the GLBTIQ community including Justice Michael Kirby and SBS newsreader Anton Enus were involved.

Promoting Drummond Street's services to the greater community included participation and exhibiting at the 2006 Midsumma Carnival, the 2nd Annual GayAZ Expo, and the creation of Drummond Street promotional material specifically targeting the GLBTIQ community.

A measure of the effectiveness of Drummond Street's outreach efforts has been that staff members frequently appear on radio programs on JOY 94.9FM to discuss relationship and mental health issues pertinent to the GLBTIQ community. Additionally, Community Service Announcements promoting Drummond Street's services are now frequently broadcasted on JOY 94.9FM.

Improvements in tracking GLBTIQ clients at Drummond Street began in June. This collection of important statistical data now assists in understanding community and individual needs, along with providing necessary data to effectively advocate for resources.

Continued efforts to ensure that our counselling staff understands the relevant issues and best practices in working with GLBTIQ individuals, couples and families is addressed through internal and external professional development. Dr. Ruth McNair and Rhonda Brown began a series of professional developments at Drummond Street which focused on Lesbian relationships and same-sex partner parenting. Upcoming internal workshops include; best practices in working with GLBTIQ individuals and couples, and the nature, and impact of external and internalized homophobia.

DSRC's Family Unit has created programs on same-sex parenting and same-sex relationships.

In the next 12months DSRC will identify and implement some research strategies in order to gauge community issues and needs along with develop partnership towards developing further programs and practice.

financial reports

income and expenditure statement

For the year ended 30 June 2006

	2006 $	2005 $
INCOME		
Client services	135,805	121,342
Interest	15,590	11,600
Rental income	40,721	41,454
Subsidies and grants	678,087	647,881
Donations received	8,251	86,482
Other income	4,386	21,736
TOTAL INCOME	882,840	930,495
LESS EXPENSES		
Accounting fees	8,400	7,800
Advertising	37,973	19,253
Audit fees	4,000	3,500
Bank charges	3,140	3,617
Clinical Teaching	17,685	23,708
Computer expenses	14,821	6,635
Conference/Seminar costs	12,902	5,149
Consultancy fees	10,082	22,116
Depreciation	21,081	17,361
Employees' amenities	5,350	1,699
Fringe benefits	(593)	3,315
Insurance	13,960	14,237
Interest paid	362	130
Legal costs	3,951	1,723
Light and power	7,323	7,472
Loss on disposal/revaluation of non current assets	-	3,737
Motor vehicle expenses	13,912	2,195
Postage	895	822
Printing and stationery	18,681	9,451
Repairs and maintenance	84,621	30,744
Salaries and wages	532,946	464,578
Subscriptions	10,680	7,930
Sundry expenses	1,160	127
Superannuation	45,770	41,218
Telephone	13,408	9,155
Travelling expenses	10,567	2,084
Workcare/WorkCover/ Workers Compensation	14,924	14,881
TOTAL EXPENSES	908,001	724,637
OPERATING PROFIT/(LOSS)	**(25,161)**	**205,858**

balance sheet

As at 30 June 2006

	Notes	2006 $	2005 $
CURRENT ASSETS			
Cash and cash equivalents	3	224,572	301,333
Other	4	6,869	7,258
TOTAL CURRENT ASSETS		231,441	308,591
NON CURRENT ASSETS			
Property, plant and equipment	5	476,276	428,232
TOTAL NON CURRENT ASSETS		476,276	428,232
TOTAL ASSETS		707,717	736,823
CURRENT LIABILITIES			
Trade and other payables	6	46,582	58,324
Provisions	7	48,271	40,474
TOTAL CURRENT LIABILITIES		94,853	98,798
TOTAL LIABILITIES		94,853	98,798
NET ASSETS		**612,864**	**638,025**
MEMBERS' FUNDS			
Reserves		191,737	191,737
Retained profits		421,127	446,288
TOTAL MEMBERS' FUNDS		**612,864**	**638,025**

auditors report

dsrc income breakup

Govt
Clients Fees
Rent
Interest
Donations
Training

Drummond Street Relationship Centre Inc

Independent Audit Report to the members of Drummond Street Relationship Centre Inc

Scope

[illegible]

Audit Opinion

[illegible]

Drummond Street Relationship Centre Inc

Disclaimer to the members of Drummond Street Relationship Centre Inc

[illegible]

staff & members

Office Bearers

Chief Patrons
His Excellency De Cruz

President
Roslyn Loader

Vice-President
Georgina Hughes

Honorary Treasurer
Mark Evans & Joan Grochowski

Board of Management
Roslyn Loader
Caroline Streeter
Georgina Hughes
Professor Alun Jackson
Mark Evans
Joan Grochowski
Annette Lakey
Bernie Chatley
Tangerine Holt
Anne Blyth
Tricia Szirom

Honorary Solicitors
Galbally & O'Bryan

Auditors
Danby Bland Provan

Executive Director
Karen Field

Deputy Executive Director
Helen Rimington

Senior Program Managers
Lyn McIntosh - Clinical
Reima Pryor

Family & Child Counsellors
Halakhe Ganyu
Demetry Apostle
Bernadette Lennon
Bernadette Walsh
Robert Gill
Diana Kay
Kris Debski
Anita Smith
Sue Scrivner
Len Oakes
Jacinta Kearney
Michelle Hughes
Rob Russell
Maureen Crawford

Family Support Worker
Child Care
Kate Galea

Student Unit
Emily Maloney
Jocelyn Christoff

Administration
Leanne Black (Business Manager)
Michelle Burke (Executive Assistant)

Receptionists
Jessica Black
Sarah Morgan-Broome
Katherine Burke
Laura Walsh

Members

1930
Mrs H H Smith
Lady Lyle

1932
Mr Darren Baillieu
Mr Everard Baillieu
Mr John Reed
Mrs John Reed

1934
Cr J H Nettleton (Camberwell)

1935
Cr R B Barnes (Camberwell)

1936
Cr W R Dimmick (Camberwell)

1937
Cr D W Watson (Camberwell)
Dr Una B Porter
Mr W E McPherson
Mr J J Haverty

1938
Cr W R Warner (Camberwell)
Mr George L Dickson

1939
Cr O B Norman (Camberwell)

1940
Cr J S August JP (Camberwell)
Miss Grace Turner

1941
Cr W A Fordham (Camberwell)

1942
Cr A E Vine JP (Camberwell)

1943
Cr F N Le Leu JP (Camberwell)

1945
Cr K L O Macleay (Camberwell)

1946
Cr R C Cooper JP (Camberwell)
Mr W Warren Kerr

1947
Mrs Olivia Gardener
Mrs C Lewis Heath
Mrs W M Scott
Cr E W Raven (Camberwell)

1948
Cr Miss Nellie Malcolm
Miss I V Barber
Mr Arthur Hordeen
Mrs Donald Smith
Mrs D A Skene MBE

1949
Mrs I Boyd
Mrs M Taylor
Cr A B Renton (Camberwell)

1950
Miss M Lush

1951
Cr H F Dawson (Camberwell)

1952
Cr J H Kinnear (Camberwell)

1953
Cr A H Pearcey (Camberwell)

1954
Cr H C Stanford JP (Camberwell)

1955
Mr V Y Kimpton

1957
Mr W M Stewart
Miss M A Williamson

1958
Mr Douglas Keep
Mr S Greig Smith

1961
Sir Samuel Wadham
Dame Hilda Stevenson
Mrs H F Creswick
Mrs C H Martin

1963
Mr M R Tarrant

1966
Miss N Bagot

1968
Lieut-Colonel J Summerton

1969
Dr H F Leatherland

1970
Dame Beryl Beaurepaire DBE

1974
Miss N Butt

1980
Mr J R Ham

1992
Miss Elizabeth E Sharpe MBE
Mr Frank Smith

1995
Professor J R Poynter
Professor R W Webster

1996
Professor C Benn

2003
Mr John Dowling