The Salvation Army Crisis Services acknowledge the Traditional Custodians of this land the Yalukit Willam clan of the Boon Wurrung. We pay our respects to their Elders both past and present. We acknowledge and uphold their continuing relationship to this land. We acknowledge the Traditional Aboriginal Custodians of the country throughout Victoria and respect the ongoing living culture of Aboriginal people.

We are committed to providing a safe environment for all children.

We value human diversity and difference.
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The Salvation Army Crisis Services Network (CSN) aims to make a positive difference in the lives of people experiencing crisis, homelessness and violence – we listen to and are informed by their experience and views. The Network engages with the changing policy and demographic environment; we make the most of opportunities to enhance access and flexibility of service responses.

Our vision, values, strategic goals and our way of working

All aspects of the work of The Salvation Army Crisis Services Network are underpinned by the values of:

- Human dignity
- Justice
- Hope
- Compassion
- Community
- Diversity

**Goal 1:** Sustainable approaches: better client access to services; respect for the environment

**Goal 2:** Empowered client participation

**Goal 3:** Better integrated responses

**Goal 4:** Influence and lead sector change

**Goal 5:** Adaptable, skilled workforce

**Goal 6:** Intelligent and practical systems

Our programs and staff work with a contextual understanding of structural barriers that affect vulnerable groups in society. This acknowledgement is required to work appropriately and well with Aboriginal peoples, women, people from culturally linguistically diverse backgrounds, people who are lesbian, gay, bisexual, transgender or intersex and others who experience discrimination and stigma. We are actively inclusive and holistic in responding to clients and communities.
Some words from our general manager

JENNY PLANT

2016/17 has been an exciting year of innovation in practice and has seen a range of emerging partnerships within the network that support innovative projects. Some of these include: Family Violence Services partnership with Victoria Police on the Alexis project; Youth and Family Services Partnership with Burnley Horticulture College and the Marist Brothers on the garden sustainability and education projects; and Health Services Partnership with StarHealth on integrated team care program and South Eastern Primary Health Network (SEMPHN).

The CSN Reconciliation Implementation Group has worked with our partners in the Aboriginal community to develop a robust framework that acknowledges, respects and works alongside Aboriginal and Torres Strait Islander people to achieve better outcomes in health and housing.

The CSN Rainbow Tick Group worked with new and old partners within the LGBTIQ community and Gay and Lesbian Health Victoria to achieve Rainbow Tick accreditation for the network (the first Salvation Army network to achieve this) and to develop policy and procedural practice guidelines to ensure that all of our services are welcoming and responsive to the LGBTIQ Community.

It is important to recognise that the innovation in the program design space is often supported through partnerships with government, philanthropic foundations and individuals. Further to this, CSN partners with DHHS and the university sector to understand the evidence base required for the development of policy in the critical areas of practice in homelessness, family violence and harm reduction services. Reports produced over the last year include:

- Alexis- Family Violence Response Mode (RMIT)
- Get up Stand Up ! Giving people the means to respond to opioid overdose (RMIT)
- LGBTIQ inclusive Practice Guide.

In all our work, our most critical partnerships are those that we have with the people that use the services and with whom we work to achieve more just outcomes in housing and health in community. The important work done by the Community Member Advisory Group (CMAG) will continue to influence and inform the way we go forward.

I want to acknowledge and thank all staff for their commitment to building and maintaining partnerships that ensure the network continues to design and deliver high quality services and advocate for a more just and equitable society.
Crisis Contact Centre

For anyone experiencing homelessness, violence or other crisis 24/7 state-wide. We are a generalist high volume service and respond to the diverse needs of over 10,000 households each year. An Interim Support Linkage role supports people who are chronically homeless who continue to re-present in crisis.

Data 16 / 17:

Young people between the ages of 15-24 represent 15% of total contacts and include 250 young women and 215 young men who were assisted into after-hours crisis accommodation.

Aboriginal And Torres Strait Islander clients represent 8% of total contacts.

10% of all after-hours accommodation assists are for people experiencing Family Violence.

8% of all after-hours accommodation assists are for perpetrators of family violence referred by Police.

Number of people assisted by Crisis Contact Centre

= 10,209
(22,959 contacts)

Number of people assisted into after-hours crisis accommodation by Crisis Contact Centre

= 839 Women
and 1239 Men
## Youth and Family Services

For young people and young couples aged 16-25, including young people with children. We provide a holistic response and work in partnership with young people to address the issues contributing to their unique experience of crisis and homelessness. We work within an integrated model of Therapeutic care and provide case management support within a residential and outreach capacity.

### Data 16 / 17:

- **24 families (with 37 accompanying children) were accommodated in the refuge**
- **38 young people referred to Crisis Accommodation Program (CAP) as perpetrators of adolescent violence**
- **20% of young people at the refuge had a recent experience of rough sleeping**
- **18% of all Youth and Family Services clients are from culturally and linguistically diverse backgrounds**
- **Over 50% of all Youth And Family Services clients identify family breakdown as the reason for experiencing homelessness**
- **10% of all Youth And Family Services clients identify as Aboriginal and Torres Strait Islander**
- **Emergency and overnight Bed was utilised 122 times for periods of between 1-3 days**
- **91 young people at the refuge participated in education activities or a mainstream education setting**
- **Share Private rental is the number 1 exit option from refuge (achieved for 42)**
- **Longer refuge stays- 22% or 35 young people resided at the refuge for longer than 14 weeks**

### Statistics:

- **Number of young people accommodated by Youth & Family Services without access to income**
  - = 65
- **22 young people were awaiting income. Average time taken to secure income**
  - = 9 Weeks
Family Violence Service

Family Violence Services provides assessment and case management outreach support for women and children who are at risk of or experiencing family violence across the Bayside Peninsula region. Programs include: Case Management, Flexible Support Packages, Police Referrals (Enhanced L17’s), Alexis Model (embedded specialist family violence practitioners in police family violence units), Risk Assessment management Panel (RAMP) and groups (Peek-A-Boo and Superkids).

Data 16 / 17:
Case management/Outreach = 678
Taskforce Alexis = 129
Child Protection Initiative = 337 children in 193 families

Police Referrals (Enhanced L17’s) = 3,658
Inner Middle Crisis Advocacy Response Service (IMCARS)/After hours = 158

Child protection evaluation report
The first 12 months of the partnership at Frankston has demonstrated a range of positive outcomes for a number of families. The FV/ CP response partnership has improved safe outcomes, increased connections and sharing of information that focuses on the women and children’s safety, as well as up skilling Child protection practitioners, FV services and Police to the possibility of alternate safe arrangements, and further strengthening relationships between agencies and the police to reduce risks.
Health Services

For people who are street sex working, injecting drugs or experiencing homelessness. We provide accessible, responsive primary health care through Access Health and the Needle Syringe Program. Access Health works in partnership with other health and support services to provide: general practice, community health nursing, Aboriginal and Torres Strait Islander health programs, AOD counselling and referral; health promotion groups. Total active clients - 1,441. Of this 285 are Aboriginal and Torres Strait Islander clients.

Data 16 / 17:

Total client contacts = 7,177
People trained in overdose response and provided Naloxone = 112
Showers = 1,706
Clinical nurse contacts = 2,325
Sexual health nurse consults = 101
Psychology sessions = 253

Psychiatric initial assessments and reviews = 89
AOD counselling sessions = 239
Total number of attendances at health promotion and support groups = 690
General practitioner (GP) consults = 3,338 (approx)

The Needle Syringe Program is a free, confidential and anonymous service providing safe injecting equipment and safe sex products and health and educational material on a 24 hour basis.

% of Access Health contacts by Aboriginal and Torres Strait Islander people = 20%

Number of needles and syringes dispensed
= 1,176,654 dispensed
= 481,122 disposed
= 42,016 contacts
Evaluation of Health Services approaches 2017

90% of clients surveyed either strongly agreed or agreed that Access Health is a safe space where the staff accept and welcome clients for who they are

91% of clients surveyed either strongly agreed or agreed that the health care they receive at Access Health is relevant for their personal situation

95% of clients surveyed either strongly agreed or agreed that the staff at Access Health help them to achieve their health goals

95% of clients surveyed either strongly agreed or agreed that they participate in their healthcare by determining their health needs and what is important for them. (Report produced by Uni of Melbourne Masters of Public Health Student- Hayley Loftus)

Chaplaincy

The chaplain provides pastoral support for anyone wanting to discuss issues of faith or spirituality. Conversations are confidential, non-judgemental and open to all people. Michelle the current Chaplain is a great support to staff and clients across the network and has taken a leadership role in facilitating and supporting the monthly Best Mates clinic. She is not only a positive presence in the workplace but also adds value to CSN committees and events, including the Rainbow Tick Group.
What our clients say....

In the 2016 client survey, results show 94% of respondents benefited from their involvement with Crisis Services Network, and 99% would re-contact the network if they needed support in the future.

“My case manager helped me get my confidence back and gave me moral support, life is now so beautiful, she gave me the motivation and helped me stand up for myself”.

“One thing I love is that I can actually open my mouth and be true; there’s a warm, generous feeling...”

“She’s been the best rock in the world, amazing, kept me on track to plan my life and my future”.

What our partners say….

All stakeholders interviewed in the QIP accreditation were extremely complimentary about the role CSN plays in the sectors in which it works. Specific strengths included:

- Accessibility to some of the most difficult and marginalised groups
- Their commitment to improving their services through research and evaluation
- Their innovation particularly in relation to the youth refuge and associated supports
- Their work with Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTIQ) clients and sex workers including their unprejudiced approach and welcome.

Specific comments included:

- “they are open to discussing and they don’t try and fudge things”
- “they have a lot to offer the sector”
- “my staff sing their praises”
- “they are respectful of Aboriginal clients and have done a lot to make them feel welcome”
- “they bend over backwards”
- One stakeholder felt that they could do more to promote their good practice. They tend not to want to take credit for the good work they do.
External Stakeholder Survey 2016

CSN undertakes an external stakeholder survey every two years as part of the quality agenda, to ensure that we are staying relevant and responsive to the needs of our community. The feedback that is received is reviewed and analysed for program planning. We really value the feedback and appreciate the time people have taken to complete the surveys.

• “They work with us as partners in a professional and collaborative way”
• “Great at some aspects (practical responsive services, partnerships)”
• “I have enjoyed many interactions with Crisis Services Network and appreciate the passion and professionalism with which people undertake their positions”
• “Very eager to assist in case management in any way possible, attend appointments on time, very good with communication if appointments need to be rescheduled!”
• “We work daily with you and you are a key support and partner”
• “Positive = After Hours Crisis response demonstrates use of data & really significant understanding of regional differences which supports the Sector with a really trusted After Hours response which is highly integrated”
• “On an operational level, referrals from the crisis centre are usually well assessed and to the point. I find it very easy to deal with the staff and they have helped me out with ideas and suggestions in many instances”
• “I have enjoyed many interactions with Crisis Services Network and appreciate the passion and professionalism with which people undertake their positions”
• “They do a fantastic job working with young people”
• “They have been a partner who has supported growth and development within the sector and who has allowed for partnerships to be maintained and developed when opportunities have arisen”
• “They are a great advocate for their clients and also other organisations they work alongside”
• “Communications have always been of a high standard along with the ability to meet face to face with representatives of the Network to ensure the message is understood”
• “Staff are approachable, knowledgeable and client centred. Genuine interest in the best needs of their clients”
• “Strengths include the accessibility and support provided to clients and local services”
• “Ethical, honest, smart and motivated”
• “Strengths = overall highly engaged & actively responsive to both clients and other services”
• “Most necessary availability for clients in crisis after hours.”
Improving outcomes

Getting the rainbow work...The Journey thus far

In February 2016 Crisis Services Network was assessed against the Rainbow Tick Standards. Rainbow Tick Accreditation provides assurance to LGBTIQ clients and staff that an organisation will be responsive to their needs. We were successful in meeting the six standards and are now officially Rainbow Tick accredited!

Our journey to accreditation was over a 4 year period and was driven by the work and commitment of Rainbow Tick Committee members, staff and management. Highlights included: The LGBTIQ Inclusive Practice Guide, participating in the Pride March, more colourful and welcoming signage, Living LGBTIQ and Inclusive Practice training, the LGBTIQ Client Focus Group and many tweaks and improvements to our documents and systems. Ongoing work and refinement of our systems is required to maintain accreditation.

Client Feedback from the LGBTIQ Focus Group

The group was facilitated by Daniel Wittaus in June 2016. The majority of participants had overwhelmingly positive feedback for TSA Crisis Services Network when it came to how safe, supported, welcome and included they felt. People’s first experience of service is important; it can take people time to build LGBTIQ networks to provide support and CSN may play a role in the interim or play a more active role in supporting clients to engage with the LGBTIQ community/s and/or establish their own networks.

“I’ve been coming here for 16 years and never had a problem. I’ve always felt safe coming here; never had a worry. How did I come here? It’s in my stomping ground; I was walking past here everyday. I saw people that were part of this area, and there was an element of safety. It’s a comfortable, safe place. I’ve shared who I am since day dot. There’s no-one in this building who judges you one bit…”

Religion could be an initial barrier for some LGBTIQ people with a fear of being judged or ridiculed:

“I knew the service was here, but didn’t access it at first because I didn’t realise I needed the help. It’s been positive and not how I expected it to be. I expected to be judged and ridiculed; but I wasn’t. There was hesitation at first because I didn’t know if it would backfire; I didn’t know how queer-friendly they were because The Salvation Army has changed what they believe about LGBTIQ people…”
New programs & initiatives

The Community Member Advisory Group (CMAG)

CMAG was created in 2016 and is made up of current and former clients of Crisis Services Network programs. The role of CMAG is to represent client views and experiences, provide feedback on communication materials, service delivery processes and environments and generally provide a client voice in the shaping of Crisis Services Network.

The establishment of CMAG has involved:
- Development of Terms of Reference and a position description for members
- Recruitment of members CMAG expression of interest posters placed in all waiting areas.
- Training of members through the Council to Homeless Persons Peer Educator Support Program
- Presentations by CSN managers
- Funding support from Ross Trust
- Member participation in a workshop on Urban Development.

CMAG meetings are held monthly and are chaired by a program manager with administrative support provided by a staff member. CMAG has provided feedback and ideas on the following:
- Content and design of the three CSN posters – Welcome, Feedback and Complaints, Rights and Responsibilities
- Grey Street 29 and 31 waiting rooms re-design project; recommendations included that the rooms need to be functional and also visually appealing
- Client exit interview questions and process for collecting client responses
- Regular CSN newsletter’s for service users.

Other client participation activities

- CSN has employed a Youth Participation worker to develop a YFS participation strategy which will increase the opportunities for young people to participate in service development. So far a Youth Participation strategic program policy document has been developed, staff resourced into role .6 eft (submission through Ross Trust) YFS youth participation project
- Somerset Community and young leaders group
- Every program undertakes Client satisfaction Surveys every 1-2 years
- Clients were also interviewed as part of the accreditation process.

The Alexis Model

The Alexis Pilot model demonstrated that having an embedded family violence worker with the police is working well with the target group of families where there has been a high rate of police call outs to attend family violence situations. Of the 111 families who have been clients of the pilot program there was an 85 % reduction in recidivism for these clients 12 months after closing support. The other benefit of the model is the capacity building within the police unit. The model has since been established in two other police regions of Melbourne. RMIT were engaged to evaluate the first 12 months of program data for Alexis.
“CSN has worked hard … to develop and strengthen their systems which support and enhance service delivery. Staff work in a challenging environment, 24 hours a day, and continue to strive to provide services which seek to make a positive difference to the individuals who access the service.” (Taken from our QIP assessment report)

Strengths and key achievements noted in the recent accreditation undertaken by QIP:

- Work undertaken to address and meet the Rainbow Tick Standards
- Development of the Reconciliation Action Plan
- Resourcefulness in obtaining funding to value add to services and meet identified gaps
- The long standing and continued commitment to research and evaluation
- The ongoing resilience to work with vulnerable and challenging clients 24/7
- High staff retention
- Partnerships with other agencies, including but not limited to housing, acute, universities, police government, alcohol and drug services and youth
- Their expanding good practice in the family violence space
- The Upton Road residential service that is a welcoming and positive space achieving good outcomes for young people including sourcing funding for additional supports to meet residents needs
- Support and supervision provided to staff
- Student program, offering a three-month opportunity for both students and CSN
- Use of data to inform practice and seek funding
- Stakeholders stated that CSN are good partners with a good reputation and they are the “go to” players in the service network
- The respectful and inclusive practice provided to all clients no matter who they are.
Partners

CSN has more than twenty years of partnering with other community social support and allied health services in the provision of frontline crisis response and case-management support programs. A willingness to engage with practice partners within the broader community benefits the network by creating an organisational mindset that ensures that services are co-designed and operate for long term sustainability as part of their local communities of practice and are well networked and well respected. Co design and mature practice partnerships work to achieve the following outcomes:

- Provision of an enhanced response for service users
- An increase in the capacity for enhanced co-ordination of resourced responses for service users
- Encourages services to be open, transparent and accountable in service design and delivery to service users, other providers and the community.
- Acknowledge expertise resides within other provider agencies and allows CSN to concentrate on our core business and utilise resources for innovation
- Allows greater flexibility in service design, and maximises budget affordability for all partners
- Increases the profile of the joint service within the community
- Allows for cross pollination of practice development and innovation.

New Partnerships

Access health partnered with Star Health in 2017 to run the integrated Team Care Program in the Inner Bayside region. This is a South Eastern Primary Health Network (SEMPHN) funded program and funds the Aboriginal and Torres Strait Islander Health Outreach role focussed on chronic disease prevention and management for Aboriginal and Torres Strait Islander people.

Ending Family Violence against women and children takes a whole of community approach. CSN’s Family Violence Service is working closely with a range of partners including social services, the courts and the police to establish the new Safety Hub model for the region. The partnerships are focused on increasing community awareness and empowering women who have been affected by Family Violence.
List of partners

Partnerships exist with all our programs. Here is a list of current partners:

- Centrelink Community Support Unit
- Launch Housing
- Macgregor Solicitors
- Safe Steps
- Flagstaff Crisis Accommodation
- Ozanam Community Centre
- Unison Housing
- Office of Housing
- Sacred Heart Mission
- Jesuit Social Services
- Alfred Hospital
- Ngwala Willumbong
- Star Health
- Odyssey House
- Uniting Care re-Gen
- Glen Iris Veterinary Hospital
- Victoria Police
- DHHS Child Protection
- Child First
- Port Phillip Housing Association
- City of Port Philip
- Family Life
- Connections
- St Kilda Legal Service
- Good Shepherd Youth and Family services
- Peninsula Health
- SECASA
- Emerge Women and Children’s Support Network
- Neami Moorabbin
- Harm Reduction Victoria
- Melbourne Sexual Health Centre
- Prahran Psychology
- RDNS Homeless Persons Program
- South Eastern Melbourne Primary Health Network
- St Vincent’s Hospital GP Services
- Burnet Institute
- Harm Reduction Victoria
- The Kirby Institute University of NSW
- The Penington Institute
- RMIT University
- University of Melbourne
- Monash University
- La Trobe University
- Marist 180
- MCM Academy
- MCM Frontyard
- Lighthouse Foundation
- Youth Support and Advocacy Service
- Stonnington EEP
- Moira Youth Services
- Southport Youth Services
- Fusion Youth Services
- Holmesglen TAFE
Walk Against Family Violence

The walk against family violence began in 2008 lead by The Salvation Army and a committee of family violence services, local council and Victoria Police in the southern region to raise community awareness of family violence and its impact within the community. The purpose of the walk is to break the silence on family violence.
Overdose Day

We were honoured to hear the personal stories about overdose from community members Aunty Judith Jackson and Gem Buckley, as well some words from the IOAD founder and St Kilda 24/7 NSP senior worker, SJ Finn. Tributes to loved ones lost, or living with the effects of overdose were thoughtfully offered during the planting of an Overdose Tree, which stands tall in the front courtyard of 31 Grey Street, St Kilda. All attendees enjoyed an afternoon tea provided by donations from Bakers Delight Balaclava, The Tasting Kitchen and Scicluna’s Real Food Tooronga.

Pride March

CSN participated in our first Pride March this year. We had a fabulous time celebrating solidarity in gender and sexuality diversity with staff, clients and thousands of others in our local hood of Fitzroy Street St Kilda.
Reconciliation Implementation Strategy

The CSN Reconciliation Implementation Strategy Working Group met consistently throughout 2016. The group membership is made up of representatives from each CSN program area, as well as two Aboriginal and Torres Strait Islander community members. Projects have included the application of actions outlined in the Salvation Army Vic Reconciliation Action Plan which was launched in 2016 as well as the development of CSN Aboriginal and Torres Strait Islander Cultural Protocols, service environmental audits and, the planning and running of the CSN Reconciliation Action Week event on June 9th 2017.

Reconciliation Action Week event June 2017 below.
Art Projects 2016/17

Artwork by men at Galliabe Recovery Centre
Lead Artist: Les Stanley

Artwork by women at Winja Ulupna Women’s Recovery Centre
Lead Artist: Diania O’Neill
Best Mates

The Best Mates pet clinic operates once a month in partnership with a vet (Glen Iris Vet Hospitals Best Mates Charity), who provide routine check-ups and medical consultations for the pets of people who are homeless. Animals requiring emergency treatment are either referred to the Lort Smith Animal Hospital or seen at the Glen Iris Veterinary clinic. The monthly clinic has assisted approximately 150 people and their pets this year.

A woman presented at the monthly pet clinic with her kitten. She had been told about the clinic by another person who lives in the same rooming house; who’d had her own cat treated by Best Mates. It was clear that the kitten was a loved companion of this woman and that the owner also had significant health issues. Crisis Services along with Best Mates worked together to get the kitten de-sexed, vaccinated and registered with the local council. We also managed to build up a relationship with the owner and get them in to see a doctor at Access Health. Over the last year there have been significant improvements in the health of not only the cat, but also her owner. Michelle the chaplain maintains ongoing contact and follow up with owners and their pets where needed.

Case Study
A learning organisation

CSN has a long history of taking social work and other allied health students on placement within the network. Partnerships with Social work departments at RMIT, University of Melbourne and Monash University are highly valued and have led to other opportunities for research and policy development. Students have also become a source of successful recruitment. Student feedback on the learning opportunities has been positive:

“I never would have expected to learn as much as I did in such a short amount of time. I also never expected to enjoy crisis service work like I have. The workers at CC really made the experience fantastic, everyone was supportive.”

“I felt supported by all the workers at CC. They were patient with me, educated me and encouraged me to start getting in to direct practice when I needed the push”

“The placement has definitely exceeded my expectations. I have been exposed to an array of opportunities which have enhanced my skills as a developing practitioner. Would recommend this placement to any student”

Research is undertaken to better understand the issues that our clients experience, to build capacity to improve services and influence government policy and funding decisions. Research is done in partnership with University partners to build our organisational knowledge and share this through reports, articles and advocacy agendas.
What our staff say....

The commitment and enthusiasm of the 103 (and growing) staff is the foundation for the ongoing progress within the network.

Staff satisfaction and retention is high as reflected in the 2016 staff survey and staff feedback in the last accreditation.

“Fantastic place to work and be involved with. Having worked in other places in the sector I feel privileged to work in such a great network carrying out such important work, and doing so with great management / supervision”

“I think the work CSN does is vital to the community and that workers within the network should be proud of what we do. The employees work very hard and are very client focused in a traditionally poorly paid sector with little recognition from the wider/corporate world.”

“I have been working for many years in the health field and find that the job I have at Youth and Family Services to be one of the most rewarding and satisfying positions I have yet held. I enjoy the friendliness and the professionalism of my co-workers and managers and can honestly say I am pleased to come to work”
The 2016 staff survey which was completed by 65 staff, identified that there was an increase in the number of people (from 2014) who had been working at Crisis Services between 5-10 years, and for 10 years or longer. There was also an increase of staff with post graduate degrees.

90% of respondents also agreed or strongly agreed that they were keen to continue their employment at CSN in the foreseeable future.

The results of the survey showed that staff feel confident in contributing ideas on how to improve services (87%).

Trust was a big part of the work culture with 95% feeling trusted by their direct supervisor and trusting their co-workers (93%).

Job satisfaction is also good - 87% said they agreed or strongly agreed that they would recommend CSN as a good place to work, and 93% felt proud of the work produced.

90% of respondents also agreed or strongly agreed that they were keen to continue their employment at CSN in the foreseeable future.
The financials

2016-17 Total Income $11,101K

Split by Program Stream ($K)

- Family Violence Services, $4,103K (37%)
- Youth & Family Services, $2,391K (22%)
- Access Health, $1,104K (10%)
- Needle & Syringe, $905K (8%)
- Crisis Support Services, $2,598K (23%)
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