

ANNUAL REPORT 2014

MISSINGSCHOOL INCORPORATED

INTRODUCTION

Across Australia, thousands of children with serious medical conditions are at home or in hospital, missing school. MissingSchool is dedicated to bridging the educational and social gaps experienced by these kids and, often, their siblings by advocating for continuing connection to their regular school.

As the first organisation in Australia with a primary focus on keeping seriously sick kids connected to their schools, MissingSchool is standing up by:

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- *supporting families with research, resources, strategies and helpful connections*
 - *raising awareness on the issue to inform the efforts of governments, educators, and health professionals*
 - *researching and embedding systems using best practice models and enabling technology*
 - *raising funds to achieve these objectives*
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MissingSchool takes the view that school is a kid's community. Connection to their community can alleviate the stress and anxiety of illness, promote resilience and optimism, and support seriously sick kids to remain positively engaged and accomplished now and in their future. This important connection reminds these kids that there is more to who they are, and their life, than being sick.

MissingSchool recognises significant school absence for kids relating to, for example: Arthritis, Asthma, Blood Disorders, Brain Injury, Burns, Cancer, Crohn's Disease, Cystic Fibrosis, Diabetes, Eating Disorders, Epilepsy, Heart/Liver/Kidney Disease, Injury and Transplants. There are, of course, other groups and we continue to extend our effort in identifying the range of medical circumstances that significantly interrupt school attendance.



Incorporated in the ACT, MissingSchool is a volunteer-led registered charity, and endorsed by the Australian Charities and Not-for-Profits Commission as a Deductible Gift Recipient.

SUPPORTING FAMILIES

ADVOCACY, RESOURCES, STRATEGIES AND HELPFUL CONNECTIONS

CREATING A PLACE FOR PERSONAL STORY

MissingSchool has a growing commitment to telling the stories of kids and families. The lived experience cuts a stark and compelling perspective as illustrated in the following story -- *A view from the pointy end of the cannula*. Telling experiences from the personal perspective will feature prominently in MissingSchool's future work.

A view from the pointy end of the cannula

The notion of "inpatient truancy" is interesting and perhaps closer to the truth than is immediately apparent. A kid who is playing truant is a kid who is escaping or avoiding being where he is supposed to be, and that's exactly what every sick kid in his heart of hearts would like to do.

My own child in hospital had as his sole and burning ambition to escape the situation ... and video games were his only way out. They took his mind away from it all. Anything which required him to be present in the moment also required him to face up to where he was and why, and he feared and hated every moment of it with a passion.

As a parent, I hated the video games with a passion, but I was no less terrified than my son was and I didn't have the emotional reserves to insist on schooling.

I use the term "schooling" because that's what was offered – a program of stuff to be taught and learned. "School" is different, it's a place where kids get to be with their mates to play and learn, where they have connections and an emotional investment. The Hospital School offered schooling. What my stressed and frightened son needed, but couldn't have, was his school.

This is all by way of putting my kid's video game obsession into context.

What strategies might you use?

These are some strategies which might have worked, but which were not used, for my son. They're not particular to the Hospital School setting, but their neglect in the Hospital School setting was probably critical to my son's failure to engage.

Clear for learning. What mental or emotional state is he in? Is he frightened or anxious? How did he sleep last night (on a hospital bed with other patients pressing buzzers and the drip alarms going off and nurses coming in and out all the time)? Has he had a GA or been fasting or does he have a cannulation coming up?

Assess his learning needs. Listen to his mother when she explains what his needs are. Don't assume that just because he is 8 years old he will engage with the maths



module which “goes” with the 8-yr old age-group. Actually, he loves maths but there is nothing guaranteed to turn him off faster than maths worksheets which are too easy for him, whether he’s in hospital or not. His home school will tell you that too, if you ask.

Make the learning relevant to his interests. If video games are what he’s interested in, then build a program around the video games. When my kid was on the ward we had him designing, measuring and doing scale drawings of a new racetrack for his favourite video game – but this was a family initiative, it was completely separate from the Hospital School work. If we’d had our brains switched on, we’d probably have got him writing up what it was about and why, and maybe creating stories around it. At the least we should have talked to the fabulous HS teacher who used to come and visit, and maybe she would have run with it. It was an opportunity lost.

If possible, give him work that reflects the work his mates are doing. It will mean conferring with his home school, which brings its own set of logistical problems. But it will mean he’ll have something to talk to them about – “hey, what did you write for the paragraph for geography? did you do a spelling quiz? did you think that book was really boring? are you using LEGO for your creative response?” – and this is what “normal” kids do.

Schedule FaceTime or Skype or any kind of connection with his school-friends. The lure of talking to a mate would have dragged him away from anything. But it would have to be “real” talking, or online chat at least, not just email.

Summary

A kid in hospital is probably doing it tough. He probably knows what his life depends on, and it’s not maths worksheets. He’s already been severed from whatever school or community he came from, and so he’s got nothing to lose by refusing to cooperate with the Hospital School. Any program developed for him is going to need to target his interests pretty carefully to make it worth his while engaging. Do you really need a particular set of strategies for inpatient truants, or is it simply that all the regular strategies of student-centred education need to be front and foremost at every instant with no margin for error?

WEBSITE & SOCIAL MEDIA

MissingSchool has continued to develop our website as a vehicle for communicating our mission, objectives, information and resources. Without a campaign, MissingSchool has increased sign-ups to our newsletter from 34 to 96 across the year. We supported outreach by developing a placeholder Facebook presence which, at the close of the reporting period, has close to 100 “likes”.

Building a large membership base and social media presence are top priorities for the coming year, as is a virtual forum where parents and carers can interact to raise issues, resolve questions and learn about what their kids are entitled to and how those entitlements can be fulfilled.

MissingSchool has continued to develop dynamic content through regular blogging and some Facebook posts. We have also invited and posted material from informed contributors. Off the back of this, MissingSchool sent out four broadcast messages to subscribers which achieved, on average, an open rate of 60%. MissingSchool thanks volunteer contributors for supporting our communication efforts.



MONKEY IN MY CHAIR EVALUATION

MissingSchool's involvement in Monkey-in-My-Chair project began in 2013 and grew out of one student's desire to make a difference in the lives of all students dealing with significant illness.

In early 2013, Hayley, in Year 3, had been diagnosed with a serious illness and her mother contacted MissingSchool to explore ways of supporting Hayley's connection to school when she was absent for treatment. Children's cancer charity, The Cure Starts Now (CSN), was offering the Monkey-in-My-Chair as a means of maintaining a presence in the classroom for kids who missed school because of treatment for cancer, and MissingSchool had been in discussions with CSN around the possibility of using the Monkey to support students with other illnesses. Hayley and her family and teachers agreed to trial the Monkey-in-My-Chair and report to MissingSchool and CSN on how the Monkey was used and what difference it made.



The Monkey is a large – and enormously appealing – stuffed toy which goes to school and sits in the chair of a student who is missing school because of illness. The Monkey is not seen as a substitute for the student, but as a reminder to the teacher and other members of the class that there is a student missing. The Monkey comes with a backpack which can be used to courier material – schoolwork, craft materials, friendly notes, journals, etc – between the class and the student, and can thus also be an effective prompt for keeping communication channels open.

Anecdotal evidence suggested that the Monkey had been hugely popular with young students facing cancer treatment, but we wanted to explore its use with a wider range of students and in an Australian context. We developed a proposal to trial the Monkey more broadly. Several other families and schools joined the project, referred by Hayley and her family, and the collection of data began. In the ACT, the Education and Training Directorate took a lead in reaching out to all schools in the Territory to seek expressions of interest from schools where students with significant illness or injury were enrolled, and more Monkeys were distributed.

Provision of each Monkey begins with a discussion with the school principal and teachers to ensure that they understand the purpose of the Monkey and are comfortable with its use in the classroom. School staff then consult with students and their families to discuss the suitability of the Monkey. When all parties are agreed, the Monkey is delivered to the school, and then by school staff to the student. Every term, MissingSchool conducts follow-up interviews with the student, the teachers and the student's parents or carers to find out how the Monkey is being used and what difference it makes. Observations are reported bi-monthly to CSN, the ACT Education Directorate, and to the schools and families; a brief summary is also posted on the Monkey blog on the MissingSchool website.

The Monkey is a very engaging way of reminding the teacher and the class of the student who is missing, and most parties have reported favourably on the Monkey's presence in the class and the emotional support offered to the student by the knowledge that the Monkey is in the Chair. However, the Monkey's greatest value is arguably in the more general conversations which arise around the nature of the support available to the students. By June 2014, a number of themes have emerged.

COMMUNICATION

While all parties agree on the vital importance of keeping communication channels open in order to support students with significant illness or injury, this can be very difficult in practice. The school environment is busy and complicated, and teachers have limited hours to spare for informal chat and reflection. The daily or weekly schedule for students with a significant illness or injury can be wildly changeable, and medical needs will supersede discussion of educational needs; students and their families may not be easy to contact if they are away from home or preoccupied with treatment issues. Over long periods of time, broad pictures can develop, but the ability to respond quickly and to provide timely feedback on any individual situation is compromised.

INCLUSIVITY

Different parties have different understandings of inclusivity, and these probably stem from different perceptions of what aspects of school are most important to the student. In future, MissingSchool will be recommending that the question of what parts of school the student misses most form the basis of discussions between the family and teachers around how to use the Monkey.



BENEFITS

The Monkey is a focus for social engagement, and students feel better knowing that the Monkey has been holding their place in the class while they are absent. They comment on the activities in which they know the Monkey has participated, such as school assemblies, class excursions, and lunchtime with their friends. However, the Monkey is not used as a means of maintaining academic continuity or connection to formal learning, and this gap has still to be bridged.

Work with the Monkey project is ongoing, and MissingSchool thanks The Cure Starts Now, the ACT Education and Training Directorate, and all the students, families and teachers who are contributing to our understanding of how to support students who miss school because of significant illness or injury.

A story on Hayley and Monkey in My Chair was featured in Brisbane Child magazine in April, 2014. The article prompted enquiries on the program from parents and media agencies. For more information about the Monkey in My Chair visit <http://www.monkeyinmychair.org>

LISTEN HERE!

We do not really know how seriously ill or injured kids feel about missing school and for many reasons it is complicated for them to tell us. But we need to try harder to listen. MissingSchool was asked to present vignettes of kids' voices to the Linking Up For Kids Conference (discussed below). MissingSchool devised a "vignettes" project called Listen here! so that kids' voices could be present during the Conference welcoming session.

Listen here! adopted a simple Post-it® Notes-plus approach designed to capture the feeling and thinking words (or pictures) that sick kids associate with missing school. The contribution from kids (via the collaborating organisations noted below) were collected, pooled, randomly collated and presented in a video storyboard at the Conference. The kids' contributions are now being designed into colourful posters for display on the premises of collaborating organisations. We will also make the Listen Here! video available on our website in coming months.

I am 11 years old. My reason for being away from school is aplastic anaemia(illness/injury). I have been away from school for 2 week/s, 12 months and this makes me feel upset because when I think of school, I think of Friends and Learning and Fun.

Almost 100 kids participated in Listen Here! with the support of organisations through which they receive care. MissingSchool thanks:

- Hospital Education Services, South Australia
- Mater Hospital Special School, Queensland
- Paediatrics at the Canberra Hospital, Australian Capital Territory
- Ronald McDonald House Charities (NSW, SA and WA)
- Royal Children's Hospital Education Institute, Victoria
- School of Special Education Needs, Western Australia
- The Children's Hospital School, Westmead, New South Wales

In the coming year, MissingSchool will analyse the thoughts and feelings given by the kids and will use the material to advocate for their rights and needs to be met.

ETHICS

MissingSchool endeavours to find ethical ways to give sick kids a voice in what matters to them in their schooling. To that end, we developed simple principles around presenting the voice and views of kids and families. Considerations include a position on live presentations by kids, tests around the validity of assent and consent to displaying kids' images and identifying information, the purposes for which these may be used, and the way in which they may be distributed. In addition, we are looking at guidelines on privacy and confidentiality and the way in which children are engaged to participate in activities that lead to telling their stories, thoughts and feelings. These principles and guidelines will be formally documented and publicised on the MissingSchool website in the coming year.

RAISING AWARENESS

INFORMING GOVERNMENTS, EDUCATORS, AND HEALTH PROFESSIONALS

ORGANISATIONAL LINKAGES

MissingSchool has established linkages and interactions with a number of organisations and some of these are listed below. We acknowledge these organisations for the time, support and goodwill they have contributed to our objectives.

- ACT Parents and Citizens Council, Australian Capital Territory



- Australian Research Alliance for Children and Youth
- Association for the Wellbeing of Children in Healthcare
- Aboriginal & Torres Strait Islander Consultative Body, Australian Capital Territory
- Behavioural Sciences Unit, Sydney Children's Hospital
- Children's Healthcare Australasia
- Cure Starts Now
- H.E.L.P. Alliance
- Home Parenting Australia
- Hospital Education Services, South Australia
- Kids' Cancer Centre Parent Advisory Council (Sydney Children's Hospital)
- Mater Hospital Special School, Queensland
- No Matter What
- Paediatrics at the Canberra Hospital, Australian Capital Territory
- Rare Voices
- Ronald McDonald House Charities
- Royal Children's Hospital Brisbane
- Royal Children's Hospital Education Institute, Victoria
- School of Special Education Needs, Western Australia
- Siblings Australia
- Westmead Children's Hospital School, New South Wales

MissingSchool has also been contacted by, and interacted with, a number of parents, and health and education practitioners who are keen to tell their stories and who want to fill the gap in information and advice on how to keep kids in their care connected to their schools.

CONSULTATION

In June 2013, MissingSchool hosted a consultation in Canberra which brought together 20 people including parents, representatives from the ACT Directorate of Education and Training, Department of Health, researchers/research centres (e.g. Canberra University and the Australian National University), Children's Healthcare



Australasia, Ronald McDonald Education Pathways Project, and the Behavioural Sciences Unit of the Sydney Children's Hospital.

The Consultation was professionally facilitated and produced some excellent data. Led by MissingSchool member, Megan Jackson, we collated this into a summary of adult perspectives on how kids feel when they miss school because of serious illness, and circulated it back to participants this year, to inform thinking and practice. We will be sharing our examination of this data to the broader community, via our website, in the coming year.

EDUCATION PATHWAYS PROJECT OF RONALD McDONALD HOUSE CHARITIES

MissingSchool was invited to attend a forum hosted by Ronald McDonald House Charities (RMHC) in February, 2014. The forum supported RMHC's Learning Pathways Project, which was established several years ago to promote the educational interests of kids with cancer, with a focus in NSW. The project has since been extended to include all chronic illness and states and intends to convene the forum annually to canvass views from a broader group of interests.

KIDS' CANCER CENTRE, SYDNEY CHILDREN'S HOSPITAL

MissingSchool had a formal teleconference with the head of the Centre, and Nurse Unit Manager, along with representatives from RMHC, to exchange information on the work and directions of MissingSchool and the Centre's collaboration with the Learning Pathways Project of RMHC. The meeting was followed by a written representation from MissingSchool focused on parent interests.

PAEDIATRICS AT THE CANBERRA HOSPITAL

MissingSchool met with staff members from the Paediatrics area at the Canberra Hospital (PATCH). The meeting exchanged information and ideas about missing school and explored forging greater connections between PATCH staff and the Hospital School, along with ways that MissingSchool can support families on the ward through information and resources held on our website.

RARE VOICES

MissingSchool met with the CEO of Rare Voices Australia in February, 2014, to discuss that charity's focus, strategy, and approach. The meeting was an excellent opportunity to exchange ideas on advocacy, rare disease and missing school and ways we can support each other's work and message.

REPRESENTATION TO THE ACT DIRECTORATE OF EDUCATION & TRAINING (DET)

The June Consultation (noted above) triggered a meeting with the ACT Education and Training Directorate, which coincided with the ACT Parents and Citizens Association raising a policy request (with MissingSchool's input), to Ministerial level, petitioning for attention to the needs of seriously sick students.



The ACT Directorate of Education and Training responded to these discussions by staffing the development of new policy and practice to support kids who miss school because of critical or chronic illness.

ROYAL CHILDREN'S HOSPITAL EDUCATION INSTITUTE

MissingSchool met with the Principal and a staff member of the RCHEI in Canberra in October, 2013. This meeting coincided with planned collaboration between MissingSchool and RCHEI researchers, specifically for the St George funded research with the Australian Research Alliance for Children and Youth. The RCHEI and MissingSchool have built an excellent and collaborative relationship on a number of fronts since that initial meeting.

WESTMEAD CHILDREN'S HOSPITAL SCHOOL

In June, 2014, two members of the MissingSchool management committee, along with a representative from the ACT Directorate of Training and Education, were invited by the Principal of the Westmead Children's Hospital School to visit the school and learn about its operation. This is the largest Hospital School in NSW (in terms of volume of students). As well as seeing the classrooms in action, MissingSchool was introduced to the Hospital School's impressive strategy, operations, curriculum and approach. At the conclusion of the visit, MissingSchool was invited to present a parent perspective to the Hospital School staff, who engaged in an excellent and open exchange of ideas with us.

RESEARCHING

BEST PRACTICE MODELS AND ENABLING TECHNOLOGY

H.E.L.P. CONFERENCE & ALLIANCE

The MissingSchool Chair represented MissingSchool at the H.E.L.P. Alliance Conference at the Gold Coast in September 2013. The Conference coincided with the Alliance's Annual General Meeting, at which MissingSchool's objectives and the parent perspective were presented. An outcome of this representation was that the H.E.L.P Alliance adopted the "Parent" role into the Alliance acronym. It is now Health (H), Educators (E), Learners (L) and Parents (P), where "P" had previously stood for Practitioners. MissingSchool also became a member of the Alliance.

MissingSchool represented at two H.E.L.P Alliance meetings: one by teleconference in February, 2013, and another in March, 2013 by circulating "A view from the pointy end of the cannula" as a means of informing participants on a family perspective.



LINKING UP FOR KIDS CONFERENCE

MissingSchool was thrilled to participate in the "Linking Up for Kids" Conference held in Sydney in April, 2014, by the Australian Research Alliance for Children and Youth partnering with Children's Healthcare Australasia. The Conference brought together 270 representatives from the health, hospital and education sectors to consider how we can improve partnerships between the sectors in order to keep kids well, and to support them better when they are not.

MissingSchool had been invited to present a kids' perspective. After some thought we decided to ask hospitals and educators around the country to help us to prepare a video which would let real kids speak about the issues they face today in navigating between the health and education systems. Almost 100 brave children and young people responded in the Listen Here! activity (see earlier) with pull-no-punches honesty to tell us how they felt about missing school because of illness, and what they thought of when they missed school. We are immensely grateful to them for entrusting us with their thoughts and feelings, and also to the organisations which collaborated to bring it all together. The video Listen Here! played to critical acclaim at the opening of the conference.

Later, Cathy Nell participated in a panel discussion on the lived experience of serious illness and its impact on education. Gina Meyers delivered a presentation on the barriers to maintaining connection to school when a kid is absent because of serious illness. At the end of the conference, Megan Gilmour participated in a panel debate on the Healthy Schools framework, and offered a series of thought-provoking questions on our attitudes to kids, health, education and the nature of support.

Everybody we spoke to was passionate about the need for all kids, including those with serious illness, to have access to quality education. Speakers in the final debate noted that health levels are clearly linked to education levels in society, and that the best thing the medical profession could do for the health of our young people would be to keep them in school. We loved Norman Swann's tongue-in-cheek suggestion that kids' school leaving results be made a performance indicator for doctors.

We thank ARACY and CHA for their recognition of the importance of education in the lives of kids with serious illness, and for the opportunity to participate in a lively and exciting conference.

ST GEORGE FUNDED RESEARCH WITH ARACY

MissingSchool is guided by the principles of collaboration and evidence for practical, preventative interventions to help kids and young people with serious medical conditions get what they need from their schools.

In April, 2013, MissingSchool approached and set up collaboration with the highly-regarded Australian Research Alliance for Children & Youth (ARACY). On the strength of that collaboration, MissingSchool applied for – and was awarded – a



grant of \$20,000 from St George Foundation for Australian-first research. The research will look at the number of kids around Australia who miss school because of serious illness, models of best practice, and take a national and state-by-state audit of the legislation and provision to address the issue.

MissingSchool and ARACY hosted a roundtable webinar in January, 2014, to get input in the early drafting phase of the reports. Attendees included representatives from ARACY, MissingSchool, ACT Directorate of Education and Training, RCHEI, RMHC, School of Special Education Needs, Western Australia, Westmead Children's Hospital School and researchers Megan Jackson and Jenny Lavoipierre.

The inquiry, to which Ronald McDonald House Charities and Royal Children's Hospital Education Institute have contributed, will be disseminated through our collective networks, the media, and taken forward to the Federal and State Governments to provoke future discussions on measurement, practice and accountability. An important part of the research outcome is producing an easily digestible "infographic" version of results for the parents of seriously sick kids and the kids themselves.

WORKING WITH RESEARCHERS

MissingSchool has formed excellent relationships with researchers working in the area of education connection for critical and chronically ill kids. Our interactions and collaborations across the year included with researchers at the University of Canberra, Royal Children's Hospital Education Institute, the Behavioural Sciences Unit of the Sydney Children's Hospital and the Victoria Institute, Victoria University.

RAISING FUNDS

ACHIEVING OBJECTIVES SUSTAINABLY AND BY MOBILISING PUBLIC SUPPORT

GRANTS AND DONATIONS

MissingSchool achieved donations of \$8,035.00 and grant contributions of \$21,000 for the year.

100 COMMUNITY HEROES GRANT

In July, 2013, the Calwell, Curtin, Jerrabomberra, and Wanniasa Community Bank® branches (Bendigo Bank) advised that Missing School was successfully nominated to receive a 100 Community Heroes Grant. The grant, worth \$1000, is targeted to running an event in the ACT for families, educators, health practitioners and researchers — hopefully the first of others around Australia — called "Keeping Seriously Sick Kids Connected". The 100 Community Heroes Campaign is a way of



showing support for community groups like MissingSchool who are out there making a difference every day.

ST GEORGE FOUNDATION

In August, 2013, the Governors of St George Bank Foundation announced the approval of a grant of \$20,000 to MissingSchool and the Australian Research Alliance for Children and Youth (ARACY). The grant means that MissingSchool can champion research in Australia for kids who experience the multiple disadvantages of serious illness and separation from their school friends and education.

OTHER GRANTS & DONATIONS

The diners at Grill'd in Belconnen (Canberra) voted with their burgers. In the restaurant's January Local Matters donation campaign, MissingSchool was voted number one – of three charitable causes — for our work with Monkey in My Chair. MissingSchool was delighted to accept the \$300 donation, supported by a representative from the ACT Directorate of Education and Training who are trialling the Monkey in classrooms in the ACT.



FUNDING STRATEGY

MissingSchool School implemented a pay-online donation system via our website using Paypal. This was the first part of a funding strategy adopted by MissingSchool at the end of the 2013 financial year. The strategy outlines a range of ways in which MissingSchool can raise funds to support our objectives. The strategy has not been rolled out as our focus has stayed on fulfilling existing workload under held grants.

MissingSchool will pick up a public funding focus in the forthcoming financial year as we move into our new strategy. The public funding strategy is desired not only as a means to build income for our operations, but as a platform to broaden public empathy and understanding for the limits on education facing seriously sick kids. We



believe this will build momentum for our advocacy effort for systematically keeping seriously sick kids connected to their regular schools.

PEOPLE

MissingSchool continues to be staffed on a fully volunteer basis. For the 2014 year, volunteer staffing contributions approximated 1.5 of a full time equivalent.

MANAGEMENT COMMITTEE

MissingSchool is a testament to what a passionate team of four part-time volunteers can achieve. In the last year, the current management committee has taken MissingSchool to national recognition. Our management committee has made a commitment to maintaining their role for the next year to implement a highly focussed strategy.

MissingSchool has committed to, in principle, maintaining a management committee with majority drawn from parents of seriously sick kids or those who have a connection to the lived experience of kids with serious illness and their families.

MEGAN GILMOUR – CHAIR



GINA MEYERS – SECRETARY



CATHY NELL – PUBLIC OFFICER



HUGH DIXON – TREASURER



Our imagined future is that today's "radical notion" of continuous school connection for seriously sick kids is something that will someday be taken for granted. A time when all kids with serious health conditions receive full support from their schools as a matter of course and MissingSchool is a thing of the past.



MEMBERSHIP

MissingSchool retains seven formally enrolled members, the same level of membership held in 2013. Increasing the membership was not a strategic priority in the 2014 year but has been flagged as a central priority for 2015 and beyond. The membership drive will focus on attracting parents and carers of seriously sick kids but will remain open to anyone interested in supporting the educational, social and emotional needs of these kids and their school-aged siblings.

OPERATIONS

STATUTORY REPORTING

MissingSchool maintained its statutory reporting obligations with the Office of Regulatory Services in the ACT, and the Australian Charities and Not-for-Profits Commission.

STRATEGIC PLANNING

In November 2013, MissingSchool held a two-day strategic planning workshop. Members of the Management Committee came together, with independent adviser and experienced educator, Jennifer Lavoipierre, to review progress for the previous 18 months, and map out areas of focus for the coming 18 months. The results of this workshop have been used to develop the 2015-16 Strategic Plan to be approved at MissingSchool's 2014 Annual General Meeting.

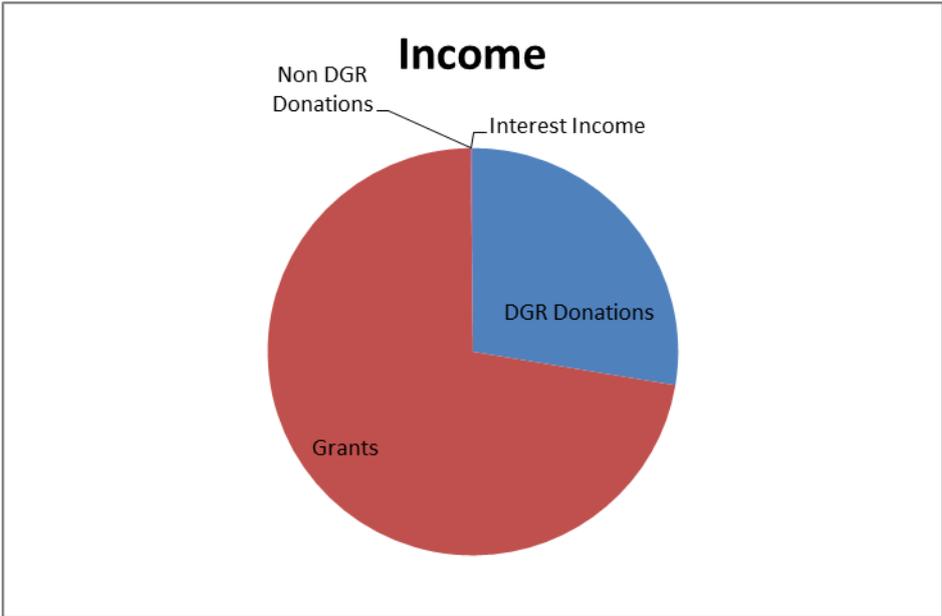
FINANCIAL REPORTING

At the end of June 2014, MissingSchool held assets totalling \$15,416.96, having \$14,119.41 in cash at bank, and \$1,297.55 in anticipated refund of Goods and Services Tax.

INCOME

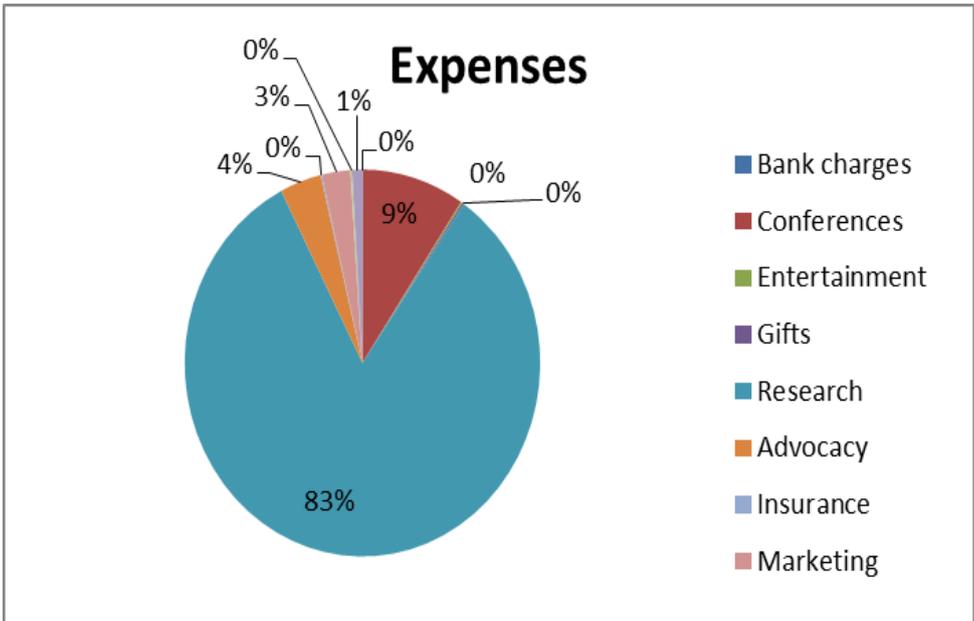
Total income for the year amounted to \$29,085.41, comprising tax deductible donations of \$8,035.00, grant contributions of \$21,000 and bank interest of \$50.13. A small amount of income (28 cents) was acquired from Paypal through setup testing.





EXPENDITURE

MissingSchool's expenses for the year totalled \$23,408.52. The largest component of this was for research (83%), primarily for contributions to the St George funded research project through ARACY. Conferences represented just over 9% of expenditure, advocacy close to 4% and marketing around 2.5%. Other operating costs were negligible.



BALANCE SHEET 2014

| Account | 30/06/2014 Balance |
|---------------------------------------|-----------------------|
| ASSETS | |
| Cash and Bank Accounts | |
| Society Cheque Account | 14,119.41 |
| TOTAL Cash and Bank Accounts | 14,119.41 |
| TOTAL ASSETS | 14,119.41 |
| LIABILITIES & EQUITY | |
| LIABILITIES | |
| Other Liabilities | |
| *Tax Control* | -1,297.55 |
| MC Contribution | 0.00 |
| TOTAL Other Liabilities | -1,297.55 |
| TOTAL LIABILITIES | -1,297.55 |
| EQUITY | 15,416.96 |
| TOTAL LIABILITIES & EQUITY | 14,119.41 |

PROFIT & LOSS STATEMENT 2014

| Category Description | 1/07/2013- 30/06/2014 |
|--------------------------------|--------------------------|
| INCOME | |
| Charitable Income | |
| DGR Donations | 8,035.00 |
| Grants | 21,000.00 |
| Non-DGR Donations | 0.28 |
| TOTAL Charitable Income | 29,035.28 |
| Interest Income | 50.13 |
| TOTAL INCOME | 29,085.41 |
| EXPENSES | |
| Operating Exp. | |
| Bank charges | 8.39 |
| Conferences | 2,181.23 |
| Entertain | 35.36 |
| Gifts | 40.00 |
| Initiatives | |
| Advocacy | 882.99 |
| Research&Practice | 19,374.94 |
| TOTAL Initiatives | 20,257.93 |
| Insurance | 25.00 |
| Marketing | 604.28 |
| Regulatory Fees | 37.00 |
| Travel | 219.33 |
| TOTAL Operating Exp. | 23,408.52 |
| TOTAL EXPENSES | 23,408.52 |
| OVERALL TOTAL | 5,676.89 |

