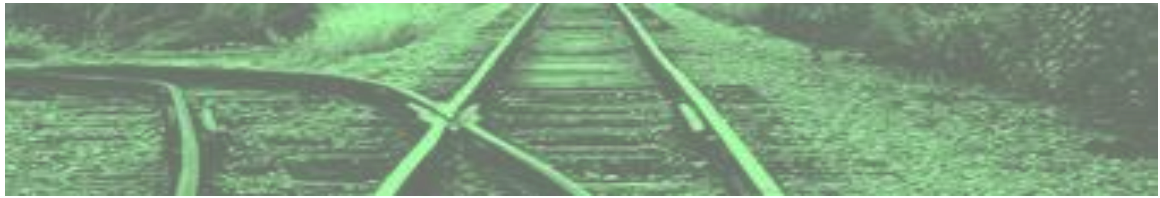




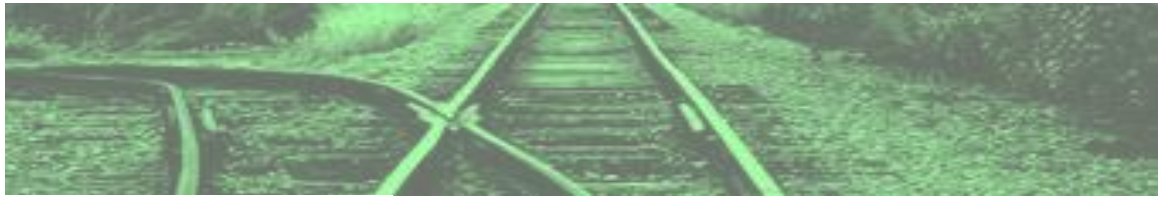
Diverge

**Annual Report  
2016 - 2017**



## Table of Contents

Manager’s report .....	3
President’s Report .....	4
Treasurer’s Report .....	5
Referral Coordinator’s Report .....	6
Neuropsychology Assessment Unit .....	7
Paediatric Service Coordinator’s Report .....	9
Training Coordinator’s Report .....	11
Service Development Coordinator’s Report.....	12
Financial Report .....	13
Contact details .....	17



## Manager's report

2017 was a year of consolidation for Diverge and as such 'making us stronger' will be the theme of this year's annual report. Diverge has had small but sustained growth in the business in the areas of psychology, brain injury, neuropsychological assessment, behaviour support, complex client support, and training. In addition, Diverge has also continued to grow its voice and input in the disability sector that has identified the need for change around clients with disabilities and the ways their needs are met.

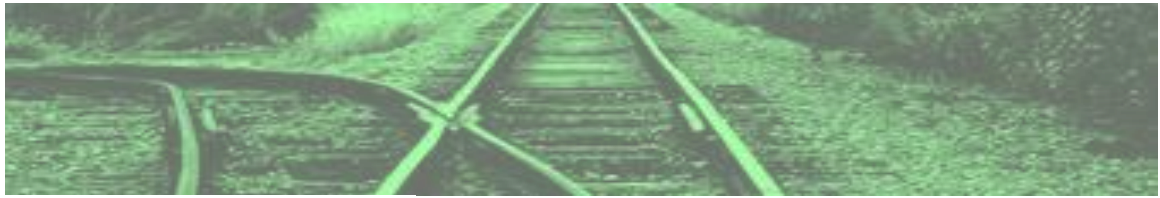
The Diverge Team was invited to deliver a joint presentation with the Caulfield ABI Inpatient team at the 2017 ASSBI conference in Melbourne. The Diverge presentation was titled "How to provide community-based behaviour management support to people with ABI". The session was well received with an audience of approximately 150 people and positive feedback was provided by both conference organisers and a variety of attending clinicians.

Diverge was also invited to contribute to the Brain Injury Australia/Monash University/Domestic Violence Victoria research project into ABI and Family Violence conducted by Dr. Suzy Goldsmith (BI Australia). Following our contributions, we then attended and participated in the community-based research findings workshop in October 2017.

In early 2017, Dr. Harriet Downing joined us from CBDATS, and she has integrated with the team seamlessly and has already made a wonderful contribution to the services Diverge offers across the state. Diverge faces 2018 with a growth mindset and renewed enthusiasm. We look forward to further development of the business and ongoing improvements and adaptations to the ways we engage with the disability community across the state.

Samantha Burns, Manager





## President's Report

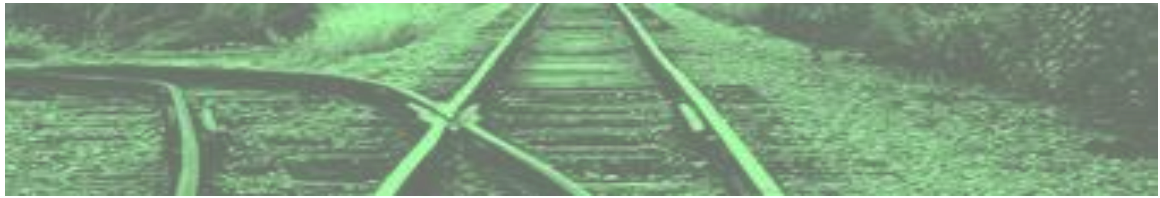
Diverge has had a successful 2017. We have spent this year consolidating our position as a leader in the field of community-based neuropsychology treatment while at the same time we have been increasing the number of neuropsychology assessments that have been conducted.

Our paediatric work continues to go from strength to strength under the able leadership of Genevieve McMahon with strong referrals coming from both TAC and NDIS as it rolls out across Victoria.

We also need to congratulate Dr. Adrian Kamer on the successful delivery of the training sessions for registrars and early career clinicians. This training series has been very well received and clearly fills a gap in skill acquisition for those who are embarking on their careers in Neuropsychology and goes a long way to fulfilling our mandate to strengthen skills in community neuropsychology across our sector and to broaden practical based treatments in Neuropsychology.

In early 2017, it with great pleasure that we have welcomed Dr Harriet Downing to our staff. Harriet joins us with some terrific experience she has gained working with The Community Brain Disorders Assessment and Treatment Service. She has hit the ground running and we appreciate and value her enthusiastic embracing of our challenging work in the community and look forward to her addition to and broadening of our clinical practise. I believe Diverge will go from strength to strength this year with the focus of our service on to the practically based treatment for which we have become known.

Jan Loewy  
CoM, President



## Treasurer's Report

The financial year 2017 has seen ongoing a period of stabilisation for Diverge Consulting. Demand for services has grown and the business has successfully met the challenges of the introduction of NDIS and a new financial management system as well as the consolidation of staffing and business stabilisation. There was a small increase in income and a larger increase in expenses this year with a small increase in wages, stabilisation of superannuation and increased business management costs. All these areas are fundamental to the effective operation of the business and Diverge continues to face the challenge of supporting business development whilst maintaining adequate income to support expenses.

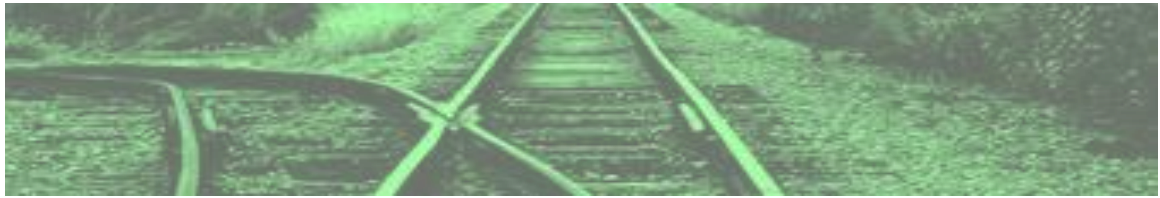
Given this consideration, the basic business figures for the 2017 year are provided below. In addition, a comprehensive financial report and audit has been completed by our accountants Collins & Co. and was presented at the AGM on November 23<sup>rd</sup>, 2017.

### Diverge Consulting Financial Summary 2017

	Amount
Starting Balance	\$151,270
Expenses	\$718,829
Income	\$681,762
Ending Balance	\$114,203

These figures highlight ongoing increases in business expenses that are predominantly being incurred as we attempt to further develop the clinical and research areas that we work within. In addition, there are associated costs in the continued development of an evidence base for the model and methods that we employ in the complex area of brain injury, behaviour management and neuropsychology. The year ahead will provide the team with new opportunities to manage our core income producing activity with development goals and will require ongoing budget planning, management and oversight to ensure all business and budget requirements continue to be met. Diverge faces these challenges with enthusiasm and optimism and we look forward to another exciting year ahead. There are plans for team expansion in the year ahead and we will explore office relocation for increased business stability costs.

Samantha Burns  
Treasurer



## Referral Coordinator's Report

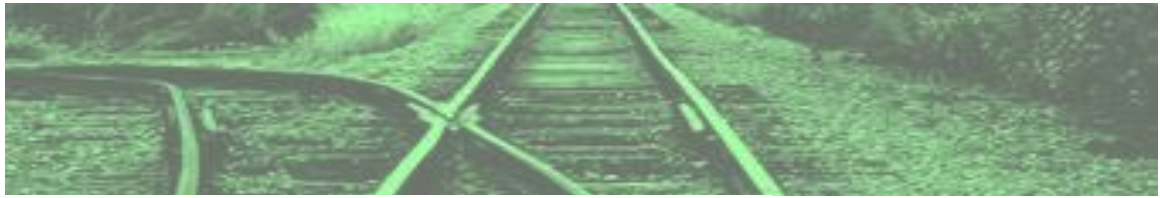
2017 has seen Diverge consolidate the business with some small growth and the addition of a new staff member. During this time Diverge received 184 new client referrals from a wide range of referral sources including: NDIS, insurance agencies, TAC, case managers and self-referrals.

In 2017 we saw another increase in the NDIS work being requested and assessments now being undertaken by a number of staff as well as a general increase in requests for neuropsychological assessments. Staff are also increasing work with clients with NDIS funding and there has been considerable work to improve information for clients and to ensure the process is well handled. Diverge is one of only a few providers registered with NDIS to provide complex behaviour management/support services.

Diverge continues to be called on to work with clients with an array of complex issues both in terms of assessment, therapeutic input and training. Some examples of this work include:

- Completing a differential diagnosis assessment for a client with suspected early onset dementia/malingering in relation to a complex legal case.
- Developing a specialist disability housing and behaviour plan for a young man with mild ID and ASD, severe communication impairment and some mental health issues. This report was used by NDIS to assist the young man to live in more independent and appropriately supported accommodation.
- Working a client who sustained a brain injury as a result of hyponatremia to return to independent living in the community and avoid permanent placement in a nursing home. This client has now returned to driving, volunteer work within the community and full independent function.

Jane Jackson  
Referral Coordinator



## Neuropsychology Assessment Unit

In 2017, Diverge received 80 referrals for neuropsychology assessment. Referrals came from a variety of sources, including the Transport Accident Commission, Department of Health and Human Services, the National Disability Insurance Scheme, Bendigo Health, Corrections Victoria, Northern Territory Corrections and others.

Common reasons for referral included clarifying support needs, providing guidance to clients, their families and people working with them regarding cognitive and behaviour management, capacity to make reasoned informed decisions, eligibility for the National Disability Insurance Scheme and providing expert medicolegal opinion to assist a court.

Our clinicians travel Victoria-wide and interstate to complete neuropsychology assessments. We complete assessments in the community, prisons and schools. About one third of our assessments incorporate assessment tasks using iPads. We find this can make the assessment more interesting and engaging for clients and it also saves the clinician time on scoring.

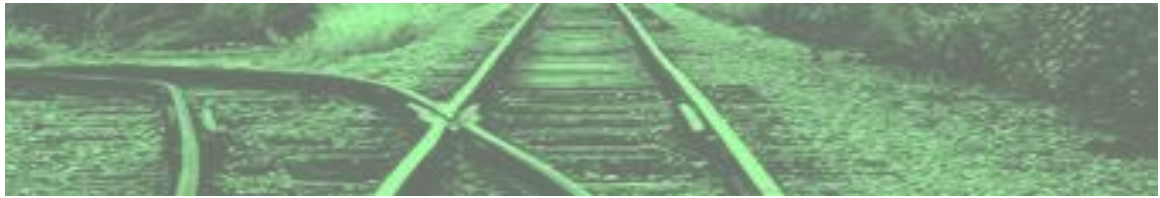
### Case study

A 52 year old woman from a remote regional area with a history of stroke was referred by her case manager to clarify her cognitive strengths and weaknesses and strategies to support her. She reported difficulties with memory, anxiety and irritability, impacting on her relationship with her partner.

Based on her work history and her best performances on the assessment, she was estimated to have had pre-stroke abilities in at least the superior range. She did not perform below the low average range, but in comparison to pre-stroke levels there was evidence of severe impairment in memory and executive skills (particularly organisation, self-monitoring and insight). She demonstrated strengths in basic reasoning and attention. This pattern of results was consistent with the impact of the stroke.

In terms of everyday life, the assessment indicated compared to her excellent pre-injury abilities, she would have difficulties remembering new information, and organisation would be more difficult and effortful. She would not necessarily recognise when she is having issues and may instead blame others. These difficulties would be exacerbated when she is tired, stressed, anxious or low in mood.

A feedback session was provided with the client, her husband and case manager, summarising these results and recommended management strategies. Other recommendations included:

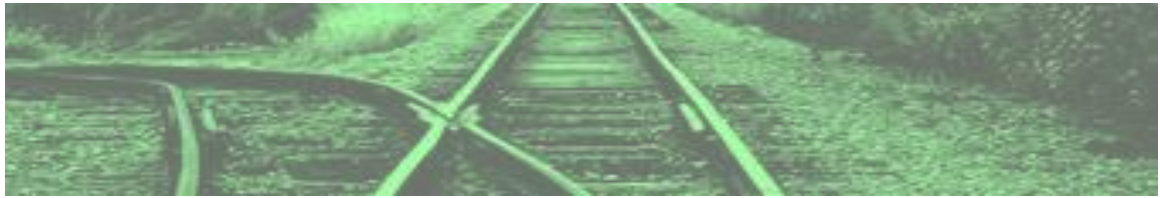


- Seeing her GP to discuss management of her anxiety, including medication and counseling options.
- ABI specialist relationship counseling via Skype if possible.
- Referral to the National Disability Insurance Scheme (NDIS)

Dr. Kathryn Hoskin  
Neuropsychological Assessment  
Coordinator







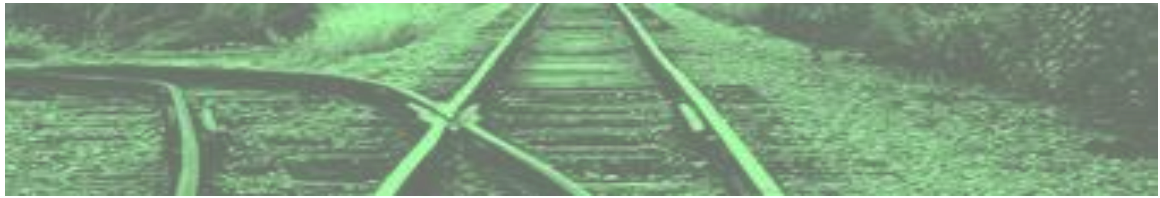
## Paediatric Service Coordinator's Report

During 2017, the number of paediatric referrals has stabilised after the very high number of referrals in 2016. There were 28 referrals for children and young people under 18 years of age, including 6 re-referrals of previous paediatric clients for reassessment or additional support.

TAC again was the main funder for paediatric clients, providing support for 60 percent of the paediatric clients, while NDIS accounted for the remainder of the funding. The main sources of referrals were the Victorian Paediatric Rehabilitation Service at the Royal Children's Hospital and the TAC, each accounting for 30 percent of referrals, with other referrals coming from a variety of agencies and service providers, as well as directly from family members. Behaviour support was the most frequently requested service in 60 percent of the referrals, with Neuropsychology assessments being requested for 40 percent of referrals, in addition to a small number of requests for counselling and school support.

The decision was made during 2017 to withdraw from actively pursuing paediatric medico-legal assessments, because of the large amount of time required to complete these detailed assessments impacted on the provision of other services. This service may be recommenced in the future however depending on future staffing and increased expertise in this area.

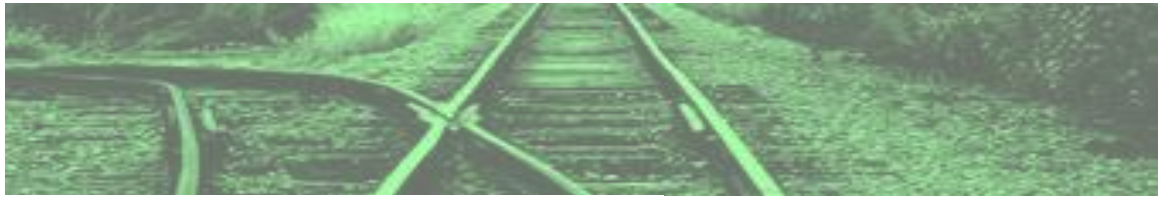
As noted in the 2016 annual report, the experience following the ongoing roll out of the NDIS is that there continues to a large unmet demand for behaviour support services for children and young people. This is particularly the case for young people with extreme behavioural issues associated with severe Autism and/or Intellectual Disability, as reflected in the frequent enquiries directed to Diverge about this client group. Following on from the concerns raised in last year's annual report, the decision was made in 2017 to focus more specifically on our core business of meeting the needs of the Acquired Brain Injury population. We have however endeavoured to increase our knowledge of alternative service alternative service providers to provide in response to these queries.



Involvement in the wider community during 2017 included participating in a panel discussion in August on the topic of “Transition from Primary School to High School” as part of a parent workshop for the Heads Together for ABI organisation. In addition, the relationship between Diverge and the Victorian Paediatric Rehabilitation Service at the Royal Children’s Hospital was reinforced by a presentation to their peer supervision session in June 2017.



Genevieve McMahon  
Paediatric Coordinator



## Training Coordinator's Report

During the 2017 calendar year, Diverge continued its approach of focusing on tailored training sessions for individual organisations and groups, as well as providing some scheduled training sessions. Two of the most successful training events again were the Neuropsychology Student and Early Career Workshop and the APS Mentoring Group.

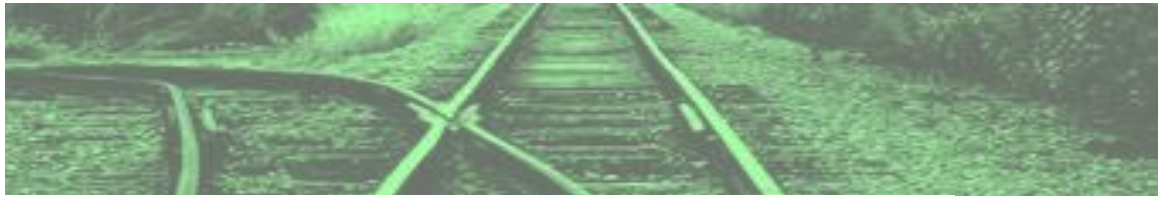
The Neuropsychology Student and Early Career Workshop evolved out of the previously run workshop, which was specifically focused on student training. The three-part workshop material was updated and expanded, including more interactive components, and also opened up to other clinicians. The new format was successful with all three sessions being fully attended with a good mixture of neuropsychology students, neuropsychology registrars, clinical psychologists, a social worker and an occupational therapist. The workshop focused on the assessment and intervention in challenging behaviour, providing practical strategies and opportunities for participants to practice their skills in a supported environment. Many thanks go to Dr Harriet Downing for her input into updating and co-presenting the workshop.

Once again the Diverge Mentoring Group was well attended and provided a platform for a diverse range of clinicians to work through, discuss and be provided support, suggestions and advice on clinical cases. The mentoring group was headed by one of the services most experienced clinicians, Jan Loewy, and was again attended by a diverse range of clinicians with very positive feedback received on its completion.

Diverge continues to place great importance on the training program and is committed to increasing the knowledge base, and assisting in developing the skills of clinicians and staff supporting clients with brain injuries. We look forward to the continued development and provision of our training services in the future.

Dr Adrian Kamer  
Training Coordinator





## Service Development Coordinator's Report

During 2017 Diverge has continued to build strong relationships with service providers both within the disability sector and in other areas. We continue to have a strong presence within brain injury networks across regional Victoria as well as within a range of other agencies.

The National Disability Insurance Scheme is now well established in several regions across the state and Diverge has been well placed, with its significant state-wide presence, to be able to provide a responsive clinical and advisory service for clients and service providers around brain injury and multiple and complex needs.

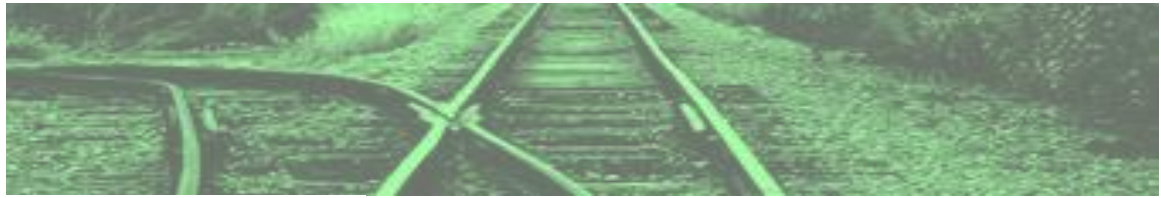
Diverge collaborated with the Caulfield ABI Inpatient unit to present at ASSBI 2017 and were also invited to participate in ground breaking research into a significant research collaboration investigating the links between ABI and Family Violence.

In 2017 Diverge incorporated clinical supervision for all staff as part of its professional development and support structure. This additional collaborative support structure offers all staff another level of processing to consider the challenging and complex cases Diverge clinicians engage with on a daily basis. Staff have indicated this has been a valuable addition to the supports provided in their workplace.

Jan Loewy  
Service Development Coordinator







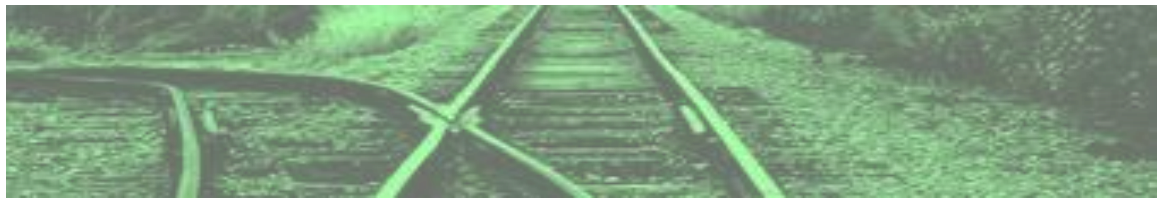
## Financial Report

<b>Income</b>	<b>2017</b>	<b>2016</b>
	<b>\$</b>	<b>\$</b>
Grants/donations no GST	-	5,914
Building Bridges Project	-	2,556
Health Services Pty Ltd	183,822	201,620
Health services no GST	99,529	30,416
Medicare services	4,849	8,944
TAC services	392,276	393,922
<b>Gross profit from trading</b>	<b>680,476</b>	<b>643,372</b>
<b>OTHER INCOME</b>		
Interest received	1,286	2,024
Workers Compensation Received	-	17,501
<b>TOTAL INCOME</b>	<b>681,762</b>	<b>662,897</b>



## Financial Report (continued)

<b>Expenses</b>	<b>2017</b>	<b>2016</b>
	<b>\$</b>	<b>\$</b>
Accountancy fees	5,762	6,389
Annual leave expense	2,238	12,809
Entertainment	-	606
Assessment forms	1,393	3,120
Bad debts	1,393	3,285
Consumer Affairs	112	109
Bank charges	160	225
Bookkeeping fees	717	-
Equipment rental expenses	-	4,660
Computer expenses	2,547	2,282
General expenses	2,682	2,226
Insurance	2,662	9,671
Internet and associated costs	763	763
Legal Fees	40,958	5,263
Long service leave expense	9,671	13,864
Office supplies	4,352	1,550
Postage	113	110
Printing and stationary	-	225
Rates and taxes	1,397	1,794
Rent	22,367	19,250
Repairs & Maintenance	-	-
Room hire	-	3,142
Staff amenities	821	2,764
Staff training	2,965	722
Superannuation contributions	43,951	43,589
Telephone	6,383	7,591
Travelling expenses	10,292	16,803
Wages	544,455	531,969
Workers Compensation	10,675	667
<b>TOTAL EXPENSES</b>	<b>718,829</b>	<b>690,996</b>
<b>SURPLUS/ (DEFICIT) ATTRIBUTABLE to the ASSOCIATION</b>	<b>(37,067)</b>	<b>(28,099)</b>



## Financial Report (continued)

<b>Share Capital and Reserves</b>	<b>2017</b>	<b>2016</b>
	<b>\$</b>	<b>\$</b>
Retained earnings	189,908	198,876
<b>Total share capital and reserves</b>	<b>189,908</b>	<b>198,876</b>

Represented by:

### **CURRENT ASSETS**

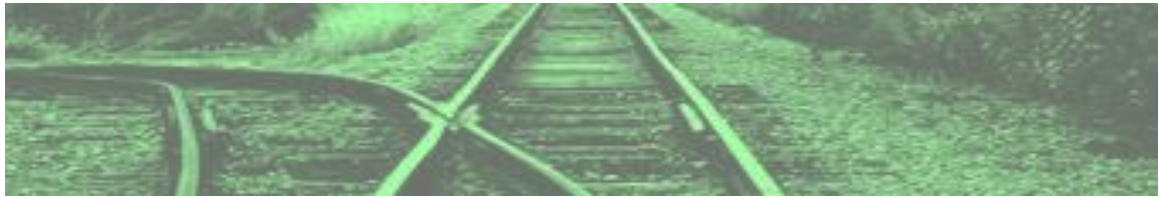
Cash at bank	36,027	1,114
Investment account	6,120	6,113
Direct Investment Account	78,285	77,010
Petty cash	50	50
Trade debtors	50,398	105,621
Provision for doubtful debt	(3,125)	-
Sundry debtors	11,003	-
<b>Total Current Assets</b>	<b>178,758</b>	<b>189,908</b>

### **NON-CURRENT ASSETS**

#### **Fixed Assets**

Office renovations	6,005	6,005
Assessment tools	18,680	18,681
Computers	7,647	7,647
Furniture and Fitting	150	150
Website development cost	7,556	7,556
Preliminary setup cost	259	259
Bond	5,000	5,000
<b>Total Non-Current Assets</b>	<b>45,298</b>	<b>45,298</b>

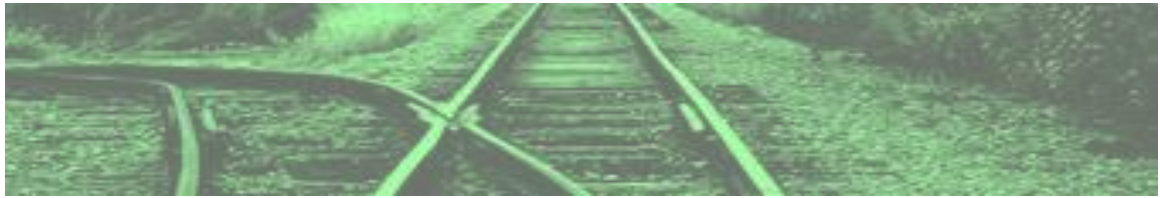
<b>TOTAL ASSETS</b>	<b>224,056</b>	<b>235,206</b>
---------------------	----------------	----------------



## Financial Report (continued)

	<b>2017</b>	<b>2016</b>
	\$	\$
<b>CURRENT LIABILITIES</b>		
Sundry creditor	12,676	-
Superannuation payable	3,521	3,422
PAYG Withholding payable	8,148	6,822
GST collected/paid	659	751
GST adjustment	97	97
Provision for Annual Leave	37,780	35,542
Provision for long service leave	46,972	37,302
<b>TOTAL CURRENT LIABILITIES</b>	<b>109,853</b>	<b>83,936</b>
<b>TOTAL LIABILITIES</b>	<b>109,853</b>	<b>83,936</b>
<b>NET ASSETS</b>	<b>114,203</b>	<b>151,270</b>
<b>PROFIT/DEFICIT</b>	<b>(37,067)</b>	<b>(28,099)</b>
Retained earnings at the beginning of the financial year	114,203	151,270
<b>Total available for appropriation</b>	<b>114,203</b>	<b>151,270</b>
<b>Retained earnings at the end of the financial year</b>	<b>114,203</b>	<b>151,270</b>





## Contact details

Diverge Consulting

Telephone: +61 3 9329 4330

Fax: +61 3 8678 3065

Email: [info@diverge.org.au](mailto:info@diverge.org.au)

Web: [www.diverge.org.au](http://www.diverge.org.au)

Post: 204/46 Graingers Road, West Footscray 3012  
Australia

ABN: 95 821 965 642