



Diverge

**Annual Report
2012 - 2013**

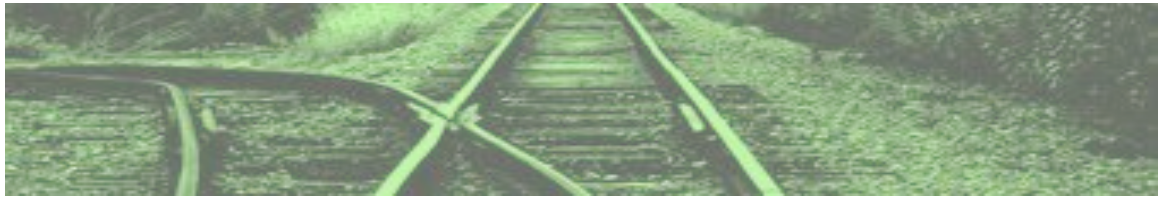


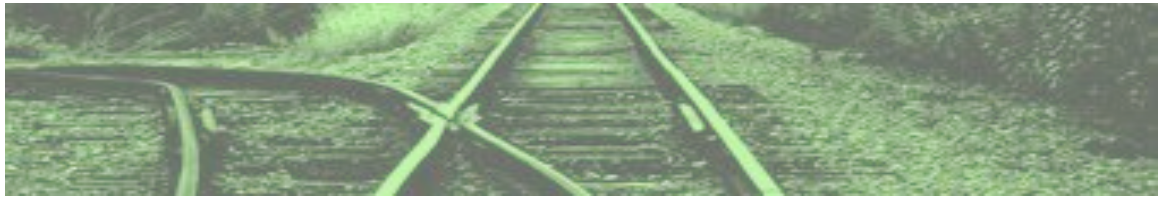
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Manager's report

Equity is the theme of this year's annual report. The focus is about achieving equality of services for people with acquired brain injury (ABI). This was especially highlighted in our report *Issues and inequities facing people with ABI in the criminal justice system*. We presented the key findings of this report and the publication was launched by the Office of the Public Advocate in November 2012. We also delivered a platform presentation focussing on the core issues and recent developments at the ACSO conference in 2013. There has been a groundswell of activity in response to this issue in the past year. Opportunities for funding and service development across the sector have been generated. We have been successful in applying for a grant in collaboration with the Victorian Coalition of ABI Service Providers (VCASP), Villamanta Disability Rights Legal Service, and Brainlink that will enable us to produce an information booklet regarding the rights of people with ABI in the justice system. We have been elected to the Board of VCASP and will continue to have a role with the VCASP Criminal Justice Network. We have also been working on increasing specialist services for children, with the development of our paediatric service and a presentation at the National Acquired Brain Injury Conference in Melbourne in 2013. The National Disability Insurance Scheme has opened for business in the Barwon region and we continue to advocate for our clients with ABI to have equitable access to services as the insurance scheme is rolled out. There is much work to be done in the coming years. In the words of D. H. Lawrence, "Ethics and equity and the principles of justice do not change with the calendar".

Suzanne Brown
Manager



President's Report

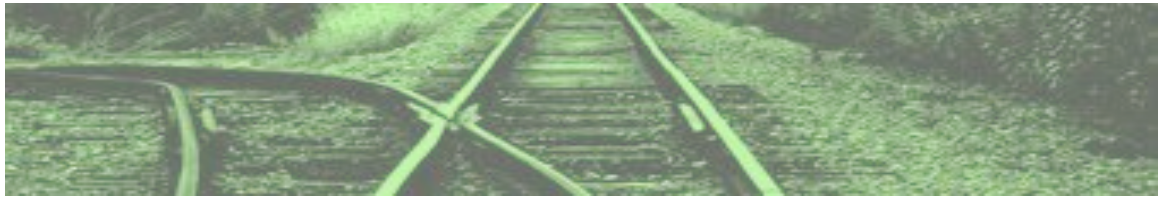
The past year has been one of development and change at Diverge. In terms of clinical practice we have seen the steady growth of our work with children and young people including offering neuropsychology and behavioural assessments and ongoing advice. Our research work has focussed on developing work related to the Overt Behaviour Scale (OBS). We have recently launched our new website and this has allowed us to showcase our services more effectively as well as provide some improved functionality, such as being able to accept payments online.

We congratulate Kathryn Hoskin and family on the arrival of their son and look forward to her return to work in late 2013. We have been lucky in the meantime to have Dana Sullivan take on some neuropsychology assessments and I would like to thank her very much for her work in the past year. We have also had changes in our administration with Liz Honey our administration officer leaving us last year to move overseas. Thanks to Liz for her tireless work in updating our records and accountancy and a warm welcome to Jane Jackson who has taken on her role.

There are many opportunities and challenges on the horizon and initiatives such as the National Disability Insurance Scheme provide incentive to develop, evaluate and promote our service in as effective a manner as possible.

I would like to thank all the Diverge team (Jan Loewy, Samantha Burns, Glenn Kelly, Suzanne Brown, Kathryn Hoskin, Dana Sullivan, Genevieve McMahon, Liz Honey and Jane Jackson) who have helped build and strengthen this service. Special thanks also to John Foley, Grahame Simpson and Peter Kremer.

Jenny Todd
President



Treasurer's Report

The financial year 2012/2013 has seen ongoing growth for Diverge Consulting. Demand for services has continued to grow and the business has successfully managed the challenges of maternity leave and extended annual leave for several clinicians. There was a significant increase in both income and expenses again this year with increases in wages, superannuation and professional development. All of 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.

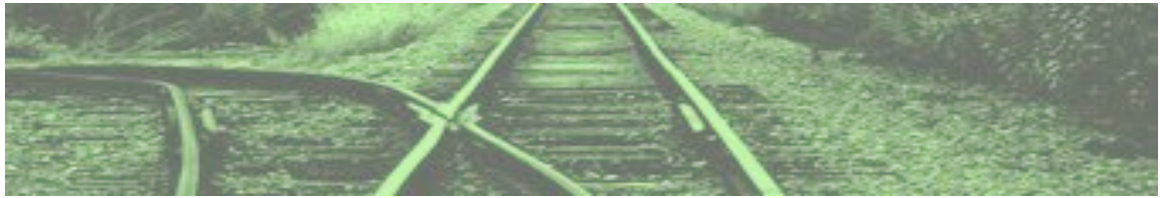
Given this consideration, the basic business figures for the 2012-2013 year are provided below. In addition, a comprehensive financial report and audit has been completed by our accountants Collins & Co. and was presented at the AGM on November 14th 2013.

Diverge Consulting Financial Summary 2012-2013

	Amount
Starting Balance	\$133,703
Expenses	\$518,768
Income	\$544,846
Ending Balance	\$159,781

These figures highlight ongoing increases in business expenses that are predominantly being incurred as we attempt to further develop the clinical 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 careful 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.

Samantha Burns
Treasurer



Clinical Coordinator's Report

The past year has seen ongoing growth for the range of neuropsychological, psychological and behavioural support services offered by Diverge Consulting. We received an additional 100 individual referrals for clinical services that have again included direct behavioural support, behavioural assessment, secondary and tertiary consultation and extensive clinical family support. The referrals continue to come from an ever growing variety of sources that include TAC, Senior Masters Office (SMO), ABI case managers, Slow to Recover, Work Cover, legal firms, courts, mental health services and there has also been an increase in direct referrals from GP's.

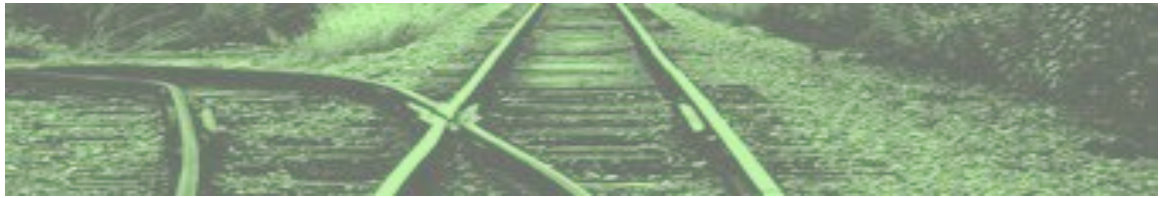
Our clients predominantly include people who have sustained brain injuries in motor vehicle accidents, from strokes, hypoxia, and excessive alcohol consumption and there are an ever increasing number of clients who have very long-standing and complex mental health issues. This group of people tends to be quite vulnerable within the community. They often have varied and complex problems that require careful, considered and compassionate management approaches both for the person themselves and those around them, including carers and family members.

We continue to be asked to become involved in highly complex situations, often for people who don't actually have a specific brain injury but who have proven quite challenging for the health and legal systems to manage.

A brief case example that provides further insight into the complex work undertaken by Diverge involves a woman who sustained her brain injury in a motor vehicle accident many years ago. She had received ongoing treatment from a range of professionals with little improvement. After considerable work with a neuropsychologist to improve her mood, her engagement in an active life and an improved understanding of how her thinking impacts on her actions, she has made significant gains. In the past 2 years this woman has completed a training course in office management, she has been successful in obtaining employment 2 days per week in an office environment and was able to take her 2 sons on their first overseas holiday. Her life has changed significantly.

Diverge looks to 2014 with enthusiasm for new challenges and opportunities in this highly valuable and complex field of work.

Samantha Burns
Clinical Coordinator



Neuropsychology Assessment Unit

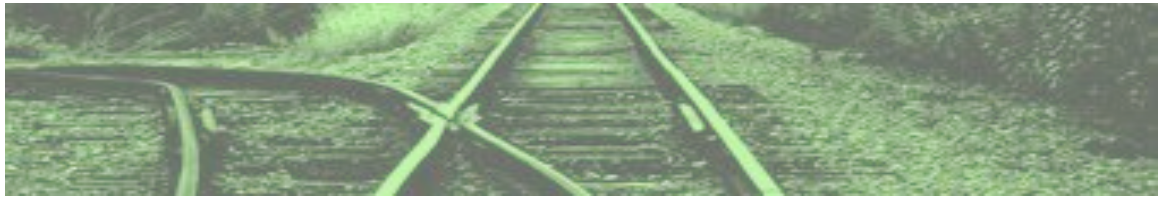
Neuropsychology assessment involves an interview and tests of thinking, attention and memory.

This year, approximately 40 assessments were completed. Referral sources included doctors, case managers, insurance companies, lawyers, families and clients themselves. Commonly, the referrers want to know the person's cognitive strengths and weaknesses, the impact of these on everyday life and recommendations to assist the person. Neuropsychology assessments are also an important element in tailoring behaviour management plans.

Our practical community-based approach to neuropsychology assessment has placed us well to provide a neuropsychology assessment service to people who would historically have 'done without' such as indigenous people in Alice Springs, people from rural and regional areas and people in the criminal justice system. In the coming years, we plan to promote service equity in these areas.

Dr. Kathryn Hoskin
Neuropsychology Assessment Coordinator





Paediatric Service Coordinator's Report

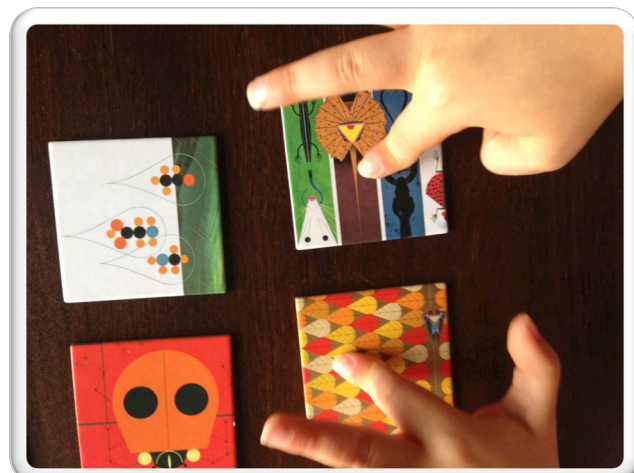
2013 has seen a steady increase in the numbers of referrals to the Diverge Paediatric service. As in previous years, VPRS and TAC are the predominant sources of referrals of children and young people, and we continue to work closely with both of these agencies and a range of other referrers and services to provide long-term community support to children and young people with ABI and their families. One of the emerging trends is an increase in the numbers of pre-schoolers who have been referred, with some of these children having sustained their injuries either in-utero or in the first few months of life. As our service has matured, we have also seen re-referrals of some paediatric clients we have seen in previous years, highlighting the often episodic nature of working with this population, as children move through different stages of their development and schooling.

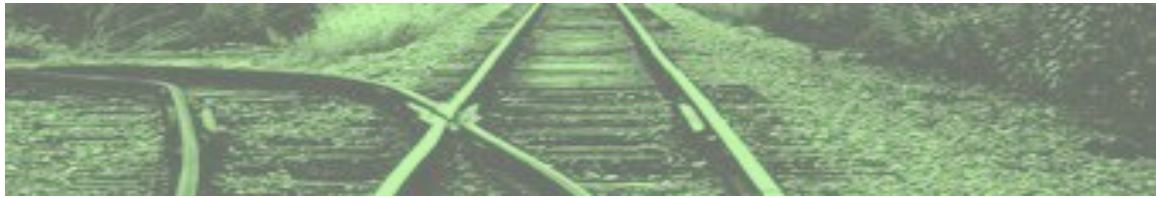
One of the achievements of the past year has been the continued development of our library of assessment tools, with a particular focus this year on measures of behaviour and emotions, which are appropriate to children of different ages. A number of Diverge staff have also undertaken professional development focussing on paediatric issues, including courses through Mindful and the RCH, as well as supervision focussing on paediatric issues, provided both within the team as well as externally.

We have continued to develop the profile of the paediatric service through the new Diverge website and through presentations about the service and our model of working with children and families, including a presentation at the National Acquired Brain Injury Conference held in Melbourne in September this year.

Future aims for the Diverge Paediatric Service include the continued development of the quality and range of services we can offer to support young people who have been affected by ABI and their families. In 2014, this will include building the range of tools for assessment and intervention with pre-schoolers, as well as evaluation measures for better understanding the impact of our work.

Genevieve McMahon
Paediatric Coordinator





Research Coordinator's Report

The research agenda has slowly but surely progressed in 2013. We have invested effort and time into disseminating the results of recent work, and into preparing submissions for research funding.

Conferences

We delivered a number of podium presentations during this year. One of these reported key content from the report Brown, S. & Kelly, G. (2012), *Issues and inequities facing people with ABI in the criminal justice system*. It was presented at a conference focused on disability and justice issues:

- Kelly, G., Brown, S., Paradin, M., & Stringer, K. (2013). Issues and inequities facing people with ABI in the criminal justice system. Paper presented at the 7th ACSO Criminal Justice Conference, Melbourne, Australia.

One presentation showcased clinical work involving a single case experimental design with a client with inappropriate sexual behaviours. The work received a commendation during the conference final plenary.

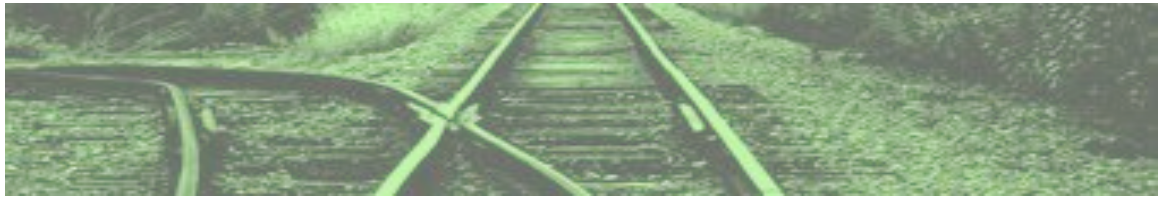
- Kelly, G., & Simpson, G. (2013). Assessing the effect of facilitated access to a sex worker to remediate severe inappropriate sexual behaviour using a single-case experimental design. Paper presented at the Australasian Society for the Study of Brain Impairment 36th Annual Conference, Hobart, Australia

We also commenced the analysis and dissemination of the clinical work conducted in partnership with the Melbourne Mindfulness Institute. This work reports summarises substantial and significant improvements in clients completing our eight-week MiCBT courses.

- Francis, S., Kelly, G., & Brown, S. (2013a). *Mindfulness integrated Cognitive Behaviour Therapy (MiCBT): Outcomes from eight group-based programs*. Paper presented at the Mindfulness Science and Practice, Melbourne, Australia.
- Francis, S., Kelly, G., & Brown, S. (2013b). *A preliminary study of Mindfulness integrated Cognitive Behaviour Therapy: Results from a series of group interventions*. Paper presented at the First International Conference on Mindfulness, Rome, Italy

Website

A major accomplishment for 2013 has been the construction of a new website. This is relevant to the service as a whole, but also is valuable to research activity in a number of ways such as: enabling easy access of funders and colleagues to our research interests and activity, providing a clearinghouse for our products (e.g., OBS-Adult), and for demonstrating the interlinking aspects of the service such as research with training, and clinical work with community projects.



Funding submissions

A significant investment of time has gone into preparing funding submissions with partners such as VCASP, Calvary Health Care Bethlehem, BrainLink, Ingham Institute, and Villamanta Disability Rights Legal Service. The proposals include:

- development of behaviour assessment techniques relevant to degenerative neurological conditions
- an information booklet to assist people with ABI in the criminal justice system
- cross-silo training series for service providers working with co-morbid conditions
- improved cognitive assessment approaches for Aboriginal Australians
- providing neuropsychology services using Internet Teleconferencing

In November 2013 the [Victorian Law Foundation](#) provided almost \$50,000 funding in response to our application to produce a criminal justice resource booklet specifically for people affected by acquired brain injury (ABI). This booklet will inform individuals, families and service providers about an individual's legal rights, how to navigate the legal system and how to obtain legal representation and access support services. Diverge will have a key role in the implementation of the project, along with partners the Victorian Coalition of ABI Service Providers (VCASP), Villamanta Disability Rights Legal Service and BrainLink. Work on the booklet will commence in 2014.

Overt Behaviour Scale

The OBS is a measure of overt challenging behaviour that provides useful clinical information and scoring that can be used in research. It continues to generate activity in a range of areas. Across 2013 we released the updated adult version of the measure, the OBS-Adult. Also, colleagues in Canada completed research validating a French language translation, the OBS-French. Each of these are available for download from our website.

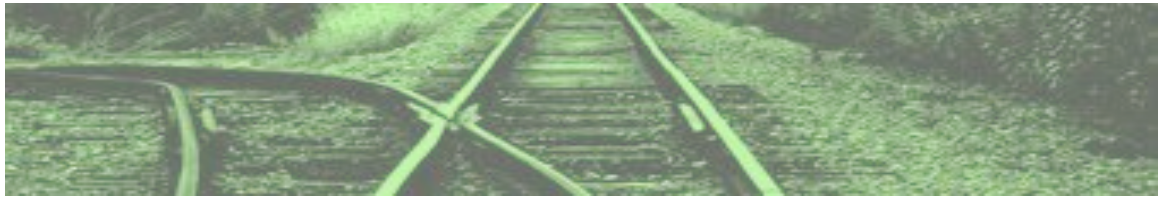
Resources and planning

As we invest resources into research activity we are seeing outcomes. Our work regarding criminal justice issues for people with ABI has resulted in increased clinical work with the justice sector and funding from the Victoria Law Foundation. Our success with clients engaging in MiCBT courses has resulted in an expansion of that part of the service, and we are pursuing funds for a fuller clinical trial. We have a number of datasets from clinical projects that await analysis, write up, and dissemination. Hopefully, support for our work continues to grow, and we continue with meaningful projects that ultimately benefit clients and their families.

Thankyou

We sincerely thank our colleagues Grahame Simpson from the Ingham Institute for Applied Medical Research, Peter Kremer from Deakin University, Marc Paradin and Kerry Stringer from VCASP, and Sally Francis from the Melbourne Mindfulness Institute for their ongoing support and collaboration.

Dr. Glenn Kelly
Research Coordinator

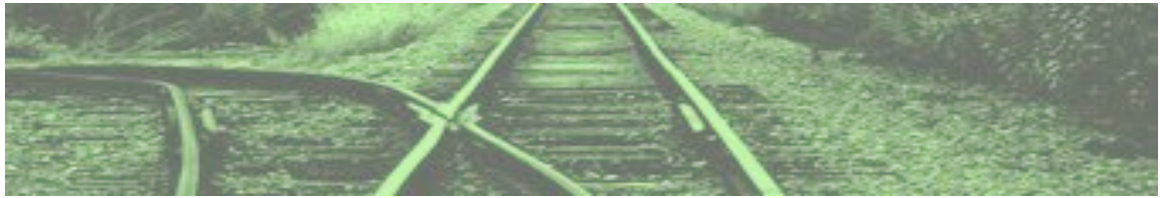


Training Coordinator's Report

Over the past 12 months we have had steady requests for training with 25 sessions conducted. We developed new workshops including Ethics, Avoiding Worker Burnout and Stress, and Working with Children and Families. Several requests were received for training on the Overt Behaviour Scale (OBS) and we provided training sessions to workers in the mental health field who will be implementing this scale as part of a trial in conjunction with the Department of Human Services. Over the next year we have plans to further develop training resources for workers using the OBS. We continue to be involved in providing mentoring to workers in rural regions and also to clinicians in New Zealand and plan to offer a mentoring series in Melbourne in the coming year.

Jenny Todd
Training Coordinator





Service Development Coordinator's Report

During 2013 Diverge has continued to build partnerships with service providers both within the disability sector and in others. We have forged strong links with a lot of other agencies over the last twelve months and it has been gratifying that we have received very positive feedback about the quality of our clinical work and our strong team approach.

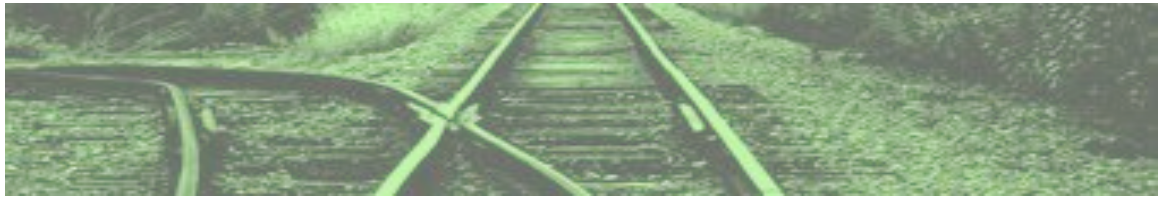
With our publication of the Criminal Justice and Brain Injury position paper, our links with the justice sector and corrections has continued to build and our reputation for being a “go to” organisation, having the expertise to deal with the complexities of brain injury is becoming established in that sector.

We continue to provide ongoing mentoring to a large group of psychologists working with brain-injured clients across the breadth of New Zealand via teleconferencing. With this work we have developed expertise in providing distance clinical support to a group of clinicians using new technology.

Last year, what was a brand new paediatric service, has now become a large and vibrant service that provides consultation and assessment across the state.

The National Disability Insurance Scheme is up and running in the Barwon region and Diverge is well placed with its large presence in that region to be able to provide a responsive clinical and advisory service on clients with brain injury and with multiple and complex needs.





Financial Report

Income	2013	2012
	\$	\$
Grants/donations no GST	-	450
Health Services Pty Ltd	155,047	153,360
Health services no GST	17,125	13,417
Medicare services	3,052	1,860
TAC services	364,145	290,888
Government rebates	3,639	-
Gross profit from trading	543,008	459,975
OTHER INCOME		
Interest received	1,838	1,205
TOTAL INCOME	544,846	461,180



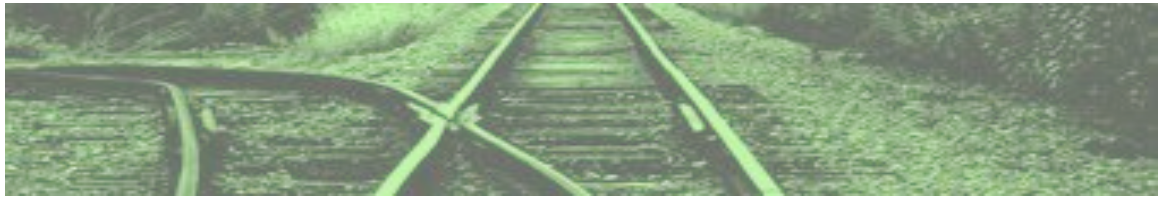
Financial Report (continued)

Expenses	2013	2012
	\$	\$
Accountancy fees	6,225	7,321
Assessment forms	880	1,283
Bad debts	140	-
Consumer Affairs	44	-
Bank charges	150	136
Bookkeeping fees	60	19,977
Equipment – immediate write-off	224	-
Computer expenses	4,053	3,498
General expenses	3,323	1,155
Insurance	4,605	2,089
Internet and associated costs	763	828
Journals and periodicals	900	166
Office supplies	2,489	1,831
Postage	91	121
Printing and stationary	-	1,350
Rates and taxes	1,016	857
Registration fees	168	445
Rent	20,600	16,794
Room hire	630	-
Staff amenities	1,097	1,527
Staff training	1,473	409
Superannuation contributions	32,554	24,237
Telephone	6,828	9,083
Travelling expenses	9,459	11,145
Wages	420,996	323,681
TOTAL EXPENSES	518,768	427,933
PROFIT BEFORE INCOME TAX	26,078	33,247



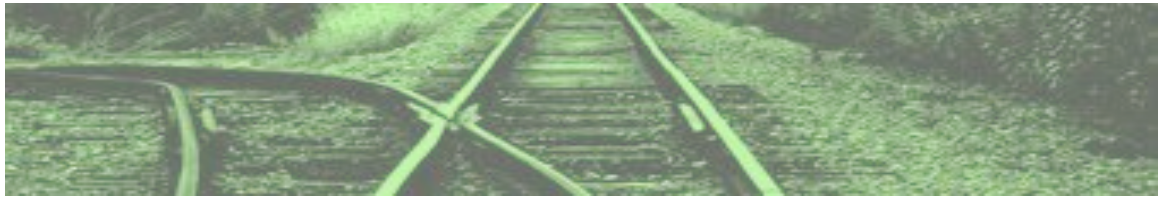
Financial Report (continued)

Share Capital and Reserves	2013	2012
	\$	\$
Retained earnings	159,781	133,703
Total share capital and reserves	159,781	133,703
Represented by:		
CURRENT ASSETS		
Cash at bank	7,584	44,494
Investment account	51,113	51,275
Petty cash	50	-
Trade debtors	89,006	43,478
Total Current Assets	147,753	139,247
NON-CURRENT ASSETS		
Fixed Assets		
Office renovations	6,005	6,005
Assessment tools	12,115	8,367
Computers	7,647	1,188
Furniture and fittings	150	150
Total Fixed Assets	25,917	15,710
Intangible Assets		
Preliminary set-up costs	259	259
Bond (office)	5,000	5,000
Total	5,259	5,259
TOTAL NON-CURRENT ASSETS	31,176	20,969
TOTAL ASSETS	178,929	160,216



Financial Report (continued)

	2013	2012
	\$	\$
CURRENT LIABILITIES		
Sundry creditor	1,238	-
Trade creditors	-	1,282
Superannuation payable	8,114	2,532
PAYG Withholding payable	6,898	5,312
GST collected/paid	2,784	17,291
GST adjustment	114	96
TOTAL CURRENT LIABILITIES	19,148	26,513
TOTAL LIABILITIES	19,148	26,513
NET ASSETS	159,781	133,703
PROFIT	26,078	33,247
Retained earnings at the beginning of the financial year	133,703	100,456
Total available for appropriation	159,781	133,703
Retained earnings at the end of the financial year	159,781	133,703



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