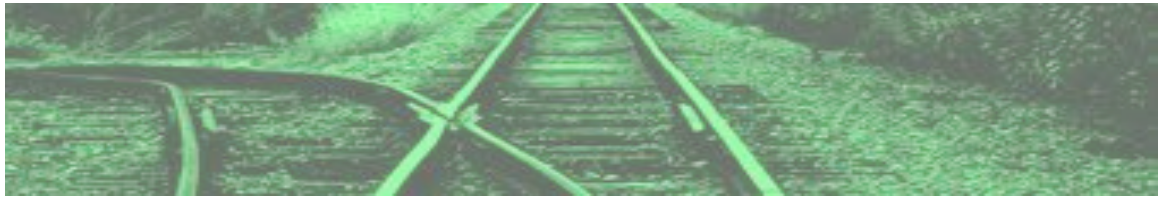




Diverge

**Annual Report**  
**2013 - 2014**





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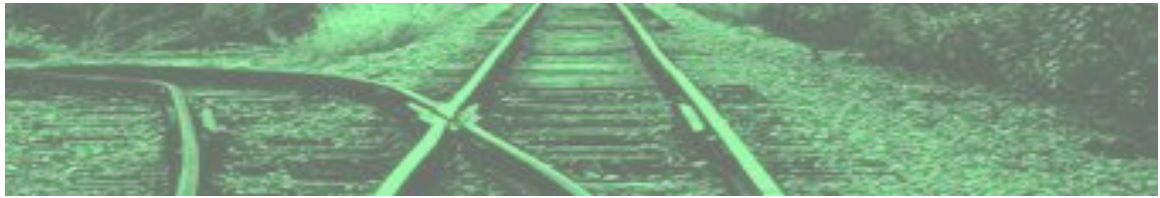
## Manager's report

2014 brought significant change for Diverge and as such 'change' will be the theme of this year's annual report. Diverge has continued to grow the business in the areas of psychology, brain injury, behaviour support, complex client support, training and research. In addition Diverge has also continued to develop its voice in the disability sector that has identified the need for change around clients with disabilities and the ways their needs are met. In 2014, Diverge began work on two significant projects in the areas of ABI, criminal justice and access to appropriate supports. Diverge also contributed to the serious investigation of sexual abuse of clients with disabilities in care. Diverge contributed to the ground breaking 4 Corners program that exposed serious issues of sexual abuse at Yooralla houses and also contributed to the subsequent Disability Ombudsman's enquiry into these highly sensitive issues. Diverge is proud of the contribution it has made into these highly sensitive areas and continues to support clients involved in the criminal justice system as well as those who are at risk in the community. Diverge has also adapted to the new model of service provision to clients through the NDIS in the pilot region of Barwon and we will continue to develop our service model to support a larger number of NDIS clients as this program is rolled out more broadly across the state in the years ahead.

I would like to take this opportunity to acknowledge our co-founder and previous Manager, Suzanne Brown who is on extended leave at this time. Her contribution to the development and ongoing success of Diverge has been significant and highly regarded by her peers and colleagues. We wish her all the very best in the months ahead.

Diverge faces 2015 with new challenges and 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, Acting Manager



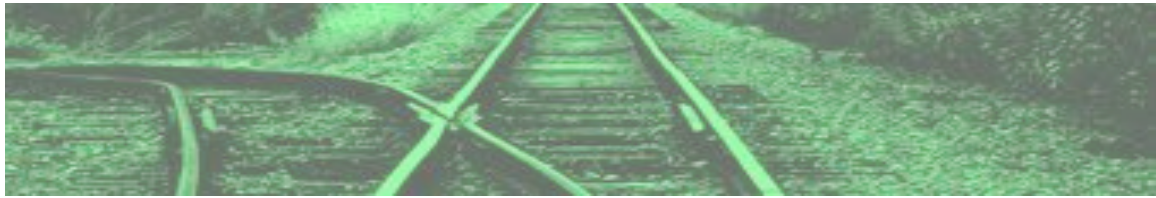
## President's Report

Diverge has had a year where we have broadened our clinical and training work. The Building Bridges program, forging links between ABI and the criminal justice sector, has started rolling out across regional Victoria under the management of Glenn Kelly and Genevieve McMahon. New training modules have been developed and delivered across Victoria and interstate and our clinical assessment unit has expanded to meet a growing need.

2013/14 has been a time of change for Diverge with two major changes to our staff. We are excited by the addition of Dr. Adrian Kamer to our clinical team. Adrian has come to us with a strong background in the area of dementia and he has embraced the broad range of our clinical work with a lot of enthusiasm and some new ideas for service development.

We had an unexpected change with one of our founders, Suzanne Brown taking extended sick leave. Suzanne has worked with us since our inception in 2009 and is a close friend as well as colleague. The considerable effort and commitment she poured into Diverge is a huge loss to us but she remains a source of inspiration not only to us but also to her wider colleagues and clients in the world of acquired brain injury.

Jan Loewy  
President



## Treasurer's Report

The financial year 2013/2014 has again seen ongoing growth for Diverge Consulting. Demand for services has continued to grow and the business has successfully managed the challenges of unexpected leave, a new staff member and extended annual leave for one staff member. 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.

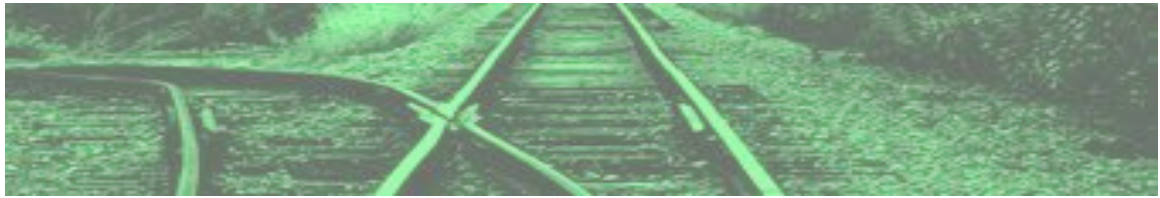
Given this consideration, the basic business figures for the 2013-2014 year are provided below. In addition, a comprehensive financial report and audit has been completed by our accountants Collins & Co. and was presented at the AGM on November 27<sup>th</sup> 2014.

### **Diverge Consulting Financial Summary 2013-2014**

	Amount
Starting Balance	\$159,781
Expenses	\$552,924
Income	\$587,600
Ending Balance	\$194,457

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 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

2014 has seen further growth, development and change for Diverge. Requests for client support with psychological and neuropsychological need continued to grow. Diverge received 126 new client referrals in 2014 and they continue to come from a wide range of sources and include a broad range of service requests.

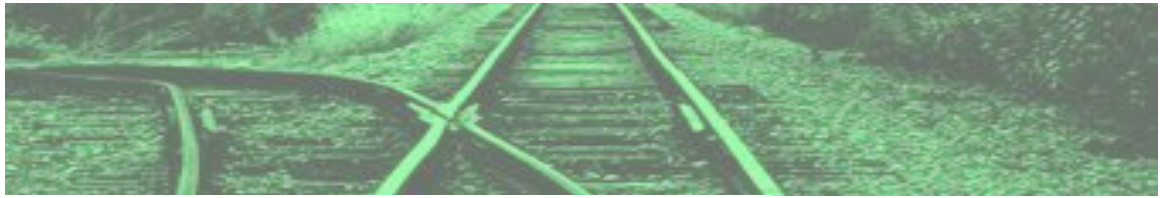
In 2014 we saw an increase in the number of referrals we received for assistance with complex cases often involving criminal justice issues, mental health issues and drug and alcohol problems.

NDIS also presented new referrals for clients with a complex range of challenges many of who have not received support services in the past. It has taken considerable effort and energy for Diverge and its staff (clinical and administrative) to adapt to the new method of referral and funding arrangements for NDIS but we have done so successfully.

### Case Example:

Mary is a 38-year-old woman referred for neuropsychological assessment after suffering a severe head injury. The assessment revealed very severe memory difficulties, concentration problems and difficulties attending to her left side. Sessions were held with Mary, family and attendant care staff to explain the results and develop strategies for managing day-to-day care and to compensate for her memory difficulties. Ongoing work with Mary has focussed on exploring ways to expand her range of activities and to support her family.

Samantha Burns (2014)  
Clinical Coordinator



## Neuropsychology Assessment Unit

Diverge has experienced an increase in referrals for neuropsychology assessment this financial year, 55 referrals altogether.

Referrals continue to come from a variety of sources, including the government departments, insurance companies, legal firms, families and clients themselves. Our neuropsychologists travel far and wide, into rural and regional Victoria and inter-state to Alice Springs.

Reasons for referral have included clarifying diagnosis, a person's cognitive strengths and weaknesses, support needs, capacity to make decisions and recommendations on behaviour and memory management strategies. We also provide medico-legal assessments where we are engaged to be independent expert witnesses to assist a court.

### **Case example:**

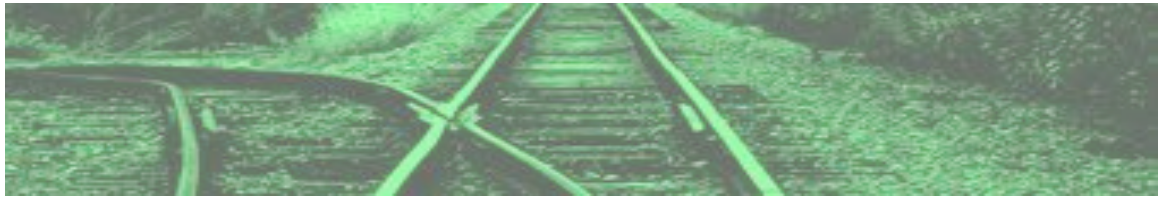
A neuropsychology assessment was requested by a government service in a regional area for a 35 year old indigenous man. In particular, they wanted to know whether the person had an intellectual disability and his support needs, particularly whether he required ongoing guardianship and administration to assist with decision-making.

The assessment was complex as it involved combining measures validated for people from indigenous rural communities with standard assessment measures. The client had been doing well in supported employment and accommodation and presented well in conversation, but had significant difficulties reasoning through medical decisions and was often taken advantage of by 'friends' asking for money.

The assessment confirmed long-standing learning and intellectual difficulties and significant issues with reasoning, problem solving and organisation. It was recommended he would benefit from a structured routine, regular health check-ups, structured systems for money management such as store accounts and direct debit, case management, guardianship and administration.

Dr. Kathryn Hoskin  
Neuropsychology Assessment Coordinator





## Paediatric Service Coordinator's Report

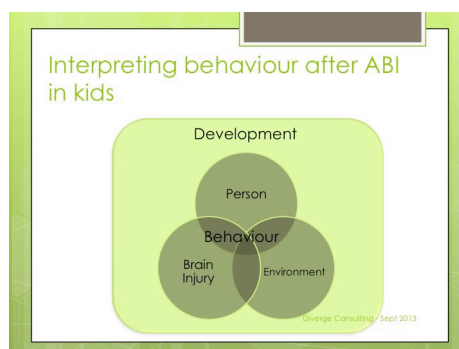
2013/14 has seen a steady flow of referrals to the Diverge Paediatric service. Although new referrals for assessment were slightly down this year, referrals for behavioural intervention have stayed steady. In addition to new referrals, we also have continued to work with many of our previous paediatric clients as they move on to new stages of life, including transitions to primary school and secondary school. While most of paediatric clients live in the Melbourne Metro region, we also have had referrals for children in rural and regional areas, including Barwon and North-East Victoria.

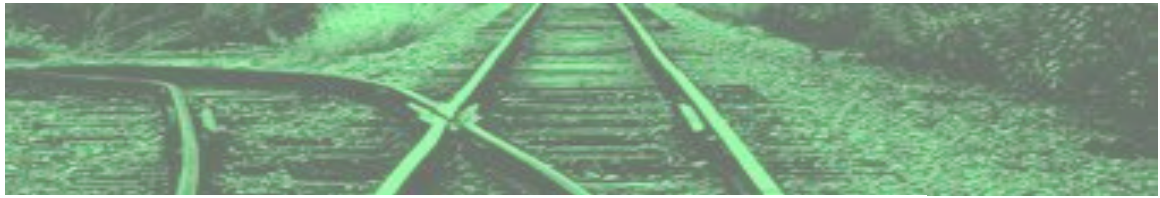
Diverge continues to develop a strong working relationship other organisations working with children with ABI, including Melbourne Citymission, the TAC and the VPRS service at the Royal Children's Hospital. This year we presented case studies to VPRS neuropsychologists to provide an update on clients that they have referred to Diverge, to help develop their understanding of the type of services we are provide to paediatric clients after discharge from hospital. In addition to these local connections, Diverge's mentoring support with New Zealand this year also included a session on working with children.

We have continued to build on our resources for working with children, including the purchase of the new WPPSI-IV and completion of online training in the use of this measure. This new test has enabled us to provide more comprehensive service to pre-schoolers with ABI, in particular so that we can get vital assessment information prior to transition to primary school.

Another major achievement during the 2013-2014 year was a podium presentation at the National Acquired Brain Injury Conference in Melbourne in September 2013 entitled "Challenging Behaviour following Paediatric ABI – Reducing Adverse Outcomes and developing Interventions". This presentation gave an overview of ABI in children, in particular the factors influencing behaviour change and the need to interpret behaviour within family and developmental contexts (see diagram). Two case studies of Diverge clients were included in the presentation, describing interventions with a 3 year old and with a 15 year old. These cases highlighted some of the key aspects of our paediatric work, including the need to work closely with systems of support and the need to adapt to the changing circumstances of the child and their family.

Genevieve McMahon  
Paediatric Coordinator





## Research & Training Coordinator's Report

### Overview

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In this year there has been reward for the ongoing effort to combine clinical expertise with research endeavour, particularly in the area of criminal justice. Two key projects have been funded, a justice-related invited article was published, and podium presentation was delivered. Suzanne Brown from Diverge has long been involved in the VCASP-criminal justice network, and their efforts to highlight the overrepresentation of ABI in the justice system, and to do work to address this, are having effect. Considerable effort has gone into preparing further submissions for research funding, and progressing existing research and related service development.

#### Conferences delivered

- 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 7<sup>th</sup> ACSO Criminal Justice Conference, October, Melbourne, Aus.
- McMahon, G. (2013). Challenging Behaviour following Paediatric ABI – Reducing Adverse Outcomes and developing Interventions National Acquired Brain Injury Conference. Melbourne.

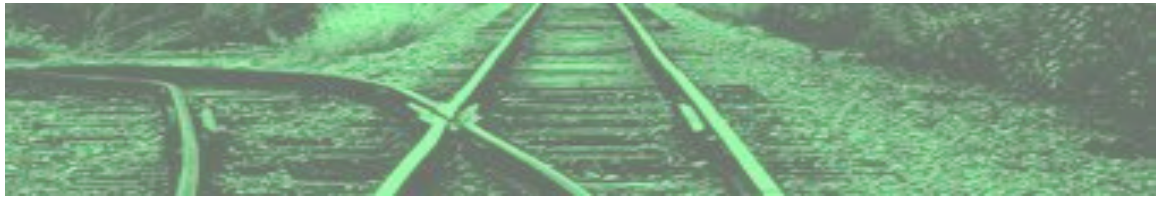
#### Publications

- Brown, S. and G. Kelly (2014). Is it justice? Bridge Magazine. Brisbane, Australia, Synapse. **14**: 11-12.

#### Funding applications submitted

- Victorian Stroke Clinical Network: Teleneuropsychology Rehabilitation Services
- Accessible ABI Assessments and Support for Pre-schoolers
- Stepping forward: Improving assessment and support for Aboriginal and Torres Strait Islander people with acquired brain injury (ABI)
- Evidence-based measurement of challenging behaviour in progressive neurological conditions: validation of the Overt Behaviour Scale





## Projects funded

### *Rights and Resources Guide*

In 2013 Diverge partnered with the Victorian Coalition of ABI Service Providers (VCASP), Villamanta Disability Rights Legal Centre and BrainLink to apply for funding to produce a criminal justice resource booklet specifically for people affected by ABI. The [Victorian Law Foundation](#) granted almost \$50,000 for the project. The full title of this document is: “People with acquired brain injury (ABI) in the Victorian criminal justice system: An information booklet of rights and resources”. The working title is the “Rights and Resources Guide”. Diverge and Villamanta are the authors on the project.

The Rights and Resources Guide is designed to inform the reader about the rights of someone with an ABI in the criminal justice (CJ) system, and to provide them with resources for achieving positive outcomes. The target audience is service providers and family members who can assist people with ABI. The Guide introduces a reader to some fundamental aspects of ABI and provides pathways for the reader to find out more information about this disability. It has sections about Police, Bail processes, Working with lawyers, Preparing for court, and Prison. The Guide is expected to be publicly available at no cost in the second half of 2015.

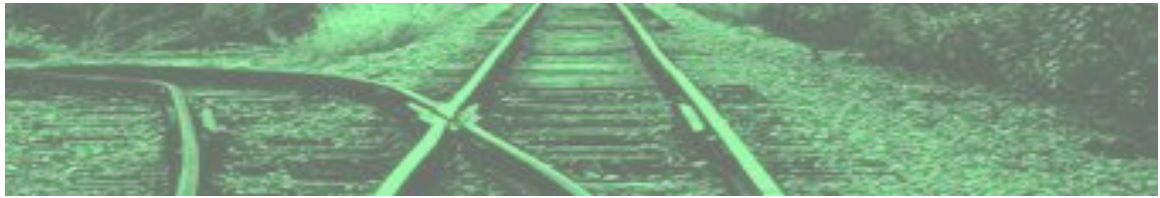
### *Building Bridges: Linking disconnected service networks*

Following a competitive grant application process, the Office of the Public Advocate has funded the Building Bridges project. This project will present a series of workshops throughout Victoria designed to increase active liaison among staff in diverse roles among the ABI and CJ sectors. The following agencies will provide expert presenters: the Office of the Public Advocate – Independent Third Person program; Victoria police; Community Corrections; various legal services; and individuals with ABI. Participants are expected from among ABI service providers, mental health workers, community corrections staff, and post-release services staff. The workshops will include resources for participants, involve active learning tasks, and are part of a longer-term approach of systemic change designed to benefit this client group.

This project is an initiative of Diverge in collaboration with the VCASP Criminal Justice Network. The role of Diverge is much like a catalyst – a stimulus for change. The following agencies have provided their support to host workshops: in Barwon Southwest: Barwon Health; in Gippsland: Latrobe Community Health Service; in Grampians: Ballarat Health Services; in Hume: Goulburn Valley Health; in Loddon Mallee: Bendigo Health; and in Metropolitan Melbourne: BrainLink.

## Overt Behaviour Scale

The OBS continues to generate research, training, and clinical interest. In this year the notion of the “OBS toolkit” has developed. This includes an Adult version of



the scale, a children's version, a self report version, and its first translation - into French. With increased use of the tool by other research groups more information becomes available, and this creates demand for, and opportunities to develop, a detailed user manual, electronic scoring system, formulation and reporting guides.

### MiCBT

Last year we delivered two conference papers describing clinical outcomes from treatment programs using Mindfulness-integrated Cognitive Behavioural Therapy (MiCBT). This year we received funding from BrainLink to deliver an 8-week program to carers of people affected by ABI. In addition, we ran a treatment program in Geelong for the general public. Each of these programs was clinically successful. This area provides opportunities for continued service development and research endeavor.

### Summary & thanks

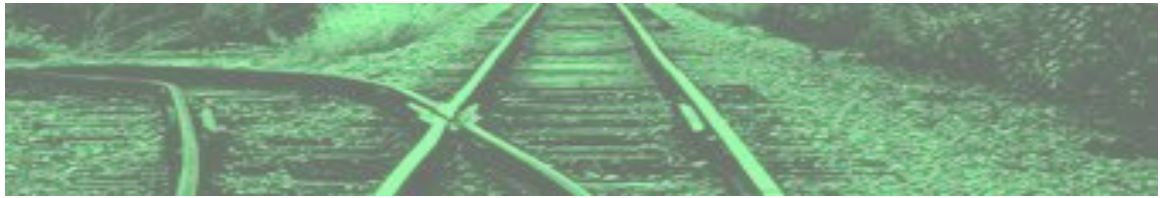
In summary, investment into the justice work, funding submissions, and developments like the OBS and MiCBT have paid off. The next phase requires ongoing input to continue the data analysis, outcomes dissemination, and products development.

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

## TRAINING

In the second half of 2013 a reshaping of the training portfolio occurred. Some key elements of this are as follows:

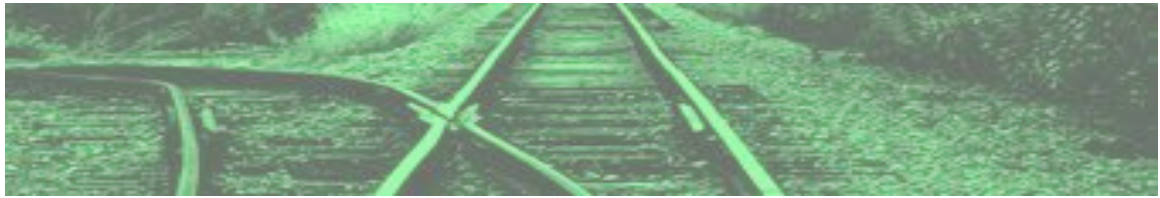
- establishment of a 2014 training calendar with Scheduled and Tailored sessions. Scheduled sessions will be commonly-requested topics advertised in advance with registration open to all interested participants; Tailored sessions will be based on request and tailored to suit the needs of the agency seeking training.
- advertising of mentoring opportunities. One of Diverge's key attributes is multiple staff with many years experience working with clients with cognitive impairment and neurobehavioural disorder. For colleagues who have similar clients and need case-related collegial support, mentoring is a valuable professional development option.
- development of a targeted advertising approach. We have developed a database of colleagues who are interested in training updates, and have



begun using a system of email-based advertising campaigns. The mailing list has grown to a few hundred active, viable contacts. Approximately half of these are based in metropolitan Melbourne, and half in regional Victoria, Statewide services, or Interstate services. This will enable us to inform people about training options in their geographic area – a more relevant approach than broadcast advertising.

Dr. Glenn Kelly  
Research & Training Coordinator





## Service Development Coordinator's Report

During 2014 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.

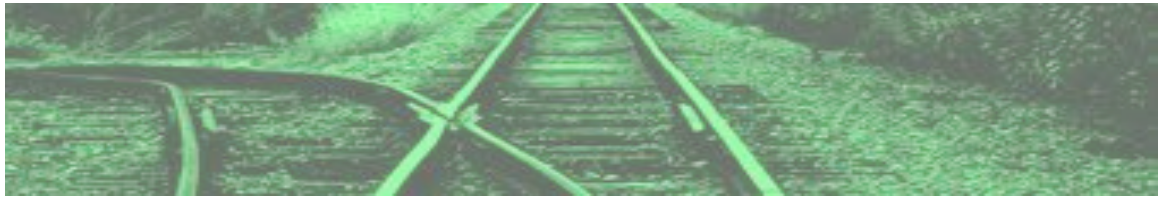
With our publication of the Criminal Justice and Brain Injury position paper, our links with the justice sector and corrections has continued to build and our reputation for being a “go to” organisation, having the expertise to deal with the complexities of brain injury is becoming established in that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

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.

Jan Loewy  
Service Development Coordinator





## Financial Report

<b>Income</b>	<b>2014</b>	<b>2013</b>
	<b>\$</b>	<b>\$</b>
Grants/donations no GST	11,827	-
Health Services Pty Ltd	107,716	155,047
Health services no GST	25,118	17,125
Medicare services	2,536	3,052
TAC services	381,272	364,145
Government rebates	-	3,639
<b>Gross profit from trading</b>	<b>578,470</b>	<b>543,008</b>
<b>OTHER INCOME</b>		
Interest received	1,672	1,838
<b>TOTAL INCOME</b>	<b>587,600</b>	<b>544,846</b>



## Financial Report (continued)

<b>Expenses</b>	<b>2014</b>	<b>2013</b>
	<b>\$</b>	<b>\$</b>
Accountancy fees	5,140	6,225
Assessment forms	-	880
Bad debts	-	141
Consumer Affairs	44	44
Bank charges	150	374
Bookkeeping fees	-	60
Equipment – immediate write-off	-	-
Computer expenses	21	4,053
General expenses	291	3,310
Insurance	5,644	4,605
Internet and associated costs	763	763
Journals and periodicals	2,745	900
Office supplies	4,480	2,489
Postage	97	91
Printing and stationary	223	-
Rates and taxes	1,850	1,016
Registration fees	-	168
Rent	20,800	20,600
Room hire	1,101	630
Staff amenities	819	1,097
Staff training	1,743	1,473
Superannuation contributions	36,644	32,554
Telephone	7,172	6,828
Travelling expenses	4,943	9,459
Wages	458,296	420,996
<b>TOTAL EXPENSES</b>	<b>552,924</b>	<b>518,769</b>
<b>PROFIT BEFORE INCOME TAX</b>	<b>34,677</b>	<b>26,078</b>



## Financial Report (continued)

<b>Share Capital and Reserves</b>	<b>2014</b>	<b>2013</b>
	\$	\$
Retained earnings	177,084	147,754
<b>Total share capital and reserves</b>	<b>177,084</b>	<b>147,754</b>

Represented by:

### **CURRENT ASSETS**

Cash at bank	8,849	7,585
Investment account	39,475	51,113
Term deposits – 3 months	35,152	-
Term deposits – 6 months	35,157	-
Petty cash	50	-
Trade debtors	58,400	89,006
<b>Total Current Assets</b>	<b>177,084</b>	<b>147,754</b>

### **NON-CURRENT ASSETS**

#### **Fixed Assets**

Office renovations	6,005	6,005
Assessment tools	14,013	12,115
Computers	7,647	7,647
Furniture and fittings	150	150
<b>Total Fixed Assets</b>	<b>27,815</b>	<b>25,917</b>

#### **Intangible Assets**

Preliminary set-up costs	259	259
Bond (office)	5,000	5,000
<b>Total</b>	<b>5,259</b>	<b>5,259</b>

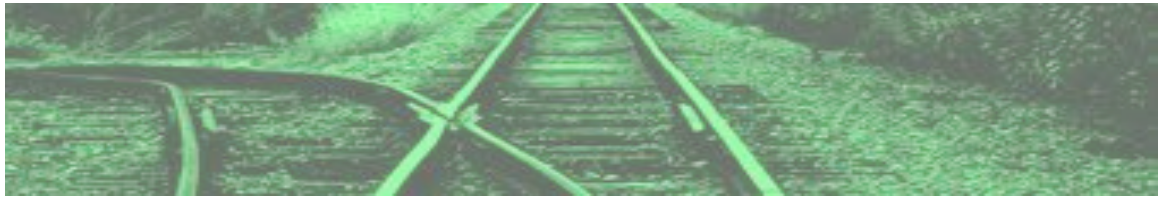
<b>TOTAL NON-CURRENT ASSETS</b>	<b>40,629</b>	<b>31,175</b>
<b>TOTAL ASSETS</b>	<b>217,713</b>	<b>178,929</b>



## Financial Report (continued)

	<b>2014</b>	<b>2013</b>
	\$	\$
<b>CURRENT LIABILITIES</b>		
Sundry creditor	4,375	1,238
Trade creditors	-	-
Superannuation payable	10,484	8,114
PAYG Withholding payable	6,846	6,898
GST collected/paid	1,452	2,784
GST adjustment	98	114
<b>TOTAL CURRENT LIABILITIES</b>	23,256	19,148
<b>TOTAL LIABILITIES</b>	23,256	19,148
<b>NET ASSETS</b>	194,457	159,781
<b>PROFIT</b>	34,677	26,078
Retained earnings at the beginning of the financial year	194,457	159,781
<b>Total available for appropriation</b>	194,457	159,781
<b>Retained earnings at the end of the financial year</b>	194,457	159,781





## Contact details

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