



Diverge

**Annual Report**  
**2015 - 2016**



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## Manager's report

2016 was a year of continued development and evolution for Diverge and as such 'new opportunities' will be the theme of this year's annual report. Diverge has again grown 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.

Diverge has continued to develop its role as a registered service provider for the NDIS and we are now working with NDIS clients in Barwon South West and the North-East areas of Melbourne. Diverge has adapted well to the new model of service provision to clients through the NDIS but we have had to pay careful attention to the nature of referrals we are accepting as the increase in demand for services becomes obvious. Diverge invested in the development of a working relationship with Everyday Independence in the Geelong/Barwon area and we have ongoing access to shared office space in Geelong. This has proven to be a beneficial relationship for the growth of both organisations. Diverge has also strengthened its relationship with the EI team in Bendigo.

Diverge would like to acknowledge the contribution of Glenn Kelly to the service over a long period and we wish him well in the future. As a result, we have taken to opportunity to add a new staff member in 2016, Dr. Harriet Downing who has integrated with the team seamlessly and has already made a wonderful contribution to the services Diverge offers across the state.

Diverge faces 2017 with new challenges and continued 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 successfully run a series of seminars, "Building Bridges", over the 3 years providing up to date information for practitioners working in the criminal justice system and the disability sector about pathways for clients, with an ABI, accessing the criminal justice sector. The rollout of this programme has been greeted with appreciation wherever it has been presented around Melbourne and regional Victoria. The success of this initiative is largely thanks to the huge amount of work of Dr Glenn Kelly and our collaborator Associate Professor Graeme Simpson of Liverpool Hospital NSW. After many years, one of our founders Glenn Kelly has left Diverge to pursue other interests. We wish him all the best for the future and thank him for his valuable contributions to Diverge over the last seven years.

Our valued colleague Jenny Todd has been working at Caulfield Hospital over the last six months on a project as an advanced practitioner in behavioural management, which will add greatly to the body of knowledge in our field.

With these losses to our service, it has been 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 2016 has again seen ongoing growth for Diverge Consulting. Demand for services has continued to grow 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 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 2016 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 24<sup>th</sup> 2016.

### Diverge Consulting Financial Summary 2016

	Amount
Starting Balance	\$179,368
Expenses	\$690,996
Income	\$662,897
Ending Balance	\$151,269

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.

Samantha Burns  
Treasurer



## Clinical Coordinator's Report

2016 has seen Diverge continue to develop and grow. 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 2016 we saw an increase in medicolegal and criminal justice work with 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 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 fitness to plea assessment for a male client in a long term psychiatric facility who was being considered for community placement.
- Developing a behaviour plan for a young man with an ABI, a history of ODD and aggressive behaviour who was being moved from a youth detention centre to a community residential house. This work included significant training of staff from the residential house.
- Working with the parents of 10-year-old twin boys to develop their level of independence and reduce challenging behaviours. This included developing new routines and responses to behaviour and setting realistic expectations.

Jenny Todd (2016)  
Clinical Coordinator



## Neuropsychology Assessment Unit

In 2016, Diverge received 95 referrals for neuropsychology assessment. There was an increase in referrals from the Department of Health and Human Services, the National Disability Insurance Scheme, Bendigo Health and ongoing referrals from the Transport Accident Commission, Funds in Court, Northern Territory Corrections and others.

In our move toward the paperless office, we have begun to administer computer-based assessments and surveys with some of our clients, using tablets. This new technology has allowed us access to a wider range of assessment tools and has been received well by clients of all ages.

The majority of assessments are completed in the community as this gives us the opportunity to see the person interacting in their own environment and to talk in depth with family members and people working directly with them. In 2016, Diverge Neuropsychologists travelled far and wide from Boort in Northern Victoria to Warrnambool in the South. We also completed a number of assessments in prisons in Victoria and the Northern Territory.

### Case study

Mr. D, a 60 year old man with a history of heart attack and related hypoxic brain injury (due to lack of oxygen). He was referred by his case manager for neuropsychology assessment to clarify his current strengths and weaknesses in thinking and memory, his support needs and eligibility for support under the National Disability Insurance Scheme.

Mr. D was seen at home with his wife. They reported that since the heart attack, he had had difficulties with fatigue, memory, variable mood and difficulty following through with things he intended to do, unless he was prompted. However, his wife stated he often perceived her prompts as nagging and became angry with her. On assessment, he demonstrated strengths in concentration, basic reasoning and 'hands on' construction. However, he demonstrated severe impairments in speed and organisation of thinking, impulsive thinking, new learning and memory, initiation, self-monitoring and insight. This pattern of results was consistent with severe disability due to hypoxic brain injury.

A feedback session was organised with Mr. D and his wife. Psychology support, occupational therapy support and a support worker program were recommended to assist with self-esteem, anger management and return to leisure activities and volunteer work. He was encouraged to try the local 'men's shed', pace himself and use to do lists. ABI specialist family counselling was also recommended to discuss the impact of the brain injury on the relationships and roles within the family. His case manager was able to use



the assessment report to support his application for funding under the National Disability Insurance Scheme.

Dr. Kathryn Hoskin  
Neuropsychological Assessment Coordinator





## Paediatric Service Coordinator's Report

During the 2016 calendar year, Diverge again showed a marked increase in the referrals of children and young people under the age of 18, doubling from approximately 20 referrals during 2015 to approximately 40 referrals during 2016. Diverge's capacity to manage this large number of paediatric clients has resulted from the increased number of Diverge clinicians accepting paediatric clients, with particular mention of Adrian Kamer's increased confidence and expertise in working with this client group in the Barwon region.

While the flow of referrals for neuropsychology assessment has been reasonably steady, one trend that has become more obvious during the 2016 year is the increase in numbers of children who are being referred for neuropsychology review, reflecting the maturity of the Diverge Paediatric Service, which is now entering its fifth year as a distinct service within Diverge.

The biggest increase in referrals is in the area of behaviour support. While TAC continues to be the main funder of Diverge's paediatric clients, NDIS is becoming an increasingly important source of funding for paediatric clients. While most NDIS referrals to date continue to come from the Barwon region where the NDIS is well established, there have also been a number of clients from North Eastern Melbourne with the rollout of the program in that region in July 2016. Our experience over the last few years indicates that there is a large unmet demand for behaviour support services for children and young people, particularly those with Autism and/or Intellectual Disability. While many of these NDIS clients have been successfully supported through Diverge's behaviour management approach, other clients have not fitted so well into our model, needing a much more intensive, multi-disciplinary or autism-specific approach than we are able to offer. Given that Diverge's core business and expertise is in the area of acquired brain injury, one of the challenges facing the team as the NDIS rollout continues into other regions, is to work out how the Diverge team responds to requests for these clients. Options include that Diverge becomes more focussed on our core client group of ABI becoming more specific in the types of clients we work with, or whether we continue to build our skills and knowledge around autism and intellectual disability to best meet the needs of this client group.

Genevieve McMahon  
Paediatric Coordinator





## Training Coordinator's Report

Following on from last year, the approach of providing limited scheduled training sessions and focusing on more tailored sessions was the focus in 2016. Apart from the numerous client specific training sessions the team conducted throughout the year, the main highlights of the training calendar were the Neuropsychology Student Workshop and the APS Mentoring Group.

The Neuropsychology Student Workshop came about following discussion with current and recently graduated neuropsychology students about how they would like greater training in the area of challenging behaviour. A three-part workshop focusing on the assessment and intervention in challenging behaviour was developed and the first workshop was run in June of this year. Due to positive feedback and great interest in the workshop, it was repeated with updated material in August.

One of Diverge's key attributes is the multiple staff members with many years of experience working in the area of behaviour management, cognitive impairment and complex cases. Given the emphasis of training a mentoring group was established and run in conjunction with the APS. Diverge ran 6 sessions of the mentoring program and was headed by one of the services most experienced clinicians. This was attended by a diverse range of clinicians who each fortnight brought along case examples for the group to work through, discuss and provided direction and advice. Feedback from this was very positive and we look forward to running future mentoring programs in the future.

Dr. Adrian Kamer  
Training Coordinator

## Research Update

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There is increasing recognition in the disability and justice sectors that people with ABI are overrepresented in the criminal justice (CJ) system. A key role for Diverge can be to contribute to both the research activity in this area, and therapeutic interventions using its neuropsychology and behaviour support expertise. The bulk of research time this year was spent implementing two projects related to ABI and justice, funding for which arose on the back of the 2012 publication highlighting issues faced by this client group in Victoria.



### Rights and Resources Guidebook

The full title of this document is: “People with acquired brain injury (ABI) and the Victorian justice system: Rights and resources”. The working title is the “Rights and Resources Guidebook”.

The Rights and Resources Guidebook is designed to inform the reader about the rights of someone with an ABI in the CJ system, and to provide them with resources for achieving the best possible outcome. The primary target audience is service providers and family members who can assist people with ABI. The Guidebook introduces a reader to some fundamental aspects of ABI and provides direction for the reader to find out more information about this disability. Some section examples are *Police, Bail processes, Working with lawyers, Preparing for court, and Prison*. The Guidebook was publicly launched at an event at the Office of the Public Advocate in 2016 and made available to all interested parties at no cost in the first half of 2016.

This project is a partnership between the Victorian Coalition of ABI Service Providers (VCASP), Diverge, BrainLink, and Villamanta Disability Rights Legal Centre. Diverge and Villamanta are the authors, and the Victorian Law Foundation is the funder.

### Building Bridges: Linking disconnected service networks

In 2016 the Building Bridges project was completed with the provision of a metropolitan workshop designed to increase active liaison among staff working in diverse roles across the ABI and CJ sectors. The following agencies have provided their support to host workshops: Barwon Health (in Barwon Southwest); Latrobe Community Health Service (Gippsland); Ballarat Health Services (Grampians); Goulburn Valley Health (Hume); Bendigo Health (Loddon Mallee); and BrainLink (Metropolitan Melbourne).

Other agencies have assisted with the provision of expert presenters: the Office of the Public Advocate; Victoria police; Community Corrections; various legal services; representatives of ABI information providers, and individuals with ABI. Approximately 200 direct-line staff have participated including ABI service providers, mental health workers, community corrections staff, and post-release services staff. The workshops 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. Outcomes evaluation were completed 2016 and a final report was provided to all funders and organisations involved.

Using a training approach targeting direct-line staff in this service area is a unique initiative, and an approach we expect will find further application in Victoria, and other states and regions seeking to address the overrepresentation of ABI in the justice system.

Funding was provided through The Office of the Public Advocate and the final report is available on the OPA website.



We greatly appreciate the people who have provided us their time and expertise to help shape these projects.

- ABI-CJ Reference Group: Glenn Kelly, Nicole Telfer, Neil Cameron, Peta Ferguson, Deidre Griffiths, Vanessa Marrama, Karen Jorgensen, Jade Preston, Genevieve McMahon, Peter Perssons.
- Rights and Resources Guide Focus Group: Mick Hurstfield, Alison Park, Lesley Smith, Andrew Conley, Bonnie Ledwidge, Genevieve McMahon

We sincerely thank our colleagues Grahame Simpson from the Ingham Institute for Applied Medical Research, Peter Kremer from Deakin University, and Nicole Telfer from VCASP for their ongoing support and collaboration in our applied research efforts.

Dr. Glenn Kelly, Research Co-ordinator





## Service Development Coordinator's Report

During 2015 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.

Our links with the justice sector and Corrections has continued to build during 2015 as has our reputation for being a “go to” organisation with expertise to deal with the complexities of brain injury. Diverge has been successfully running a series of seminars, ‘Building Bridges’, over the last year providing up to date information for practitioners working in the criminal justice system and the disability sector around access pathways for clients, with an ABI, accessing the criminal justice sector. Suzanne and Glenn, in collaboration with the legal sector have made a valuable contribution to the literature with their comprehensive guide to the rights and resources for people with ABI in the criminal justice sector. This is likely to be a “game changer” in what has been a long-neglected area.

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. This has led to the development of a teleconferencing service that will be available to be accessed by services that are interstate or in remote rural locations.

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

We are very excited that with the advent of our new Dementia service that we will now be able to offer clinical services across the whole lifespan. Diverge will be able to continue with our signature service provision in this area of strong clinical skills, tight teamwork, coupled with clear and pragmatic communication.

Jan Loewy  
Service Development Coordinator



## Financial Report

<b>Income</b>	<b>2016</b>	<b>2015</b>
	<b>\$</b>	<b>\$</b>
Grants/donations no GST	5,914	11,827
Building Bridges Project	2,556	23,912
Health Services Pty Ltd	201,620	175,411
Health services no GST	30,416	12,047
Medicare services	8,944	6,379
TAC services	393,922	394,222
Government rebates	-	
<b>Gross profit from trading</b>	<b>643,372</b>	<b>623,798</b>
<b>OTHER INCOME</b>		
Interest received	2,024	2,623
Workers Compensation Received	17,501	
<b>TOTAL INCOME</b>	<b>662,897</b>	<b>626,420</b>



## Financial Report (continued)

<b>Expenses</b>	<b>2016</b>	<b>2015</b>
	<b>\$</b>	<b>\$</b>
Accountancy fees	6,389	4,864
Annual leave expense	12,809	12,584
Annual leave expense: 2014 & prior		35,317
Assessment forms	3,120	
Bad debts	3,285	
Consumer Affairs	109	106
Bank charges	225	120
Bookkeeping fees		216
Equipment rental expenses	4,660	-
Computer expenses	3,235	3,235
General expenses	2,226	9,491
Insurance	9,671	7,563
Internet and associated costs	763	763
Journals and periodicals		409
Long service leave expense	13,864	864
Long service leave expense: 2014 & prior		22,573
Office supplies	1,550	2,240
Postage	110	105
Printing and stationary	225	557
Rates and taxes	1,794	1,102
Legal fees	5,263	
Rent	19,250	21,800
Repairs & Maintenance		195
Room hire	3,142	1,432
Staff amenities	2,764	402
Staff training	722	2,175
Superannuation contributions	43,589	39,714
Telephone	7,591	8,088
Travelling expenses	16,803	15,913
Wages	531,969	474,850
Workers Compensation	667	
<b>TOTAL EXPENSES</b>	<b>690,996</b>	<b>641,509</b>
<b>SURPLUS/ (DEFICIT) ATTRIBUTABLE to the ASSOCIATION</b>	<b>(28,099)</b>	<b>15,089</b>



## Financial Report (continued)

<b>Share Capital and Reserves</b>	<b>2016</b>	<b>2015</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	1,114	47,382
Investment account	6,113	13,930
Term deposits – 3 months	-	-
Term deposits – 6 months	-	-
Direct Investment Account	77,010	75,168
Petty cash	50	50
Trade debtors	105,621	62,346
<b>Total Current Assets</b>	<b>189,908</b>	<b>198,876</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
<b>Total Fixed Assets</b>	<b>32,482</b>	<b>32,483</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>45,297</b>	<b>45,297</b>
<b>TOTAL ASSETS</b>	<b>235,205</b>	<b>244,173</b>





## Financial Report (continued)

	2016	2015
	\$	\$
<b>CURRENT LIABILITIES</b>		
Sundry creditor	-	-
Superannuation payable	3,422	8,825
PAYG Withholding payable	6,822	7,923
GST collected/paid	751	1,789
GST adjustment	97	98
Provision for Annual Leave	35,542	37,302
Provision for long service leave	37,302	
<b>TOTAL CURRENT LIABILITIES</b>	83,936	64,804
<b>TOTAL LIABILITIES</b>	83,936	64,804
<b>NET ASSETS</b>	151,269	179,368
<b>PROFIT/DEFICIT</b>	(28,099)	15,089
Retained earnings at the beginning of the financial year	151,269	179,368
<b>Total available for appropriation</b>	151,269	179,368
<b>Retained earnings at the end of the financial year</b>	151,269	179,368



## Contact details

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