

Diverge

Specialists in Brain Injury and
Behaviour Management Services



Annual Report
2011 - 2012



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Manager's report

Stability is the theme of this year's annual report. Diverge has established a good foundation in the years that we have been operating. We have an excellent, dedicated, cohesive and reliable team who have worked together for well over ten years. We have developed a stable service model, organisational structure and operating processes.

We hold steadfast to our mission to assist people affected by ABI, remain true to our values and continue to provide high-quality services. Diverge has become well known and respected in the disability service sector and continues to have a steady flow of referrals. We have been presented with great opportunities, such as being invited by the Victorian Coalition of ABI Service Providers (VCASP) to write a policy paper about people with ABI in the criminal justice system.

There is a lot of flux in the disability sector, and a challenge for Diverge will be to remain constant and preserve our stability in the face of major systemic changes. Our team has the strength to stand and endure despite external pressures and changes. We routinely work with our individual clients helping them to adapt, and similarly, our organisation will need to adapt as it faces changes and challenges. Fortunately we have a strong foundation from which to develop.

Suzanne Brown
Manager



President's Report

The past year has been one of development and consolidation. We are now firmly established in our North Melbourne offices and are expanding the consultations we offer from this base. We remain committed, however, to working with clients in their own environment and this has seen our staff working across the state from Mildura to Mallacoota, interstate and to New Zealand.

Our clinical work, training and research activities continue to grow with considerable interest in newly developed services such as assessment and behaviour management work with children and teenagers. We have been involved in developing training series for Department of Human Services (DHS) staff and Slow to Recover (STR) case managers, and have developed new training modules in a range of areas. Research continues to be an important driver to our service with ongoing development of the Overt Behaviour Scale (OBS) and a key discussion paper on ABI and justice issues developed by Suzanne Brown and Glenn Kelly for the VCASP Criminal Justice Network.

Our team work and live across the state, with half our staff living in regional areas so it is critical that we have ways of keeping in touch. Aside from our regular team meetings we are exploring use of videoconferencing and other technologies to ensure that we still operate as a team even when we are geographically apart. In the coming year we aim to further develop our paediatric team and services and have a range of new training modules planned.

I would like to thank the Diverge team Samantha Burns, Suzanne Brown, Liz Honey, Kathryn Hoskin, Glenn Kelly, Jan Loewy, Genevieve McMahon for their hard work and enthusiasm and look forward to the ongoing development of the service.

Jenny Todd
President



Treasurer's Report

The past financial year has seen further growth in both income and expenses for Diverge Consulting. Whilst demand for services has grown, the business has also had to grow to meet the increased demand and this has resulted in a significant increase in expenses mainly in the areas of wages, superannuation, book keeping and accountancy costs. All of these areas are critical to the effective and efficient running of the business.

With this in mind, the basic business figures for the 2011-2012 year are provided below. In addition, a comprehensive financial report and audit has been completed and will be presented at the AGM on November 29th 2012 by our accountants Collins & Co.

Diverge Consulting Financial Summary 2011-2012

	Amount
Starting balance	\$100,456
Expenses	\$427,933
Income	\$461,180
Ending Balance	\$133,703

These figures highlight the requirement of the business to ensure it is always able to meet the costs of providing such complex services and allows business development within manageable means. The year ahead will provide further challenges as we invest in new technology to assist with implementation of clinical services in diverse metropolitan and regional locations while retaining adequate financial stability. We need to face these challenges with a planned, coordinated and budgeted approach to all costings.

Samantha Burns
Treasurer





Clinical Coordinator's Report

The past year has seen consistent and stable growth for the range of psychological and neuropsychological support services offered by Diverge Consulting. We have seen an additional 120 individual referrals for clinical services that have included direct behavioural support, behavioural assessment, secondary and tertiary consultation and extensive clinical family support. These referrals continue to come from a variety of sources including TAC, Senior Masters Office (SMO), ABI case managers, arbias, STR, Bouverie Family Therapy Centre, Work Cover, legal firms, courts, mental health services and many others.

Our clients include people who have sustained brain injuries from motor vehicle accidents, assaults, strokes, hypoxia, drug overdoses, excessive alcohol consumption and failed suicide attempts. As a result, they are often a very vulnerable group who have varied and complex problems that require considered and creative management approaches both for the individual and for those supporting them, including carers and family members.

In addition, we have provided clinical support to individuals with complex histories that do not have a diagnosed ABI but present complex challenges to the health system.

A brief case example that provides some insight into the critical work undertaken by Diverge involves a Vietnamese refugee who was working as a builder when he sustained a mild brain injury in a fall. His initial treatment did not provide adequate information regarding the possible serious nature of his injury and Diverge was engaged by a GP some 18 months post injury when serious issues around depression and risks of violence were reported. Intensive 1:1 work with this client using behaviour activation therapy has resulted in improved sleep patterns, engagement in regular physical activity, reduction of significant symptoms involving anger and aggression toward others, and the likelihood of a gradual return-to-work program.

We look forward to more productive and vital work in the areas of complex clinical issues in the year ahead.

Samantha Burns
Clinical Coordinator



Neuropsychology Assessment Unit

The Neuropsychology Assessment Unit at Diverge received 62 referrals this financial year. Once again, clients came from diverse geographical regions, including Portland, Traralgon and Moama and neuropsychologists often travelled to see them in their homes and communities.

Typical reasons for referral have been:

- Does this person have a brain injury, and what are their strengths and weaknesses?
- Does this person have the capacity to live independently, to manage their behaviour, or to manage their money?
- What sort of support does this person need? How can we tap into their strengths?

Our reports continue to be recognised for being easy to read and containing practical and realistic recommendations specific to each client and their situation.

We have continued to provide medicolegal assessments, which typically require more comprehensive and formal assessment and report writing, challenging the neuropsychologist to provide clear evidence for every statement and conclusion.

In response to needs identified by our neuropsychologists, we have expanded our assessment tools to include a wider range of executive (planning and problem solving), language and malingering tests.

Our assessment work in Alice Springs has expanded and we are enjoying the challenges of working with indigenous Australians with acquired brain injury, and especially those with multiple and complex needs in the criminal justice system.

Case example: We were referred a young aboriginal man in Alice Springs who was in remand facing legal charges. Reports provided indicated he had had a severe brain injury in a car accident, a history of struggling with school and community life, and being uncooperative and vague during interviews. With the support of a culturally-sensitive interpreter, rapport was built with the client. Formal assessment indicated severe impairments in attention and executive skills. He had strengths in basic language, social skills and learning, masking his significant impairments. We were able to provide practical recommendations regarding his support needs during the legal process and on his release into the community.

In the next financial year, we look forward to consolidating our relationships and skills and seeking opportunities for further development of the assessment unit.

Dr. Kathryn Hoskin
Neuropsychology Assessment Coordinator



Paediatric Service Coordinator's Report

The Australian Bureau of Statistics survey of disability indicated that there were about 20,000 children aged 15 years and under in Australia living with an ABI in 2003. These types of figures suggest that many families in Victoria are currently living with the impact of paediatric ABI. The stories behind these figures are likely to include the same types of issues that typically impact on the children and young people and their families who have been referred to Diverge ...

- *kids with an ABI who are staring blankly at a page, wondering why it is so hard to do their homework, because they can't remember what the teacher said and they can't organise their ideas to get them down on paper*
- *young people wondering what types of training or work can accommodate their fatigue and memory problems*
- *teachers who are perplexed as to why their student seems to understand what they have to do, but then don't do it*
- *siblings who are becoming increasingly frustrated by the annoying and embarrassing behaviour of their injured sibling*
- *parents wondering whether the tantrum they are seeing is "just normal toddler behaviour or is it because of the ABI"*

Although young people under the age of 18 have received services from Diverge since 2009, the last year has seen the formal commencement and development of the Diverge Paediatric Service. There has been a steady increase in referrals of clients under the age of 18 over time (2009/2010 = 3, 2010/2011 = 6, 2011/2012 = 12. There have been 8 new referrals in the months from July-November 2012. The majority of paediatric clients receive TAC funding, with others being supported by diverse programs including STR and SMO. While most paediatric clients live within the greater Melbourne metropolitan region, ranging from Melton to Healesville, some clients and families have been from regional areas including Loddon-Mallee, Barwon and Gippsland.





The types of services provided by the Diverge team to date have included:

- Neuropsychological assessment of children, mostly school-aged, including provision of practical and individualised reports and feedback to families and schools
- Counselling with young people and family members around trauma and adjustment to injury
- Behavioural assessment and intervention, including support for parents with parenting issues and assisting them to understand the impact of ABI on normal development and behaviour
- School and kindergarten liaison addressing issues such as requirements for transition to high school, or decisions about when to start Prep.

Steps that have been taken to develop the Diverge Paediatric service over the last 18 months have included:

- The appointment of a coordinator of Paediatric services and the establishment of a working party to help guide the development of the service
- The allocation of a dedicated project budget for 2012-2013 of \$10,000 for the establishment of the service
- The purchase of additional neuropsychological tests suitable for use in children and young people, including the WISC-IV and the NEPSY-II
- The commencement of paediatric-focused peer supervision sessions between the clinicians working with children and adolescents, and presentation of paediatric case studies to the broader Diverge team
- The establishment and development of links with referrers and other paediatric services around the state, in particular the Victorian Paediatric Rehabilitation Services (VPRS) at RCH and Monash, the Melbourne Citymission Statewide ABI Paediatric Coordinators, the VCASP Kids' Network and the TAC.

Some aims for the Diverge Paediatric service for the coming year:

- Update the website and referral form to include paediatric service details
- Set up regular liaison with VPRS-RCH and other services as required, while continuing to build links with other paediatric services, including developing protocols for referral and review
- Identify referral pathways for paediatric clients within TAC and meet with relevant personnel to discuss needs
- Purchase and/or develop additional paediatric assessment tools and clinical resources, particularly for pre-school aged children (e.g. reference material, website lists, brochures, listings of funding and support groups, intervention strategies, eligibility criteria for support services)
- Establish ongoing professional development programs and peer supervision specifically addressing paediatric issues.

Genevieve McMahon
Paediatric Coordinator



Research Coordinator's Report

Research

The research agenda has slowly but surely progressed in 2012. One of the key tasks is finding colleagues and services that share priorities for where to invest research activity. On this front, one of our key pieces of work this year was collaboration with the Victorian Coalition of ABI Service Providers (VCASP) to document the issues faced by people with ABI in the criminal justice system. The significance of those issues was underscored by Colleen Pearce, Victoria's Public Advocate, who launched the report.

Publications

Brown, S. & Kelly, G. (2012). Issues and inequities facing people with ABI in the criminal justice system: A paper prepared for the Victorian Coalition of ABI Service Providers. Retrieved from The Victorian Coalition of ABI Service Providers website: <http://www.vcasp.org.au/resources.shtml>

In addition, we have provided peer reviews of manuscripts submitted to international journals for publication. Reviews take time and are unfunded work, but we view them as a valuable contribution we can make to the field where we can provide feedback to other researchers, and also reviews necessitate us at times to do homework to be up-to-date.

Conference presentations / workshops

We made submissions of several papers/presentations this year. Those accepted were:

- Kelly, G. (2012, November). The Overt Behaviour Scale (OBS): A practical workshop in the use of a behaviour measurement tool. Workshop presented at the annual Community Care Case Managers Conference, Victoria, Australia.
- We have also had acceptance of two other abstracts submitted for podium presentations at international conferences in 2013. One of these is regarding the use of single-case experimental designs with clients with ABI, the other is presentation of outcomes data combined from several mindfulness courses conducted with colleagues at the Melbourne Mindfulness Institute.

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. Probably the most significant event related to the OBS has been the completion of the NSW-based study investigating challenging behaviour post ABI, which used the OBS as a primary outcome measure. The data from the study will provide norms for the OBS, and this information is currently being prepared and submitted to journals for publication. We expect to work closely with colleagues from that project when developing the OBS toolkit.



The OBS toolkit has been planned for some time, and we have been trialling aspects of it in clinical work. Some of the ideas for the kit include a web-based scoring application, graphical representation of data, and an aid for functional assessment. We are currently seeking funding for implementation of this work.

The Transport Accident Commission (TAC) appears to be interested in a service and research approach to challenging behaviour post ABI. During 2012, the TAC OBS Pilot Evaluation was completed, and we await the outcomes of this.

The TAC and Worksafe boards govern the Institute for Safety, Compensation, and Recovery Research (ISCRR). ISCRR recently conducted a forum focused on challenging behaviours and related research activity. Diverge was invited to that forum, and a summary document is expected early in 2013.

Resources and planning

In recent times we have purchased new equipment (computers, referencing software, statistical analysis software), and at this year's AGM, a research budget was endorsed. With these resources, early 2013 should see a fuller research agenda developed, prioritising of projects, and strategic collaboration and funding applications.

We sincerely thank our colleagues Grahame Simpson from the Liverpool Brain Injury Rehabilitation Unit, Peter Kremer from Deakin University, 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 there has been a significant increase in requests for training with almost twice as many sessions conducted as in the previous year. Over half these sessions were conducted in regional areas with sessions also held in NSW and New Zealand. This indicates the growing awareness of Diverge as a provider of training as well as the willingness of staff to travel.

Aside from one-off training sessions, Diverge was involved in the development of training on ABI across metropolitan and regional areas to Department of Human Services (DHS) staff and also commenced a training series to Slow to Recover case managers. This latter series has provided a great example of combining theory, case discussion and peer support to workers with a very challenging workload.

All staff have been involved in delivering and preparing training sessions and continue to explore innovative ways to deliver training and consultation. We have trialled Skype to provide follow up mentoring in New Zealand, which has provided regular contact in a cost and time-effective manner.

Over the coming year we will continue the Slow to Recover training series and have received invited requests to be part of conference and training series across the state. We are also planning to expand the range of training offered with new sessions planned including "Understanding Neuropsychology Assessments", "Ethical issues in ABI and Challenging Behaviour" and "Self care and developing resilience".

Jenny Todd
Training Coordinator





Service Development Coordinator's Report

This year has been one of establishing partnerships with referrers and with organisations working in the area of brain injury. We are consolidating our place in the sector and have had very gratifying comments about the quality of our work. We have been sought out for our expertise in the area of complex cases and dual disability both within the area of mental health and intellectual disability. Towards the end of last year Diverge consulted with the Accident Compensation Corporation (ACC) in New Zealand on setting up a behaviour management service to work with their brain injured clients. This year, with the service up and running, we have provided ongoing mentoring to their clinicians.

In 2013 with the establishment of our paediatric service, Diverge Consulting will be making best use of our wide-ranging skill base and looking forward to the exciting changes to our field with the initial trial of the National Disability Insurance scheme coming on line.

Administration Officer's Report

With the introduction of an office administrator, Diverge has provided greater office presence for the needs of our clients, while allowing more time for valuable neuropsychology hours previously taken by administrative duties. This has allowed for greater concentration on improved purchasing, expense reduction, invoicing procedures and debt collection, resulting in improved cash flow and opportunities for reinvestment.

With the engagement of our new accountants, Collins & Co, along with the introduction of MYOB accounting software, Diverge has obtained valuable advice and support towards independent payroll and accounting processing. This has also provided Diverge with greater understanding and more detailed reporting of our financial situation.

Our new office provides a very comfortable and conveniently positioned place for team meetings, and with the development of our new interview room, an appropriate space for client assessments and consultations. The last year has seen great improvements in the administrative area, which has involved the learning of new processes and software, lengthy data conversion, streamlining office procedures, running our own office and making the most of our new facilities.

Liz Honey
Office Administrator



Financial Report

INCOME	2012	2011
	\$	\$
Service Fees	444,248	341,395
Health services no GST	15,277	9,191
Grants	450	8,636
Other	1,205	455
Total income	461,180	359,677

EXPENSES		
Accountancy fees	7,321	8,645
Advertising/promotion/website	0	1,498
Bank fees and charges	136	121
Contract payments	0	2,759
Entertainment expenses	0	2,313
General expenses	3295	809
Insurance	2,089	2,605
Internet and computers	4,326	1,050
Journals and periodicals	166	2,002
Office supplies, printing and stationary	3,302	2,673
Rent	16,794	13,664
Other employment and book keeping costs	19,977	80,245
Staff amenities	1,527	985
Staff training	854	1,114
Subscriptions	0	773
Superannuation	24,237	19,171
Telephone	9,083	4,339
Travelling expenses	11,145	7189
Wages	323,681	173,970
Total expenses	427,933	325,925
Profit before income tax	33,247	33,752



Financial Report (continued)

SHARE CAPITAL AND RESERVES	2012	2011
	\$	\$
Retained earnings	133,703	100,456
Total share capital and reserves	133,703	100,456

Represented by:

CURRENT ASSETS

Cash at Bank	44,494	50,853
Investment Account	51,275	-
Trade Debtors	43,478	70,457
Total Current Assets	139,247	121,310

NON-CURRENT ASSETS

Fixed Assets

Office renovations	6,005	-
Assessment tools	8,367	7,397
Computers	1,188	-
Furniture and fittings	150	150
Total Fixed Assets	15,710	7,547

INTANGIBLE ASSETS

Preliminary set-up costs	259	259
Bond (Office)	5,000	-
Total Intangible Assets	5,259	259

TOTAL NON-CURRENT ASSETS	20,969	7,806
TOTAL ASSETS	160,216	129,116



Financial Report (continued)

CURRENT LIABILITIES	2012	2011
	\$	\$
Trade creditors	1,282	1,282
Superannuation payable	2,532	1,915
PAYG Withholding payable	5,312	11,391
GST collected/paid	17,291	14,072
GST adjustment	96	-
TOTAL CURRENT LIABILITIES	26,513	28,660
TOTAL LIABILITIES	26,513	28,660
NET ASSETS	133,703	100,456
NET PROFIT/(LOSS)	33,247	35,572

Diverge Contact details

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