



VICSERV

ANNUAL REPORT

Leading through change: stories of transition

2013 ← → 2014



Psychiatric Disability Services
of Victoria (VICSERV)



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REPRESENTATION
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CAPACITY
BUILDING
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TRAINING
AND EVENTS
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THE YEAR IN PERSPECTIVE

2013 ————— 2014

LIFTING
THE LID ON
MENTAL HEALTH

THE 2013/14 FINANCIAL YEAR PRESENTED A TIME OF CHANGE. THE NDIS TRIAL COMMENCED, REFORMS WERE ANNOUNCED AND EVERYONE WAS THINKING ABOUT WHAT THE FUTURE WOULD HOLD FOR BOTH MENTAL HEALTH SERVICES AND THE PEOPLE WHO ENGAGE WITH THEM.

Funding and service models changed and the size, location and type of services delivering state funded community mental health support evolved along with them.

VICSERV has also seen change and reform at an organisational level. Questions about what the sector would

look like in coming years, who VICSERV's members might be, and what VICSERV might offer in a new environment sparked review and re-development of a strategic plan for VICSERV.

Looking forwards, work continues to define the service components and to develop the structures and frameworks

to support implementation. In support of this, VICSERV has been funded to do a body of research in the Barwon region. VICSERV will continue to seek opportunities to support services and will provide training, information dissemination and networking into the future.

LOOKING BACK



JUNE 2013

Publication: 'In it together' edition of *The Australian Journal on Psychosocial Rehabilitation, New Paradigm*, VICSERV.

2013-14 FINANCIAL YEAR



JULY 2013

PDRSS Framework for reform released

National Mental Health Commission (NMHC) funded Community Mental Health Australia (CMHA) to develop national learning and assessment resources for the Certificate IV in Mental Health Peer Work CHC42912.

AUGUST 2013

VICSERV member forum: *PDRSS Reform*

VICSERV and National Disability Services Forum: *Barwon NDIS and Mental Health*

Article: 'Change Ahead' published in *Perspectives: Mental Health and Wellbeing in Australia*, Mental Health Council of Australia.

SEPTEMBER 2013

OCTOBER 2013

VICSERV member forum: *NDIS*

Expressions of Interest for delivering MHCSS closed.

NOVEMBER 2013

DECEMBER 2013

Minister Wooldridge released 'Victoria's priorities for mental health reform 2013 – 2015'

JANUARY 2014

VICSERV formally responded to 'Victoria's priorities for mental health reform 2013 – 2015.'

FEBRUARY 2014

Presentation: 'The impact of State and Federal Mental Health Reforms', by VICSERV, at Council to Homeless Person's launch of *Parity: Innovations in Mental Health and Homelessness* edition.

Article: 'The impact of State and Federal Mental Health Reforms' published in *Parity: Innovations in Mental Health and Homelessness*.

Five students from Victoria and 18 students from Western Australia graduated from VICSERV's Certificate IV in Mental Health CHC40512.

MARCH 2014

Publication: 'National Disability Insurance Scheme' edition of *The Australian Journal on Psychosocial Rehabilitation, New Paradigm*, VICSERV.

VICSERV member forum: *Community Sector Reform*

Reform and Transition Bulletins commenced (10 editions).

APRIL 2014

Online Clinical Supervision Guidelines for Victorian AOD & MH Sectors (a partnership between VICSERV, VAADA and Bouverie) funding finalised. Launch planned to begin in August 2014.

MAY 2014

2014-2015 Victorian State Budget released.

Services notified of the outcome of the Expressions of Interest to deliver MHCSS.

Submission: '2014-2015 State Budget: Supporting People with Mental Illness and a Sustainable Community Managed Mental Health Sector', VICSERV.

Award: VICSERV in partnership with cohealth received the *Minister in Mental Health, Community in Health Award*, in recognition for the training program 'Care Coordination'.

Presentation: 'Care Coordination Training' by VICSERV in partnership with cohealth, at the Department of Health People in Health Summit.

Presentation: 'Dealing with clients in distress', by VICSERV at the Association of Neighbourhood Houses & Learning Centres annual conference.

JUNE 2014

Minister Wooldridge met with mental health services involved in the NDIS launch. This meeting resulted in agreement to extend the in-kind arrangements for an additional six months.

Twelve participants graduated from VICSERV's Diploma of Management BSB51107.

LOOKING FORWARD



JULY 2014

VICSERV member forum: *Victorian reforms and the VICSERV 2014 Election Statement*.

VICSERV PDRSS/MHCSS reform impact survey.

AUGUST 2014

Submission to the Community Sector Reform Council: 'Recommissioning of community managed mental health services', VICSERV.

Joint Submission to the Community Sector Reform Council: 'Recommissioning', VCOSS, VICSERV, VAADA and CHP.

SEPTEMBER 2014

Event: *Lifting the Lid on Mental Health*. Organised by an alliance of community mental health peaks and organisations (headed by Tandem, VMIAC and VICSERV), this event presented politicians with the key issues facing people living with mental illness, their families and their carers.

NOVEMBER 2014

Victorian State Election

Certificate IV Mental Health Peer Work, to be offered by VICSERV training team in 2015.



**ELIZABETH
CROWTHER**
PRESIDENT

PRESIDENT'S REPORT

WITHOUT DOUBT, 2014 WAS A YEAR OF SIGNIFICANT CHANGE AND DISRUPTION FOR CONSUMERS AND STAFF OF COMMUNITY MANAGED MENTAL HEALTH SERVICES. THE PACE AND SCALE OF CHANGE MEANT THAT EVERYONE WAS AFFECTED AND THAT A GREAT DEAL OF TIME AND MONEY WAS APPLIED TO THE PROCESS OF REFORM.

It was clear early on that the transition to new service arrangements would not happen quickly and that it would be well into 2015 before we saw the true impact.

At the same time, we saw slow progress on the review of consumer and carer programs (including the Mutual Support and Self Help programs) with a large group of VICSERV member uncertain about the future of their services.


In Barwon, which was a trial site for the National Disability Insurance Scheme (NDIS), services were exempt from the state reforms but needed to adapt to new models and systems. With the inclusion of all the state funded Psychosocial Disability Support Services in the region, Barwon has become a true test site for mental health in the NDIS. The change has been disruptive for consumers, families and staff.

Throughout the year VICSERV has been active at the local, state and national level seeking to influence policy and to build capacity of services in these challenging times.

I would like to acknowledge funding by Department of Health which has enabled VICSERV to continue its ongoing state-wide support function and its training and development work.

It is important to note that VICSERV relies heavily on member fees and self-generated funds to enable its representation work. But more importantly, the organisation relies on member involvement which enables the development of policy positions and ensures the relevance of the VICSERV effort. We are fortunate to have a very active membership across the organisation and this was evidenced this year by attendance at events such as member forums. I would like to acknowledge the extra contribution of the members of the Policy Advisory Group and the Training Advisory Group who continued to prioritise this work in their busy schedules.

I would also like to acknowledge the ongoing commitment of the VICSERV board. In a year of such significant change the board has been faced with a number of challenges as it seeks



WE ARE FORTUNATE TO
HAVE A VERY ACTIVE
MEMBERSHIP ACROSS
THE ORGANISATION

to provide strategic direction to the organisation. Regular evaluation of the VICSERV responses to the state reforms, understanding the impact of the NDIS and more lately seeking to ensure a strong vision for the future of community managed mental health services have been a high priority. The changes occurring to the service system also prompted a strategic review of the role and contribution of VICSERV as a peak body. An active process was instigated at the start of 2014 which will see a refresh of the strategic plan in 2015. I would like to thank all members of the board for their ongoing contribution. It was heartening to see the high level of commitment to collective action in a year where competitive tendering had such a significant impact on how business was conducted.

The VICSERV board is continually being renewed and this year we welcomed Lyn Morgain (cohealth) to the board. In a short time, Lyn has made a significant contribution to governance and future direction of the

organisation. Lyn joined after the resignation of Caz Healy. I would like to express appreciation for the long term commitment of Caz to VICSERV and the wider community managed service sector. Caz has had several stints on the VICSERV board, she was Vice President for many years and more recently was an active member of the Finance and Risk Sub-Committee.

I would also like to thank the VICSERV staff, led by Kim Koop (CEO), for their dedication and commitment to the organisation and to improving mental health services provided to the Victorian community.



ELIZABETH CROWTHER
PRESIDENT



CEO'S REPORT

THE 2013/14 YEAR AND THE SIX MONTHS TO DECEMBER 2014 WILL NO DOUBT BE REFLECTED ON FOR MANY YEARS TO COME. OVER THIS TIME COMMUNITY MANAGED MENTAL HEALTH SERVICES, THEIR CONSUMERS AND STAFF HAVE MOVED FROM A PERIOD OF UNCERTAINTY TO NEW SERVICE ARRANGEMENTS, AND IN MANY CASES, NEW EMPLOYMENT ARRANGEMENTS. FOR MANY CONSUMERS AND FAMILIES THIS HAS MEANT NEW RELATIONSHIPS AND AN EXTENDED PERIOD OF UNCERTAINTY.

Throughout this time, VICSERV has sought to represent the issues faced by services and to build the capacity of services to participate in the process of reform. It has been a challenging year with a major increase in workload across the organisation.

Major change has allowed and required us to work with a new wider group of collaborators, partners, members and other stakeholders.

We have very much enjoyed building a new working relationship with Tandem and VMIAC; joining together to represent our common interest and seeking quality outcomes for people affected by mental illness in our community.

The trial of the National Disability Insurance Scheme (NDIS) in Barwon made it imperative that VICSERV form a view about the impact of the trial, and to represent that position at the

local, state and federal jurisdiction. All staff were called on to widen their scope of activity and to build new relationships; everyone responded to the challenge and found a new capacity.

In particular, the Policy team were very active in the Barwon region, regularly meeting with workers and then facilitating a Barwon CEO network with senior management of Barwon Health. Engaging in this way supported and

enabled us to provide a powerful contribution to state and national policy development.

Training has as always been busy and continues to support the work of the organisation in ways that are not always obvious at a quick glance. Training is a vital part of the capacity building function of VICSERV.

As the year draws to a close we find ourselves firmly in the grip of the state election. This is always a busy time for peak bodies as we seek to build relationships across the political spectrum and to provide a vision for the future of service delivery. This year our election statement addressed the future of the community mental health services in light of the NDIS. It is clear that while people with psychosocial disability should not be excluded from the NDIS, the scheme is not a sufficient replacement of the state funded psychosocial disability supports. And there lies the challenge for services and VICSERV in the coming year. While the state reforms are being bedded down and we wait



for release of reports on the consumer and carer review, we must turn our attention to the impact of the NDIS. I predict another busy year ahead for our members, staff and board.

I'd like to thank and offer my sincere appreciation to the staff who have worked incredibly hard in a year that challenged everyone; well done

for weathering the storm and for sitting with the rigorous self-reflection and critique that comes with the territory.

Thank you to the VICSERV board who give so much of their time in a voluntary capacity and who offer me just the right amount of support. In particular I want to acknowledge their willingness to think of the wider services system when it would have been very easy to think only about their own organisations. It is always a privilege to work with others who are dedicated and committed to a common goal.

It was a humbling year in so many ways; I look forward to working with all members in the year ahead as we look to the future.



KIM KOOP
CEO

TRANSITION

2013 ————— 2014



KATE PATERSON
TRANSITION
MANAGER

VICSERV RECEIVED FUNDING FROM THE DEPARTMENT OF HEALTH TO SUPPORT SERVICES IN THE REFORM PROCESS, WHICH PROVIDED MUCH NEEDED CAPACITY.

It enabled VICSERV to participate in project reference groups and other department led coordination and developmental activities, as well as identify, produce and distribute relevant information and deliver reform specific training and development opportunities.

However, the long probity period which dominated much of the 2013/14 year and the restrictions on open discussion and dialogue with and between services about the reforms, made the VICSERV role of representing services challenging. During this time, we maintained regular meetings with the department and Minister's office and continued to call for a comprehensive communication strategy, risk analysis and transition planning, as well as transition resources.

VICSERV continued to facilitate collaborative spaces for members. Three sector forums were

held, including the August 2014 PDRSS Reform forum. This forum was the first and only opportunity for services to explore what the framework meant for them. These meetings and events allowed us to communicate with the sector, enabling discussion which informed VICSERV activities throughout the year. VICSERV also hosted the Intake and Assessment Pilot Providers group to share information, network and learn.

Along with sector events, we attempted to equip workers with the skills and information they needed throughout transition. This included the development and facilitation of targeted workshops entitled 'Working with uncertainty', 'Leading in uncertain times', and 'Managing your own career'. Additionally, ten transition and reform e-bulletins were produced between March and July to provide analysis of outcomes as well as practical information.

Contact with members and other services in the sector was critical and involved:

- » Ad-hoc discussion with service providers through an open invitation for members to contact VICSERV as well as a number of member interviews conducted at the beginning of the year. This was effective in determining emerging issues and concerns.
- » Contact with 90% of affected agencies about the impact of the recommissioning on their service, following the announcement of the Expression of Interest outcomes.
- » Regular meetings with Tandem and the Victorian Mental Illness Awareness Council (VMIAC) to identify issues and jointly advocate for service/consumer/carer needs.
- » The VICSERV transition survey which provided important information regarding the impact on the workforce as well as transition issues.

VICSERV also continued to collaborate with our fellow peaks. We shared briefings to assist understanding of the impacts and outcomes of the reform, as well as to identify and clarify issues of relevance between sectors. This continues to deliver value, for example in preparing submissions for the Community Sector Review and supporting each other's policy and election platforms.

The Consumer and Carer Program Review continued throughout 2013/14. This was a very complex review involving a wide range of programs. VICSERV provided significant input into the project in response to ongoing concerns about its objectives and methodology. It also worked with relevant services and the state-wide mutual support and self-help network to facilitate consumer, carer and worker participation in the consultation processes.

We believe that further work and consultation is needed before decisions can be made on the future of the programs under review. However, in the mean-time the uncertainty for services continues as funding is committed on a year by year basis and there is no clarity as to whether it will continue post NDIS.

The VICSERV submission into the Community Sector Reform Council provided an important opportunity to make a public comment about the experience of the recommissioning, and contribute to the discussion about how to deliver community sector reform into the future. It also outlined VICSERV's perspective on what is needed next for community mental health support services in the reform (see box).

There is still much work to do at both the service and service systems level to bed down the reform changes. The performance management framework and service guidelines for many of the service elements are still being worked out, as are service guidelines and tools for many of the new functions – including carer assessments and identification of the needs of vulnerable children.

The reform of remaining PDRSS activities is still to come. VICSERV hopes that this work will be undertaken in partnership with services, consumers and carers, demonstrating a commitment to collaborative work practices and an understanding of its benefits. For services, the new funding model provides for flexible, joined-up and innovative service delivery. This is where the focus now lies: to rebuild, re-partner and deliver on the opportunities.

VICSERV WORKED WITH RELEVANT SERVICES AND THE STATE-WIDE MUTUAL SUPPORT AND SELF-HELP NETWORK TO FACILITATE CONSUMER, CARER AND WORKER PARTICIPATION IN THE CONSULTATION PROCESSES.

SUBMISSION TO THE COMMUNITY SECTOR REFORM COUNCIL

VICSERV prepared two submissions to the Community Sector Reform Council. One told the experience of the community managed mental health services of reform, while the other (done in collaboration with VCOSS, VAADA and CHP) reflected on the broader reform principles and how they applied to our shared experience of reform.

Both submissions were critical of the processes used, including with regard to collaboration and partnership and transition planning. They also raised concerns about whether key outcomes such as service integration and client choice would be met.

However, VICSERV also recognised that the MHCSS reforms included many positive features, including more flexibility, a move towards client centred support and a catchment focus. VICSERV and its members believe that, ultimately, many of these new features will result in better outcomes for people with a mental illness.

How the implementation of these reforms is managed will have an impact on whether these positive outcomes are achieved.

There is also a range of other reform and development activity needed to ensure a strong and responsive community mental health service system into the future to deliver better mental health outcomes for the community.

VICSERV recommended the following actions:

- » Develop a plan for the next 12 months to guide the implementation of the reforms and ensure that they deliver positive outcomes for consumers, which embody a new collaborative way of working.
- » Develop a transition plan which dovetails with the implementation plan, to support the introduction of the NDIS.
- » Ensure that the proposed recommissioning / reform of community mental health services which is yet to be undertaken occurs in collaboration with services, consumers and carers, and is responsive to the issues raised in the submission.
- » Develop a workforce strategy to address the future needs of a specialist community based mental health response and the NDIS, including supporting growth in the peer workforce.
- » Invest in safe and affordable housing, which is linked to support, for people with a mental illness.



Submissions by VICSERV can be accessed through our website:

www.vicserv.org.au/policy-networks/submissions.html

POLICY DEVELOPMENT AND REPRESENTATION

THIS YEAR, VICSERV FOCUSED ON IMPROVING THE ENGAGEMENT AND CONSULTATION PROCESSES, AND THE TRANSPARENCY OF OUR POLICY AND REPRESENTATION ROLE.

The establishment of a Policy Advisory Group was the first step in this process, followed by the development of a longer term vision for the community managed mental health sector as it transitioned through significant reform and change. The breadth of work and policy development undertaken by VICSERV over 2013-14 is a reflection of the significant change and emerging issues that are being felt across the sector.



DEBRA PARNELL
POLICY & COMMUNICATION
MANAGER

NATIONAL DISABILITY INSURANCE SCHEME (NDIS)

Since launching in the Barwon region in July 2013, the NDIS has emerged as one of the most significant issues which impacts the mental health sector in Victoria and across the country.

The transfer of eligible people in receipt of state-funded programs in Barwon was undertaken in a staged process, with people with mental illness phasing to the NDIS from May 2014. As the trial commenced, impacts on the policy, service system and organisational context of mental health were identified, and issues for services, participants and carers began to emerge.

As the inclusion of people with mental illness became a reality VICSERV worked closely with services in Barwon, particularly in the last quarter of the year.

Activities included:

- » Regular liaison with services, including a CEO's Forum which was chaired by VICSERV President Elizabeth Crowther. This group was instrumental in raising awareness with the Department of Health, Minister Wooldridge and the National Disability Insurance Agency (NDIA) regarding unsustainable impacts on key community mental health service providers. This resulted in an agreement to extend the in-kind arrangements for an additional six months.
- » VICSERV participation in the NDIS Readiness Network and other forums convened by NDS, involving NDIA, Departments of Health and Human Services, and all service providers involved in the launch site.

- » Workshops, meetings and forums which involved service providers, NDIA State Government officials, MHA and other key stakeholders.
- » The development of a process for clarification of terms and understandings of supports delivered to people with psychosocial disability, and how the existing NDIA support clusters could be further developed to assist in the delivery of this support.

As the year progressed, we commenced working with the Victorian Department of Health to undertake a project in Barwon. The project aims to develop and document the experiences, issues and effects on mental health services and consumers and families in the Barwon NDIS launch site.

THE FUTURE STATE OF MENTAL HEALTH

VICSERV's policy and representation work throughout 2013/14 had an eye towards the issues to be taken into the State election. The longer term outcomes of the recommissioning of PDRS services; the learnings from the Barwon launch site; and the impact of NDIS across the state were identified as key areas for our election statement.

We undertook consultation and engagement regarding these topics throughout the year, culminating in our State Election Statement released in September 2014 at the Lifting the Lid on Mental Health Forum.

The next four years will be crucial in identifying and implementing strategies to meet the needs of people living with mental illness, before the NDIS is rolled out across the State. Without the articulation of a clear vision and commitment to implementing a policy framework and process for retaining the most comprehensive mental health system in Australia, Victorians living with mental illness, their families, and services are facing a future of serious risk.

THE LIFTING THE LID ON MENTAL HEALTH ALLIANCE AND FORUM

In the lead up to the 2014 Victorian election, Tandem (Peak for mental health families and carers in Victoria), VMIAC (Mental Health Peak organisation for consumers in Victoria), and VICSERV (representing the community mental health sector in Victoria), along with 17 other mental health peaks and community mental health organisations joined together to form the Lifting the Lid on Mental Health Alliance.

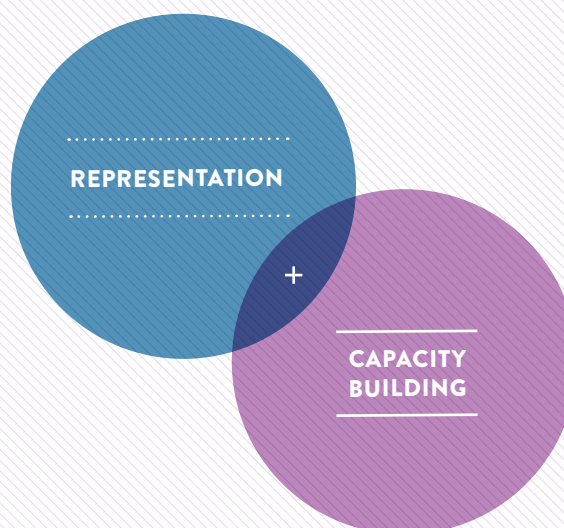
The formation of the Alliance brought people living with mental illness, their families and carers, community mental health services, and organisations with an interest in mental health together, to present a united voice on the issues of concern to the sector.

Held in September 2014, the Forum captured the attention of consumers and carers, media, government and provided the basis for on-going discussion with politicians, parties and policy makers.

In its key messages, the Alliance called on the next Victorian government to:

- » allocate \$80 million over the next four years to continue Victoria's community-based mental health support services, and prevent up to 10,000 people falling through the emerging gaps;

- » retain the Mutual Support and Self Help program to ensure the continued education, support and advocacy for carers and consumers;
- » grow the highly effective consumer peer workforce from 0.3 per cent to 10 per cent of the total mental health workforce;
- » develop a Carer Support Strategy which includes increasing the Carer Support Program by \$12 million over four years to support an additional 12,500 carers;
- » fund stable housing for people with a mental illness, and fund initiatives to overcome stigma around homelessness and poor accessibility to housing; and
- » establish an independent individual advocacy service for carers.



POLICY ADVISORY GROUP

VICSERV'S POLICY ADVISORY GROUP (PAG) IS A KEY MECHANISM FOR CONSULTATION, DISCUSSION AND DEVELOPMENT OF POLICY.

The PAG is appointed by the VICSERV Board and contributes to the development, communication and implementation of the VICSERV policy agenda, in line with the strategic and operational plan, and in the context of current health and disability policy.

With such significant change on the agenda for services and the service system in 2013/14, the PAG organised a planning session to develop VICSERV's policy agenda into the future.

The session clarified the context, key drivers, interests, intended outcomes and the audience. It also highlighted the complexity in the environment, including tensions between consumer and service orientated goals, and VICSERV's continuing role in:

- » identifying and monitoring the impacts of reforms;
- » identifying best practice in the emerging mental health system;
- » promoting and leading practice change and innovation;
- » working collaboratively with members, stakeholders and consumers and carers on areas of mutual interest; and
- » reflecting the needs of people with mental illness, service system issues and evidence based practice and developments back to Government and other stakeholders.

The future role of the PAG will evolve as the strategic priorities of the organisation are implemented and developed. In the future the PAG could be used to oversee key policy projects and consultations to identify emerging policy issues, and influence strategies.

SUBMISSIONS

VICSERV regularly contributes submissions and other documents to government and other bodies in response to reviews and inquiries. In 2013/14, key submissions included:

- » Submission to National Mental Health Review
- » Submission to the Parliamentary Inquiry into Social Inclusion of Victorians with Disabilities
- » Response to Victoria's priorities for mental health reform 2013/15
- » 2014/15 State Budget Submission



Submissions by VICSERV can be accessed from our website:

www.vicserv.org.au/policy-networks/submissions.html

FORUMS AND KEY ACTIVITIES

August 2013: PDRSS Reform Framework

The VICSERV member forum on PDRSS Reform was attended by 80 people from 40 agencies operating across Victoria. It was the first opportunity for service providers to discuss the paper 'Reforming community support services for people with a mental illness: Reform framework for Psychiatric Disability Rehabilitation and Support Services', released on 4 July 2013, and to discuss common issues and concerns.

September 2013: Barwon NDIS and Mental Health Forum

VICSERV collaborated with National Disability Services to hold a forum for services involved in the Barwon launch site which focussed on issues for mental health services and consumers.

The forum included presentations by consumers, service providers and VICSERV, who provided their perspectives on the inclusion of mental health in NDIS; and updates from the National Disability Insurance Agency and Department of Health representatives. The forum provided the opportunity to discuss, identify and prioritise key issues, and develop strategies for collaborative action to address these issues.

October 2013: NDIS – What does it mean for mental health services in Victoria?

This member forum was well attended by people from across the community mental health sector, and provided an overview of national issues in the implementation of NDIS and the Barwon experience of consumers and services. The discussions held during the day produced valuable feedback on the issues and concerns of the broader sector.

March 2014: Community Sector Reform

An opportunity for VICSERV members to hear about and discuss the Victorian Government's landmark initiative for broad community sector reform. Presenters included members of the then newly established Community Sector Reform Council who provided an overview of the role of the Council and how it will work with the community sector to achieve the objectives of the reform.

May 2014: Mental Health and NDIS Roundtable

VICSERV, in conjunction with National Disability Services, brought together key stakeholders concerned about the issues impacting mental health services and consumers in the roll out of NDIS in the Barwon launch site. The forum provided the opportunity to discuss the issues that have emerged for mental health services and consumers, and to identify solutions and opportunities for collaborative responses.

July 2014: Reforms and the State Election

This member forum provided an overview of the outcomes of the PDRSS reforms in Victoria, and considered the key issues to be taken into the 2014 State Election.



**LIFTING THE LID,
MELBOURNE TOWN
HALL 2014**

VICSERV also has the opportunity to present at many conferences and forums as well as contributing to other stakeholder meetings and networks on issues impacting on the community mental health sector.

In 2013–14 these opportunities included:

- » National Mental Health Commission Stakeholder meeting
- » Mental Health Australia Policy forums
- » Mental Health Australia NDIS project advisory group
- » National Mental Health Consumer and Carer Forum
- » National Primary and Community Care Network
- » VCOSS Peaks and State-wide Network
- » Mutual Support and Self Help Network



OUR FIRST EDITION OF NEWPARADIGM
FOR 2014 FOCUSED ON THE
IMPLICATIONS OF A NEW SCHEME
FOR MENTAL HEALTH: THE NDIS.

NEW PARADIGM

THE AUSTRALIAN JOURNAL ON PSYCHOSOCIAL REHABILITATION, ENTITLED NEWPARADIGM, EXISTS TO ENCOURAGE DISCUSSION AND INFORMATION SHARING ON MATERIAL RELEVANT TO MENTAL HEALTH SUCH AS INNOVATIVE SERVICE PROGRAMS, NEW RESEARCH AND CURRENT THINKING ON POLICY AND SERVICE PROVISION. IN LINE WITH THESE AIMS, NEWPARADIGM HAS MOVED TO AN ONLINE FORMAT. THIS MIGRATION ALLOWS THE JOURNAL TO REACH A BROADER AUDIENCE, AS WELL AS STREAMLINING THE DISTRIBUTION PROCESS.

Our first edition of NewParadigm for 2014 focussed on the implications of a new scheme for mental health: the NDIS. It featured diverse views and issues including the perspectives of consumers and families of people with mental illness, the National Disability Insurance Agency (NDIA), agencies at the front line, and researchers who are considering the issues and implications for consumers as well as providers, and provided a valuable base for developing thinking on the implications for future services delivery. We are poised to complete a second edition of NewParadigm late in 2014.

WEBSITE

The VICSERV website continues to host information for the sector and facilitate communication.

With changes forecast for the website, the 2013/14 period focussed on consolidating content and streamlining processes for keeping the site up to date. This allows for improved accessibility of content and set pathways for growth into the future.

E-NEWSLETTERS

Part of VICSERV's communication strategy includes bulletins and e-newsletters.

Over 2013/14 this media has been reviewed and changes implemented. The strategies seem to be effective, and over the period the total number of subscribers had grown from 272 to 710.

While previously all e-communications were broadcast to one list of subscribers, the list has now been separated into several sub groups. This allows subscribers to choose the types of communication they are most interested in. They can now opt to receive NewParadigm notifications, Training Bulletin, Factsline, special messages or any combination of these.



If you would like to subscribe to email messages from VICSERV, or amend your subscription preferences please visit:

vicserv.org.au/publications-resources/factsline.html

MHCSS TRANSITION AND REFORM BULLETIN

Ten editions of the reform bulletin were dispatched between March and July to provide analysis of outcomes and practical information about the reforms in Victoria.



An archive of these editions is available from the VICSERV website:

www.vicserv.org.au/state-reform/reform-and-transition-bulletins.html



FACTSLINE

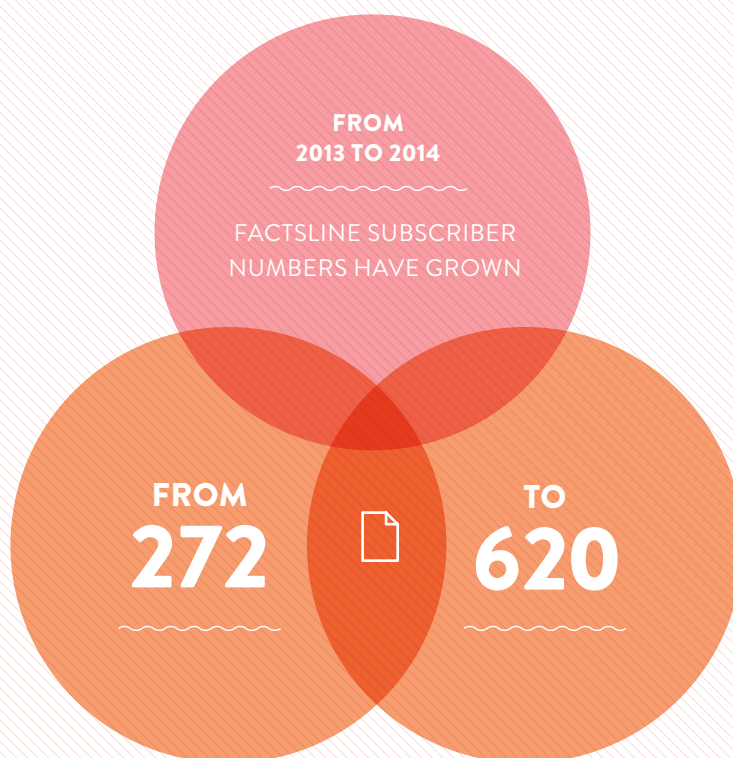
FACTSLINE IS A FORTNIGHTLY E-NEWSLETTER CREATED BY VICSERV. IT AIMS TO KEEP SUBSCRIBERS INFORMED OF ANNOUNCEMENTS, DEVELOPMENTS AND NEWS RELATED TO SERVICE REFORM AND TRANSITION, POLICY, VICSERV ACTIVITIES, AND EVENTS AND CONFERENCES IN THE PDRS AND COMMUNITY MANAGED MENTAL HEALTH SECTORS



Factsline is freely available to all interested people and organisations. Both a subscription form and an archive of previous editions can be found on the publications section of the VICSERV website:

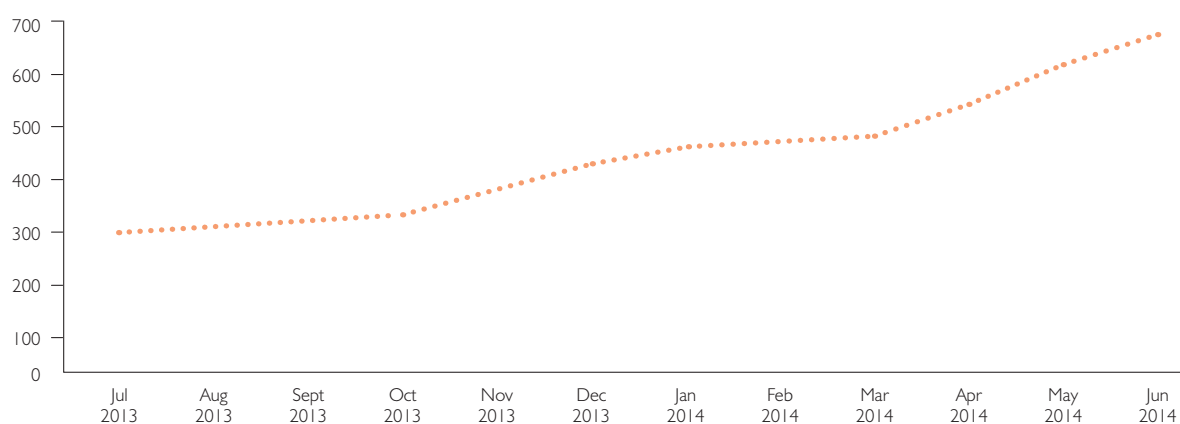
www.vicserv.org.au/publications-resources/factsline.html

Factsline e-newsletter experienced a make-over in 2013/14. The layout and content was refreshed and lengthier articles were included. The e-newsletter was distributed regularly, and over the year 25 editions were broadcast. The changes seem to have been effective, as demonstrated by the change in subscriber numbers, which have grown from 272 to 620 individuals.



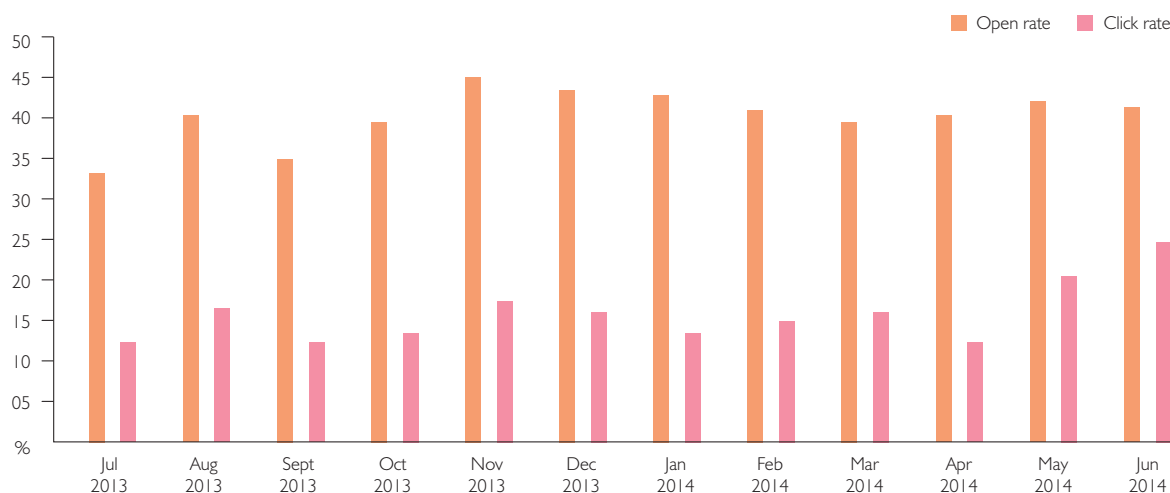
BETWEEN **34.52%** AND **45.73%**
OF SUBSCRIBERS OPENED
ANY PARTICULAR EDITION
OF THE NEWSLETTER

FACTSLINE SUBSCRIBERS →



The open rates in the graph below demonstrate the value of articles and materials in Factsline. Between 34.52% and 45.73% of subscribers opened any particular edition of the newsletter. As an information rich newsletter, Factsline does not attempt to force subscribers to click through to a website. For this reason, we would expect to see a relatively low click rate. However, the graph shows more subscribers click the links in the newsletter now than at the start of the period. This could mean the links have become increasingly relevant to the subscriber base.

FACTSLINE OPEN & CLICK THROUGH RATES →



TRAINING BULLETIN

THE FORMAT OF THE TRAINING BULLETIN ALSO CHANGED OVER THE REPORTING PERIOD. THE LAYOUT WAS REFRESHED AND THE CONTENT CHANGED. THE REGULARITY OF THE E-NEWSLETTER WAS ALSO REVIEWED.

While previously it had been sent every few months, the Training Bulletin trialled a fortnightly format in 2014. This seems to have been effective in promoting growth and over the nine editions of the bulletin, the subscriber base grew from 272 to 541.

TRAINING BULLETIN
SUBSCRIBER BASE
HAS GROWN



FROM
272



TO
541



→ **JOHN
KATSOURAKIS**
MANAGER:
EDUCATION
AND TRAINING

TRAINING AND PROFESSIONAL DEVELOPMENT

OVER 2013/14, A PRIORITY FOR THE TRAINING UNIT WAS TO ASSIST SERVICES AND THE WORKFORCE THROUGH THE SECTOR TRANSITION AND REFORM PROCESS.

To this end, the VICSERV training unit designed and facilitated nine new workshops:

Partnering Essentials, Writing tenders and proposals, Leading in uncertain times, Working with uncertainty*, Managing your career*, Building resilience*, Job loss and risk to your employees – what is your duty of care*, Collaboration skills unpacked and Care coordination.* Each training program aimed to equip workers at every level with the skills and information they needed throughout transition.

VICSERV was funded by the Department of Health (DoH) to deliver five of these workshops (indicated with *) to inform and assist the staff and organisations through the transition process. In a three month period in 2014, VICSERV delivered 13 sessions of the DoH funded workshops to 151 staff throughout metropolitan Melbourne and regional Victoria.

Feedback from participants included:

"The trainer devised this workshop really well and I learnt a lot more about what was going on internally for myself and also for the staff in regards to us coping with being made redundant"

"Some good practical exercises that have and will help manage change"

"Support individually and as a group / team on the journey of transition was exceptional"

"Was a great day - lots to take in and process though. Will still be a hard journey ahead but I feel better equipped."

The VICSERV training unit worked with 24 specialist mental health partner organisations and individuals (including Spectrum, Bouverie and NEXUS) to deliver 70 workshops to 827 participants. This is an increase in both number of workshops and participants from the last financial year. When asked whether the participants enjoyed the training, 95% strongly or somewhat agreed.

Continuing an existing training and education partnership, VICSERV delivered a number of mental health literacy workshops to staff within the Financial Ombudsman's Office. We also provided advice and consultation to the FOS

Access Working Group to improve their service response to applicants with mental health issues. VICSERV also continued to collaborate with Mind; and the Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne; to produce the Colloquium Series. The series enabled ideas and research findings of relevance to be presented to the community managed mental health sector.

Throughout 2013/14, VICSERV offered a range of 'foundation skills' programs including a number of short courses in collaboration with our specialist mental health partners. These covered areas such as motivational interviewing, dual diagnosis, documentation, trauma-informed care, and working with people with borderline personality disorder, or at risk of suicide. As in previous years, VICSERV also delivered the Certificate IV in Mental Health, which has been specifically designed for workers in the sector.

Due to the increasing complexity of the support worker role, VICSERV offered a greater range of 'extended practice' courses in areas such as supervision, care coordination, collaboration skills and working with complexity. Such courses have added to the range and depth of skills training offered by VICSERV, preparing the workforce for the future.

The following feedback from a recent Care Coordination workshop summarises the approach of the VICSERV training unit and our partners:

"I enjoyed the fact that most of the learning came from the discussions and it helped the learning process as it was very experiential."

Regular consultation with the sector was channelled through the VICSERV Training Advisory Group. VICSERV was also actively involved in stakeholder advisory groups and steering committees. This ensured we provided an up-to-date learning and development response relevant to and on behalf of staff at all levels.

In 2013/14, the VICSERV training unit provided expert advice and consultation at a national level to the Community Service and Health Industry

Skills Council (CS&HISC). As part of the Mental Health Subject Matter Expert Group (SMEG), VICSERV provided advice regarding the structure and content of mental health units across a range of qualifications in community services and health. A detailed review of the content of the *Certificate IV in Mental Health*, the *Certificate IV in Mental Health Peer Work*, and the *Diploma of Community Services* is being undertaken by a small working group of the mental health SMEG, of which VICSERV is an active member. This review will directly shape the knowledge and skills required for mental health support workers around the country.

The VICSERV training unit was invited by CS&HISC to be the mental health representative at a national industry forum to road-test understanding of the key challenges for the community service and health workforce, industry priorities for workforce development and the industry's perspective on how these challenges and workforce development priorities should be addressed. This forum was a key informant of the CS&HISC's 2014 *Environmental Scan Agenda for Change* strategic report.

The VICSERV training unit also worked with the Bouverie Centre and VAADA to develop the Clinical Supervision Guidelines, an online resource to support managers and supervisors in the MH and AOD sectors. Launch and implementation of these guidelines occurred from September 2014.

We are now gearing up our resources to meet the challenges for the next few years; this includes the impacts of the state reforms, NDIS and the growth of the consumer and carer peer workforce. Planning is underway to offer the Certificate IV in Mental Health Peer Work in 2015 and we are continuously reviewing our workshops to ensure staff and managers are able to meet the needs of consumers, carers and families.



You can keep up to date with news and current courses from VICSERV training through the fortnightly Training Bulletin. To subscribe visit:

vicserv.org.au/publications-resources/factsline.html

MINISTER FOR MENTAL HEALTH: COMMUNITY HEALTH AWARD

AT THE INAUGURAL *PEOPLE IN HEALTH* AWARDS AT THE MELBOURNE MUSEUM IN MAY 2014, MINISTER FOR HEALTH DAVID DAVIS AND MINISTER FOR MENTAL HEALTH MARY WOOLDRIDGE ANNOUNCED 12 AWARDS TO HEALTH SERVICES AND INDIVIDUALS WHO HAD DEMONSTRATED EXCEPTIONAL COMMITMENT TO THE EDUCATION, TRAINING AND DEVELOPMENT OF VICTORIA'S HEALTH WORKFORCE.

In recognition of their work building workforce capability to better respond to multiple and complex needs in mental health, VICSERV and cohealth were awarded the *Minister for Mental Health: Community in Health Award*.

Over the last few years, VICSERV and cohealth have worked in partnership to develop several courses. The two organisations were recognised for these efforts when they presented a paper on the design, development and delivery of care coordination training at the People in Health Summit, held at the MCG from 22 to 23 May 2014.



PARTNERSHIP LEADS TO LEADERSHIP EXCELLENCE ACROSS COMMUNITY SECTORS

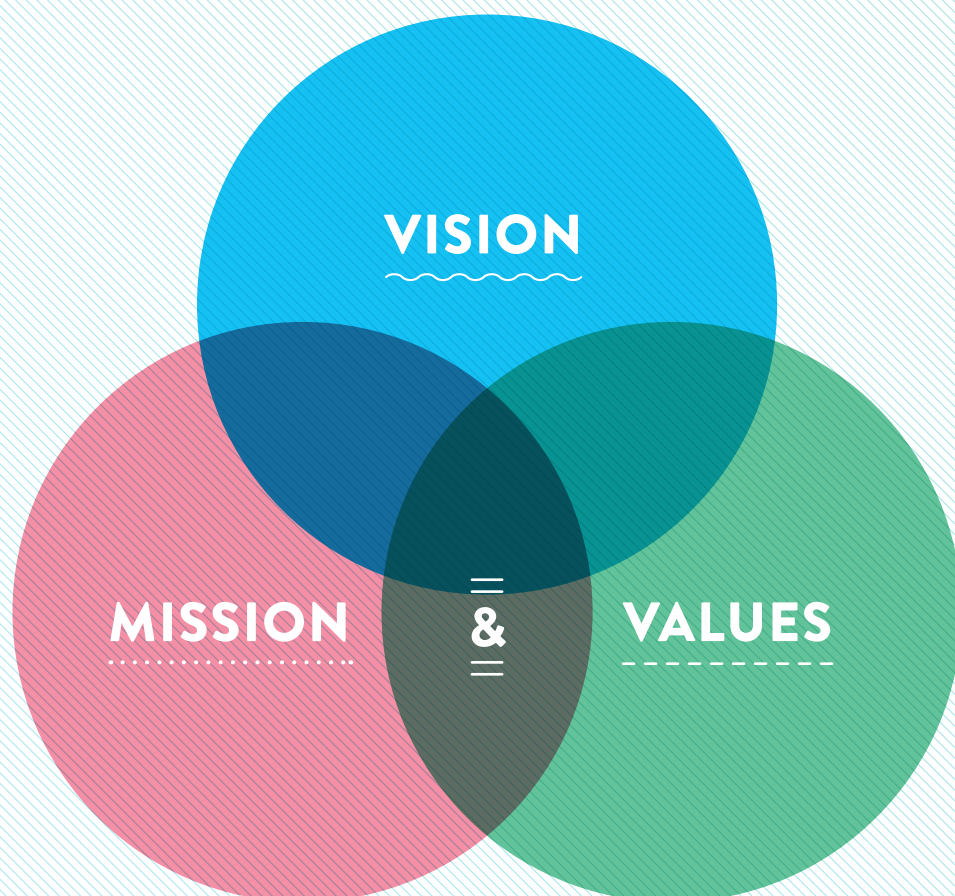
TWELVE GRADUATES COMPLETED THE DIPLOMA OF MANAGEMENT IN JUNE 2014. THE COURSE IS OFFERED THROUGH A PARTNERSHIP BETWEEN VICSERV, AND THE CENTRE FOR EXCELLENCE IN CHILD AND FAMILY WELFARE.

The graduates gained competence in time management, project management, budgets and financial plans, managing people performance, quality and continuous improvement, change management, safety in the workplace and leading teams. In gaining the qualification, the participants undertook workplace projects to apply these new competencies.

These projects included designing, developing and publishing a case management information package in client-friendly language in line with Department of Health and National Mental Health Standards; developing and implementing a professional development calendar for South East Family Services Alliance and planning; and developing and implementing the Optimal Health Program pilot in the inner-south metropolitan region.

The graduates are employed by member organisations of VICSERV and the Centre for Excellence in Child and Family Welfare.





Psychiatric Disability Services
of Victoria (VICSERV)

THE VISION, MISSION AND VALUES OF VICSERV ARE
ENACTED AT ALL LEVELS OF THE ORGANISATION.

VISION

VICSERV envisages a society where mental health and social wellbeing are a national priority and:

- » Everyone has access to timely mental health treatment and support
- » Mental health services are recovery oriented
- » People participate in decision making about their own lives and their community
- » People affected by mental illness have access to, and a fair share of, community resources and services
- » All people are involved as equals, without discrimination

MISSION

As the peak body for the community managed mental health sector in Victoria, we pursue the development and reform of mental health services.

We support members by:

- » Promoting recovery oriented practice
- » Building and disseminating knowledge
- » Providing leadership
- » Building partnerships and networks
- » Undertaking workforce development, training and capacity building
- » Promoting quality in service delivery
- » Undertaking advocacy and community education

VALUES

Collaboration (Teamwork)

- » Working together to achieve shared objectives
- » Respecting the knowledge and skills of others
- » Putting the needs of the organisation above individual interests

Inclusiveness

- » Listening to a range of views
- » Representing and embracing the diversity of the sector
- » Honouring the consumer and carer experience

Flexibility

- » Proactively embracing change and new opportunities
- » Stepping up and out from our roles and perspectives when required

Courage

- » Taking leadership by speaking up on important issues
- » Encouraging and supporting innovation
- » Persistence in the face of obstacles and delays

Integrity

- » Doing what we say we will do on time and to the best of our ability
- » Listening and responding to members
- » Having a respected voice and visibility in the sector, broader system and in government
- » Being an honest broker of information and resources

PEOPLE

BOARD

President

Elizabeth Crowther
Mental Illness Fellowship of Victoria

Vice President

Peter Ruzyla
EACH

Secretary

Mark Smith
Prahran Mission, Uniting Care

Treasurer

Terry Palioportas
Peninsula Support Services

Alys Boase
ERMHA

Deanna Davis
Centacare Ballarat

Chris McInnes
St Luke's Anglicare

Chris McNamara
SNAP Gippsland

Lyn Morgain
cohealth

Cath Murphy
Mallee Family Care

Gerry Naughtin
Mind Australia

Glen Tobias
Neami National

	Appointments and Governance	Finance and Risk Management	Strategic Planning	Full board meetings
Elizabeth Crowther	0/1	–	1/1	7/7
Peter Ruzyla	–	–	1/1	5/7
Mark Smith	1/1	–	1/1	7/7
Terry Palioportas	1/1	6/6	1/1	6/7
Alys Boase	–	5/6	1/1	6/7
Deanna Davis	–	–	1/1	6/7
Chris McInnes	–	–	1/1	7/7
Chris McNamara	–	–	1/1	7/7
Lyn Morgain (commenced March 2014)	–	–	1/1	2/2
Cath Murphy	–	3/4	0/1	5/7
Gerry Naughtin	–	–	1/1	5/7
Glen Tobias	–	–	1/1	7/7
Caz Healy (resigned February 2014)	1/1	2/3	–	4/4

STAFF ↓**Chief Executive Officer**

Kim Koop

Accountant

Noris Zarth

Executive Assistant

Stephanie George (commenced maternity leave March 2014)

Manager, Service Transition and Reform Project

Kate Paterson

Engagement and Service Development Manager

Anthea Tsismetsi (commenced maternity leave June 2013, until May 2014)

Policy and Communications Manager

Debra Parnell (from July 2013)

Policy Officer

Eswen Chaffey

Policy Officer

Deborah Liebhaber (commenced July 2014)

Project Officer

Naida Alic (until July 2013)

Manager, Education and Training

John Katsourakis

Senior Trainer

Sue Harrison

Training Administrator

Pat Wooding

Training Administrator

Melissa Mitchell (from March 2014)

MEMBERS ↓**ORDINARY MEMBERS**

Action on Disability within Ethnic Communities (ADEC)

Anxiety Recovery Centre Victoria (ARCVic)

Australian Community Support Organisation (ACSO)

Ballarat Community Health Centre

Bethlehem Community Inc

Breakthru People Solutions

Care Connect

Centacare

Compassionate Friends Victoria Inc.

Dianella Community Health Inc.

Doutta Galla Community Health Service

E.W. Tipping Foundation

EACH

Eating Disorders Foundation Victoria

ERMHA

Fintry Community Inc.

Gateway Community Health

Golden City Support Services

Grampians Community Health (Balgartnie)

GROW Victoria

Haven; Home, Safe

HomeGround Services

Impact Support Services Inc.

Inner South Community Health Service (ISCHS)

Jewish Care (Victoria)

Karingal

Kew Neighbourhood Learning Centre

Latrobe Community Health Service (Creative House)

Life Without Barriers

Mallee Family Care – Mental Health Support Service

McAuley Community Services for Women

Mental Illness Fellowship Victoria

Merri Community Health Service (until March 2014)

Mind Australia

Neami National

North Yarra Community Health Service

PANDA

Pathways Rehabilitation and Support Services Ltd

Peninsula Support Services

Prahara Mission

Sacred Heart Mission

SalvoConnect Mental Health Services

SNAP Gippsland Inc.

St. Lukes Anglicare

St. Mary's House of Welcome

The Salvation Army Adult Services

The Salvation Army VSPPU

UnitingCare Life Assist

VincentCare Victoria

Western Region Health Centre

Wimmera Uniting Care

WISHIN

Workskil Australia

Youth Support and Advocacy Services (YSAS)

ASSOCIATE MEMBERS

Hopesprings

Nextt Community Care

Outlook Employment

Quit Victoria

Spiritual Health Victoria (formerly Healthcare Chaplaincy Council of Victoria).

St Vincent De Paul Society - Compeer Program

Tandem Inc. (formerly Victorian Mental Health Carers Network)

The Haven Foundation

The Salvation Army Brunswick

The Salvation Army Crisis Services

Victorian Association for the Care and Resettlement of Offenders (VACRO)

Victorian Women's Mental Health Network

Wesley Mission Victoria

Wise Employment

INDIVIDUAL MEMBERS

Joan Clarke (life member)

Kathryn Lane

Margaret Burdeu

Valerie Gerrand



COMMITTEE'S REPORT

THE COMMITTEE PRESENTS ITS REPORT ON THE FINANCIAL STATEMENTS
OF THE ASSOCIATION FOR THE YEAR ENDED 30 JUNE, 2014.

Committee Members

The members of the Committee
in office at the date of this report are:

- » Elizabeth Crowther
- » Chris MacNamara
- » Terry Palioportas
- » Cath Murphy
- » Gerry Naughtin
- » Mark Smith
- » Chris McInnes
- » Peter Ruyzla
- » Glen Tobias
- » Alys Boase
- » Lyn Morgain
- » Deanna Davis

Principal Activities

The principal activity of the Association during the
year was as Peak Body for Psychiatric Services in
Victoria.

Significant Changes

No significant change in the nature of
these activities occurred during the year.

Operating Result

The surplus from ordinary activities after
providing for income tax amounted to:

Year ended
30 June, 2014
\$ 5,925

Year ended
30 June, 2013
\$ 2,484

**Signed in accordance with a resolution
of the Members of the Committee on:**

17 October, 2014

Elizabeth Crowther
President

Terry Palioportas
Treasurer

INDEPENDENT AUDITOR'S REPORT TO MEMBERS

Report on the Financial Report

I have audited the accompanying financial report, being a special purpose financial report of Psychiatric Disability Services of Victoria (VICSERV) Inc which comprises the Statement of Financial Position as at 30 June, 2014, the Income and Expenditure Statement, Statement of Changes in Equity, Cashflow Statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Statement by Members of the Committee.

Committee's Responsibility for the Financial Report

The Committee is responsible for the preparation of the financial report and has determined that the basis of preparation described in Note 1, is appropriate to meet the requirements of the Associations Incorporation Act and is appropriate to meet the needs of the members. The Committee's responsibilities also include such internal control as the Committee determines to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements

relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the company's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Audit Opinion

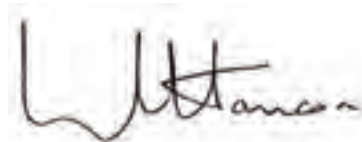
In my opinion the financial report of Psychiatric Disability Services of Victoria (VICSERV) Inc presents fairly, in all material aspects, the financial

position of Psychiatric Disability Services of Victoria (VICSERV) Inc as at 30 June, 2014 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the Associations Incorporation Act.

Basis of Accounting

Without modifying my opinion, I draw attention to Note 1 of the financial report, which describes the basis of accounting. The financial report has been prepared to assist Psychiatric Disability Services of Victoria (VICSERV) Inc to meet the requirements of the Associations Incorporation Act. As a result, the financial report may not be suitable for another purpose.

Signed on: 17 October, 2014



Ms Wendy Hancox
Director, Ahead For Business Pty Ltd

STATEMENT BY MEMBERS OF COMMITTEE

THE COMMITTEE HAS DETERMINED THAT THE ASSOCIATION IS NOT A REPORTING ENTITY AND THAT THIS SPECIAL PURPOSE FINANCIAL REPORT SHOULD BE PREPARED IN ACCORDANCE WITH THE ACCOUNTING POLICIES OUTLINED IN NOTE 1 TO THE FINANCIAL STATEMENTS.

In the opinion of the Committee, the Statement of Financial Position, the Income and Expenditure Statement and Notes to the Financial Statements.

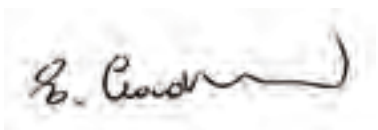
01

Presents fairly the financial position of Psychiatric Disability Services of Victoria (VICSERV) Inc as at 30 June, 2014 and its performance for the year ended on that date.

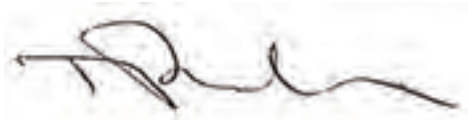
02

At the date of this statement, there are reasonable grounds to believe that the association will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:



Elizabeth Crowther
President



Terry Paliportas
Treasurer

17 October, 2014

STATEMENT OF FINANCIAL POSITION

	Note	2014	2013
Current Assets			
Cash and cash equivalents		640,764	514,295
Receivables	2	24,580	12,523
Sundry Debtors & Prepayments		8,704	38,746
Total Current Assets		674,048	565,564

Non-Current Assets			
Property, plant & equipment	3	50,312	21,220
Investment		5	5
Security deposit		11,333	11,333
Total Non Current Assets		61,650	32,558
Total Assets		735,698	598,122

Current Liabilities			
Payables	4	220,595	227,660
Current tax liabilities		30,420	11,184
Provisions	5	227,702	96,690
Total Current Liabilities		478,717	335,534

Non-Current Liabilities			
Provisions	5	17,375	28,907
Total Non-Current Liabilities		17,375	28,907
Total Liabilities		496,092	364,441
Net Assets		239,606	233,681

Members' Funds			
Retained earnings		239,606	233,681
Total Members' Funds		239,606	233,681

INCOME AND EXPENDITURE STATEMENT

FOR THE YEAR ENDED 30 JUNE, 2014

	2014 \$	2013 \$		2014 \$	2013 \$
Income			Expenses		
Funding	976,504	864,877	Salaries & related costs	653,866	656,470
Publications	281	727	Premises & equipment	125,456	57,606
Membership fees	98,098	82,134	Conference & training costs	192,391	222,455
Training	190,194	206,817	Other expenses	303,426	230,182
Interest received	15,099	14,592	Total expenses	1,275,139	1,166,713
Other	888	50			
Total income	1,281,064	1,169,197	Profit before income tax expense	5,925	2,484
			Income tax expense	—	—
			Profit attributable to members	5,925	2,484

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE, 2014

	2014 \$	2013 \$
Members' funds at the beginning of the year	233,681	231,197
Surplus for year	5,925	2,484
Members' funds at the end of the year	239,606	233,681

CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE, 2014

	2014 \$	2013 \$
Cash Flow From Operating Activities		
Receipts	1,419,415	1,371,293
Payments to suppliers and employees	(1,273,189)	(1,229,951)
Interest received	15,099	14,592
Net cash (absorbed)/provided from operating activities	161,325	155,934
Cash Flow From Investing Activities		
Purchase of plant & equipment	(64,947)	(2,380)
Sale proceeds on sale of plant & equipment	30,091	—
Net cash used in investing activities	(34,856)	(2,380)
Net increase in cash held	126,469	153,554
Cash at beginning of year	514,295	360,741
Cash at the end of the year	640,764	514,295

Reconciliation of Net Cash Provided By/Used in Operating Activities to Net Profit

Operating profit/(loss) after income tax	5,925	2,484
Depreciation	18,087	23,882
Profit on sale of plant & equipment	(12,323)	—

Changes in operating assets and liabilities

Trade and other receivables	20,375	98,697
Prepayments	(2,390)	2,293
Trade and other payables	12,171	(9,169)
Employee entitlements	28,625	30,747
Asset replacement	90,855	7,000

Net cash generated from operations	161,325	155,934
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	2014	2013
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Reconciliation of Cash

Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:

Cash at bank and in hand	640,764	514,295
Cash per cash flow statement	640,764	514,295

NOTES TO THE FINANCIAL STATEMENT

01 STATEMENT OF ACCOUNTING POLICIES

The financial report is a special purpose financial report prepared to satisfy the financial reporting requirements of the Associations Incorporation Act. The Committee has determined that the association is not a reporting entity.

BASIS OF PREPARATION

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where specifically stated, the current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

ACCOUNTING POLICIES

a) Property, plant and equipment

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

Leasehold improvements are amortised over the shorter of the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciable amount of all other property, plant and equipment is depreciated over the useful lives of the assets of the association commencing from the time the asset is held ready for use.

b) Impairment of Assets

At each reporting date, the association reviews the carrying values of its tangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

c) Employee Entitlements

Provision is made for the association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

Long service leave is accrued on a pro-rata basis after 3 years service.

d) Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reasonably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

e) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less.

f) Goods & Services Tax

Revenues, expenses and assets are recognised net of the amount of GST, except the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

g) Trade and Other Payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period, which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of the recognition of the liability.

02 TRADE AND OTHER RECEIVABLES

Current	2014 \$	2013 \$
Trade debtors	24,580	12,523

03 PROPERTY, PLANT & EQUIPMENT

	2014 \$	2013 \$
Plant and equipment, at cost	85,715	78,563
Accumulated depreciation	(69,609)	(76,300)
Total	16,106	2,263
Motor vehicles, at cost	44,903	50,809
Accumulated depreciation	(10,697)	(31,852)
Total	34,206	18,957
Plant and leasehold improvements, at cost	114,003	114,003
Accumulated amortisation	(114,003)	(114,003)
Total	–	–
	50,312	21,220

Funding For Plant & Leasehold Improvements

Unsecured liabilities	2014 \$	2013 \$
Funding received	124,877	114,003
Accumulated amortisation of funding	(115,677)	(114,003)
	9,200	–

04 TRADE & OTHER PAYABLES

Current	2014 \$	2013 \$
Unsecured liabilities		
Trade creditors and accrued expenses	83,556	111,045
Funding in advance and unspent funding	137,039	116,615
	220,595	227,660

05 PROVISIONS

Current	2014 \$	2013 \$
Employee entitlements		
Annual leave entitlements	62,741	44,717
Long service leave entitlements	55,106	32,973
Total employee entitlements	117,847	77,690
Asset replacement		
Funds set aside for future purchases	100,655	19,000
Funds utilised for purchase of plant	124,877	–
Amortisation	(115,677)	–
Balance to amortise in future years	9,200	–
Total asset replacement	109,855	19,000
Total current provisions	227,702	96,690
Non Current	2014 \$	2013 \$
Long service leave entitlements	17,375	28,907
Total Non Current Provisions	17,375	28,907
Aggregate employee entitlements liability	135,222	106,597

There were 10 (2013 – 8) employees at the end of the year.

06 OPERATING LEASE COMMITMENTS

Rent of office and photocopier	2014 \$	2013 \$
Operating leases		
Commitments in relation to non-cancellable Operating leases are payable as follows:		
Due within 1 year	36,278	87,501
Due within 2-5 years	–	36,278
After 5 years	–	–
	36,278	123,779

The property lease is a non-cancellable lease with a 3 year term, with rent payable in advance. This lease expires in December, 2014.

The photocopier rental is a non-cancellable lease with a 4 year term. This rental expires in September, 2014.

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Psychiatric Disability Services
of Victoria (VICSERV)