

# Annual Report

2016-2017



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Aftercare is Australia's longest serving mental health organisation. In 2017 we celebrated 110 years of continuous service to the community, supporting those with mental illness, and their families.

From our beginning as an outreach service for those leaving Gladesville mental hospital in 1907, Aftercare has provided inclusive support services based on the idea that each individual is a valuable member of the community. Our role remains to facilitate those with a mental illness to find a pathway to wellness.

## OUR VISION

Together for social and emotional wellbeing.

## OUR VALUES

Respect, Leadership, Professionalism, Integrity and Fairness.

## OUR MISSION

To enhance the social and emotional wellbeing of our clients through our belief in social justice and our commitment to collaborative learning and recovery.

# Comment from the Chair



**As Aftercare prepared to celebrate its 110th year of service, we can reflect on the vision and achievements of one of Australia's oldest charities. The foresight of our founder, Emily Patterson all those years ago reminds us of our enduring vision that we are "Together for social and emotional wellbeing".**

As the National Disability Insurance Scheme (NDIS) continues to roll-out across the country, this has been a year of momentous change for Aftercare. We continued to transition our clients from block funding to the new scheme and implement new systems to equip us for a new world of choice and control for the people we serve. We have embraced this change because we know that in time, it will transform the lived experience of people who live with mental illness or have a disability.

I assumed the position of Chairman in November 2016, with Gillian McFee appointed as Deputy Chair. Rod Jones, Shane Rendalls and Steve Jasek all retired from the Aftercare Board after many years of service. Both Rod and Shane worked tirelessly with and for our clients through the Client Advocacy Group to ensure the voices of our clients were heard, and brought great clinical wisdom to the Aftercare Board whilst Steve was Aftercare's diligent Treasurer for nearly six years.

My personal thanks to my predecessor as Chairman, Dr Dean Blomson. Dean commenced the difficult but vitally important task of reengineering Aftercare so that we can be well placed to take advantage of both the NDIS and the digital age in mental health services. Dean was also instrumental in driving a significant board refresh to bring in professional director skills and laid the foundation for the appointment of a professional company secretary and enterprise risk function. Dean also initiated a strategic review and helped us begin the journey to design a new operating model. Dean was extremely helpful to me in my transition to Chairman.

After more than 30 years with Aftercare, including the last eight as Executive Director/ CEO, John Malone retired at the beginning of 2017. John led Aftercare through a period of tremendous growth and expansion, diversifying our services and the cohort of clients we support. Aftercare's operating revenue reflected its amazing growth over the period, expanding from \$1.8m in 1999-2000 to \$45.8m in the 2015-16 year.

John also brought a wealth of talent and ideas to Aftercare including the appointment of Ivan Frkovic as National Manager of Operations and Deputy CEO. Ivan led our significant expansion in Queensland in particular. Highlights included the establishment of the first payment by outcomes pilot for hospital diversion and the first Floresco centre bringing the integrated community care approach to mental health and recovery services in Ipswich. This proof of concept has since led to the establishment of a service in Toowoomba and the potential for future partnerships with health services elsewhere.

One of Ivan's key initiatives was to establish an early childhood intervention service, "Poppy". The Board has committed to supporting Poppy to develop a sustainable business model so more children and their families can be supported in these vital early years of a child's life.

Ivan accepted the role of Queensland Mental Health Commissioner at the end of May 2017. His vision for the provision of mental health services especially for Queensland continues to inspire many and we are grateful for his contribution to Aftercare.

Gillian McFee stood down from the Board to act as interim CEO following John's departure while we conducted an extensive recruitment process. The appointment of Dr Andrew Young as CEO on 26 June 2017 marks a new beginning for Aftercare as we look forward to another 110 years of service to those on their journeys to emotional wellbeing.

Andrew has a PhD in Engineering and in his 'first career' worked as a strategy consultant. Seeking to use his skills for social purposes he then took up a role as head of marketing and strategy for The Smith Family in 2000 before moving onto CEO roles with youth cancer charity CanTeen and then the Centre for Social Impact where he focused on systemic social change. In the period leading up to commencing with Aftercare, Andrew was consulting with a range of social-purpose organisations developing impactful strategies and has also been a non-executive director at Uniting since 2015.

As our 2017 financial year closed, we geared up to celebrate our 110th Anniversary. A formal reception was hosted for Aftercare by His Excellency; General- the Honourable David Hurley AC DSC (Ret'd), Governor of New South Wales and Mrs Linda Hurley at NSW Government House, and 'birthday parties' were held at Aftercare sites around the country. Staff, partners, the people we serve, carers and local community friends joined in the celebrations and the unveiling of Aftercare's brand refresh.

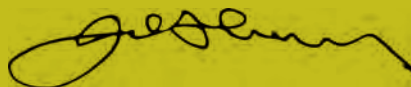
We have also continued the process of board renewal. We undertook a further review of the non-executive skills required to lead the future growth of Aftercare, including the appointment of our first director in Queensland. This board refresh brings a diverse range of skills and

background to ensure that Aftercare is well served by its skills based board.

We have held a number of board meetings outside of head office in an effort to meet and hear first-hand from our front-line staff and our clients alike. Those "meet and greet" sessions have been invaluable for all concerned including board members.

Finally, and with much humility, I have been honoured to lead Aftercare as its Chairman since November last year and I want to thank my board colleagues and the Executive Leadership Team for their hard work and dedication to Aftercare. Of course my sincere and heartfelt thanks also goes to Aftercare's operational management and frontline staff who are the heartbeat of all that we do and our eyes and ears to our clients and their needs.

Onwards and Upwards



**John (JT) Thomas**

**Chairman Aftercare Board**

# Comment from the CEO



**It is a great pleasure to be joining the Aftercare team as we move forward into another chapter of systemic change and organisational development, with the aim of making a real difference for the people we support.**

I'd like to add to our Chairman's comments my acknowledgement to John Malone and others including Ivan Frkovic who have led Aftercare to where it is today. We are building on not only 110 years of service and tradition but a recent past of significant innovation and growth.

I am excited to be working with our Board and leadership team as we meet the challenges of the years ahead.

Our immediate focus is to ensure as smooth a transition as possible to the NDIS for many of our current service participants, particularly from our PHaMs, PIR and other community-based services, as well as several of our residential services.

This is a hugely challenging period for these participants, their carers and our staff. There are many grey areas in NDIS entitlements and transition processes. In many cases assessment of eligibility is being made by people unqualified in mental health. As a result there is too much variability in funding support outcomes.

In the bigger picture there is also acknowledgement from government departments and agencies that not all our current service users will be eligible for NDIS packages. While qualitative comments have been made that there will be funding of some kind to support these, as yet there is no firm commitment or detail.

In this context the future is uncertain for some of the most vulnerable in our community. We will continue to work with our service participants and their carers and with the various agencies and funders to ensure we can provide the most appropriate support and least disruption to lives that we can.

We also provide earlier intervention support for thousands of people through our integrated service centres including Headspace, Likemind, Floresco and our pilot child service, the Poppy Centre. As our Chair reported we are continuing to grow and expand these services.

In these services our challenges include managing very high growth in demand for services while our funding typically remains fixed. In some extreme cases in the past year we've had to temporarily close our books for new service clients in order to ensure the safety of our service and our staff. I am looking forward to working with the Primary Health Networks and other funders towards models of future funding that can cater effectively for varying service demand.

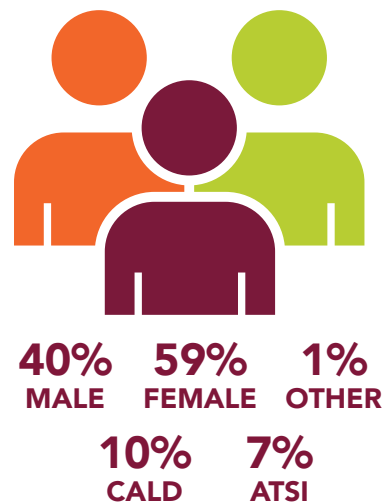
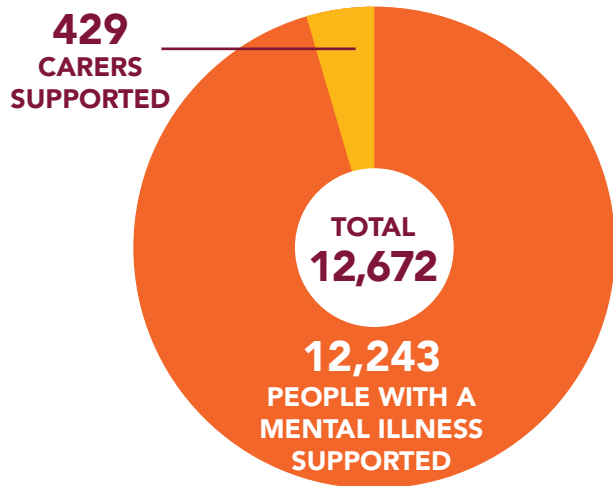
While the challenges of the short-term are many, I am excited and confident about the opportunities that also lie ahead.



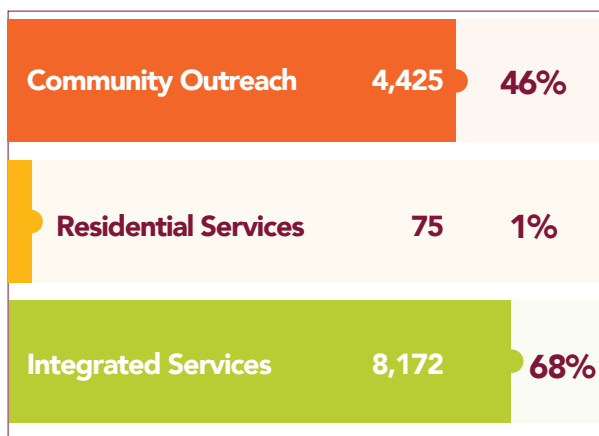
**Dr Andrew Young**  
**CEO**

# The Year in Review

- Launched two new 'one stop shop' integrated care services – Floresco, Qld and LikeMind, NSW
- Commenced POPPY Centre Early Intervention pilot program in Qld for children 0-4 years and their parents
- Continued as the largest provider of headspace youth mental health services nationally
- Transitioned clients in residential care and community outreach to NDIS throughout NSW and readiness in Qld and Vic
- Implemented CRM systems and mobile strategy to support organisational change
- Welcomed a new CEO
- Increased operational revenue by 7%
- Launched Aftercare brand refresh throughout our communities and online channels
- Celebrated 110 years of mental health service provision

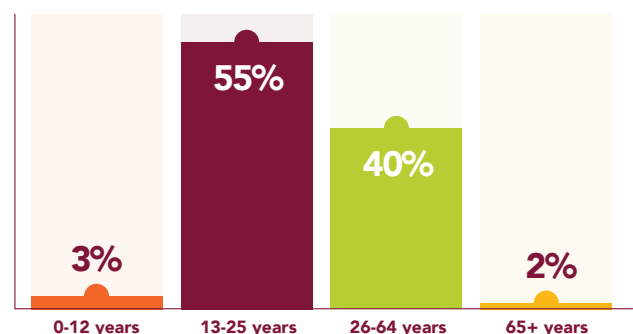


## By Service Type



**Total Service Sites: 68**  
**New Service sites: 5**

## Client Age Demographics







*Celebrating 110 years  
of social and emotional  
wellbeing in 2017*









# Services Overview

**Aftercare has grown to become a national leader in the provision of community managed mental health services across integrated services, community outreach and residential care.**

**Over the last year we have provided services to over 12,000 people nationally.**

## Integrated Services

Aftercare is now the largest provider of integrated service delivery models for infants, children, adolescents, young people and adults. We run six headspace centres, a Young Person's Early Psychosis Program (YPEPP), a Poppy Centre and soon to be two Floresco Centres and LikeMind centres. Through headspace and Poppy we have made a significant shift into the early intervention spectrum.

Our integrated services are built around a consortium approach and offer access to a range of clinical and non-clinical services under one roof including:

- community mental health support services
- clinical mental health services
- employment services
- housing services
- and alcohol services



Aftercare has been selected as the lead organisation for regional LikeMind centres in Orange and Wagga Wagga NSW. LikeMind Orange was officially opened by the Honourable Pru Goward on 5th October 2016. We look forward to the launch of LikeMind Wagga Wagga later in 2017.

This 'one-stop' hub for adults with mental health concerns provides coordinated care of both clinical and non-clinical services in conjunction with a strong consortium of local organisations including the Local Health District.

More than 500 clients so far have been empowered to enhance their own wellbeing by being actively involved in making decisions about their care and pathway to recovery. We are seeing positive outcomes for clients, developing good relationships with our partners and the local community.

*I think if I wasn't coming to LikeMind I would be in gaol.*

*I feel so much better each time I come through the doors.*

*I like talking to people who understand me.*





Over 500 clients have used Aftercare's first QLD multi-agency integrated service centre in Ipswich since its inception. Following on this success, Aftercare has been appointed as the lead agency for a new Floresco centre in the Darling Downs West Moreton region funded by Queensland Health. Our second Floresco Centre is planned for opening late 2017.

Floresco brings to life the concept of providing clear pathways of care through coordinated, collaborative approaches to service delivery. The overall aim is to enhance the consumer and family experience resulting from one intake, assessment, and triage process; one care plan; one client information management system; and one set of agreed outcome measurements.

*Having somewhere to come that's safe, supportive and has education has grounded me. It's helped me to feel safe and it's helped me to feel like I'm finally at home here.*

*As someone who lives with a mental health condition we face a lot of bigotry, and that hasn't been my experience here. It's been friendly and open and supportive.....there's always options for trying and learning new skills, and learning development to grow yourself and to take responsibility for your own healing and your own life, and respect for your strengths not for your weaknesses, and encouragement to shine...which is just amazing and so rare in the mental health sphere.*

*To have that trust where I know how I'm going to be treated even if I'm calm, or angry or uptight, it means a lot to me because I know that no matter how I am, good, bad, down crying on the ground, I can always turn to her [Aftercare Support Worker].*

# Services Overview



Aftercare is the largest provider of headspace centres for young people nationally. We are the lead agency for six headspace centres: Ipswich, Nundah, Woolloongabba, and Meadowbrook in QLD, and Hurstville and Miranda in NSW.

headspace Aftercare centres saw over 6,000 young people last financial year. Our headspace centres provide a range of services and initiatives including:

- recovery through coordinated care, including centralised case management, multidisciplinary case discussions, group supervision and the use of a common client management tool
- the provision of relevant services, including mental health, drug and alcohol, primary care, and vocational, employment and social support services;
- enhanced social inclusion, recovery and capacity for community living through effective services and linkages, as well as a range of services addressing social disadvantage
- a range of new programs including: a yarnning circle, dialectic behavioural therapy program, group programs such as yoga, personal training, & support groups for clients who identify as LGBTIQ;
- development and review of new service models involving our clients
- linkages and continuity to appropriate longer-term care arrangements.

## Youth Early Psychosis Program (YEPP)

Aftercare also delivers the YEPP Meadowbrook, which provides interventions to assist young people aged 12 to 25 years who are experiencing a first psychotic episode or are at ultra-high risk of developing a psychotic disorder. The YEPP employs a specialist clinical team, headed by a Psychiatrist, to provide outreach and centre based care for early psychosis.



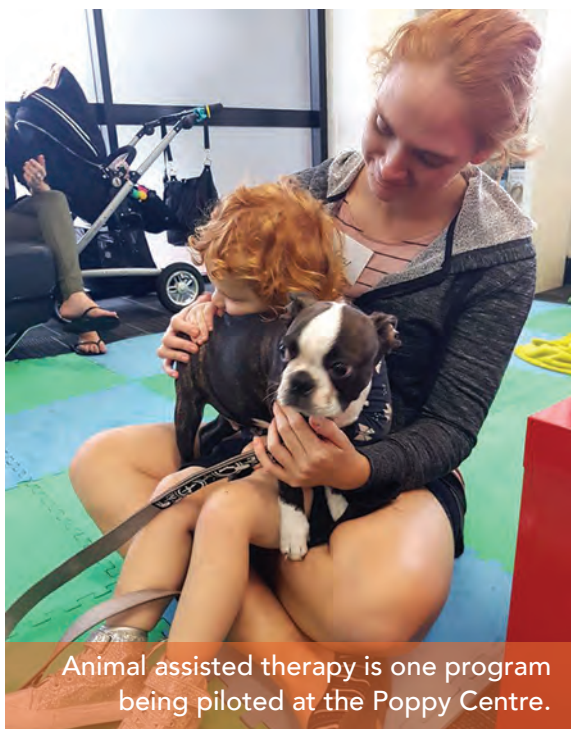
Aftercare opened the first Poppy Centre, in Ipswich Queensland September 2016 as a pilot program and welcomed 250 children and their families within the first six months of operation.

The Poppy Centre concept came about through recognition of the high demand of younger siblings and children of service users of other Aftercare programs that required support.

The Poppy Centre provides a safe place, and offers support and services to children aged 0-11 years, their families and carers, focused on improving their mental health and wellbeing. Each child, their families and carers receives a holistic assessment and has a support plan developed to meet their needs.

The Poppy Centre has plans for a new infant mental health program servicing 0-4 year olds in a community based early intervention model with funding from Queensland Health.





Animal assisted therapy is one program being piloted at the Poppy Centre.

*Since coming to the Centre, we have routine, structure...behaviour has settled ... (carer)*

*I've benefited, and certainly the children have. I love the gentle approach, the way I am able to express my concerns and issues without feeling judged. (carer)*

## Community Outreach

By affirming ideas of hope, identity, meaning and responsibility, Aftercare creates a recovery context appropriate to the people we support and carers. The type and intensity of support provided is tailored to individual needs.

There has been success with a range of outreach activities, both individual and group based. Assisting people with supports in areas such as:

- help at home, in the community, with education and at work
- daily living skills
- decision-making, planning and independence
- living arrangements and meeting obligations
- participation in social and community life
- social skills development and relationships

In the last few years we have prioritised service delivery to rural and regional Australia. This has resulted in the establishment of services on Thursday Island; in Cunnamulla, Roma, Charleville and St George in Queensland; Orange and Wagga Wagga.

Community outreach services have been progressively transitioning to NDIS throughout the year in NSW. There have been great successes with access to supports, pathways to recovery and NDIS readiness.

*I like Aftercare because of the intense, hands on support they provide, it truly is remarkable.*

# Angela's story

*I've been working with a woman from when I started. She had already been on the program for about nine months. Her diagnosis is schizophrenia so she has been in and out of services since she was young, very young. She has just turned forty.*

*So when I started working with her, historically she would spend probably nine months out of twelve in the mental health unit in PA Hospital. It has been really tough for her, and for me, to see someone so unwell so frequently, but to then see these moments of clarity in her and know the potential that she has and the waiting for her to come to the realisation of that potential herself. It's been really tough - incredibly fulfilling though - because it has just been step by step by step and I have been there with her all the way.*

*Angela is now about to graduate from our program. She is studying art therapy. She will graduate from her course at the end of this year and she is coming on board to do her placement with us at Aftercare – that's pretty amazing.*



*This is a woman who never thought she could be well. I remember her saying to me at one point "Tristan is recovery possible for everyone?"*

*I said "definitely, absolutely".*

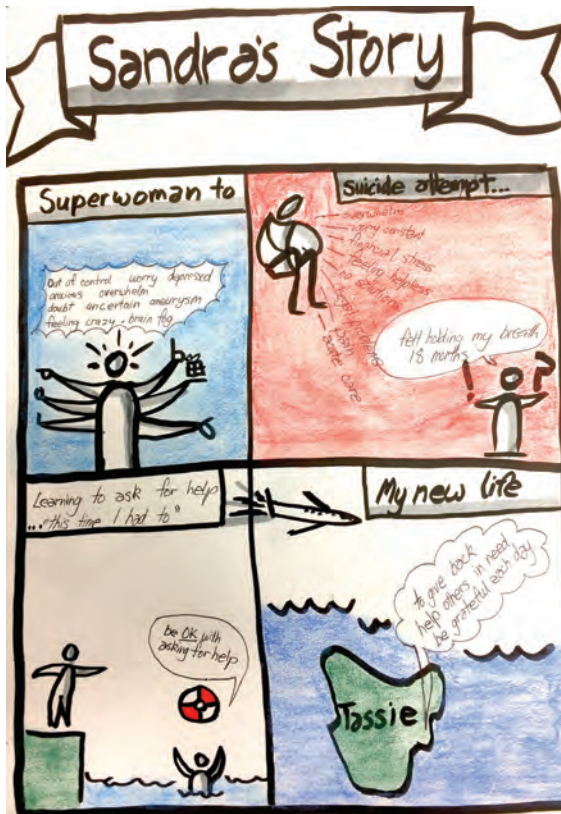
*She said "But how does it look?"*

*And I said "Well it looks different for everyone you know, and yours is not going to look like the next person's" ...*

*And she said to me last week "I get it, this is my recovery".*

**Aftercare Support Worker**

# Sandra's Story



When I walked into Sandra's house, my eyes were drawn to a picture hanging on the wall in front of me. It was a picture of horses in the country. I learnt that Sandra was from the country and was known by her family and friends as an 'unstoppable force of nature,' who had a solution to every problem she had encountered. Yet one night, Sandra attempted to take own life with a bottle of scotch and pills.

*"I experienced overwhelm, anxiety, depression, doubt, a brain aneurysm and started worrying over the most ridiculous things."*

*Sandra had always being able to work. Being able to work hard was one of her core values. It was through working hard, that she had never had to ask for help, yet for the first time, in Sandra's own words, "I had to this time." With this acceptance, Sandra went about trying to access help from organisations referred to her by her medical professionals.*

*Aftercare supported Sandra with a range of supports including assistance with medical appointments; financial and legal needs; Centrelink appointments and job search obligations; family supports and relationships.*

*When I walked into Sandra's house, my eyes were drawn to a picture hanging on the wall in front of me. It was a picture of horses in the country. Horses, in many cultures, symbolise wisdom, which is what Sandra has gained from this journey.*

**Aftercare Support Worker**



# Services Overview

## Residential Services

In the last 12 months Aftercare has supported nearly 100 adults and young people in residential care. Recovery oriented person centred practice is part of the residential service model. The emphasis is on individual strengths which builds resilience and enhances opportunities for social inclusion. A major focus has been in designing innovative approaches to creating growth in the accommodation space to address the high demand for housing support under the NDIS.

### For adults

We provide accommodation at 7 locations in NSW. Our Ashfield/Biala/Mawarra and Orana services provide transitional accommodation for up to 27 people with an average stay of 16 months. Over the last year our Bell Street Newcastle property has been renovated to accommodate 5 residents by the end of 2017.

We now have 28 residents in 6 service locations transitioned to NDIS with Supported Independent Living (SIL) and Core Supports.

### For youth

We provide 4 residential rehabilitation units - Cairns, Greenslopes, and Aspley (QLD) and Seven Hills (NSW) for young people aged 12 to 25 years experiencing mental health issues that are impacting on their capacity to live independently in their community. The units work collaboratively with clinical mental health services to provide short to medium term support based on individual needs and goals of the young person.

The units support young people to enhance their personal skills to maintain their independence, improve their emotional wellbeing and rebuild their connections with family and friends. The services incorporate seamlessly coordinated, strengths-based psychosocial support and rehabilitation, skills building, social participation, education and employment.

## Aftercare Honoured in Mental Health Week Achievement Awards

The 2016 Qld Mental Health Week Achievement Awards honoured Aftercare for outstanding achievements and contributions across the mental health space Not-For-Profit Award (large, 100 plus staff).





# Boarding house clients transition to NDIS and a new home

Aftercare moved quickly to rehouse boarding house clients to Aftercare accommodation, when Miller Lodge was deemed to closure as a result of the boarding house reforms and a two week closure warning from the landlord put clients at the threat of homelessness.

Aftercare responded to a threat of homelessness and drew on previous experience of assisting the successful relocation of boarding house clients through Ageing Disability and Home Care (ADHC). A good relationship resulted in an ADHC request to house five clients and take them through their NDIS transition for housing support.

Aftercare and the Residential services team worked hard to successfully meet a two week deadline. The challenge was to: locate a suitable property, make it client ready, submit an establishment budget, secure ADHC approval. This was all achieved with minimal discomfort to the five clients who are happy to be able to maintain settlement within the local community area and the property and clients now

being managed as part of our residential services unit.

*I don't really miss Miller. Aftercare Sadler is warm and comfortable. My room is very nice and it's a good house. I get the help I need from staff. I wouldn't want to move again. (EV)*



## Paul's story

*Paul came from the Miller Boarding Lodge with limited independent skills. From having limited independent skills to becoming an independent individual, Paul was able to obtain employment with Afford and has made a positive name for himself with local stakeholders.*

*Paul has become a staple in the residential sector of Aftercare. Since coming to Aftercare Paul has achieved what some would say is impossible to obtain with the many obstacles he has since overcome.*

*Paul is a footy fanatic and is adamant that the Rabbitohs will win the NRL premiership.*

*Paul enjoys to travel by public transport with his friend and spends the day at Ingleburn shops where he enjoys having coffee and talking with the local community.*

*Paul, who had little interaction with Aftercare staff when he first arrived, has now become a friendly and open individual who has grown into a positive confident member of his community.*

*Paul has made lasting relationships within the community and is well equipped with his local area surroundings.*

**Aftercare Support Worker**

# Your Experience of Service (YES) survey 2016-2017

Every year in consultation with our services, we conduct a survey to impact our services have on our consumer's lives. The results enable us to target service developments to meet the needs of our consumers.



*Their alternative strategies in dealing with anxiety has helped me a great deal.*

*The staff always give me care and support and help me achieve my goals in life.*

*It helped me to be able to get out into the community and to do activities, help socialise with others with people with mental illness like myself.*

*... they genuinely helped me with my mental health.*



# Organisational Development

## Connecting Primary and Acute Care

A number of initiatives – both internally and externally driven – have shaped Aftercare's organisational development over the past year.

Aftercare has been working to design, from a client perspective, optimal ways of bringing together primary and acute care. The Genesis and Floresco are examples of initiatives undertaken in the past year.

## The Genesis project: hospital admission diversion

Of key focus throughout the year has been our response to change. One example of this is the development of hospital diversion and transition programs. Aftercare established a payment by outcomes pilot for hospital diversion. Throughout the last year the QLD Centre for Mental Health and the University of Qld (UQ) have been supporting the implementation of an evaluation of the 'Payment by Outcomes' project. Evaluation to date shows promising changes in patterns in hospital admissions and emergency department admissions.

## Floresco: integrated care

Floresco has expanded during the past 12 months to operate in two sites in southern Queensland. Floresco has the capacity to act as a one stop shop for health and other community support needs, as well as a hospital admission diversion support service.

During this year the team has been assisting the PHNs to plan services for those with a psychosocial disability. The model is based on a well-established approach that exists in Europe.

## A Sector in Reform

Aftercare has embraced the introduction of the National Disability Insurance Scheme (NDIS) and at year's end is providing services to over 150 NDIS funded clients and currently assisting with the transition of close to 100 more eligible persons. At a systemic level, the change in funding arrangements from block funded services to individually funded packages marks a powerful shift towards the creation of a person-centred model of support, which can only benefit those with a mental illness.

The NDIA has set the agenda with transition to a person-centred funding model taking shape in a phased approach. Almost all areas of NSW have now "gone live" and during this year we attracted more than 40 new clients to Aftercare with NDIS funding. Transition for QLD and VIC regions is scheduled for the 2017-18 year.

## Speaking out for our clients

Aftercare made submissions to both the Joint Standing Committee of Parliament's Review of the NDIS Rollout and to the Productivity Commission's Review of NDIS Pricing. Some systemic issues, which have emerged during the trial and establishment of the scheme's operations, are having a significant impact on our clients. These include:

- creation of gaps in service type and availability
- reducing the skilled workforce, especially in regional locations
- maintaining quality and measuring outcomes
- transition and market pressures
- protecting the most vulnerable (including access, decision making and information).





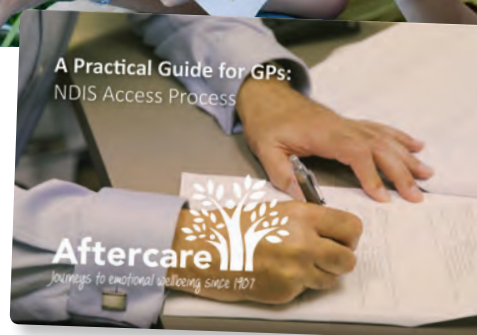
# Organisational Development

## NDIS Evidence-Based Tools for Clients, Carers, Staff & Health Practitioners

Through the course of the year Aftercare made submissions to the Productivity Commission regarding the NDIS scheme. Recommendations included that the NDIA establish processes to consult and work collaboratively with providers through the next phase to transition and better utilise the insights regarding service models, cost to serve and coordination of support.

The process of applying for the NDIS has proven to be a traumatic one for many clients. Aftercare has been working hard to support our clients. We have developed a range of resources to assist clients, carers, staff and GPs to help understand the NDIS language and streamline the access process as far as possible.

- Our Workbook has been assisting clients to articulate their goals and support needs and then gather supplementary evidence to support their claims.
- Our GP toolkit includes a short instructional video explaining what GPs should take into consideration when documenting a client's diagnosis and the functional impact of their illness, and the value of a Support Worker in this process.
- Our Functional Impact Matrix is a user friendly guide to identifying the consequences of an illness
- Video productions sharing staff, client and carer experiences of NDIS



PROVIDING EVIDENCE OF PSYCHOLOGICAL DISABILITY					
CLASS OF ILLNESS	CHARACTERISTICS OF CLASS OF ILLNESS	FACTORS OF RISK FOR PSYCHOLOGICAL DISABILITY	FUNCTIONAL IMPAIRMENT	TYPE OF SUPPORT NEEDED	EXAMPLE UNDERSTANDING
Major Depressive Disorder	Feeling down, loss of interest, changes in sleep and appetite, weight loss or gain, fatigue, difficulty concentrating, thoughts of death or suicide.	Genetics, family history, life events, stress, trauma, physical illness, medication, substance use.	Difficulty in carrying out daily activities, loss of interest in usual activities, changes in sleep and appetite, weight loss or gain, fatigue, difficulty concentrating, thoughts of death or suicide.	Psychotherapy, medication, support workers, crisis services, hospital care.	A person with major depressive disorder may have difficulty in carrying out daily activities, loss of interest in usual activities, changes in sleep and appetite, weight loss or gain, fatigue, difficulty concentrating, thoughts of death or suicide.
Generalised Anxiety Disorder	Excessive worry about everyday things, difficulty concentrating, restlessness, irritability, muscle tension, sleep problems.	Genetics, family history, life events, stress, trauma, physical illness, medication, substance use.	Difficulty in carrying out daily activities, excessive worry about everyday things, difficulty concentrating, restlessness, irritability, muscle tension, sleep problems.	Psychotherapy, medication, support workers, crisis services, hospital care.	A person with generalised anxiety disorder may have difficulty in carrying out daily activities, excessive worry about everyday things, difficulty concentrating, restlessness, irritability, muscle tension, sleep problems.
Bipolar Disorder	Periods of extreme mood swings, from depression to mania, changes in sleep and appetite, weight loss or gain, fatigue, difficulty concentrating, thoughts of death or suicide.	Genetics, family history, life events, stress, trauma, physical illness, medication, substance use.	Difficulty in carrying out daily activities, periods of extreme mood swings, from depression to mania, changes in sleep and appetite, weight loss or gain, fatigue, difficulty concentrating, thoughts of death or suicide.	Psychotherapy, medication, support workers, crisis services, hospital care.	A person with bipolar disorder may have difficulty in carrying out daily activities, periods of extreme mood swings, from depression to mania, changes in sleep and appetite, weight loss or gain, fatigue, difficulty concentrating, thoughts of death or suicide.
Personality Disorder	Difficulties in relationships, emotional instability, impulsivity, self-harm, substance use, thoughts of death or suicide.	Genetics, family history, life events, stress, trauma, physical illness, medication, substance use.	Difficulty in carrying out daily activities, difficulties in relationships, emotional instability, impulsivity, self-harm, substance use, thoughts of death or suicide.	Psychotherapy, medication, support workers, crisis services, hospital care.	A person with a personality disorder may have difficulty in carrying out daily activities, difficulties in relationships, emotional instability, impulsivity, self-harm, substance use, thoughts of death or suicide.
Substance Use Disorder	Excessive use of alcohol or drugs, changes in sleep and appetite, weight loss or gain, fatigue, difficulty concentrating, thoughts of death or suicide.	Genetics, family history, life events, stress, trauma, physical illness, medication, substance use.	Difficulty in carrying out daily activities, excessive use of alcohol or drugs, changes in sleep and appetite, weight loss or gain, fatigue, difficulty concentrating, thoughts of death or suicide.	Psychotherapy, medication, support workers, crisis services, hospital care.	A person with a substance use disorder may have difficulty in carrying out daily activities, excessive use of alcohol or drugs, changes in sleep and appetite, weight loss or gain, fatigue, difficulty concentrating, thoughts of death or suicide.

Feedback on these tools and the information sessions we have provided to date has been overwhelmingly positive. As Qld sites transition in the coming year, we will continue to undertake tailored campaigns in local areas to inform and promote the use of our tools and help bring clients and carers along on the journey.

### Long term experiences through NDIS

We are commencing implementation of a long-term mental health recovery and disability outcomes evaluation involving our NDIS clients for reporting on in the next year.



## Our people

Our staff are a talented group of professionals who are passionate about their work supporting the people we serve. Our last biennial staff survey achieved an 83% satisfaction rating - the highest level of staff engagement available through the surveys of our organisational culture. Our reputation as a good employer, as well as our inclusive culture, enable us to continue to attract diverse staff, volunteers and students who are highly skilled, passionate and talented – and who want to help make a difference.

60 volunteers and students supported our valuable work throughout the year, spread across all of Aftercare locations. There were 7,002 student hours and 1,056 volunteer hours (total 8,058 hours) contributed, equating to 4.4 full time employees for the 2016-2017 year.

Aftercare has a strong focus on staff development through its commitment to ongoing learning & development. In the last year, 88 courses were run for staff development, including numerous externally sourced professional development programs. Increased focus on e-Learning courses has provided staff, students and volunteers with access to key development needs.

We have been working hard for our staff, students and volunteers to be confident and positive proponents for the NDIS to realise the benefits for our clients. Ensuring they have access to accurate and relatable information is a priority. With the rollout of the NDIS, we have provided our people with additional learning and development opportunities to assist in building resilience and managing change - skills which will also benefit their clients as they embrace the NDIS.

Organisation wide communications and change initiatives have been introduced to provide avenues for staff to openly seek help and remain up to date with the changes that are affecting our sector.



NDIS readiness initiatives supporting our teams through these changes include:

- **Mobility strategy**  
In NSW, services have been aggregated in regions to form 'hubs', allowing staff flexibility in working location when not with clients. A mobile workforce strategy has been implemented to support this move and mobile devices and technology such as iPads, smart phones and a range of safety and efficiency apps are being progressively rolled out across the organisation.
- **Client records management system**  
Transitioning to the new funding arrangements has meant the implementation of a new Client Records Management (CRM) system - Supportability. This enables us to track individual activity and meets the NDIA's requirements for invoicing for activity against a client plan.

Implementation of the new system has been a major change for the organisation and is proceeding to plan. We have consolidated all other systems over the past year, and will continue to convert existing databases into the new system over the next 12 months.

# Financial Report

2016/17 annual accounts have been prepared for the Aftercare group (Aftercare) including the parent Aftercare Limited and its fully owned subsidiary The Put Institute Ltd.

## Five Year Financial Summary \*

TOP LINE FINANCIAL COMPARISON	2016/17 (\$'000)	2015/16 (\$'000)	Change %	2014/15 (\$'000)	2013/14 (\$'000)	2012/13 (\$'000)
<b>Revenue &amp; Expenditure</b>						
Operating Revenue	49,091	46,090	7%	41,263	30,554	20,252
Operating Expenditure	48,426	45,646	6%	38,665	27,870	19,679
Operating Surplus/(Loss)	665	444		2,598	2,684	573
<b>Assets &amp; Liabilities</b>						
Total Assets	30,354	30,218	0%	24,192	20,931	15,803
Total Liabilities	11,393	10,632	7%	8,351	7,688	5,244
Total Equity	18,961	19,586	-3%	15,841	13,243	10,559
<b>Cash Flows</b>						
Net cash from operating activities	2,457	3,972		3,125	4,730	3,337
Net cash from investing activities	-2,280	-5,700		-1,292	1,709	-286
Cash and cash equivalents at 30 June	12,446	12,269		13,997	12,164	5,723

\* In 2016/17 Aftercare recorded an abnormal impairment of intangible assets (\$1.3m); the net loss after abnormal items was \$625k.

## Summary

Aftercare continued to grow with a 7% increase in Operating Revenue to \$49m in 2016/17. With a 6% increase in costs, we saw a small increase in Operating Surplus from \$0.44m to \$0.67m in the year.

While still small, we saw an increase in NDIS income to \$0.73m with a more significant increase expected in the next year. Direct government funding decreased as a % of total income from 94% to 91% in the year.

## Assets and Liabilities

Over the year net assets decreased slightly to \$19m:

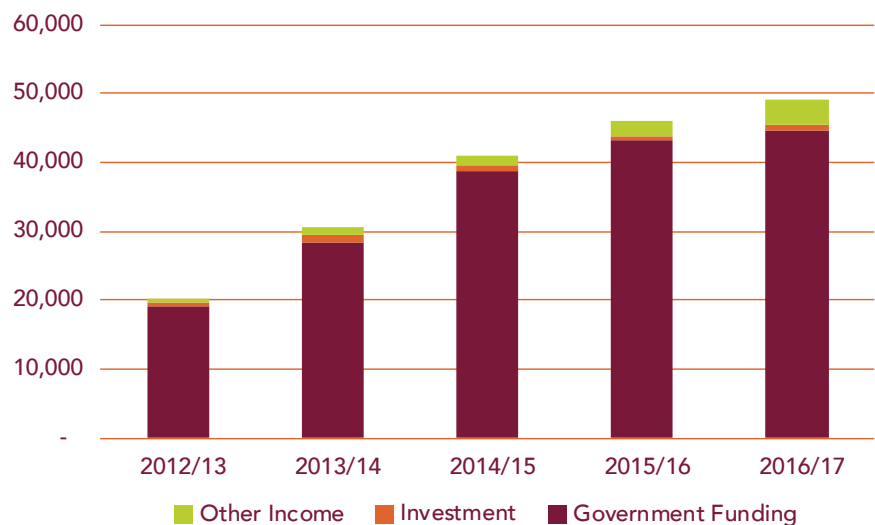
- Current assets increased by 6% from \$17.6m to \$18.7m mainly due to increased investment in short-term deposits.
- Non-current assets decreased by 7% from \$12.6m to \$11.7m.
- Liabilities increased by 7% from \$10.6m to \$11.4m due to increase in deferred income. Some funders allow unspent annual grants to be deferred to the next year to assist with National Disability Insurance Scheme (NDIS) transition.

## Income

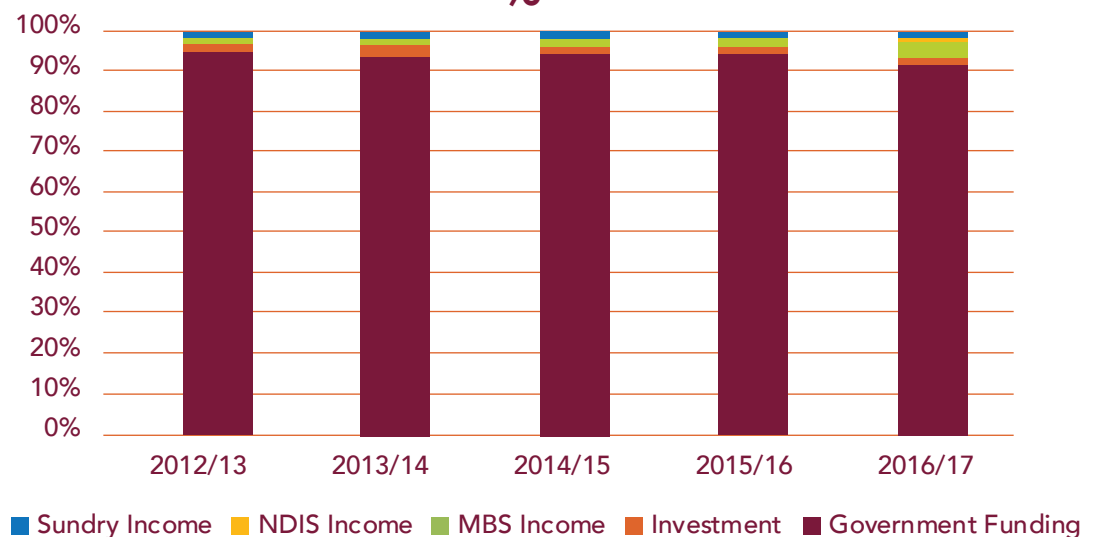
Aftercare continued its growth in the year 2016/17. Operating revenue increased from \$46m in 2015/16 to \$49m in 2016/17 (a 7% increase). While government funding remains the main source of income (91%), it fell as a share of total revenue from 94% the prior year.

Of the other sources of income, Medicare Benefits Schedule (MBS) income earned by practitioners in our integrated service centres represents just over half; NDIS income 20% and donations and other income 27%. NDIS income was \$0.73m compared with 2015/16 income of \$15k.

**INCOME TREND**  
\$'000



**INCOME TREND**  
%

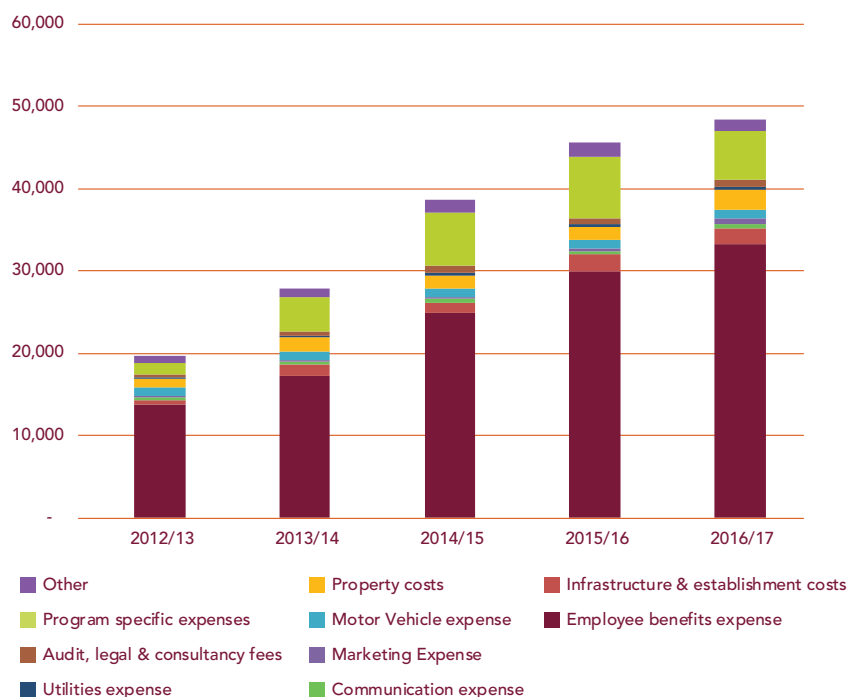


# Financial Report

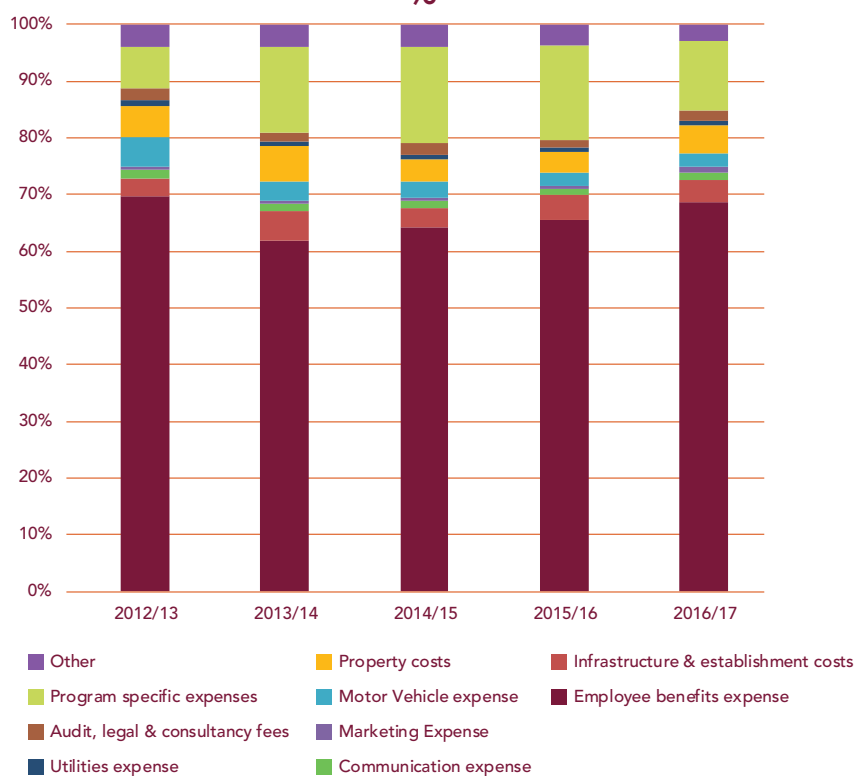
## Expenditure

In 2016/17 operating expenditure increased by 6% to \$48.4m in line with the increase in revenue. The abnormal expenditure recorded in the year relates to a write off of intangible assets relating to The Put Institute Ltd, fully written down in the year.

**EXPENDITURE TREND**  
\$'000



**EXPENDITURE TREND**  
%





# The Board

Aftercare is guided by our highly capable and dedicated Board. Our Board members have broad expertise based on richly diverse professional backgrounds. Combined, this experience continues to ensure that Aftercare leads the sector with our high quality programs and services. Our Board is extremely

passionate about Aftercare's work in improving the lives of people living with mental illness and disabilities. This year, Aftercare thanks departing directors Steve Jasek, Rod Jones, Shane Rendalls and John Malone for their invaluable contribution to the success of our organisation.



John (JT) Thomas, Chair  
Diploma Banking & Finance, FIFS, FAICD

Gillian McFee, Director, Deputy Chair  
BSocStud (Hons), Executive MBA, Diploma Urban & Regional Studies, FAICD

John Malone, Executive Director  
(resigned 31 January 2017)  
MSc

Marianne Karam, Director, Treasurer  
BBus (Accounting), FCPA, FCIS, FAICD

Dean Blomson, Director  
PhD, B.Bus (Hons), LLB

Leanne Gregory-Aylett, Director  
B.Com (Economics and Marketing),  
Post Graduate – Management (Marketing), GAICD

Sue Klose, Director  
MBA (Hons) BSc

Julia Farrant, Director  
BA Business Studies, post Graduate Diploma  
in Personnel Management/IR, Graduate of the  
Institute of Personnel Management (UK)

Steve Jasek, Treasurer  
(resigned 13 November 2016)  
BBA, CISA

Rod Jones, Director  
(resigned 25 May 2017)  
BA Psyc (Hons)

Shane Rendalls, Director  
(resigned 9 March 2017)  
MSW



*It's good to have someone that doesn't stigmatise you, that doesn't judge you, that is there for you through the good times and the bad.*

*So proud to have this organisation in our community, rebuilding & empowering clients/people & families lives & bringing them back to a positive balance!! Well done Team!!*

*Thanks Aftercare and all your amazing education programs. Education was the salvation for me as a carer and the changes I could make flowed through to family. Congratulations on 110 years. Thank you.*

# Regular donations make a real difference

## Phone

1300 00 1907

## Website

[aftercare.com.au](http://aftercare.com.au)

## Post

PO Box 82 ROZELLE NSW 2039

## Direct debit

Donations can be made on a periodical or once-only basis by direct debit from your nominated bank or credit card account.

## Bequest

If you'd like to remember Aftercare in your will, please contact our office on 1300 00 1907 to see how you can bequeath a donation.

## You can make a difference

Discover all the ways you can get involved with fundraising and volunteering at [www.aftercare.com.au](http://www.aftercare.com.au) or call 1300 00 1907

## Share your story

Help us raise awareness by emailing [info@aftercare.com.au](mailto:info@aftercare.com.au) or calling 1300 00 1907.

## Get reliable mental health information

For more information about mental health, research and regular updates on Aftercare, visit [aftercare.com.au](http://aftercare.com.au) or [facebook.com/AftercareAustralia](https://facebook.com/AftercareAustralia)

## Deductible Gift Recipient (DGR) number: 1328

## Australian Company Number (ACN): 000 020 146

Aftercare is endorsed as a deductible gift recipient under the Income Tax Assessment Act 1997. Receipts are issued for donations over \$2, which are tax deductible.

*I was lost and  
hurt but now I feel  
I have life again.  
I wake up happy.  
Thank you.*



1300 00 1907



info@aftercare.com.au



www.aftercare.com.au



AftercareAustralia



AftercareAU

**Aftercare Limited** 

ABN 58 000 020 146