



**ermha**  
YOUR LIFE TOGETHER

2016  
ANNUAL REPORT





## Our Vision

People experiencing mental illness or disability and their carers are able to thrive in their community, unhindered by discrimination and disadvantage.

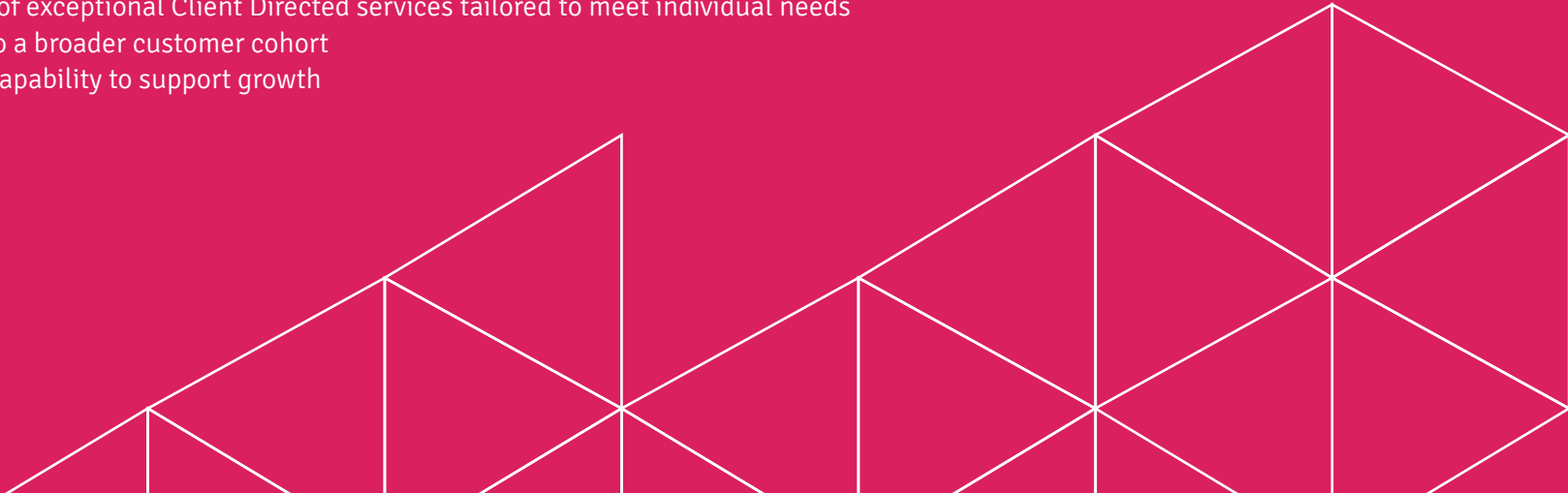
## Our Purpose

We strive to improve the quality of life and wellbeing of people living with mental illness or disability and their carers, by advocating for and providing, individually tailored support, focused on recovery, independence and social inclusion.

## Our Values

- Integrity
- Innovation
- Quality
- Equity
- Safety

## Our 2016-19 Strategic Aims

- Be a provider of choice in the mental health and disability sector
  - Design and offer a range of exceptional Client Directed services tailored to meet individual needs
  - Offer Ermha's expertise to a broader customer cohort
  - Strengthen our internal capability to support growth
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# 01 CHAIR'S WELCOME



At Ermha we are proud to have supported over 1,280 individual clients and carers during the financial year. Behind this number, of course, are the many families and significant others with whom we have actively engaged as we promote recovery, independence and inclusion. These relationships represent the core of our work and I am gratified that our surveys show we are maintaining our reputation for high quality support.

During the financial year the Board, together with our other stakeholders, created a new 2016-19 strategic plan that describes the goals Ermha will work toward over the next three years and how we will achieve them. The plan takes into account the advent of the National Disability Insurance Scheme (NDIS) in Victoria, and it incorporates the experience we have accumulated via our Barwon service that has been providing support under the NDIS since mid-2013. The plan recognises the power of creative partnerships and it maps a path for sustainable growth.

Elsewhere in this report you will find examples of the excellent work Ermha does on behalf of clients and carers, and we are fortunate to stand beside them and as they change their lives for the better. They understand mental illness and recovery—and what is needed from the disability service system—better than anyone. With their help, we will continue the ongoing job of making our services more relevant to the people we support.

Ermha's highly capable staff members and volunteers are also helping to shape the future of the organisation. One of the ways they do this is by building and strengthening the partnerships with other agencies that are so vital to effective service provision. These partnerships greatly expand the options that clients and carers can choose as their support requirements change. I am grateful for the support of my Board colleagues, all of whom are committed to Ermha's vision and purpose and who work hard to secure Ermha's place as a leader in mental health and disability support.

Ultimately, Ermha's success is determined by the degree to which we support people to achieve their desired outcomes. By this measure our record is very strong and we are building our capacity to improve on this record in the years ahead. The Board acknowledges that there will be difficulties as changes occur across our sector, but we are equally aware of the capabilities of our staff and volunteers, as well as clients and carers. Their strengths justify our optimism regarding Ermha's future.

**AGATA JARBIN** *Chair, Ermha Ltd*

A handwritten signature in blue ink, appearing to be 'Agata Jarbin', with a long horizontal line extending to the right.



## 02 CEO'S REPORT

During the 2015-16 year Ermha continued to strengthen its reputation for excellence in the design and delivery of often complex support arrangements. This work is based on several models, all of which are reinforcing our capacity to provide up-to-date, evidence-based services.

While each model has its specific purpose, they share some common elements. They are all predicated on human rights principles of respect and dignity; they assume that authority and control rests with clients and carers; and they promote the development of strong and sustainable support relationships. The expanded use of these models is specified in our new 2016-2019 strategic plan.

Two of the many things we want Ermha's clients and carers to experience are ease of access to support and a seamless support experience. Ease of access is a multi-agency issue and Ermha is continuing to work with others to simplify a complicated system. Seamless support is important because other issues such as housing, legal, medical, education and employment problems often stifle progress toward recovery and independence.

We know that isolation makes almost everything worse for people who experience mental illness and disability. But social inclusion, with its connotations of acceptance, trust and community, can be difficult to achieve. This is why Ermha is redoubling efforts to expand our presence through employment and housing support, group support and volunteering.

Important changes have happened at Ermha in 2015-16 - a new head office, a new management structure and re-organised programs. The restructure achieves better lines of communication, it clarifies roles and responsibilities, and helps us put greater practical effect to Ermha's policies and goals. As a result clients and carers can expect greater efficiency in service delivery and faster resolution of problems and concerns. By re-organising programs, resources have been more effectively allocated to reflect changing patterns of demand. This degree of flexibility is becoming more valuable as the sector adjusts to market-based realities.

I am grateful to our committed staff who have put their responsibilities to clients first as these changes have occurred. I am excited by developments at Ermha regarding client and carer participation in the design and direction of services and a much stronger focus on peer support. These contributions help all of us focus on what's important –support provision that exceeds client and carer expectations.

I also wish to thank my executive team, each of whom has made my job easier by managing change with dedication and a positive outlook.

PETER WATERS *CEO, Ermha Ltd*



## 03 SIMPLIFYING COMPLEX CIRCUMSTANCES

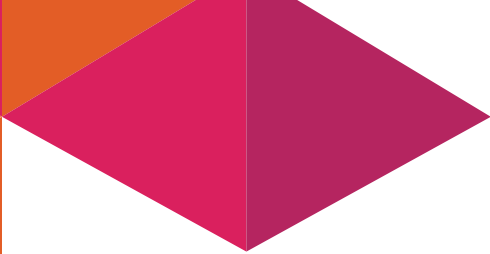
People who experience mental illness and disability often endure other conditions and adverse circumstances. As Ermha adapts to sector change, our success as an organisation depends on expanding our ability to support clients as they make headway across many life domains.

Complex and subtle interactions between life factors such as severity of symptoms, personal relationships, housing status and degree of isolation, can best be addressed by support workers who understand these factors from the client's perspective. This promotes stronger agreement between workers and clients about support priorities and it informs workers about how to adapt support styles to client need.

In establishing support priorities many seemingly tangled problems can be isolated and addressed individually, and breaking complex issues down to their essential elements offers clients a better picture of the present and a clearer path to the future.

With our recently upgraded data collection systems Ermha teams can identify slow points in the support process and address them as matters of high importance. Ermha's new IT systems also allow for better integration with service partners, turning information flow into a positive feature of support provision.

The new board-level Consumer and Stakeholder Collaboration committee is tasked with finding out what clients think about their support experience. Ermha will use this feedback to make sure our services help clients interpret, clarify and manage challenging aspects of their lives.



# 04

## Ermha's NEW 2016-19 STRATEGIC PLAN



Ermha's Board and Executive team gathered input from a wide range of stakeholders as they designed the blueprint for Ermha's immediate future. The new strategic plan sets the course for the organisation and can evolve and change in response to new ideas and new circumstances.

The fixed parts of the plan are the organisation's vision and purpose statements - the umbrella under which the rest of the plan was devised. The purpose statement reads:

*We strive to improve the quality of life and wellbeing of people living with mental illness or disability, and their carers, by advocating for and providing, individually tailored support focused on recovery, independence and social inclusion.*

Virtually every element of the plan has been devised to bring practical effect to this statement. Ermha CEO Peter Waters met with staff in small groups to introduce the plan and to seek more feedback before issuing a wider release to colleague agencies and the broader community.

While the plan contains many details, from its widest perspective it specifies an organisation that is deeply connected to the communities we serve. This refers to consumer and carer participation, partnerships, ease of access to services and service integration. It also acknowledges that Ermha is one part of a complicated support system that requires better inter-service coordination.

You can view the 2016-19 Strategic Plan at [www.ermha.org/publications](http://www.ermha.org/publications)

### Our Values

- Integrity
- Innovation
- Quality
- Equity
- Safety





# 05 SUPPORTING CARERS



Carers stand at the intersection where many (sometimes competing) needs meet.

**These include:**

- The carer's own wellbeing
- The wellbeing of the care recipient
- Financial, legal and housing issues
- Opportunities for carers outside the caring relationship, including employment, and
- Family cohesion

When assistance is provided to carers, they are better equipped to maintain their pivotal and often unrecognised role. Carer support is a feature of all Ermha programs and is practiced most intensively through Ermha's Carer Support Services.

**For each person, Carer Support Services can offer any combination of:**

- Budgeting support and advice
- Emotional support
- Guidance, assistance and information
- Housing support
- Employment, study and volunteering support
- Advocacy for income assistance
- Referrals to other agencies and resources
- Assistance to maintain community connections
- Education centred on the caring role
- Access to carer groups
- Respite

Ermha's Board recently created a Consumer and Stakeholder Collaboration Committee that puts the ideas and concerns of consumers and carers at the centre of the organisation's decision-making processes. This is one of several initiatives, such as Ermha's renewed focus on carer peer support, that integrates carers, and their support requirements, into every facet of the organisation.



# 06 CARER VOCATIONAL SUPPORT CASE STUDY

Ermha's carer Vocational Support team works with Julie, a 48 year old who lives with her husband and experiences the emotional effects of childhood trauma and abuse. Julie also suffers from several other physical conditions and is wheelchair dependent. The couple runs a small business from their home.

Julie and her husband care for a foster child whose mental health is also compromised. Julie accepted Ermha's support as she struggled to meet the demands of her caring role. In addition, she and her family faced eviction as the property they rented was put up for sale, and their vehicle was undergoing repairs.

**With Ermha's support they:**

- Found rental accommodation in their area of choice
- Resolved the vehicle repair issues
- Accessed funds to acquire a newer vehicle that better meets business and family requirements
- Undertook a new business direction that is showing positive results
- Resumed their connections to the wider community

Effective carer support reduces carer isolation, advances carers' aspirations and brings more balance to the carer-care recipient relationship. Because carer support remains fundamental to Ermha's work, we are fortunate that the organisation now has greater access to their expertise and advice.



07

## INNOVATIVE SERVICES STRENGTHEN FAMILIES

**Ermha's support models help the service prioritise family cohesion, even when family members are separated by distance and time.**

Grant, who was 36 years old when he became an Ermha client, is now 40. Prior to accepting Ermha's support he lived in a secure facility. Ermha staff now provide support to Grant seven days a week. Grant decided he wanted to visit family members in Queensland whom he had not seen for seven years. He mowed lawns to raise travel money and together with Ermha staff he planned his trip, found the best price for his flight and made his booking. Grant's support workers liaised with his mother and sister so they understood how Ermha supports him. Grant travelled alone and it was his first time on a plane. The reunion was a huge success. Grant was happy to answer a few questions about his trip.

### **How long had it been since you saw your family?**

I hadn't seen them for 7 years.

### **Wow! That's a long time. How were you feeling leading up to the trip?**

I was feeling nervous but excited. I had a calendar and was marking off the days for over a month.

### **How long did you go for?**

I went for about 2 weeks.

### **When you arrived at the airport were all of your family there to greet you?**

My mum, sister and my nieces were there. They were really excited to see me.

### **No doubt they were and were you just as excited to see them?**

Yeah I was very excited.

### **What did you do while you were up there?**

Went to the pub a lot for a roast dinner.

### **What was your favourite thing you did up there?**

I went in this machine and had to catch paper. It was a Bugs Bunny machine. It was embarrassing but I did it with my niece and we won chocolate eggs. Another thing was it was my niece's birthday and I helped set up for her party. That was good.

### **Was it hard in the last few days knowing you were coming home soon?**

Yes. I didn't want to leave and my family didn't want me to go home either.

### **What was your last day like there?**

It was sad. My family wants me to move up there, but they are coming to see me for my birthday in May.

### **How are you feeling now you're back in Melbourne?**

I miss my family. I'm saving to move up there so I can be with them.

08

# Ermha's TRANSITIONAL DEPENDENCE MODEL



*There is no comparison. There is Ermha and then there's the rest.*

*External stakeholder quoted in Ermha360 Evaluation*



Ermha's Barwon service has quickly built a reputation for providing support that leads to increased independence and a better quality of life - particularly for people who require intensive support.

In April 2015 Ermha commissioned The Social and Community Research Unit of Federation University to examine the Barwon service in order to better understand the reasons for its success. Associate Dean of Research Dr Karen Crinall and research assistant Lynda McRae spent a year studying the service and presented a first draft of their findings in August 2016.

The researchers convened working groups and reference groups and held interviews with clients, carers, family members, Ermha workers and external stakeholders. The evaluation also included document and data analysis, a literature review and critical reflection sessions with Ermha staff.

The key findings centred on Ermha's Transitional Dependence Model (TDM). The model's focus on client choice and control, relationship building, dignity of risk and support reliability were found to be the biggest contributors to positive change. Other factors such as workplace culture, supportive leadership, reflective practice and well co-ordinated teams were revealed as important behind-the-scenes factors that underpin the model's success.

**80% of clients who were interviewed as part of the evaluation reported that since being with ermha360 their lives had improved. These improvements included:**

- Stable housing
- Financial independence
- Social connection and belonging
- Positive personal identity and sense of self-worth
- Positive behavioural change and self-management
- Participation in physical activity
- Development of living skills

The report outlines areas for improvement relating to model flexibility for people with degenerative conditions; the model's financial viability in a Consumer Directed Care environment; and increased capacity to engage families and carers. In their closing remarks the researchers state that the Transitional Dependence Model warrants further development and expansion.

The full report will be posted to the Ermha website later this year following its public release.



# 09

## GENDER-BASED RECOVERY SUPPORT

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Springvale Prevention and Recovery Care Service (PARCS) was one of the first sub-acute residential services to be established in Victoria. In January 2014, as evidence emerged about the risks to women in mixed psychiatric environments, Springvale PARCS was converted into Australia's first women's-only facility (WPARCS). However, because it was a first, little evidence-based research existed to guide its development.

To help shed some light on the experience of women in WPARCS, team leader Karen Dixon arranged for two occupational therapy masters students to study the residents' recovery journeys in the new environment.

Beginning in September 2015, the students carried out an evaluation of existing services and reviewed the small body of research literature that addresses the quality of care for women in sub-acute Mental Health Centres. Their work sought to clarify recovery needs that are specific to women and to understand how mental health support for women can be improved. In June 2016, the students presented their findings at the National Occupational Therapy Conference in Perth.

**As part of the study surveys were completed that identified five factors which were highly important to a successful WPARCS experience:**

1. Support and assistance from Ermha staff
2. The women-only environment
3. Support and assistance from Monash Health's clinical staff
4. Meal preparation, cooking and dining together as a group
5. Individual time spent with a support worker

WPARCS Residents report that being in a female-only environment is much more relaxed than a mixed environment, and that they are able to discuss issues in a more meaningful way. They also felt safer, both emotionally and physically. Female participants rated the reintroduction of routine very highly and reported that being involved in daily living and community activities were extremely valuable. Support programs at WPARCS will continue to evolve and improve as we learn more about gender-specific influences on mental health and recovery.



# 10 INSPIRING SUPPORT

Ermha reinforces coordination with service partners and other organisations that play a role in people's lives, but in the end it's about building strong relationships. All the connections in a support team are important but the one between a client and support worker has special status. It is also where innovative support has the most direct impact.

Sean, an Ermha client recently diagnosed with cancer, is a keen AFL fan whose life revolves around the football season. As a Western Bulldogs member his favourite player was ruckman Will Minson. In a spirit-lifting exercise following Sean's diagnosis, his worker, Stephen, contacted the Bulldogs to request a poster signed by Minson. The club went one better and invited Sean to the Bulldogs-Brisbane game held over the ANZAC Day weekend.

However Sean contracted pneumonia as a complication of chemotherapy and was devastated he couldn't make the game. Stephen sent an email to the club explaining Sean's condition.

The Bulldogs replied with an even better offer. Would Sean like to be in the guard of honour at the upcoming game against St Kilda at Docklands stadium? Sean could barely contain his excitement and began counting down the days.

At the appointed time, and with Stephen nearby, Sean marched from the players' race on to the ground, proudly waving the Bulldog flag before 25,000 cheering fans. In his exhilaration Sean flung his hat into the air, prompting a roar from the crowd. Bulldogs legends had their photos taken with Sean who impressed them with his knowledge of team and career stats, and Sean even met the Bulldog's beloved mascot, Sid. Things just kept getting better as Sean watched his team cruise to a 57 point victory.

Stephen says, "The work we do at Ermha gives us the opportunity to enrich people's lives. This was a day of enrichment that both Sean and I will remember for the rest of our lives."



## 11 BETTER DECISION MAKING AT Ermha

As part of the 2015 transfer to a Company Limited by Guarantee, Ermha's new Board of Directors established a key platform to provide additional support and oversight - the Consumer and Stakeholder Collaboration Committee.

The Committee meets bimonthly and is attended by consumers, carers, directors and staff. Consumers and carers hold 12-month appointments to provide input that is informed by their lived experience of mental illness and disability or as a carer.

Consumer and stakeholder participation at the highest level means that the evaluation of programs and projects, as well as the design of new initiatives, will result in services that more closely meet the needs of service users.

Ermha's 2016-19 Strategic Plan designates a central role for the Consumer and Stakeholder Collaboration Committee as the organisation continues to build ever more responsive services.

# 12

## BUILDING A STRONGER Ermha COMMUNITY

The board's new Consumer and Stakeholder Collaboration Committee has taken several recent steps to fulfil its charter. One of the Committee's aims is to create opportunities for Ermha stakeholders to gather informally.

In August, Ermha's board went bowling together with many clients, carers and staff members. About 50 people in all enjoyed each other's company as the pins fell.

Based on this success the Committee plans to hold similar events that build rapport between all the people who help make Ermha a force for recovery, independence and inclusion.

Photo below (Left to right): Ermha board member Scott Phillips, Chair of the Consumer and Stakeholder Collaboration Committee; Angela Latinovic, student intern at Ermha; and Carolyn Shelton, Ermha stakeholder.





# 13

## ASYLUM SEEKERS & SERVICE ACCESS

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During the past year, St John of God Healthcare, Pinelodge Clinic, Ermha's partner in the Origins program, commissioned a research project to study the relationship between asylum seekers and access to mental health support. Titled the Asylum Seeker Mental Health Access Project, it involves the compilation of information about asylum seekers' awareness of clinical and community mental health services, referral pathways and barriers to service access.

Stage one of three specified in the project design, a review of 50 case note files, is complete. The two remaining stages, interviews with 50 asylum seekers and a series of focus groups, will follow. Interview questions and focus group discussion topics will be vetted by St John of God Healthcare's ethics committee prior to use.

The findings from stage one indicate that 80% of the asylum seekers the Origins program currently supports arrived in Australia by sea. In addition, they have used various services to address mental health problems including the Refugee Health Clinic, Foundation House and the Australian Government's Status Resolution Support Services.

Due for completion in late 2016, the project's results will help determine how Origins provides support in 2017 and beyond.



# 14 ORIGINS – PROMOTING INDEPENDENCE THROUGH PARTICIPATION

Participation can be a difficult undertaking for Ermha clients in general but migrants, refugees and asylum seekers who experience mental illness also face language and culture obstacles as they pursue greater social acceptance and inclusion.

During 2015-16, Origins has expanded program capacity with the addition of more clients and carers to employment interview panels and group facilitator roles. As group participants assume leadership responsibilities, Origins team members can adjust their focus to meet other program objectives such as establishing new groups and providing additional one-to-one support. The Burmese Women's Group, for example, was initially run by Origins staff members but is now driven by the attendees themselves and continues to meet weekly.

The Origins team also helped establish the Dandenong Tigers Soccer Club. Created for at risk African and Australian young people, the club was launched at a soccer fun day event attended by players, family members and other soccer enthusiasts. The team played in local competition for the first time in 2016 and helped plan soccer tournaments held during Refugee Week this year. The Tigers club comprises a senior team, a junior boys team and a junior girls team. The senior team won 10 of 12 regular season games. The club is essentially self-sufficient now but the Origins team remains available should the need arise.

In 2016 Origins clients also participated in program review sessions to determine how Origins support is perceived and what steps can be taken to improve the support experience. Many clients expressed a desire for more groups that address social isolation and afford opportunities for self-expression. Most stated that Origins' support was largely responsible for their experiences of better mental health and wellbeing.

Origins will continue to encourage participation as a program staple that leads to acceptance, inclusion and independence.

# 15

## REINFORCING QUALITY IN 2015-16

Ermha's ability to deliver effective support services relies on the organisation's commitment to quality. A Quality Services Officer was appointed in 2013 and this position was elevated to management status in 2015.

In August 2015 an external agency performed an organisation-wide quality review that resulted in over 30 recommendations, all of which were adopted by Ermha's executive team. To put the recommendations into effect Ermha strengthened its quality team with the appointment of a second quality services officer early this year. The new officer now oversees the production and review of organisational policies and coordinates Ermha's Quality Work Plan – a document that outlines quality improvement processes across the whole organisation.

This work is vital to service delivery and also helps prepare Ermha for the nationwide rollout of the NDIS. Continuous quality improvement is an everyday part of Ermha's work that helps to ensure better outcomes for the people we support.

# 16

## CREATING AGILE SERVICE RESPONSES

At Ermha, one important goal is a faster and smoother support experience at every stage – referral, initial contact, service partner engagement, building a support team and continuing service provision.

Ermha's has an exceptional record in helping clients to achieve better outcomes. This can be partly attributed to the close working relationships Ermha has developed with other services. Understanding the organisational methods and protocols our partners use translates to better support coordination. This knowledge is informing our plans for more reciprocal colocation and out-posting of staff members.

For clients, it reduces the need to navigate a complicated mental health and disability support environment – one doorway can lead to many support options.

New IT systems are also contributing to greater efficiencies in service delivery. These new systems allow better allocation of resources, less duplication and easier access to support and business data.

Ermha's investments in new technology will make staff more agile by allowing for certain administration duties to be completed in the course of their support work. Technology will also improve Ermha's ability to engage with clients after hours and on weekends. As a former outspoken Ermha president, Harry Karlake, once said, "mental illness doesn't stop at 5.00pm on Friday."

These innovations, together with Ermha's recent change to a more streamlined management structure, means clients and carers can expect to avoid many of the delays and confusion that have been all too prevalent in the mental health support system.





# 17 THE VALUE OF HOLISTIC SUPPORT

Recovery and independence are often achieved in small steps but over time they accumulate to create better lives. Too often though, progress falters because a necessary form of support is not available at the right time or the right place.

Ermha's answer to this problem is to assist clients to build a support ecosystem, elements of which can be drawn on according to clients' needs and desires. This holistic system is particularly sensitive to transition points and is built to respond in anticipation of milestones reached and changing circumstances.

Reflecting on support effectiveness to date, taking action and predicting future support requirements achieves several outcomes:

- Clients can better plan and direct their own support
- Clients, and their needs, are better understood within their community of support
- Ermha and partner services can adjust capacity and balance support loads more efficiently

Ermha's 2016-19 Strategic Plan stipulates several initiatives that more effectively map clients' requirements to a menu of support options. Whether Ermha is the primary support agency or not, clients can expect linked up services that are well coordinated, that avoid duplication and that are focussed on improved outcomes for support recipients.

# 18 STUDYING PEER SUPPORT IN Ermha's KEYS PROGRAM

In December 2015 research was completed that studied peer support as practiced in Ermha's Keys program. Keys provides intensive support to people who are experiencing mental illness and who are also homeless or at risk of homelessness. The program is staffed by a multidisciplinary team comprised of workers from Ermha, Monash Health and Launch Housing.

The research focussed on Intentional Peer Support (IPS), a support model that draws on lived experience of recovery as one of the cornerstones of the support relationship.

**Under the model the IPS worker and peer (client) ideally build a relationship that is characterised by the following:**

- Looking beyond problems
- Witnessing rather than assessment and evaluation
- Reciprocity
- Clarification of the drivers of experience
- Authenticity

When asked to reflect on how she uses her lived experience as a support tool, the Keys IPS worker states:

*"I think it's about asking yourself questions. Is it appropriate? Is it purposeful? When you're sharing part of your story how do you deliver that? And I think it's about framing something differently for someone else. It's not really about your stuff - it's about their stuff. But by using your story [you are able] to show a flip side."*

The research report includes the experiences of two peers who were supported under the IPS model. One peer stated that his IPS worker inspired him and that he could see himself in a peer support role one day.

The report will inform peer support and lived experience developments across Ermha's whole range of programs.





# 19 Ermha's MANAGEMENT RESTRUCTURE

Ermha's Strategic Plan mandates many actions to be taken as the community mental health and disability support sectors change. High on the list is to build an operational structure that is highly efficient and effective in supporting positive outcomes for clients.

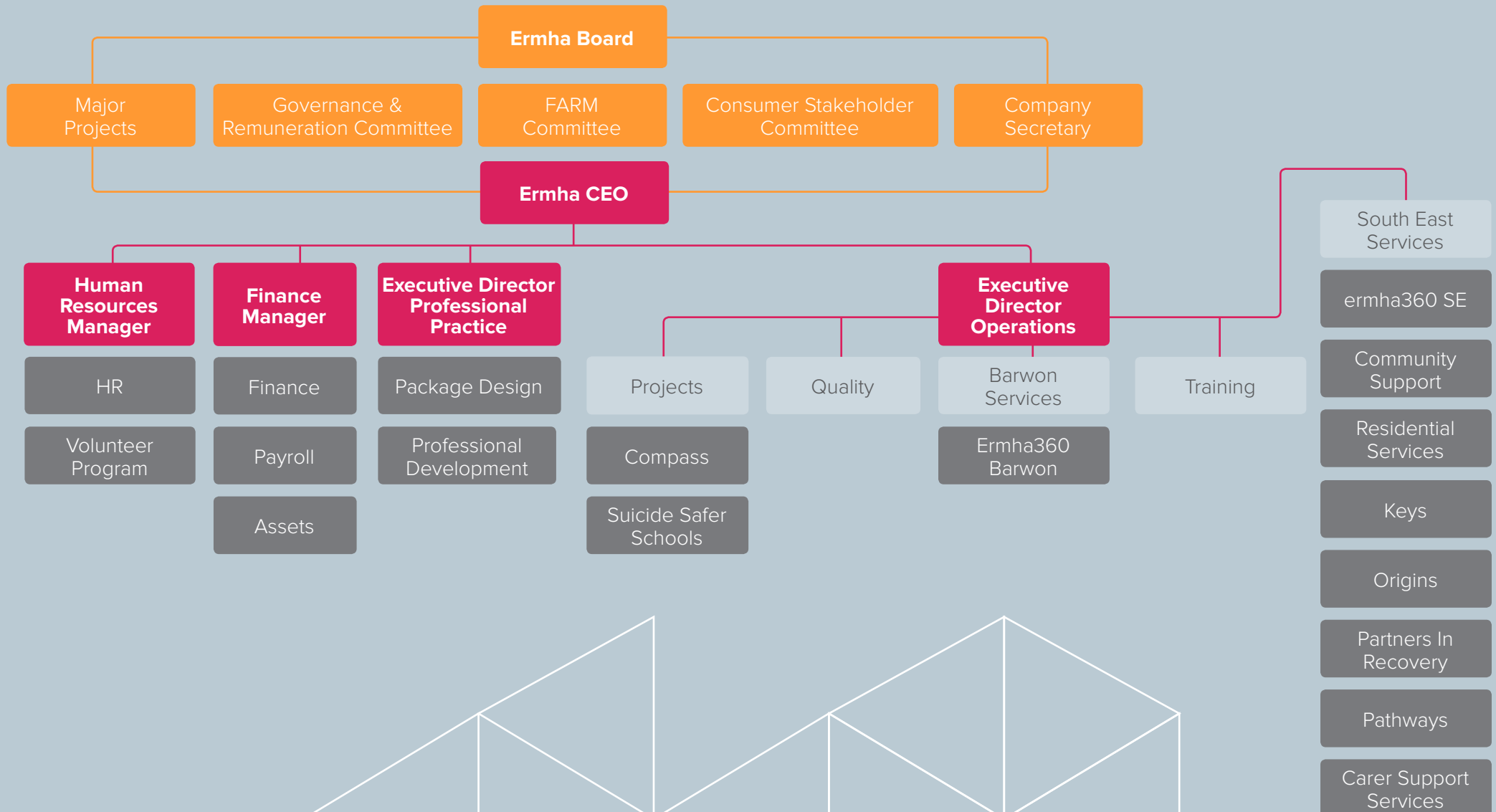
A new Regional Manager for southern and eastern Victoria, Shane Price, now reports to Executive Director Operations, Alys Boase. This change is a response to Ermha's growth in the region as well as a move to better integrate Ermha's teams. As a result, there is greater potential for clients to benefit from support provided by two or more Ermha programs. For example, a current Keys client attends Community Support groups with support coordination through our Partners in Recovery team.


Another reason for the restructure is that programs have not grown at equal rates. The changes mean that reporting streams have been re-balanced to give managers a roughly equal share of responsibilities.

The management restructure helps meet another goal of the new strategic plan – to strengthen our internal capacity to support and sustain growth. Authority and accountability is now spread more evenly across management levels so that decision-making is faster and more efficient.

The most important beneficiaries of the restructure are Ermha clients and carers. They can expect better support as a result of a well-coordinated management team that is committed to service excellence.

# Ermha's NEW MANAGEMENT STRUCTURE





# 20

## Ermha's NEW BOARD SETTLES IN



In early 2015 Ermha converted from an incorporated association to a company limited by guarantee. This prompted the recruitment of a number of new board members who are adding their expertise to guide the organisation in a rapidly changing, and often confusing, support landscape.

The Ermha Limited board held its first meeting in January 2015 to begin setting priorities for the organisation and this work culminated in the release of Ermha's 2016-19 Strategic Plan in July of this year. (See more about the plan on page 7).

The further rollout of the National Disability Insurance Scheme was duly considered because it will affect many aspects of Ermha's work. A cascading set of policy decisions were made as a result. These decisions relate to growth, finance, management structure, stakeholder engagement, partnerships and more.

**The board also created three new committees that focus on:**

- Consumer and Stakeholder Collaboration
- Governance and Remuneration
- Major Projects

Business and finance matters are, and will continue to be, a strong focus for the board. Under the NDIS, revenue and profitability will be determined by market forces that Ermha must adjust to. Part of this adjustment will likely require the development of other sources of income.

From the widest perspective the board believes Ermha's future relies on a thorough understanding of the needs of the people and communities Ermha serves. Achieving this understanding is a continuous process that relies on listening to clients, carers, staff and Ermha's wide array of other stakeholders. The board has built systems to accumulate feedback from stakeholders that help it direct and extend Ermha's services and consolidate our reputation as a provider of choice.

**As Ermha's board deliberates on myriad issues, its members are committed to the organisation's recently revised values:**

- Integrity
- Innovation
- Quality
- Equity
- Safety

The network of individuals, agencies and systems that provide services to people experiencing mental illness and disability can be bewildering. Often crisis-driven, this situation is exacerbated by separate and sometimes conflicting public policies that put service users at a disadvantage.

The NDIS support marketplace is being designed to address these shortcomings. As a result Ermha will become much more visible to the public with well-marked pathways to support. Referral systems are being simplified, more access points are being created and internal functions are being modified to prevent bottlenecks.

Mental Health Compass, Ermha's directory of support services in Melbourne's southeast, is another method people can use to access the support they need. Compass offers information about people's rights in the mental health and disability support sector, it lists resources such as carer and family groups and it provides useful advice about promoting health and wellbeing.

Our success under the NDIS in the Barwon region is partly a result of a pivotal position within the organisation – the Engagement and Coordination Officer (ECO). A senior role, the ECO is responsible for ensuring that clients understand what Ermha can help them achieve and how we provide support. The ECO also explains Ermha's suite of support options, introduces clients to members of their support team and assists clients with administrative formalities. Most importantly, the ECO is responsible to each client for making sure the organisation delivers support when and as expected. As a client advocate, the ECO has authority to represent service users' interests across the organisation.

Ermha and its service partners will continue to make it easier for people to get the support they require so they can focus on what is truly important – recovery, independence and inclusion.

## 21 SIMPLER SERVICE INFORMATION AND ACCESS POINTS



# 22

## PARTNERS IN RECOVERY (PIR) SIMPLIFIES AND COORDINATES SERVICE ACCESS



When services work together the results can be dramatic. Ermha’s PIR staff coordinated support for Tess (recounted below), creating a support team whose members helped Tess regain her naturally positive outlook. Ermha is incorporating support coordination as a priority, into other program areas.

Before being referred to Ermha’s PIR team by her clinical case manager, Tess was struggling. Following a back injury she lost her job and was unable to pay her rent. She wandered the streets during daylight hours and slept in her car. Tess was eventually diagnosed with schizophrenia. A community treatment order ensued but the medications that accompanied the order came with severe side effects. Tess’s self esteem plummeted and she lost her sense of identity.

On initial contact the PIR team found Tess to be guarded and confused. In a role reversal Tess was now cared for by her daughter, a situation both found difficult to bear.

Tess and Ermha’s PIR support facilitator established a working relationship that allowed the facilitator to expand Tess’s care team. As greater trust developed Tess and her daughter came to accept support from Ermha’s Keys and Carer Support programs. Program personnel worked alongside clinical and housing providers at care team meetings in which Tess began to take an active role. Her daughter attended these meetings as well.

With PIR coordination, and as Tess gained confidence in directing her own support, she organised income assistance, new housing arrangements, medication changes and the treatment order was nullified.

Tess returned to her local church, began to care for her grandchildren and found part-time work. She continued to develop her self-recovery strategies and over time reduced her care team, leaving her PIR facilitator in a monitoring role only.

In thinking back on her experience, Tess says;

“You become sensitive to what is around you, so being with workers who are encouraging was good for me. It was like having a family who are happy to see me doing well. What was most useful to me was when everyone came together and gave me their ideas – it helped me decide what I wanted to do. Now I have hope for my future. I have a flat, a job, I love cooking and looking after myself and managing my mental health. Every single day I get better and better. Life is good now.”

# 23 LESSONS: ermha360 BARWON AND THE NDIS

The NDIS has been operating at Victoria’s trial site in Barwon since 2013. Ermha is using the experience of its Barwon service to inform how the rest of the organisation will respond as the NDIS roll out continues and becomes established in other communities we serve.

From Ermha’s perspective, it is not clear that people with psychiatric, intellectual or psychosocial disabilities will receive sufficient funding to pay for the level of support they require. However, the NDIA continues to work on this issue and certain actions have been taken that improve the picture for clients and services alike. For example, several more categories of support now exist for people who require psychosocial assistance.

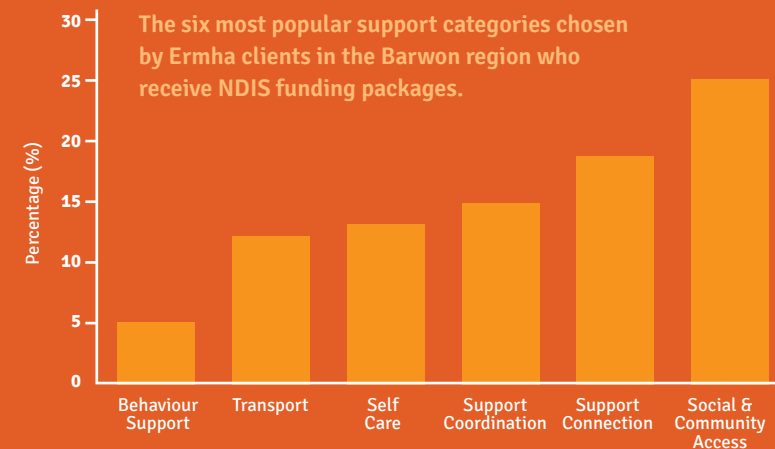
Staffing issues will have major ramifications for client support. In an active support marketplace services like Ermha must be able to respond to fluctuations in support requirements. One way to achieve this flexibility is by employing more people on a casual basis. However this can affect support continuity and hence the stability of client-worker relationships. Ermha is modelling the viability of various staffing options under an NDIS funding system that minimise such negative effects.

Support quality demands that Ermha staff engage in practice supervision, professional development and critical reflection, activities that are not funded through the scheme. The NDIA acknowledges that effective support requires a professional workforce but the agency has yet to decide if and how this will be funded.

With these uncertainties in mind Ermha is using our Barwon test site experience to design flexible systems and processes that allow the organisation to respond quickly as circumstances change.

**The Barwon experience has also lead to significant changes in the organisation’s approach to:**

- Consumer and carer participation
- Program integration
- Business process efficiency
- Community engagement



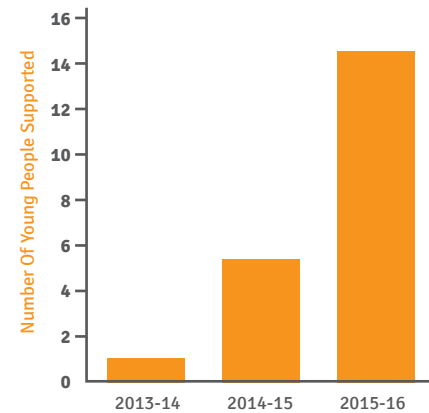
# 24

## YOUTH SUPPORT AND TARGETED CARE PACKAGES

Targeted Care Packages are designed to support children and young people as they transition from residential care to more appropriate living arrangements. Funded by Victoria's Department of Health and Human Services, it was expanded this year with new funds to help provide alternatives to residential care placements. In particular, the expansion will focus on young people with disabilities and mental ill health.

Ermha's Youth Support staff help improve the capacity of young people to maximise control over their environment, support them to maintain their accommodation, minimise harm, achieve goals and address their psychosocial, emotional and physical needs. Youth Support staff also promote better decision-making, positive thinking and independence.

Youth support packages allow Ermha to deploy its intensive support expertise for the benefit of people who experience significant personal and social challenges.



Ermha's Youth Support work has grown rapidly over the past three years and we expect to maintain this growth as evidence mounts for positive results attributed to high quality support.

# 25 COMPASS ONLINE

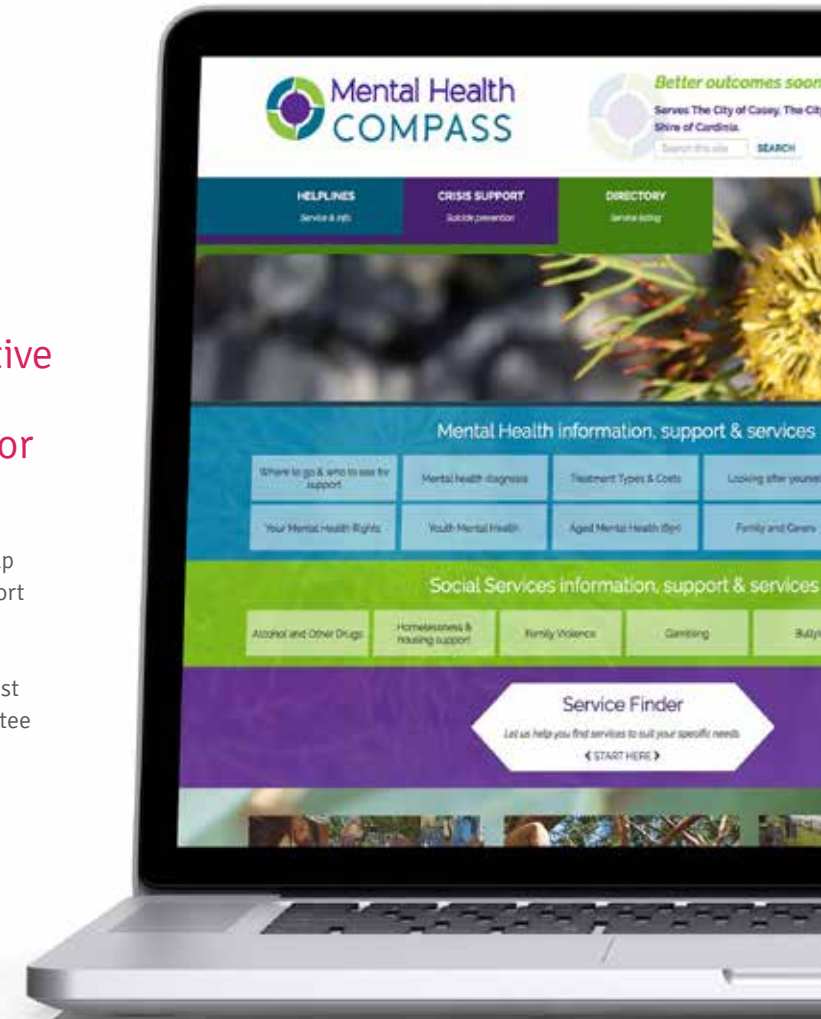
Making good decisions is hard without good information. Mental Health Compass is a comprehensive resource for people in Melbourne's southeast who want to know more about their mental health treatment and support options. Visitors to the site - [mentalhealthcompass.com.au](http://mentalhealthcompass.com.au) - can also learn about their rights, discover how to be more active in their recovery and learn about treatment types and costs. Information is also available for families and carers.

The site's Service Finder database lists hundreds of resources from hospitals to help lines; from community-based services like Ermha to crisis support; and from support groups to legal services.

Mental Health Compass is an Ermha initiative funded by a grant from the South East Melbourne Primary Health Network (SEMPHN). An eight-member steering committee created the project brief and included client and carer representatives, Partners in Recovery staff and independent advisors and consultants.

In the near future the site will expand to include information for residents of the Mornington Peninsula with plans to expand further to include Victoria's five other PHN regions.

[www.mentalhealthcompass.com.au](http://www.mentalhealthcompass.com.au)





26

## COMMUNITY-BASED SUPPORT GROUPS AT Ermha

Many clients and carers who use Ermha's services cite our group-based activities as an important support option. Groups offer opportunities for participation, making friends, learning new skills and becoming more independent.

**Some of the groups Ermha clients have attended in 2015-16 include:**

- Coffee and Chat •
- Art Group •
- Young Person's Group •
- Hearing Voices •
- MasterChef •
- Social Skills Group •
- Burmese Women's Group •
- Tamil Women's Group •
- Afghan Men's Group •

Ermha workers run some groups but the trend is toward greater participant facilitation that offers yet more scope for self-expression and peer-to-peer interaction.

Each group is structured according to the needs and desires of its participants. The Art Group, for example, starts each session with a meditation and mindfulness routine, while the Young Persons Group has recently decided to devote meetings to the exploration of psychological goals. The Social Skills Group, for clients with an autism spectrum disorder, offers people the chance to develop ways to communicate better in social situations through role-play.

Group work will continue to grow as part of Ermha's list of support options and in turn will expand Ermha's presence in the wider community.



# 27

## BRIDGING TRANSITION POINTS – Ermha AT DANDENONG HOSPITAL

It is common knowledge that the recovery journey can be even more challenging at times of significant change. For people who have been admitted to hospital as a result of mental illness, the transition back to the community is one of those times.

At Dandenong Hospital Ermha and Monash Health have partnered to help people make this transition, and in 2015 another Ermha staff member was added to the team that provides transition support. The Ermha team works closely with hospital staff to ensure that appropriate clinical, social and allied health support is available when patients return home.

For up to two months prior to discharge Ermha's team spends time discovering the needs and goals of patients who will soon re-join their communities. Armed with this knowledge, the team begins to arrange community-based support. For example, patients who reside in Ermha's catchment areas are commonly referred to other Ermha teams such as Origins, Community Support, Carer Support Services and Keys. If they reside elsewhere we liaise with services closest to the support recipient's home.

Managing change, and even embracing it, are good indicators of an advancing recovery. Ermha clients do this frequently in spite of the fear and uncertainty that change can generate. Ermha's support coordination experience and extensive ties to the wider community help connect the support dots for clients.

Ultimately, smoother pathways to support, particularly during times of change, means clients can remain focussed on their goals.



# 28 ONE DANDENONG – ENGAGING THE COMMUNITY

With funding from the Federal Government's Department of Social Services, Ermha's Origins team held a pop-up event in November 2015 at the entrance to Dandenong market. The event was designed to introduce the program to members of the public and engage the community in conversations about wellbeing. Titled One Dandenong, the occasion included massage sessions, face painting and musical performances by members of the Aboriginal and Indian communities.

During the four hour event Ermha staff distributed hundreds of information packs to enlighten the public about their mental health support options, Ermha's services and various ways to maintain wellness.

The community's response was overwhelmingly positive and as a result Ermha plans to hold more such events as part of its community engagement strategy.

# 29

## SAFER SCHOOLS IN MELBOURNE'S SOUTH EAST

Suicide Safer Schools is a federally funded project conducted by Ermha in partnership with Suicide Safer Communities and Life! Central. Designed to create safer school environments, participating school communities (students, staff and parents) are provided with evidence-based training to assess and respond to the risk of suicide. They are also supported to identify and build relationships with local services that can help when risks and unmet needs are identified.

Now in its second year, the three-year Suicide Safer Schools project is meeting project timelines - most staff members at participating schools have completed training workshops, as have workers at local services.

**Training seminars vary in intensity. Participants are invited to attend seminars according to their roles and responsibilities:**

- Suicide awareness training is delivered to all school staff members
- In-depth suicide alertness training is targeted to those who are considered likely to be first responders when faced with a person at risk of suicide
- Advanced suicide intervention training is available to those who self-select, and to those with roles that are more supportive in nature

Project staff have coordinated resilience and prevention training as part of each school's curriculum. During the coming months an associated research project will also get underway to better understand the factors that promote or deter help-seeking for people who may be at risk of suicide.

Suicide Safer Schools is just one way Ermha is engaging the community about mental health. The organisation will continue to support education and training that builds resilience and effective early intervention.





# 30 BUILDING A VOLUNTEER CULTURE

Volunteering at Ermha gathered strength in 2015-16 as we welcomed volunteers with backgrounds in retail, teaching, hospitality, childcare, mental health, business and hairdressing. Volunteers also came from Ermha's active and prior client base. Many Ermha volunteers serve as the public face of the organisation and this broad spectrum of experience reflects the community we serve.

65 volunteers worked over 21,000 hours during the year, a large portion of which was devoted to the smooth running of Ermha's Op Shop. The Op Shop remains the most visible aspect of Ermha in the community (over 10,000 people purchased items in 2015-16) with profits used to support other Ermha programs.

Equally important, the Op Shop both supports clients with material goods and offers client-volunteers an opportunity to develop a diverse range of personal, work readiness and confidence building skills, all in a supportive environment.

“

My Ermha support worker has provided me with the most amazing support and is the person responsible for the positive changes in my life. I was once homeless and now live in my own place and have secure housing.

My worker spoke to the Ermha Volunteer Manager to enquire about available roles at the Op Shop. I met with the Volunteer Manager and Team Leader and eventually I began going to the Op Shop to get to know the other volunteers. I now volunteer for three hours at the Op Shop per week.

Volunteering at the Ermha Op Shop makes me feel connected again like I am employed. I had ruled out employment and did not believe I could have that same feeling again.

I look forward to going into the Op Shop and it's good to feel connected and be part of a friendly environment. Ermha has helped me to have stable housing and income security and I am grateful and happy to give back and support them at the Op Shop through volunteering.

”

# 31

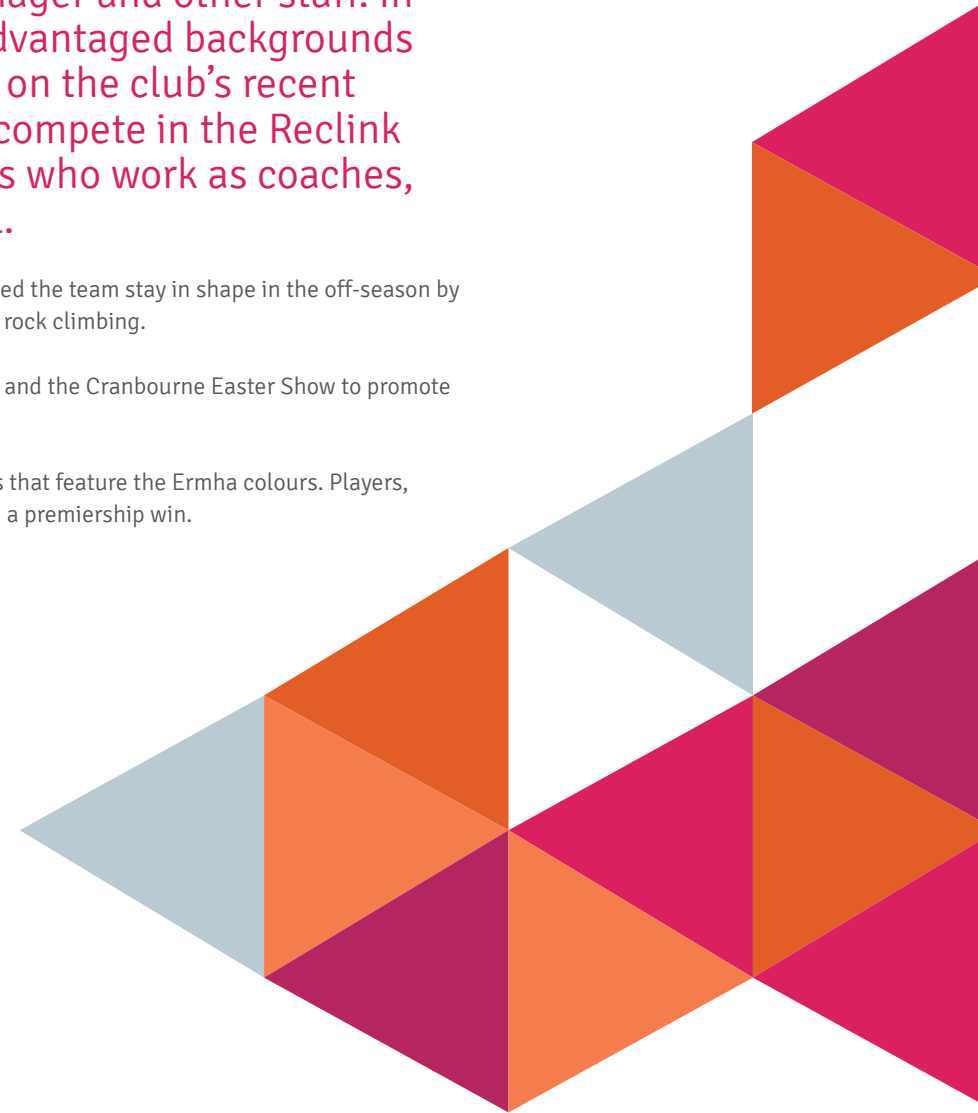
## CASEY COBRAS

Ermha is proud to auspice the Casey Cobras football team through the work of our Volunteer Manager and other staff. In the 2016 season, 42 players from disadvantaged backgrounds strapped on the boots in order to build on the club's recent strong performance. The Cobras, who compete in the Reclink League, are supported by 11 volunteers who work as coaches, managers and team support personnel.

In 2015 a South East Medicare Local Partners in Recovery grant helped the team stay in shape in the off-season by funding activities such as bushwalking, team challenges, caving and rock climbing.

The players, in turn, helped stage events during Mental Health Week and the Cranbourne Easter Show to promote participation in the Reclink League.

This year the players took the field wearing freshly designed jumpers that feature the Ermha colours. Players, coaches and volunteers worked hard all season and were repaid with a premiership win.





# DIRECTORS' REPORT

& FINANCIAL STATEMENT

32

## DIRECTORS' REPORT

### Ermha's Objective

Providing community services to assist people affected by mental illness and disability to live full and satisfying lives as accepted and respected members of their communities.

#### Principal activities during the year

Provision of support to clients and carers, and their families

Maintaining and creating partnerships for the benefit of clients and carers

Advocacy on behalf of individual clients and carers, as well on behalf of clients and carers as a whole

These activities meet Ermha's objective by promoting recovery, independence and inclusion for the people Ermha supports.

#### Liability of members and guarantee on winding up

The liability of the Members is limited to the guaranteed amount--\$10.00

#### For each person who has been a director at any time during the year or since the year end, their name and period for which they were a director.

**Agata Jarbin** Appointed Chair 23 September 2015

**Sam Afra** Re-appointed Deputy Chair 23 September 2015

**Dean Laurence** Full year

**Caroline Cuckson** Full year

**Peter Day** Full year

**Scott Phillips** Full year

**Deborah Stuart** Appointed 10 February 2016

**Susan Meyerink** Outgoing Chair, 1 July 2016 to 9 September 2016

**Jane Macaulay** Resigned as Company Secretary 10 October 2015

**Christos Dimopoulos** Interim Company Secretary 10 October 2015 to 25 November 2015

**John Collins** Appointed Company Secretary 25 November 2015



33  
THE  
BOARD

(Seated, from left) Peter Day, Scott Phillips, Agata Jarbin  
(Standing, from left) Sam Afra, Dean Laurence

Not pictured: Caroline Cuckson, Deborah Stuart

**Agata Jarbin** (Chair)

(Board Chair, Governance and Remuneration Committee) Diploma of International Arbitration, Graduate Diploma of Legal Practice, Bachelor of Law (Hons), Bachelor of Economics  
Appointed to the Board of Ermha Ltd on 1 June 2015, Agata became Chair of the Board on 23 September 2015. Over the course of her career, Agata has held a number of senior leadership roles and is currently the Executive General Manager Professional Services at State Trustees. As a Senior Executive at State Trustees, Agata is responsible for all professional services to clients including will and power of attorney preparation (consultative, will kits sold online and in retail outlets), legal, taxation, financial planning, genealogy, property and pension services. In addition, Agata also holds the roles of General Counsel and Company Secretary at State Trustees and is responsible for all corporate legal services and compliance. Prior to joining State Trustees, Agata was a partner of King & Wood Mallesons. Agata completed Leadership Victoria's Folio Community Leadership Program in 2015 and is passionate about advocating for disability services and creating a community that better services those with special needs.

**Sam Afra** (Board Deputy Chair, Consumer and Stakeholder Committee, Chair--Governance and Remuneration Committee)

A member of the Board of Ermha Inc. from 2003, Sam was appointed Deputy Chair of Ermha Ltd on Ermha's registration as a company in 2015. Born in Beirut, Sam studied law and banking, before migrating to Australia in 1984. Sam was a Councillor with the City of Casey from 1997 to 2000 and is a Justice of the Peace. Sam is the current Chair of the Ethnic Communities Council of the South East, the Deputy Chair of the Ethnic Communities Council of Victoria and the Secretary of the Federation of Ethnic Communities Councils of Australia.

**Dean Laurence** (Chair-Finance and Risk Management Committee, Governance and Remuneration Committee) Diploma in Corporate Management, Master of Business Administration (General Management), Master of Commerce (Finance)

Dean was invited to join the Board of Ermha Inc. as member and Treasurer in early 2014. On Ermha's registration as a company in 2015, Dean was appointed a Director and Chair of the FARM Committee. Dean brings with him extensive financial management and business experience across multiple industry sectors, in Australia and overseas and is currently director of two consulting firms providing executive search, and strategic and financial planning services. Dean has a strong interest in mental health support services and improving mental health and well-being in the community.

**Caroline Cuckson** (Major Projects Committee, not pictured) Master of Management in Community Management, Advanced Diploma of Business Management  
 Joining the Board on 1 June 2015, Caroline has 15 years’ executive management experience in not for profits, government and the commercial sector. Caroline has gained a strong understanding of the complexity of the not for profit sector through leading organisations through sector change – including the transition to NDIS. Caroline has considerable expertise in change management, planning and performance management, together with strong financial and risk management skills. Caroline’s Board and working group experience has included Ermha, Red Cross Qld, Australian Society of Association Executives, Lifeline Darling Downs and South West Queensland, and the management committee of Capital City Local Learning Employment Network.

**Peter Day** (Chair-Major Projects Committee, Finance and Risk Management Committee) Master of Electronic Business (Strategy and Marketing)  
 Currently a Director on the Boards of Pregnancy Loss Australia and Sentric Pty Ltd, Peter has 30 years’ experience in business, information communications technology and the health sector. His extensive experience in the health sector has encompassed development of strategies, business cases and solutions. Appointed to the Board of Ermha Ltd on 1 June 2015, Peter also took up a position on the Finance and Risk Management Committee. Peter has held a number of senior executive positions in a range of corporate and not for profit companies including the Australian Red Cross, ANZ, Telstra, Dell and HP and currently provides advisory services to Multiple Sclerosis, Uniting Care, Bapcare (Aged Care) and Regen Drug and Alcohol.

**Susan Meyerink** (Outgoing Chair, not pictured) Bachelor Social Welfare, Post Graduate Certificate (Bereavement Counselling and Intervention) Cert IV (Marriage Celebrancy)  
 Susan Meyerink was President of Ermha Inc. for four successive terms and a Board member for ten years. On Ermha’s registration as a company on 27 January 2015, Susan was appointed Chair of the Board of Ermha Ltd. Susan resigned as Chair and Director of the company on 9 September 2015. The Board wishes to thank Susan for her lengthy commitment and contribution to the organisation.

**Scott Phillips** (Chair - Consumer and Stakeholder Collaboration Committee, Finance and Risk Management Committee) Accredited Mediator LEADR, Bachelor of Arts (Hons) History and Sociology, Master of Arts (Research), DPhil Soc Anthropology, GAICD  
 Commencing as Director and member of the Finance and Risk Management Committee on 1 June 2015, Scott has 30 years’ experience in public policy, academic, government and business sectors. He has worked with boards, executives and community groups to understand their needs and facilitate participatory planning, evaluation and business development. Scott is Director of Kershaw Phillips Consulting, which provides stakeholder engagement and program evaluation research services to health, social sector, manufacturing and educational organisations. His expertise includes multicultural and youth policy; social impact assessment; community engagement; and service planning and evaluation. Scott is an Honorary Fellow of the Alfred Deakin Institute for Citizenship and Globalisation, and on the Board of Directors of the Royal Society for the encouragement of Arts, Manufactures and Commerce (Australia and New Zealand).

**Deborah Stuart** (Governance and Remuneration Committee, Consumer and Stakeholder Committee, not pictured) Bachelor of Applied Science, Registered Nurse  
 Deb was invited to join the Board in February 2016, and brings with her extensive clinical governance experience and a passionate commitment to the health of disadvantaged communities. Training as a nurse in the UK before relocating to Australia, Deb worked in a variety of senior management roles in the Department of Health and Human Services, before joining Monash Health. As Operations Director for Allied and Community Health, Deb oversees portfolios including community health, aged care, disability, community rehabilitation, Acute and Subacute allied health. Deb has received a number of awards for service excellence, most recently runner up for the 2014 SACS Executive Leadership Award.

## DIRECTOR'S ATTENDANCE

Director	Board Meetings		Finance and Risk Management Committee		Major Projects Committee		Consumer & Stakeholder Collaboration Committee		Governance and Remuneration Committee	
	Eligible	Attended	Eligible	Attended	Eligible	Attended	Eligible	Attended	Eligible	Attended
Susan Meyerink*	2	0								
Sam Afra	13	11	1	1			3	2	2	2
Dean Laurence	13	12	12	9					2	1
Agata Jarbin	13	12	1	1					2	2
Scott Phillips	13	13	12	11			3	3		
Peter Day	13	11	12	8	3	3				
Caroline Cuckson	13	9			3	2				
Deborah Stuart^	5	5					2	2	1	1

Notes: \*Susan Meyerink Resignation effective 9th September 2015  
 ^Deborah Stuart appointed on 10th February 2016

# STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

## For the year ended 30 June 2016

	2016 \$	2015 (restated) \$
<b>Continuing Operations</b>		
<b>Revenue</b>		
Operational revenue	16,109,372	13,047,054
Other revenue	314,968	181,923
Total revenue	16,424,340	13,228,977
<b>Expenditure</b>		
Employee benefits expenses	12,505,792	11,161,448
Depreciation and amortisation expense	412,628	327,029
Operating lease expense	406,346	18,192
Occupancy expense	1,528,508	1,033,420
Project delivery expense	421,627	489,279
Consultants and contractors	348,648	259,145
Motor vehicle expense	248,686	394,320
Repairs and maintenance	95,594	82,633
Stationary and printing	68,805	77,510
IT expenses	42,424	32,334
Other expenses	625,242	393,117
<b>Total operating expenditure</b>	<b>16,704,300</b>	<b>14,278,427</b>
<b>Loss before income tax</b>	<b>(279,960)</b>	<b>(1,049,450)</b>
Income tax expense	-	-
Loss from continuing operations	(279,960)	(1,049,450)
<b>Discontinued operations</b>		
Profit from discontinued operations (net of tax)	(441,134)	(1,062,766)
Loss for the year	(721,094)	(2,112,216)
Other comprehensive income		
Items that will not be reclassified subsequently to profit or loss:		
Revaluation of land and buildings	65,000	179,167
<b>Total comprehensive loss for the year</b>	<b>(656,094)</b>	<b>(1,933,049)</b>

# STATEMENT OF FINANCIAL POSITION

## As at 30 June 2016

	2016 \$	2015 (restated) \$
<b>Assets</b>		
<b>Current</b>		
Cash and cash equivalents	278,864	1,885,061
Trade and other receivables	1,489,527	899,863
Inventories	-	51,229
Other assets	111,283	67,042
<b>Total current assets</b>	<b>1,879,674</b>	<b>2,903,195</b>
<b>Non-current assets</b>		
Property, plant and equipment	1,194,967	2,144,369
Intangible assets	153,529	95,136
Total non-current assets	1,348,496	2,239,505
<b>Total assets</b>	<b>3,228,170</b>	<b>5,142,700</b>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Trade and other payables	1,408,712	2,157,333
Provisions	217,882	100,000
Employee benefits	918,133	979,634
Income received in advance	425,775	1,091,064
<b>Total current liabilities</b>	<b>2,970,502</b>	<b>4,328,031</b>
<b>Non-current liabilities</b>		
Employee benefits	194,544	95,450
Total non-current liabilities	194,544	95,450
Total liabilities	3,165,046	4,423,481
<b>Net Assets</b>	<b>63,124</b>	<b>719,219</b>
<b>Equity</b>		
Reserves	244,167	179,167
Retained losses	(181,043)	540,052
<b>Total equity</b>	<b>63,124</b>	<b>719,219</b>

# STATEMENT OF CHANGES IN EQUITY

## For the year ended 30 June 2016

	Retained profits / (losses) \$	Asset revaluation reserve \$	Total \$
<b>Balance at 1 July 2014</b>	2,652,268	-	2,652,268
Loss for the year	(1,449,441)	-	(1,449,441)
Other comprehensive income	-	179,167	179,167
Total comprehensive income/(loss) for the year	(1,449,441)	179,167	(1,270,274)
<b>Balance at 30 June 2015</b>	<b>1,202,827</b>	<b>179,167</b>	<b>1,381,994</b>
<b>Restated</b>			
<b>Balance at 1 July 2014</b>	<b>2,652,268</b>	-	<b>2,652,268</b>
Loss for the year (restated)	(2,112,216)	-	(2,112,216)
Other comprehensive income	-	179,167	179,167
Total comprehensive income/(loss) for the year	(2,112,216)	179,167	(1,933,049)
<b>Balance at 30 June 2015</b>	<b>540,052</b>	<b>179,167</b>	<b>719,219</b>
<b>Balance at 1 July 2015 (restated)</b>	<b>540,052</b>	<b>179,167</b>	<b>719,219</b>
Loss for the year	(721,094)	-	(721,094)
Other comprehensive income	-	65,000	65,000
Total comprehensive income/(loss) for the year	(721,094)	65,000	(656,094)
<b>Balance at 30 June 2016</b>	<b>(181,043)</b>	<b>244,167</b>	<b>63,124</b>

# STATEMENT OF CASHFLOWS



## For the year ended 30 June 2016

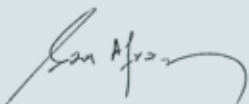
	2016 \$	2015 \$
<b>Cash flows from operating activities</b>		
Receipts from customers and donors	14,925,831	16,677,299
Cash payments to employees and suppliers	(17,067,838)	(15,388,239)
Interest received	18,790	46,479
Receipts from the discontinued operations	(326,353)	(1,112,310)
<b>Net cash (used in) / provided by operating activities</b>	<b>(2,449,570)</b>	<b>223,229</b>
<b>Cash flows from investing activities</b>		
Proceeds from sale of plant and equipment	944,360	169,394
Acquisition of plant and equipment	(10,514)	(802,897)
Acquisition of intangible assets	(90,473)	(104,982)
<b>Net cash provided by / (used in) investing activities</b>	<b>843,373</b>	<b>(738,485)</b>
<b>Net decrease in cash held</b>		
Cash and cash equivalents at beginning of financial year	1,885,061	2,400,317
<b>Cash and cash equivalents at end of financial year</b>	<b>278,864</b>	<b>1,885,061</b>

# DIRECTORS DECLARATION

In the opinion of the directors of Ermha Limited:

- a. The financial statements and notes of Ermha Limited are in accordance with the *Australian Charities and Not-for-profit Commission Act 2012*, including:
  - i. Giving a true and fair view of its financial position as at 30 June 2016 and of its performance for the year ended on that date; and
  - ii. Complying with Australian Accounting Standards – Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the *Australian Charities and Not-for-profits Commission Regulation 2013*, and
- b. There are reasonable grounds to believe that Ermha Limited will be able to pay its debts when they become due and payable.

Signed in accordance with a resolution of the Directors



**Sam Afra**  
Deputy Chair



**Dean Laurence**  
Treasurer and Chair of the Finance and Risk Committee

Signed at Melbourne on 26 October 2016.



# AUDITORS INDEPENDENCE DECLARATION

## Independence

In conducting our audit, we have complied with the independence requirements of the Accounting Professional and Ethical Standards Board and the *Australian Charities and Not-for-profits Commission Act 2012*.

## Auditor's opinion

In our opinion:

- a. the financial report of Ermha Limited is in accordance with the *Australian Charities and Not-for-profits Commission Act 2012*, including:
  - i. giving a true and fair view of the Company's financial position as at 30 June 2016 and of its performance for the year ended on that date; and
- b. complying with Australian Accounting Standards – Reduced Disclosure Requirements (including the Australian Accounting Interpretations) and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

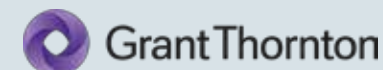


**GRANT THORNTON AUDIT PTY LTD**  
Chartered Accountants



**Eric Passaris**  
Partner – Audit & Assurance

Melbourne, 26 October 2016



# 33 THANK YOU

We wish to thank the following government agencies, organisations, businesses, philanthropic and individual donors and the many others who have generously supported our work over the past year.

Alfred Health Carer Services  
Berwick Opportunity Shop  
City of Casey  
City of Greater Dandenong  
Common Equity Housing Limited  
Commonwealth Bank  
Commonwealth Department of Health  
Commonwealth Department of Social Services  
Community Housing Limited  
Cornerstone  
Federation University  
Launch Housing  
headspace  
Herbert Smith Freehills  
Indigo  
InfoXchange  
Jesuit Community College  
Jesuit Social Services  
Kwik Kopy Dandenong  
Logomonsta

McPherson & Kelly Lawyers  
Mental Health Council of Australia  
Mental Illness Fellowship Victoria  
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National Australia Bank  
National Disability Insurance Agency  
Narre Warren Opportunity Shop  
Orygen Youth Health  
RDNS  
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Sentric  
South East Melbourne Primary Health Network  
St John of God Healthcare Pinelodge Clinic  
The Ian Potter Foundation  
Victorian Department of Health and Human Services  
Victorian Transport Accident Commission  
WAYSS Housing and Support Services  
Worksafe



For telephone enquiries please call Ermha's head office on **1300 376 421**

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**Ermha360 Barwon**  
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Geelong  
VIC 3220

**Ermha Op Shop**  
13 Buckley Street  
Noble Park  
VIC 3174

[www.ermha.org](http://www.ermha.org)

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