

# 2014 || 2015

## CYRENIAN HOUSE Annual Report





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# INTRODUCTION

*Cyrenian House would like to acknowledge the Traditional Custodians of this land and pay our respects to Elders past, present and future for they hold the history, the cultural practice and the traditions of their people.*

Cyrenian House is a not-for-profit non-government organisation that has been operating within the alcohol and other drug (AOD) treatment sector since 1981. Cyrenian House has demonstrated an enduring capacity to deliver professional and effective AOD treatment services and is one of the leading AOD services in Western Australia.

We understand that problematic AOD use impacts on all Western Australians and frequently results in significant health, social and economic costs to the community, for example, illness and injury, crime, violence and family and relationship breakdown.

Cyrenian House seeks to prevent and reduce AOD related harm and provide effective services involving prevention, treatment and education to Western Australians. To serve this aim, we keep abreast of changing consumer needs and leading AOD research and incorporate evidence-based practice into our service provision.

Our services include two therapeutic communities (TC's), a residential women and children's program, a purpose built childcare centre, an Integrated community alcohol and drug service, a regional AOD service in partnership with Milliya Rumurra, non-residential services for individuals and families and counselling and support services in a number of metropolitan prisons.

We draw on a diverse range of approaches including the Therapeutic Community Model, 12 Step Recovery Models, Acceptance Commitment Therapy, Systems Theory, Psychodynamic Theory, Cognitive Behaviour Therapy (CBT) and Social

Learning Theory. We offer a number of programs, both residential and non-residential that provide treatment options to suit individual needs.

Cyrenian House delivers proven expertise in leadership and coordination skills with particular emphasis on partnership development. This allows us to work in a collaborative way with other organisations to assist our consumers to address issues such as housing, employment and education and provide support to access health care providers for both physical and mental health care issues.



# PRESIDENT'S REPORT

*I would like to express my appreciation to the Committee of Management for the contribution they have made in the past year.*

Without a dedicated staff team Cyrenian House would not be able to function effectively. The Committee of Management would like to thank our CEO Carol Daws, Operations Manager Colette Wrynn, CFO Stephen Scarrott, Corporate Communications and Compliance Manager Caroline Henson, Service Managers Peter Duncan, Shonna Grant, Tom Hopkins, David Lonnie, Sally Malone, Sharmayne Holly and Charl De Wet Van Wyk. We also thank the administration staff, clinical staff and our volunteers for their tireless efforts. The staff team have demonstrated an enormous commitment to Cyrenian House and are to be commended.

Cyrenian House has been wonderfully supported during the year by the following organisations and we acknowledge their financial assistance: Mental Health Commission (formerly Drug and Alcohol Office), Lotterywest, Commonwealth Department of Health, Department of Corrective Services, Department of Employment, Education and Workplace Relations and our generous donors. We also thank the Western Australian Network of Alcohol and other Drug Agencies (WANADA) for their ongoing support of Cyrenian House and the AOD sector as a whole.

A successful charity golf day was held on the 13 March 2015 at Meadow Springs Golf and Country Club, Mandurah and another is being planned for the 11 March 2016.

The renovations and refurbishment at Serenity Lodge in Rockingham have been completed allowing operation at

full capacity and required staffing level increases to deliver effective therapeutic programs. Thanks to the staff at CBRE for volunteering their services to landscape the grounds at Serenity.

Plans have been submitted to the Shire of Swan for the construction of a new kitchen/dining room facility at the Rick Hammersley Therapeutic Community. Additionally Cyrenian House has entered into a partnership with Polytechnic West to build three special purpose buildings.

The Committee of Management has undertaken Governance Training to assist in understanding the roles and responsibilities of committee members in the not for profit sector. Cyrenian House will be reviewing its business plan and branding options. Continual upgrading of resources occurs to keep Cyrenian at the forefront of information technology.

The Committee of Management is conscious of promoting and maintaining Cyrenian House's position as a leading Alcohol and other Drug Treatment Service in Western Australia. It is in a very good position to continue serving the community with dedication and professionalism.

We acknowledge the support given by The Mayor, Town of Vincent, John Carey and the Member for Perth, Eleni Evangel MLA.

**JOHN SIMPSON - PRESIDENT**





# CHIEF EXECUTIVE OFFICER'S REPORT

*Cyrenian House is a not-for-profit non-government organisation with over 30 years of successful operations within the field of alcohol and other drug treatments. Non-residential Services include individual, family and group counselling and pre and post residential support*



The amalgamation of the Drug and Alcohol Office (DAO) with the Mental Health Commission (MHC) has continued to be a major focus for the Alcohol and Other Drug (AOD) Sector for the past financial year. As of 1 July 2015 DAO no longer exists and the MHC is now the agency who have oversight of the AOD Sector as well as the Mental Health (MH) sector. As part of this change, Neil Guard, the former Executive Director of DAO has decided to finish his role and has resigned from his position. I would like to take this opportunity to acknowledge Neil for his guidance and leadership of the AOD Sector and wish him well in his future endeavours.

As the largest provider of residential treatment for AOD and MH issues in Western Australia, we are pleased to advise that we have now streamlined our residential assessment processes which are all conducted by the Residential Pathways Team via Non-Residential Services at 318 Fitzgerald Street, Perth. The demand for residential treatment through the Rick Hammersley Centre and Serenity Lodge Therapeutic Communities (TC) is high and therefore managing the number of referrals as efficiently and effectively as possible is important to ensure equity of service provision. We currently offer 68 mixed gender residential beds, with the potential for a further 20 should funding become available, as well as 14 houses for women with children. There has been

a substantial increase in the number of consumers presenting to Non-Residential Services for assessment and for follow-up support post residential treatment. To accommodate the increased demand for services, we have doubled our staff on reception and increased staff in the Residential Pathways Assessment Team. We have also completed some minor renovations of the reception area to allow more waiting room seating.

In addition to staff increases in the Residential Pathways Team, we have found it necessary to appoint a Manager of Programs in Non-Residential Services to manage the Drug and Alcohol Throughcare Service and the Pathways Program through Corrective Services. Tom Hopkins, a long term

member of the Cyrenian House staff team has been appointed into this role. Tom comes with a wealth of experience in working with coerced clients and is an experienced manager and clinician.

The increase in service provision has resulted in a commensurate increase in the Corporate Executive Team. The corporate wing of head office has been renovated to incorporate offices for the CEO, Operations Manager, Corporate Communications and Compliance Manager, Chief Financial Officer and the finance team. We welcome Natalie Prowse as our new Corporate Assistant. Natalie has hit the ground running and is completing a back log of tasks that the executive team has been struggling to manage due to time and resource pressures.

Late in 2014 Cyrenian House was informed that we were successful in our tender bid for the North Metro Community Alcohol and Drug Service (NMCADS). This was a great relief to all those involved in putting together the tender process which also included an expansion of the previous model with a new office in Joondalup. From late 2014 until June 2015 we were extremely busy fitting out our new office at 10 Clarke Crescent Joondalup. We opened our doors to the public on the 22 June 2015, with a beautifully fitted new office that has plenty of room for growth. The service provision from NMCADS has seen a series of new Managers as we have endeavoured to find the right person to manage the service.

I am delighted to acknowledge that as of 30 June 2015 Cyrenian House successfully completed one year of operating the Rick Hammersley Centre and Serenity Lodge Therapeutic Communities completely smoke free. This was a well-orchestrated effort by the staff and residents in both TCs which was supported by the staff in Non-Residential Services who prepared the consumers for smoke free residential treatment. Initially we experienced a decline in numbers of people accessing our services however consumers soon embraced the idea and prepared themselves through our smoke free support groups prior to residential treatment. A recent survey of consumers engaged in treatment at the Rick Hammersley Therapeutic Community reported 86% of people delighted about having

given up smoking and improving their health care outcomes. I would like to take this opportunity to thank Tim Drown in particular for his commitment to this project and for his dedication to ensuring consumer involvement every step of the way.

As of March 2015, we completed 12 months of service provision since the dissolution of Serenity Lodge as an entity and its acquisition by Cyrenian House. The past year has been a busy time for Serenity Lodge with the entire facility undergoing renovations in a gradual process. This meant that we offered a scaled down service while particular sections of the building were renovated. The internal renovations are now complete and we are now able to accommodate our full quota of 28 residents. We would like to thank DAO for supporting us with the funds to enable us to provide an environment for service provision which respects the dignity of our consumers. Many thanks to Ed Jansen for the great work he has done in completing these renovations.

We have also been fortunate to receive an offer of support from CBRE who will provide 60 staff over the period of a week to landscape the grounds at Serenity Lodge. This project is likely to be completed in November 2015. I would particularly like to thank Lloyd Jenkins and Emma Walsh from CBRE for their generous offer of support for this project.

The Rick Hammersley Centre Therapeutic Community is heading for a year of construction as we prepare

ourselves to commence building a new kitchen and dining room, an IT room, a group and counselling room together with meeting rooms. This project is a joint project with Lotterywest, Polytechnic West TAFE and Cyrenian House. Polytechnic West apprentices will partially assemble three of these buildings off-site before they are transported and completed at the centre. The kitchen and dining room will be built on site. These buildings will provide a much needed improvement to the facilities at the Rick Hammersley Centre.

The Saranna Early Childhood Education and Care Centre celebrated its first year of service provision in January of this year. We currently have 58 families with 63 children enrolled and attending between one and five days per week. We have recently employed more staff to equip us to manage a full time case load of 60 children five days per week. With a full staffing complement we will be in the position to continue to build the quality of the service with a view to attaining the highest quality rating against the National Quality Framework.

It has been almost 18 months since Cyrenian achieved certification against the Standard on Culturally Secure Practice (Alcohol and Other Drug Sector). The period since has been one of consolidation with a strong focus on further quality improvement of systems and processes.

In February of this year, we were reassessed for certification against the Standard on Culturally Secure Practice.



As it was a maintenance audit, the scope was limited to four of the seven performance expectations and just three of our sites: Corporate Services, Serenity Lodge TC and CHMR in Broome. Nevertheless it was more stringent as a result and we received good feedback and some useful suggestions.

The auditor observed that Cyrenian's services are 'meeting their mark' and that the organisation is committed to a Continuous Quality Improvement (CQI) approach. The auditor acknowledged the pride and commitment of staff toward the organisation and the people they serve and said that it was clearly evidenced by consumer statements. 'Consumers at interview were glowing in their praise of the agency stating they were treated with respect and courtesy and the encouragement to reach their goals was a constant. They stated staff were well trained and "know what they are doing", go "above and beyond" and "tackle the core aspect of addiction".' The result of the audit was continued certification against the Standard.

Our major fundraiser for the year is our Charity Golf day. This year we attracted 120 players for a fun day of 18 holes of golf at Meadow Springs Golf and Country Club. We would like to acknowledge the following sponsors for their support for the annual event: Ross's Auctions, City Toyota, St John of God Pathology, Country Wide Insurance Brokers, Morley Davis Architects, Computing Australia, Carpet Court, Rotary Club of Southern Districts and PKF Mack & Co Chartered Accountants & Business Advisors. We look forward to seeing you all there next year when the Charity Golf Day will be held on 11 March 2016 at Meadow Springs in Mandurah. We give special thanks to Tom Hopkins for providing musical entertainment and his lovely partner Talhy for her support as our official photographer.

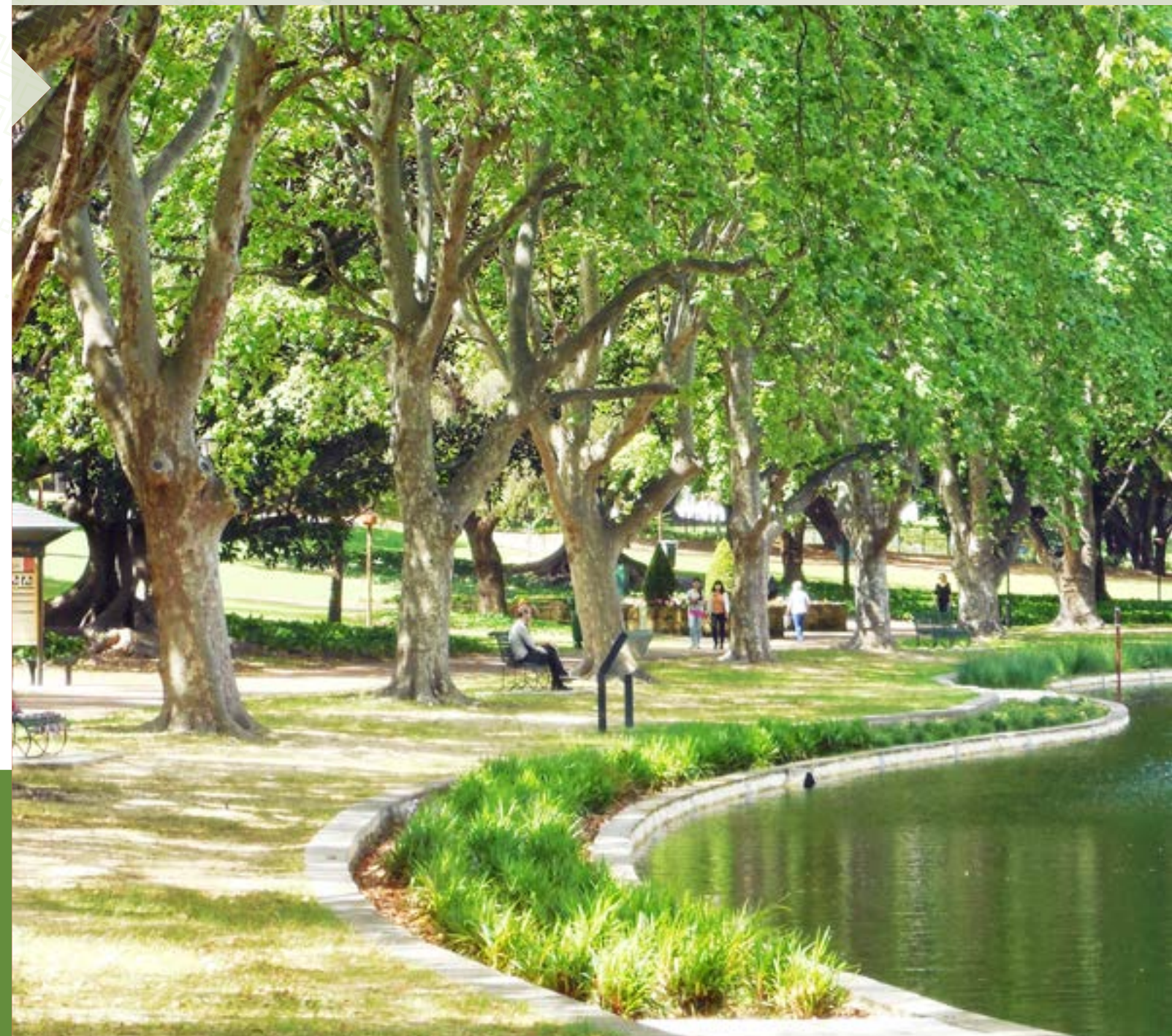
Finally I would like to acknowledge the ongoing work of my incredible staff team at Cyrenian House. As always it has been a privilege to work with all of you. I would also like to acknowledge the Committee of Management

and in particular my corporate team comprising Stephen Scarrott, Colette Wrynn and Caroline Henson for their amazing support throughout a busy and difficult year. I feel extremely proud to head up an organisation whose staff are so dedicated and compassionate in their quest to offer the very best of service provision to our worthy consumers.

**CAROL DAWS - CEO**



*"I feel extremely proud to head up an organisation whose staff are so dedicated and compassionate in their quest to offer the very best of service provision to our worthy consumers."*





# STRATEGIC PLAN 2015-17

## Vision

*A community free from the harm associated with alcohol and other drug use*

## Mission

*To improve the wellbeing of people affected by alcohol and other drug use*

## Values

*Empowerment  
Inclusiveness  
Social Justice  
Respect  
Integrity  
Humanity*

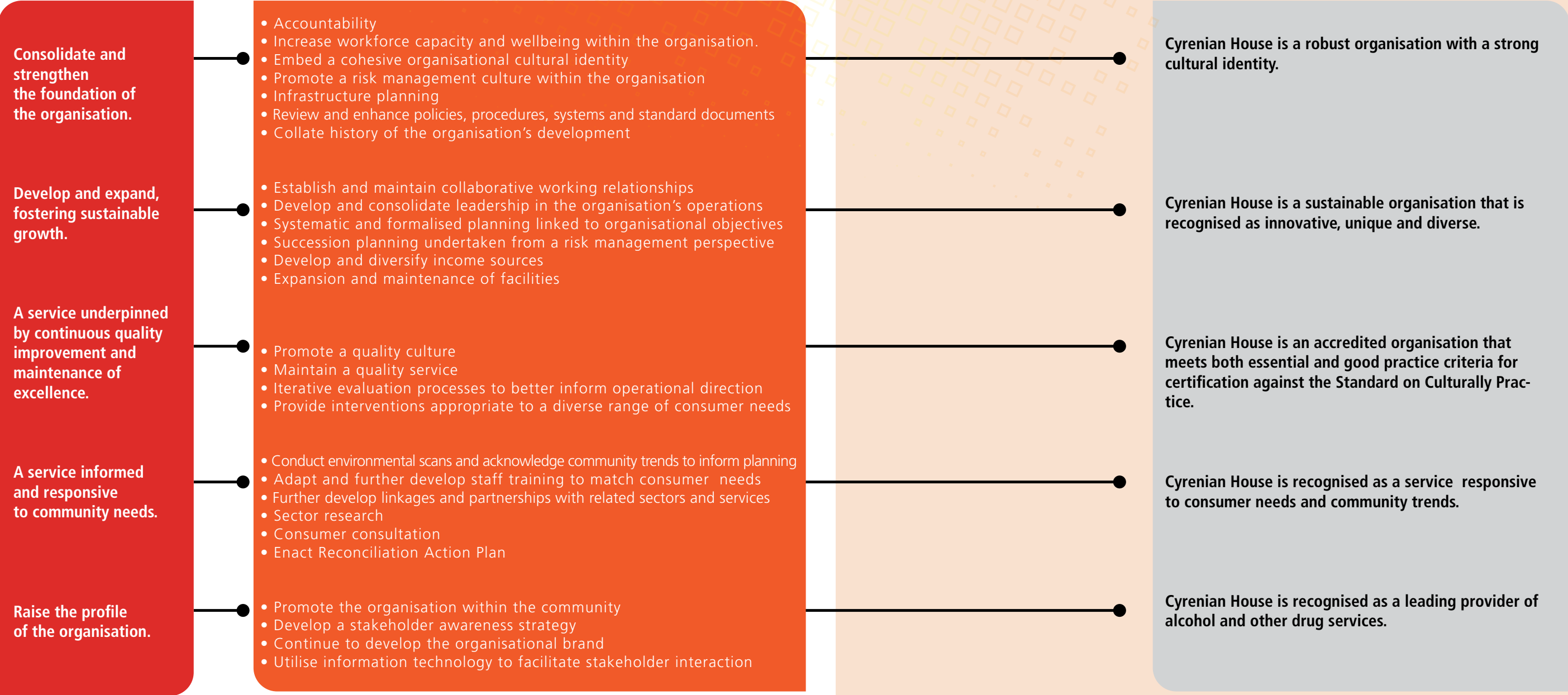
## Guiding Principles

*Sustainability  
Evidence based  
Culturally informed and responsive  
Flexibility in service delivery  
Leadership through partnership and collaboration*

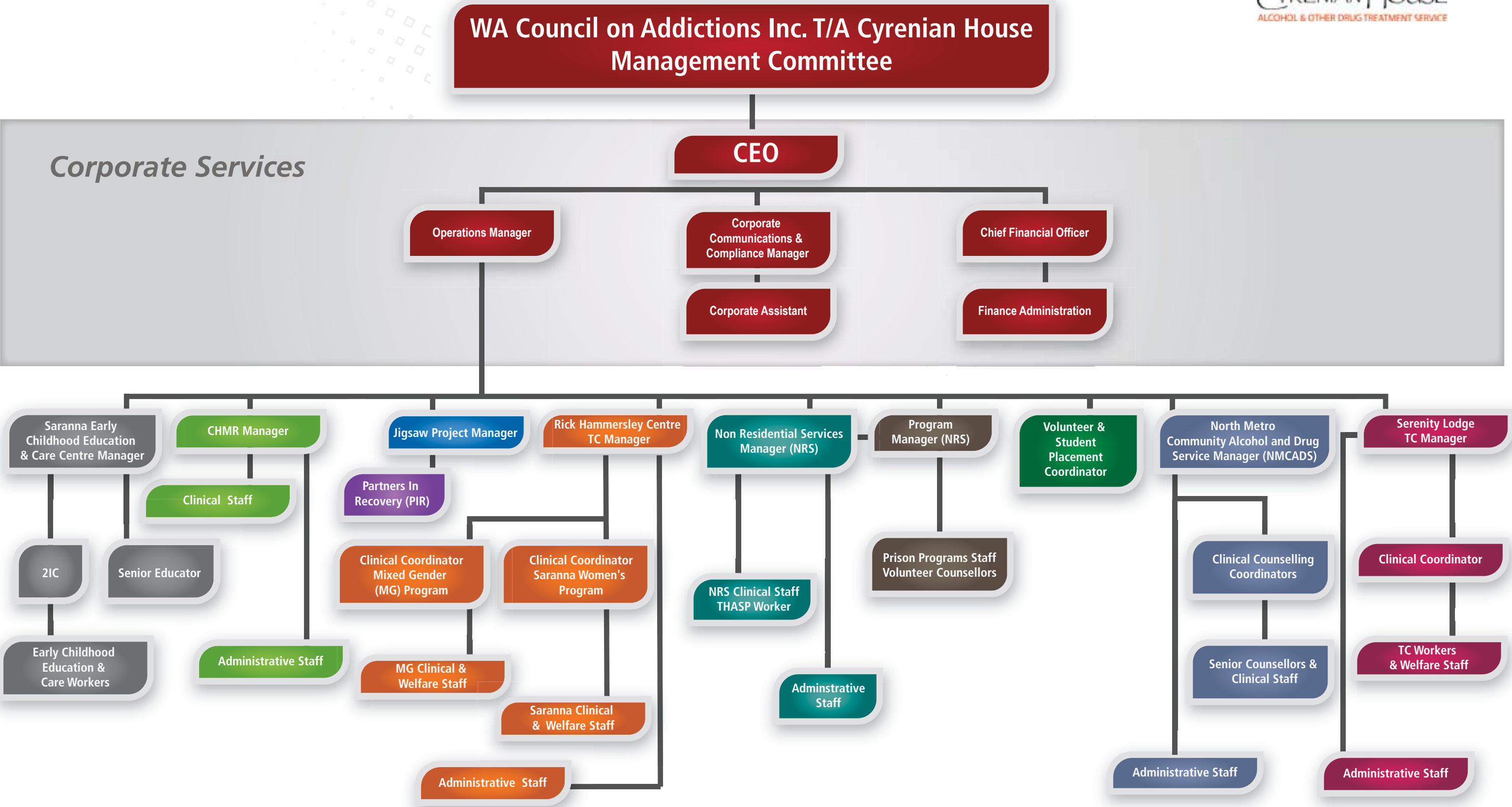
## Strategic Objectives

## Strategies – (how do we do it?)

## Outcomes – (What will this look like?)



# ORGANISATIONAL STRUCTURE





# CYRENIAN HOUSE EXECUTIVE & MANAGEMENT

## WA COUNCIL ON ADDICTIONS MANAGEMENT COMMITTEE

### PRESIDENT John Simpson

Formerly employed by ANZ Banking Group Limited for 23 years, John is a businessman with significant experience. In 1987 John purchased an egg laying farm business with 25,000 layers which he operated successfully for 15 years. In 2002 he became a founding Director/Shareholder in the largest egg producer, packer and marketer of eggs in Western Australia. He is President of the Commercial Egg Producers Association of Western Australia Inc. and sits on a number of industry associations at state and national level.

John joined the Cyrenian House Committee of Management in 2000 and has been President for the past 10 years overseeing a period of enormous change and growth. John offers Cyrenian House a wealth of management and corporate finance experience.

### VICE PRESIDENT Dr Jennifer J. Rogers MBBS (UWA), Dip Obs (RANZCOG)

Jenny was an RAAF medical officer 1980/81 at the Amberley and Richmond bases. She holds certificates in aviation medicine and aeromedical evacuation.

Jenny worked as an RMO at Nepean Hospital, Penrith 1982/83 and as a registrar in obstetrics and gynaecology at King Edward Memorial Hospital, Perth in 1984. She has worked as a general practitioner for 29 years in a private, non-corporate group practice in Padbury.

Jenny has a particular interest in osteoporosis, women's health, mental health - drug and alcohol related problems, sports medicine, asthma and motivating lifestyle change in chronic disease management.

She is a member of the Osteoporosis Model of Care Working Group (Health Dept, WA). She is also a voluntary Board member for Meath Nursing Homes. Jenny is a Surveyor for the Postgraduate Medical Council WA.

Jenny has been a member of the Cyrenian House Management Committee for past 10 years. She brings strong medical experience of the issues related to alcohol and other drug use and mental health. Jenny is an advocate for holistic person-centred treatment.

### TREASURER Matthew Van Riessen B Bus, CA, FTIA

Matthew qualified as a chartered accountant in October 1984, after commencing in the profession in 1979 working for a national accounting firm. Matthew became a partner of Mack & Co. in 1989.

Matthew's expertise covers many of the fields of the accounting profession including tax, business services, superannuation, business valuations and tax consulting.

Matthew specialises in tax and business consulting where his focus is on providing comprehensive income tax advice, capital gains tax advice, financial advice and comprehensive business solutions.

Since 1999 Matthew has been an authorised representative of Count Financial Limited, the holder of an Australian Financial Services Licence and in that capacity through the member firm Mack & Co Wealth Management Pty Ltd provides financial advice, mainly in the areas of superannuation and investment. Matthew is a member of the Institute of Chartered Accountants and a Fellow of the Taxation Institute of Australia.

Matthew has been a member of the Cyrenian House Management Committee for the past 10 years. He provides a wealth of experience in corporate, management and accounting advice to Cyrenian House.

### COMMITTEE MEMBER Leslie Cooper

Les is a successful small business owner and investor. He has been a business owner for 38 years, first in service stations and for the past 30 years in the specialist repair business.

As a married man with 3 daughters and grandchildren he has a strong investment in safe and supportive communities.

Les has spent 10 years in Rotary, and was President of the Maddington Club in 1987 and through that organisation became familiar with Cyrenian House. He became a committee member in the mid 1990's, and has remained so ever since. In 2013 Les was awarded Honorary Life Membership in recognition of 20 years contribution to the organisation.

Les has seen the organisation evolve from a small agency operating from rented premises with second hand furniture and fittings, to the very professional and efficient organisation that it is today.

### COMMITTEE MEMBER Kim Ledger

Kim is a member of the Australian Society of Automotive Engineers & Institute Automotive Mechanical Engineers. He has been a business owner, creator and operator of various private companies for over 43 years.

Kim is a member of the following Boards/Committees:

- WA Sporting Car Club - Committee (Club Member since 1970)
- Cyrenian House Management Committee
- Patron: Australian's in Film (Heath Ledger Scholarship LA)
- Prostate Cancer Foundation (Pro-State Ride) The Masses LA
- Member Confederation of Australian Motorsport (CAMS)

Kim has been a member of the Cyrenian House Management Committee for the past 2 years.

He brings comprehensive corporate management skills and a strong understanding of the not-for-profit sector. As a father whose son died as a result of accidental drug overdose, Kim also has a deep personal understanding of the potential consequences of alcohol and other drug use from a family perspective.



## WA COUNCIL ON ADDICTIONS MANAGEMENT COMMITTEE

### COMMITTEE MEMBER Elise Croft LL.B (HONS), B.Env. St. (Dist.), TEP. Bachelor of Laws (with Honours) & Bachelor of Environmental Studies, University of Notre Dame

Elise has been a solicitor in the Commercial Dispute Resolution team of Kott Gunning Lawyers since 2006. She practices in contract law, employment law, contested estates and insolvency, and represents individuals, small businesses and financial institutions as counsel in the Supreme and District Courts of Western Australia.

Elise is a member of the following bodies:

- Law Society of Western Australia
- Society of Trust and Estate Practitioners (STEP)
- Industrial Relations Society of Western Australia (IRSWA)
- Industrial Foundation for Accident Prevention (IFAP)
- Affiliate of the Australian Institute of Company Directors (AICD)

Elise was responsible for the charity portfolio at Kott Gunning Lawyers and continues to be responsible for the firm's pro bono legal assistance scheme.

She has a keen interest in the not-for-profit sector and this is how she became involved in Cyrenian House. She has been a member of the Cyrenian House Management Committee for the past 4 years. Elise brings a wealth of knowledge of legal issues and access to advice that is relevant to the running of a not-for-profit organisation.

### COMMITTEE MEMBER Karen Ward

Karen is a Nyoongar woman of the Wilman clan (Katanning). She was apprehended by the Native Welfare when she was 3 years old & spent the majority of her childhood in and out of several homes, including Parkerville Children's Home, Wandering Mission and Sister Kate's.

Karen's broad work experience includes the following:

- Nyoongar Patrol 2002 (Street, Parks & youth at JAG)
- AADS formerly NASAS, 2002 sobering up shelter, 2005 Family support worker
- Mission Australia 2002 Family support worker
- King Edward Memorial Hospital 2006 Aboriginal Liaison Officer
- Cyrenian House 2007 Aboriginal support Worker (residential program)
- Anawim Refuge (RUAH) 2011 Team Senior

- Next Step (DAO) 2011 Aboriginal AOD worker
- AADS Welfare Officer Volunteer
- Management Committee Member Yorgum Counselling services 2008
- Chairperson ASSP Midvale Primary school 2004
- On-track Youth Service Mission Australia, City 2002

Karen was awarded the Strong spirit Strong Mind, Aboriginal AOD Worker of the year in 2008.

She has been a member of the Cyrenian House Management Committee for the past 2½ years.

Karen is a strong Aboriginal woman who brings personal understanding of cultural security and the issues related colonisation for Aboriginal people.



## CYRENIAN HOUSE LIFE MEMBERS

Georgie Hammersley  
Chris Hammersley  
Ross Lonnie  
Mark Popham  
John Wyndham  
Leslie Cooper

## CYRENIAN HOUSE EXECUTIVE AND MANAGEMENT

### Executive

**CEO** – Carol Daws

**Operations Manager** – Colette Wrynn

**Chief Financial Officer** – Stephen Scarrott

**Corporate Communications and Compliance Manager** – Caroline Henson

### Management

**Non-residential Services Manager** – Peter Duncan

**NRS Programs Manager** - Tom Hopkins

**North Metro Community Drug Service Manager** – Tom Hopkins

**Rick Hammersley Centre Therapeutic Community Manager** – Shonna Grant

**Serenity Lodge Therapeutic Community Manager** – David Lonnie

**Cyrenian House Milliya Rumurra Outreach Service Manager** – Sally Malone

**Saranna Early Childhood Education and Care Centre Manager** – Sharmayne Holly

**Jigsaw Project Manager** - Charl De Wet Van Wyk



# CYRENIAN HOUSE RECONCILIATION ACTION PLAN

*Through the Cyrenian House Reconciliation Action Plan we aim to contribute to improving the health and wellbeing and dignity of all Australians.*

The Cyrenian House Reconciliation Action Plan (RAP) documents our commitment to do as much as we can within our sphere of influence to contribute to Reconciliation in Australia. It outlines our plans to drive greater equality by pursuing sustainable opportunities as well as practical actions that aim to build strong relationships and enhanced respect between Aboriginal peoples and other Australians.

**The RAP framework is based on three key areas:**

## RELATIONSHIPS

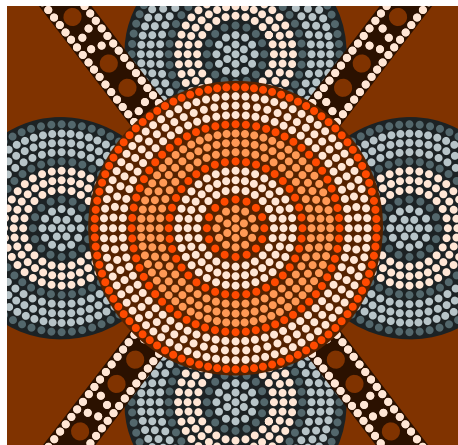
*Building strong relationships with Aboriginal peoples and communities to provide an inclusive and informed environment in which healing can take place.*

## RESPECT

*Developing an understanding of the history, land and culture of Aboriginal people to cultivate awareness, recognition and respect and facilitate reconciliation.*

## OPPORTUNITIES

*Creating opportunities for Aboriginal peoples to contribute to Aboriginal equality, health and wellbeing.*



### CYRENIAN HOUSE AIMS TO:

- Address the 17 year life expectancy gap between Aboriginal and non-Aboriginal Australians through equitable access to culturally appropriate treatment for alcohol and other drug use and co-occurring mental health issues.
- Provide and promote opportunities for Aboriginal participation and employment.
- Ensure equal access to our facilities, services and information is afforded to all Aboriginal peoples in our community.
- Teach life skills and provide health education and vocational training that support Aboriginal peoples in achieving equality in all aspects of life



### WE RECOGNISE AND VALUE:

- The unique status of Aboriginal peoples as the original custodians of Australia's lands and waters.
- Aboriginal spirituality, cultures, languages and heritage.
- The great diversity of cultural values, backgrounds, living situations and aspirations of Aboriginal peoples.
- The rights of Aboriginal Australians to self-determination and equitable participation in the community.



### WE ACKNOWLEDGE:

- The significant gap in health and wellbeing and overall life expectancy between Aboriginal and non-Aboriginal Australians.
- The social and economic disadvantage experienced by Aboriginal peoples.
- The significant commitment necessary to address the disadvantage faced by Aboriginal peoples.



### WE COMMIT TO:

- Investing the necessary time and resources to listen to the needs of the Aboriginal peoples and contribute to Reconciliation.

The RAP is incorporated into the Cyrenian House policies, practices and procedures and related continuous quality improvement systems. It directly influences our organisational planning processes, particularly our strategic and business plans, our relationships and the way we communicate and who we are in the community.

During the past six months we have built on our Innovate RAP to develop a Stretch RAP with a view to moving further forward in our endeavour to build respectful relationships, provide opportunities and deliver culturally secure services that are accessible to and effective for Aboriginal people.

*NB: When Cyrenian House uses the term Aboriginal, this is inclusive of both Aboriginal and Torres Strait Islander peoples of Australia.*



# KEY INITIATIVES

Cyrenian House delivers a number of programs and projects that complement and enhance the services offered across the organisation. Such initiatives operationalise our strategic objective to develop and expand, whilst fostering sustainable growth. The projects and programs are delivered to a consistently high standard and align well with our strategic objective to provide a service that is underpinned by continuous quality improvement and maintenance of excellence.

## Volunteer Counsellor Training Program

Cyrenian House recognises the benefits of a skilled and motivated workforce across the AOD sector. We are very keen to support AOD workforce development and continue to do so through the Helping Change: Alcohol and Drug Counsellors Program which has had another successful year at Cyrenian house. The 18 week program covers a broad range of modules including general counselling skills, motivational interviewing, epidemiology of drug use and pharmacotherapy. Material is delivered across a variety of methods including lectures, DVD demonstrations, group work and role play.

During the past 12 months we have seen the completion of the 2014 group, as well as the commencement of our 2015 program. 2014 saw the first year the training moved to a Saturday morning. Although this presented some additional challenges for participants' motivation levels, it allowed more time to be allocated to each training module, which proved to be invaluable.

Our 2014 group saw 10 graduating volunteers placed across Serenity House, NMCADS and Non Residential Services, while 15 are currently completing the 2015 program.

This program would not have been possible without the dedication of a number of Cyrenian House and Next Step staff members, who so kindly offered their time to present the training modules. Cyrenian House would like to sincerely thank everyone who played a role in the program. The success of this program not only allows volunteers the opportunity to gain valuable clinical experience in the field, but also assists agencies in addressing wait-list issues and importantly increases the capacity of the AOD workforce. Cyrenian House would like to acknowledge the very significant contribution that volunteers make to our organisation. Thank you for the work that you do.

Feedback received from volunteers on all facets of the program has been extremely positive:

*"The training component of the program was engaging, interactive and well delivered"*

*"The practical placement was a rewarding and challenging experience"*

*"The opportunity to solidify skills and knowledge with a 12 month supervised placement is invaluable"*

*"I had the privilege of working with a variety of clients and it was a real honour to walk with them along part of their journey to recovery"*



## Smoking Cessation

Cyrenian House celebrated the one year anniversary of becoming a smoke free organisation. Staff in every department worked very hard to achieve and maintain this ground-breaking shift. Hundreds of residents who passed through our Therapeutic Communities (TCs) this year have reaped the rewards. Many have quit and others have given their bodies an extensive break from the effects of smoking. The benefits flow on to non-smokers who come into treatment and do not have to contend with second hand smoke and the exclusivity created by smoking.

Cyrenian House offers a range of supports to clients who are preparing for entry to our residential programs and to consumers who simply want to quit smoking. A smoking cessation program is offered at Non-Residential Services and after entry to the TCs, residents complete a two week cessation support and relapse prevention program. Consumers are encouraged to access NRT and to use counselling for additional support.

Becoming a smoke and tobacco free agency has been a journey into uncharted territory, but Cyrenian House is delighted to offer people a program that addresses their tobacco dependency as well as their other AOD use. Breaking the tobacco habit has significant health, economic and social benefits.

## Transition Housing and Support Program (THASP)

The Transition Housing and Support Program (THASP) provides a secure and supportive home base for graduates of the Cyrenian House TCs transitioning to life in the wider community. Cyrenian House manages a 4 bedroom home in Bedford as well as co-managing (with Access Housing) a 3 bedroom home in Baldivis. As the houses are located within the wider community, they are free from the stigma that can be associated with AOD treatment centres. This gives the residents freedom to engage with community groups and neighbourhood peers without discriminatory bias. Community links coupled with voluntary work, education or employment enable residents to further develop healthy social support networks. A THASP worker provides weekly support to THASP residents while they engage with employment, study and volunteer work. Residents support each other as a way of creating a friendly and therapeutic home environment. THASP program residents are provided with tenancy references which assist with securing safe rental accommodation upon exit from the THASP house.

The THASP has been nominated for The Premier's Award's 2015 in the Strengthening Families and Communities Category.

***"The whole process of being assisted and supported through transition from residential treatment was extremely significant as rehab was the first place I had been safe for a long time and my anxiety around leaving was extreme no matter how 'capable' I may have appeared."*** THASP resident

## Active Consumer Participation

Cyrenian House continues to facilitate and encourage consumer feedback, which encourages and enables the active involvement of consumers in our service planning, delivery and evaluation for quality improvement. This includes inviting feedback about service satisfaction and areas for improvement through meetings with consumers, consumer forums and anonymous channels such as suggestion boxes in reception areas. In addition, consumer feedback forms are provided throughout treatment for the purpose of gathering information and feedback about components of our program and/or our service delivery. Executive, management and service planning days use consumer feedback to inform program planning and design and service delivery.

## Working in the Co-Morbidity Space

For some time, there has been a growing recognition of the co-occurrence of AOD and mental health issues. The AOD and mental health sectors have been working collaboratively together to provide enhanced care to individuals, families and communities who are impacted by this co-occurrence. With the merger of the Drug and Alcohol Office and the Mental Health Commission it is hoped that collaboration will be further enhanced. Cyrenian House has been at the forefront of working in the co-morbidity space.

Consumers are supported through thorough assessment, treatment-matching and individual treatment plans to reach their treatment goals. Cyrenian House workers continue to engage in training and skills development to increase their capacity to assist consumers with co-occurring diagnoses.

The following initiatives demonstrate our commitment to improved practice in this area:

## The Jigsaw Project

This project is funded through the Department of Health Substance Misuse Service Delivery Grant Fund and during the past year, it has continued to focus on the services delivered in the non-government alcohol and other drug sector to consumers with co-occurring alcohol and other drug and mental health issues. Strong collaborative working relationships with other organisations have continued to develop in order to streamline services to consumers and improve outcomes. Enhanced linkages are further supported through the ongoing Change Action Team of WA which is auspiced by Cyrenian House.



## Families4Families

Mental Health Matters 2 and Cyrenian House continued their successful partnership in co-facilitating the Families4Families Program. Families4Families is a peer-based, professionally supported group. It works within the recovery space, and offers education, advocacy and support for families dealing with co-occurring mental health and alcohol and other drug issues. Cyrenian House has continued to offer the services of the Jigsaw Project worker and Non-residential Services counsellors to the Families4Families group. We would like to thank Mental Health Matters 2 for their ongoing collaboration with Cyrenian House.



## Partners in Recovery

Partners in Recovery (PIR) is funded by the Commonwealth Department of Health to work in partnership with people experiencing severe and persistent mental health issues and other multiple unmet needs such as AOD, housing and legal issues. It works by supporting services from multiple sectors that work with individuals to collaborate effectively to enhance person-centred care. The program is voluntary and recovery focussed. The person works together with the PIR worker to develop an action plan to identify agencies or other help that the individual may need to create and manage a better more fulfilling life. PIR works closely with different organisations in the community and focuses on building support network for better access of services to consumers. Links have been made with community mental health services, accommodation services, GPs, the Mental Health Law Centre, major Perth hospitals and many other services. The Cyrenian House PIR program operates in Perth's northern coastal corridor from Osborne Park to Yanchep.

Cyrenian House was successful in receiving funding to recruit a further two Partners in Recovery Support Facilitators and we now have a strong and effective team of four. With the expansion of Cyrenian House NMCADS Joondalup, PIR staff now have desks at this office providing greater accessibility for consumers living in the far northern suburbs.

This year, PIR staff have engaged in professional development training encompassing co-morbidity, borderline personality disorder, integrated mindfulness and narrative therapy, working with people with diverse sexualities, ADHD and varied cultural backgrounds as well as engaging with the hearing voices professional development network.





## Consumer Story

Tony is a 21 year old single man with long term AOD and mental health issues and multiple unmet needs. Tony started to use drugs aged 10. He left school when he was 12. Tony has a significant history of complex trauma including domestic violence, physical and sexual assaults. He regularly goes to hospital emergency departments or GPs' surgeries seeking assistance. Tony is homeless, living on the streets. He has a daughter who he has not seen in over a year.

Tony had accessed Cyrenian House services previously and reported that he felt comfortable dealing with workers from the service. He had not been in contact for several months and then came in to Cyrenian House in a state of extreme distress. Cyrenian House workers recognised that Tony was experiencing a psychotic episode which had paranoid and persecutory overtones. The workers made him feel safe and comfortable and then

contacted the community mental health team, with whom the agency has built a good working relationship.

A mental health worker came to Cyrenian House within an hour of being called and together both agencies and Tony were able to create a mental health care plan so Tony could manage his mental distress. Tony was supported to negotiate with the Department of Child Protection and Family Support and he now has regular access with his daughter. He was linked in with Centrelink and is now receiving appropriate benefit payments. He has continued with AOD counselling through Cyrenian House and has improved relationships with his family. PIR helped Tony to access supported accommodation. He is currently looking at taking part in adult education and trying to find part time work.

## PARTICIPANT QUOTES

*'You know what; I couldn't have done what I have without your help. That taxi voucher totally saved me (I know it was expensive, but please don't take lightly how much that helped me).'* PIR consumer

*'Regardless of services being unreliable (not PIR, you folks rock!), I am staying strong... If I can help at all by doing something for you I would very much like to reciprocate, so let me know'* PIR consumer

*'I was well supported and I felt better.'* PIR consumer



# NON-RESIDENTIAL SERVICES REPORT



## OVERVIEW

Non-residential services (NRS) delivers a range of programs and services aimed at reducing the harm related to alcohol and other drug (AOD) use in the community. These services include: individual, family and significant other (FSO) counselling, information and support groups, clinical support for the Families4Families Group (F4F), Therapeutic Community (TC) information, assessment, referral, group and counselling support at NRS and Next Step In Patient Withdrawal Unit (IPWU), post residential treatment and support, Transitional Housing and Support Program (THASP), Diversion Program support, Smoking Cessation Program (SCP), Pathways – a prison based cognitive behaviour therapy (CBT) program and the Drug and Alcohol Through-care Service (DATS) – a prison and community based counselling program.

## HIGHLIGHTS

The Residential Pathways Program (RPP) based at NRS has expanded considerably in the past year to provide a comprehensive assessment and support program to consumers wanting to enter the Rick Hammersley Centre (RHTC) or Serenity Lodge (SL) Therapeutic Communities. Consumers are encouraged to attend counselling and NRS support groups while they are case managed through to admission. Country consumers are also supported via phone counselling and check-ins and by linking in with local services whilst they prepare for TC entry.

NRS has expanded its services to better meet the needs of FSO consumers. All staff have been trained in family inclusive practice and in addition to the expanded counselling capacity and availability we have commenced a weekly FSO Group. This group is strategically scheduled at the same time as the Residential Information Group (RIG) thereby creating an opportunity for FSO clients to choose to attend either group. The FSO Group provides the opportunity for FSO Consumers to focus on their

own needs and to develop further understanding of the recovery process.

The Families4Families Group won the 2014 WA Alcohol & Other Drug Excellence Awards (Families) and was a Finalist in the 2014 Mental Health Better Outcomes Awards. This group is a partnership with Mental Health Matters2 run by Families for Families with support from a Cyrenian House NRS or Jigsaw Project worker and is a free, recovery based, education and support group.

One of the objectives for NRS this year was a strong focus on cultural security and consumer diversity. To this end, the service celebrated the anniversary of the “Sorry” (2008) speech in an Apology Day event in February which included a flag (half-mast) ceremony and a presentation of the “It’s Time” documentary. In April, Aboriginal Elder Shaun Nannup was invited to deliver a Welcome to Country, Cultural Storytelling and Smoking Ceremony at NRS. NRS has installed 3 flag poles to carry the Australian, Aboriginal and Rainbow flags at the entrance to the building.

The Smoking Cessation Program includes a new group, psychoeducational program aimed at helping people reduce or stop their smoking. This was introduced at the end of the current reporting period as part of the overall Cyrenian House approach to reduce the harms associated with smoking in the Western Australian community.

## WORKFORCE CAPACITY

All staff complete core training relevant to their roles and update this training when necessary. Training received by NRS staff this year includes mental health, borderline personality, residential assessment, first aid, family inclusive practice and neuroscience, attachment and mindfulness training. In line with our continuous quality improvement culture, all staff also received refresher training in assessment, treatment planning and writing case notes.

NRS is looking forward to welcoming into the counselling team the next graduates from the DAO /MHC and the Cyrenian House Volunteer Counsellors Program. These volunteers are highly valued by NRS and continue to make a significant contribution to the service we provide to our consumers.

## THE YEAR AHEAD

NRS will continue to offer a comprehensive range of AOD services to individuals, families and the community. In particular, the service will focus on the further development of the Smoking Cessation Program so that more people are supported to enjoy the health benefits of a smoke-free lifestyle. NRS will also continue to work hard to establish and maintain partnerships with other services to facilitate seamless service delivery to our consumers. In addition, NRS will continue to promote consumer engagement and will strive to ensure that our service is culturally secure and welcoming for all consumers.

## PARTICIPANT QUOTES

*“I found the waiting time to get into counselling was great in comparison to other service providers and I feel my counsellor is open and approachable.”* (NRS counselling consumer)

*The lady that assessed me was really good. I related with her straight away.* (NRS RPP consumer)

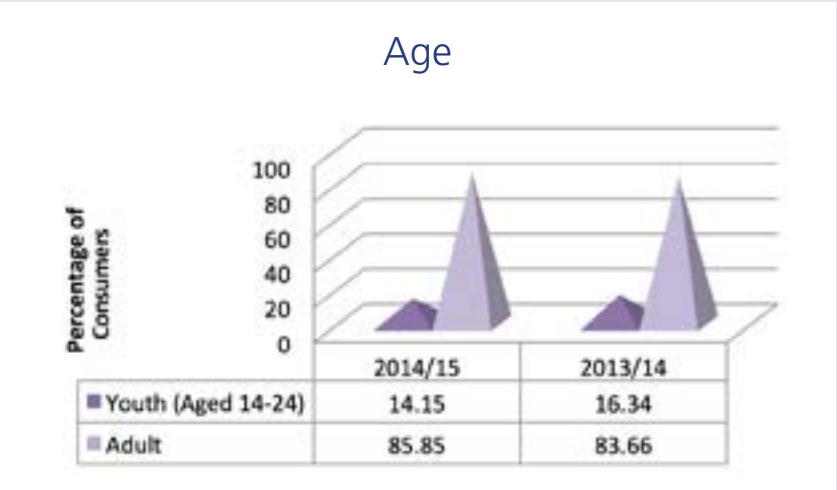
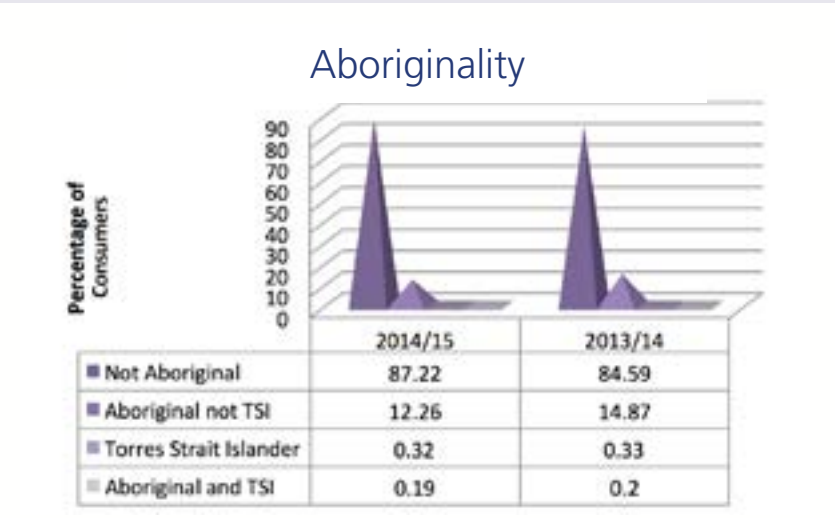
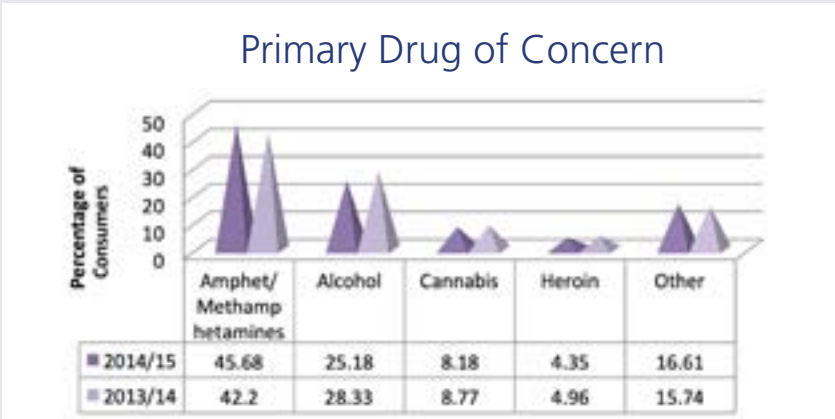
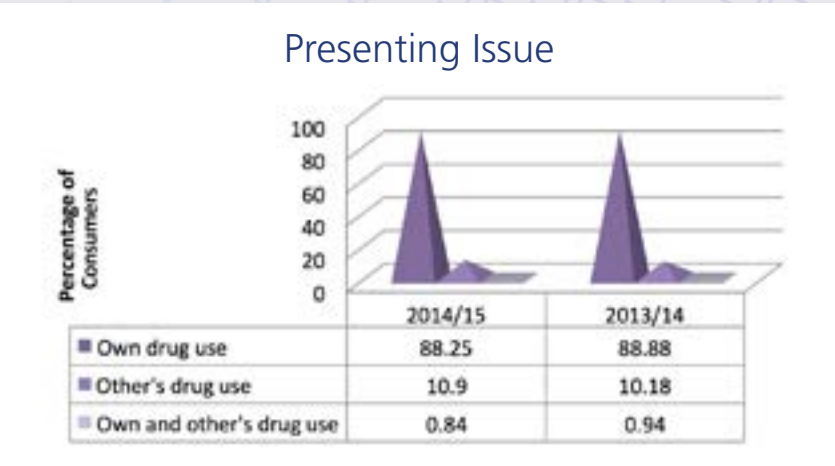
*“Easy to contact [and] great information from past addicts definitely played a pivotal role in my returning today”* (NRS RPP consumer)



# NON-RESIDENTIAL SERVICES REPORT

## CONSUMER DATA

Cyrenian House non-residential services statistics show an overall increase in consumer participation across all programs. The data continues to show a steady rise of methamphetamine as the primary drug of concern (PDC) for most of our consumers (47%). A near 7% increase in this 6 month period on top of the previous 6 monthly rise of 12% adds up to a total of a 19% increase in the last 12 months.





# NON-RESIDENTIAL SERVICES PRISON PROGRAMS



## OVERVIEW

Cyrenian House, funded by the Department of Corrective Services (DoCS) runs two programs in WA prisons.

The Drug and Alcohol Through-care Service (DATS) is a pre and post release prison counselling service that is offered in prisons across the metropolitan area. The service is offered in five men's prisons (Wooroloo, Acacia, Hakea, Karnet and Casuarina) and two women's prisons (Bandyup and Boronia). Consumers engage in pre-release counselling approximately three months before parole and post-release counselling for approximately six months whilst on parole. Over the past year, DATS counsellors have engaged with 373 pre-release clients and 80 post-release consumers.

The Pathways Program is a cognitive-behavioural therapy based program that is facilitated by NRS staff. It is primarily delivered at Wooroloo Prison. Cyrenian House delivers two

programs concurrently at Wooroloo Prison three times per year for a total of six programs per year. Each program is held on two days per week for 12 weeks and has 12 participants and two trained facilitators. Facilitators are trained and supported by a specialist Pathways Train the Trainer at NRS. Participants are individually interviewed prior to, during and at the end of the program and a comprehensive report on every participant is written at the completion of the program. Over the past year Cyrenian House has taken on extra pathways programs as requested by DoCS. An extra program has been successfully delivered at Wandoo Reintegration Facility. In addition, in partnership with Holyoake, an extra program has commenced at Karnet Prison Farm and is due for completion in the next financial year. There have been approximately 96 Pathways participants in the last year.

## PARTICIPANT QUOTES

*"I found the program was very well run and the facilitators were very professional and easy to open up to."* Pathways participant

*"I felt the program was very helpful. The Facilitators were good people to work with."* Pathways participant

*"Being [able] to talk to someone about my problems and not being judged. They see me as a person that needs to get back on the right track."* DATS consumer

*"Everyone at Cyrenian has been extremely helpful, non-judgemental, welcoming and understanding."* DATS consumer

*"It's really great to have such a dedicated service available to anyone."* DATS consumer



# NORTH METRO COMMUNITY ALCOHOL AND DRUG SERVICE



## OVERVIEW

The North Metro Community Alcohol and Drug Service (NMCADS) is a partnership between Cyrenian House and Next Step Drug and Alcohol Services. The NMCADS offers a comprehensive suite of integrated services in Perth's expanding northern corridor. Services include counselling and support, family and significant other counselling, group programs, medical and psychological services, prevention activities and community development work.

## HIGHLIGHTS

Cyrenian House was awarded the contract to continue to manage the NMCADS. The new contract comprised an expanded service to meet the demand for alcohol and other drug treatment in the northern suburbs. During the year, there was a focus on securing and fitting out new premises in Joondalup and we were delighted to commence service delivery at our new site at the end of June. The NMCADS now offers services from locations in Warwick and Joondalup and from a number of outreach locations, including Clarkson and Lancelin.

Memoranda of Understanding were renegotiated with the Drug and Alcohol Withdrawal Network (St John of God) and the Department of Child Protection and Family Support. Our focus on partnerships and collaborative practice also saw us develop an in-reach service to Headspace such that our youth counsellor attends Headspace to engage with young people who present with alcohol and other drug use issues. The NMCADS also commenced negotiations with Joondalup Health Campus which will see us provide an in-reach service delivered by an Addiction Specialist, a clinical nurse specialist and counsellors.

NMCADS continues to focus on ensuring that consumers have a strong voice in service development and delivery. During the year, the consumer group met regularly and a key achievement was the conceptualisation and development of a service navigation tool that provides consumers with information regarding treatment pathway options within NMCADS.

A strong focus on diversion services was maintained during the year, with NMCADS having a presence in both the Perth and Joondalup Magistrates' Courts. Further, there was an increase in the number of cannabis intervention sessions delivered by the team.



## WORKFORCE CAPACITY

Cyrenian House is committed to enhancing workforce capacity within the organisation. NMCADS staff participated in a number of training events during the year which focussed on the following topics: prevention, peer administered Naloxone as a harm reduction strategy, culturally secure practice, applied first aid, cognitive behavioural therapy, emotionally focussed couples therapy, co-morbidity and domestic violence and problem gambling.

## THE YEAR AHEAD

NMCADS is looking forward to further development of exciting partnerships in the year ahead. We will continue to develop the in-reach AOD service to Joondalup Health Campus and we are also negotiating co-location options with a number of other organisations. This will ensure the delivery of an even more comprehensive suite of services for our consumers from one location. We are also looking forward to continuing to strengthen pathways between

NMCADS and other Cyrenian House programs, for example the Cyrenian House Therapeutic Communities.

Our developing partnership with Edith Cowan University is a good example of the emphasis that Cyrenian House places on supporting tertiary students to integrate AOD practice into their university experience. And of course, the team will also focus on consolidating practice after a period of significant growth and considerable change.

## PARTICIPANT QUOTES

*" My counsellor has been very helpful, non-judgemental and compassionate. She has a great understanding of my issues and showed empathy. This service has been an invaluable too in my recovery."*

*" After participating in the POP program, I can honestly say that how effective and important the program has been in helping me overcome some personal challenges I have had regarding cannabis, in relation to helping me deal with stress and disappointment that life can cause. From the initial interview with the diversion worker to the counselling sessions with my counsellor at the NMCADS, I have felt understood, guided and treated fairly and compassionately and above all honestly. I am hopeful this programme will continue in the future so that other people who find themselves in my position or similar can benefit and get their life back on track."*

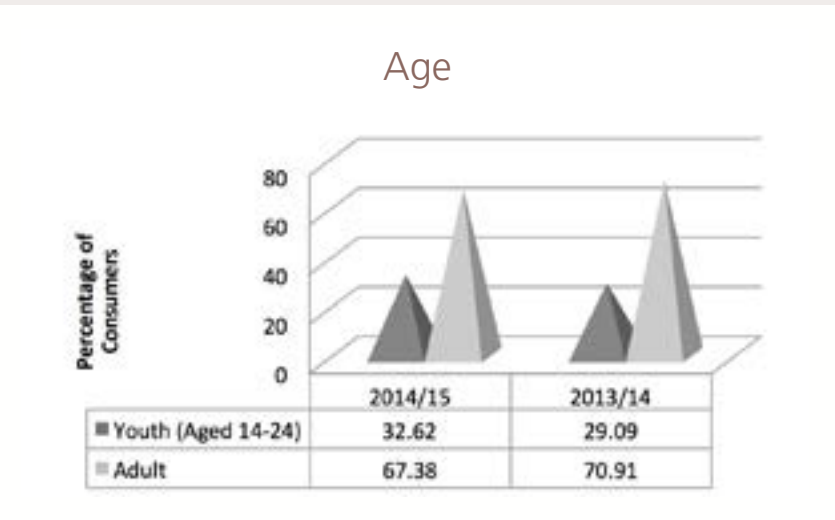
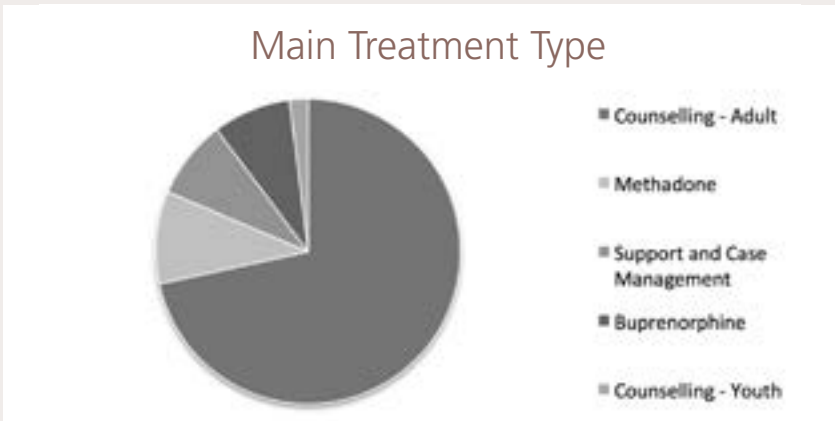
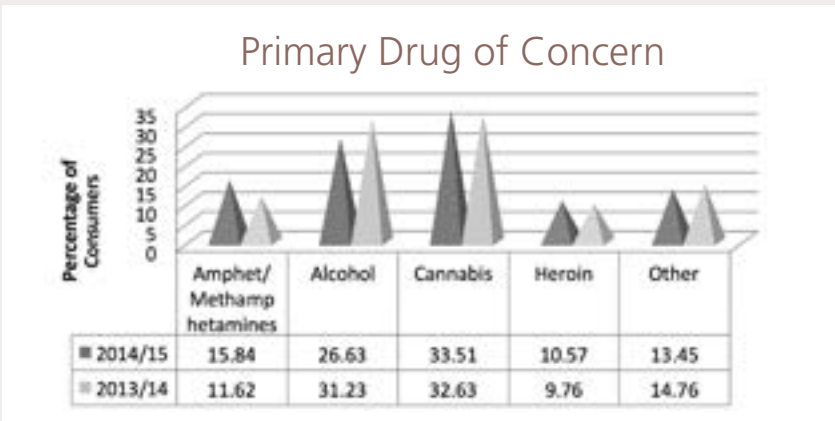
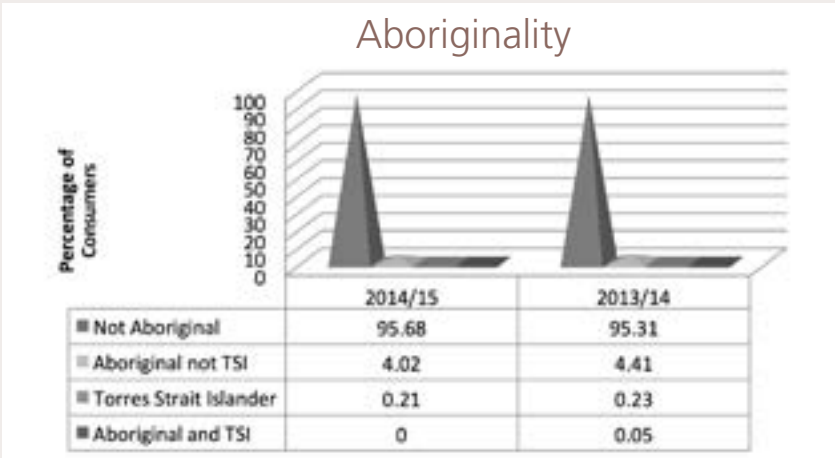
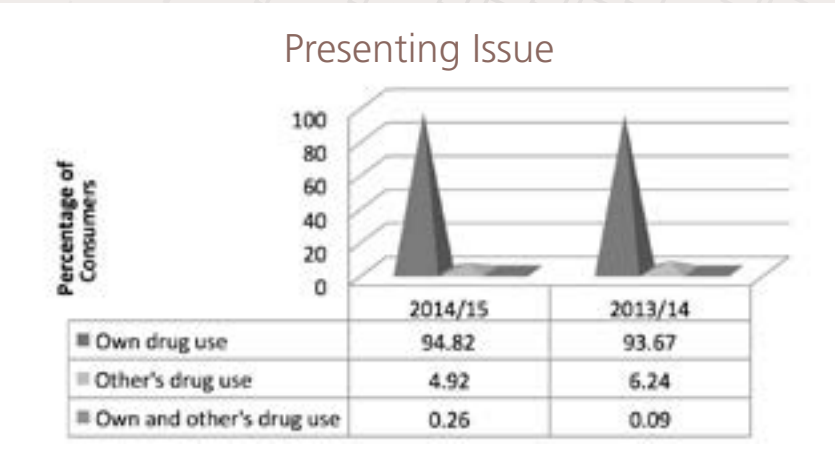
*" I would like to compliment my counsellor who I have been seeing for the past 18 months for her professionalism, care and trustworthiness. She has helped me tremendously to turn my life around. She has helped me learn so much about dealing with my alcohol and addictions. NMCADS is a fantastic service which I recommend to others in need ."*

*" When I first came to counselling I was in a dark place . My counsellor was very good and talked through a lot of things with me. He was caring and helpful and made me see things regarding me son's heroin addiction. I am now in a good place"*



# NORTH METRO COMMUNITY ALCOHOL AND DRUG SERVICE

## CONSUMER DATA





# RICK HAMMERSLEY CENTRE THERAPEUTIC COMMUNITY



## OVERVIEW

The Cyrenian House, Rick Hammersley Centre (RHC), Therapeutic Community (TC) is set on 32 acres of bushland, 30 minutes north of Perth. Along with the provision of a quality certified service the RHC continues to develop to meet the needs of consumers.

## THE TC OFFERS TWO DISTINCT PROGRAMS:

**The Mixed Gender Program (MG)** is open to adults over eighteen years of age who are motivated to address their drug and alcohol dependence. The MG Program accommodates 40 people and maintains a gender balance to facilitate removal of barriers to services for women. Six priority beds are held for Aboriginal people with alcohol and/or other drug dependency issues.



**The Saranna Women and Children's Program (Saranna)** provides 14 individual houses for women and their children. To enable mothers to fully participate in the treatment program, children attend a local intake primary school or our purpose built early education and childcare centre.



## HIGHLIGHTS

The RHC became a smoke free treatment service from 1 July 2014. Consumer involvement has been paramount and extra groups, signage, support and TC interventions have been put in place to make this a successful health intervention for residents and staff. The RHC are pleased to be a leader in this important area of health promotion and harm reduction.

The Australasian Therapeutic Community Association (ATCA) acknowledged the contribution RHC staff member Ian O'Brien. Ian was recognised for his contribution to the Therapeutic Community movement in Australasia for over

10 years at the ATCA awards ceremony. Congratulations to Ian for his expertise and active contribution over many years.

The RHC was delighted to receive awards from ATCA for best practice. The awards included recognition of the mixed gender program partnership with the Madjitil Moorna Choir of Aboriginal Reconciliation and an honourable mention for improved services for GLBTI people.

## THE YEAR AHEAD

Building work is expected to commence within the next twelve months on a number of buildings that will increase the capacity of the RHC to meet the

vocational needs of residents, improve group room and communal dining facilities, and provide counselling and training rooms. In line with improvements in family inclusive practice, provision will also be made for a reception area for family members accompanying their significant others who are being admitted into treatment.

Additional funding from the Department of Health has been provided to enable the service to contribute to the prevention of Foetal Alcohol Spectrum Disorders. Staff will receive training about FASD and evaluated educational resources will be developed to increase the knowledge of residents about FASD and its prevention.

## PARTICIPANT QUOTES

*"Thank you for having me for my field placement. It's been an experience I will always remember and the lessons I've learned will remain with me as I work in the Community Services Sector"* Student Placement

*"I can't thank you all enough...you all believed in me when I couldn't believe in myself....Thank you so much, my kids have their mum back."* Saranna Resident

*"Getting treatment for alcohol and drug use was the top of my priority list. However, being in a place that embraces diversity has been the reason I stayed."* Mixed Gender Resident



# MIXED GENDER PROGRAM



## HIGHLIGHTS

The focus for the MG Program this reporting year has been sustainability and consistency which has led to formalising the education component of the program through the development of a three level education syllabus in a manualised form. The aim is to review the syllabus annually to incorporate changes informed by consumer feedback and advances in evidence based practice and research.

As part of the increased work with reducing barriers to members of the Gay, Lesbian, Bisexual, Transgender and Intersex community (GLBTI) seeking treatment the mixed gender program held a stall at the annual GLBTI Fair Day for the first time. This was supported by both staff and residents with the hope of making it an annual event.

To support change and celebrate the benefits of being smoke free the staff and residents of the Mixed Gender program participated in the 12 km City to Surf Run. We have made a commitment to be involved in this event yearly and look forward to 2015.

Funds from the Mental Health Commission enabled us to extensively refurbish a section of the TC to provide additional bedrooms, a fabulous group room and improved gym facilities. This area now houses consumers in the fourth stage of the Mixed Gender program. These residents are either studying, working part time or involved in volunteer work as part of their transition back into the wider community.

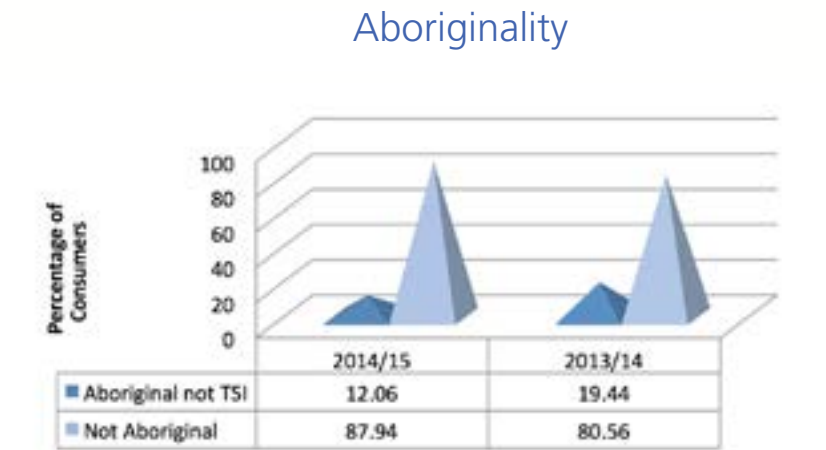
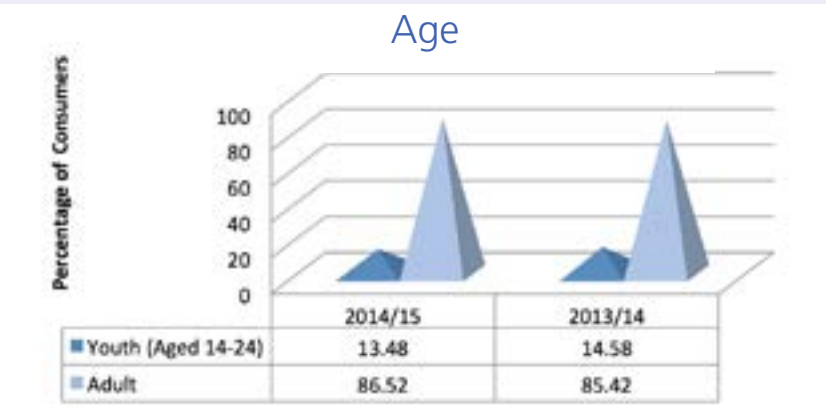
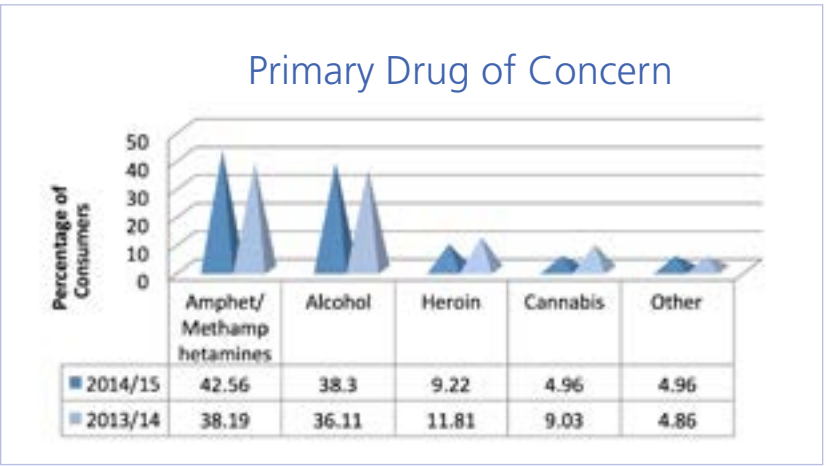
## WORKFORCE CAPACITY

MG staff participated in a number of training events during the year which focussed on the following topics: acceptance and commitment therapy (ACT), family inclusive practice, narrative therapy and co-morbidity. In addition, five MG staff are currently undertaking a Cert IV in Mental Health funded through the Australian Medical Association. The staff team continue to bring commitment, expertise and passion to their work in an endeavour to create better outcomes to all who seek treatment.

## THE YEAR AHEAD

The MG Program is entering a phase of consolidation and in the coming year aims to review and streamline all processes to ensure efficient use of resources and further enhance service delivery.

## CONSUMER AND PROGRAM DATA





# SARANNA WOMEN AND CHILDREN'S PROGRAM



## HIGHLIGHTS

This year the program has focused on further improving and strengthening relationships and connections with other services to facilitate referrals and improve consumer outcomes. Further to this aim, the Saranna Program has engaged in various training and local community events including the Perth Awesome Festival, the Giants Festival, NAIDOC Week, National Reconciliation Week, Pride Fair, the National Domestic Violence March, the Narcotics Anonymous Convention and Peer Zone Workshops at Clan.

The Saranna Program underwent a comprehensive review in this reporting period. Born out of this review, objectives for the coming year include plans to augment the parenting and life skills components of the program. The aim is to further strengthen mother and child attachment, improve home living skills through in-home practical support and engage with women and their children through creativity and play.

## WORKFORCE CAPACITY

Throughout the year the Saranna team have participated in a range of professional development and training activities including a range of evidence based mental health, cultural security, CaLD competency and health training to enable clinicians to better meet the needs of the Saranna families. Saranna is also actively involved in the Women's Community Health Network WA Forum, which is an initiative for Services for Women Connect, working together to achieve services, systems and communities that deliver better outcomes for women.

## THE YEAR AHEAD

Saranna Program staff and residents are actively looking forward to implementing the planned changes resulting from the program review and working together to identify further opportunities to enhance the program and improve consumer outcomes.

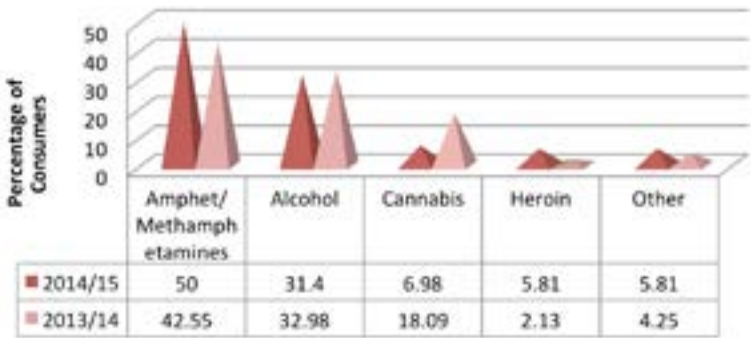
“... with a sense of deep gratitude for all the Therapeutic Community for enabling .....’s journey” Parent

“I especially thank your counsellors for their contribution to the [research] paper, it added a depth of richness to the results. I would like to say that you are blessed with some very insightful, compassionate and skilled counsellors (I have written to each personally expressing my sincere thanks for their help and for their open sharing)” Researcher

## CONSUMER AND PROGRAM DATA

Of the 33 families engaged in the Saranna Women and Children's Program during the year, 93% completed and graduated from the program. A total of 46 children, aged from newborn to 12 years participated in the program during the period.

### Primary Drug of Concern



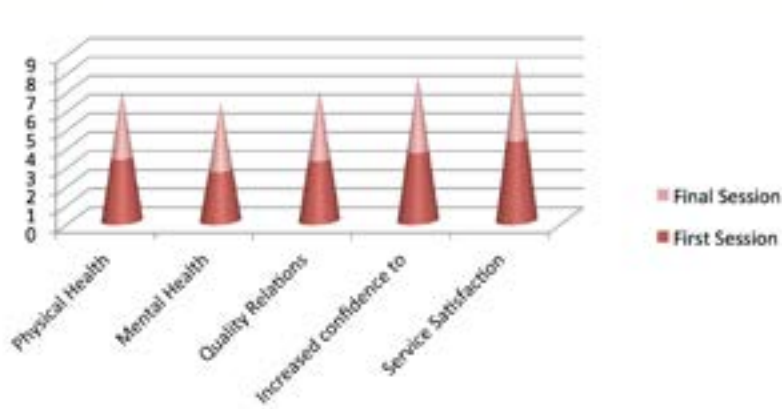
### Age



### Aboriginality



### Measured Improvement





# SERENITY LODGE THERAPEUTIC COMMUNITY

## OVERVIEW

Serenity Lodge was acquired by Cyrenian House in October 2013. Serenity Lodge is a residential facility based in Rockingham minutes from the foreshore. It has been providing alcohol and other drug treatment for over twenty years and is well established in the community as a valuable and much respected service. Serenity Lodge has been operating effectively as a Therapeutic Community since 2008 and its reputation and service quality of service has only increased as a result of becoming managed by Cyrenian House. The facility currently has a 28 bed capacity for adult men and women seeking treatment.

## HIGHLIGHTS

Over the past year, the focus for Serenity Lodge has been to truly bring the service into the fold of Cyrenian House. Considerable resources have been dedicated to aligning the service with the level of professionalism and quality that is synonymous with Cyrenian House.

Serenity Lodge has undertaken extensive refurbishments to the living and accommodation areas of the property. Two separate grants were received from the Drug and Alcohol Office to facilitate the much needed revitalisation project.

The refurbishment work was carried out in stages starting with the administration building, group rooms and kitchen. Next, each of the three resident living areas were temporarily closed and refurbished. For most of the past year at least one of the living areas was temporarily closed for renovations at any given time. Whilst this necessarily impacted on service delivery, the end result absolutely justifies the inconvenience. The accommodation areas of Serenity Lodge are far more conducive to effective treatment and provide residents with

an environment that treats them with the dignity and respect they deserve.

During the year, there was also a significant upgrade of the Serenity Lodge information technology systems.

Serenity Lodge became a smoke free treatment service from 1 July 2014. Consumer involvement has been paramount and extra groups, signage, support and TC interventions have been put in place to make this a successful health intervention for residents and staff. Serenity Lodge is pleased to be a leader in this important area of health promotion and harm reduction.

Considerable investment has been made in improving the overall staffing levels at Serenity Lodge. Over the past year we have employed 3 additional counsellors (2 FTE), an additional part time welfare/ TC support worker, and an additional part-time administration support worker. The creation of these positions within the service has been a welcome development and has allowed the service to reorganise the way work is done within Serenity.

Over the past year much of the program content has been modified to better

align with best practice – every group and formal activity that residents engage in has been examined and where necessary, modified to create a clear alignment between the work we are doing and the goals of the Therapeutic Community Treatment Model.

## WORKFORCE CAPACITY

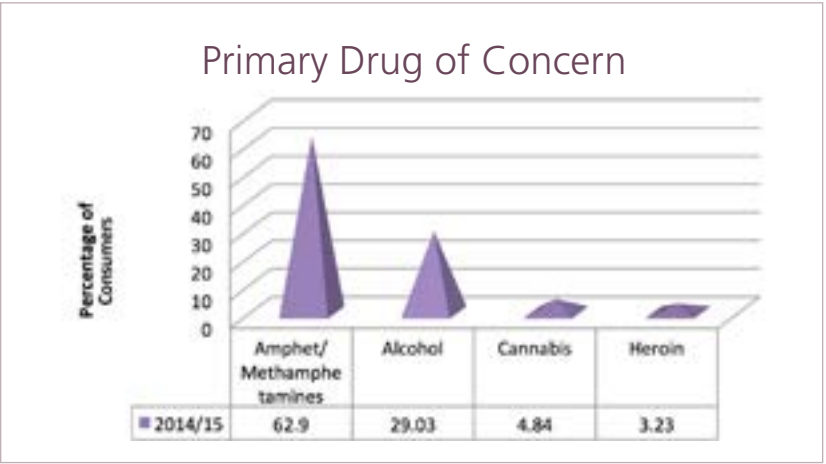
The focus this year was to support Serenity Lodge staff to complete Cyrenian House mandatory training relevant to their duties including: culturally secure practice, first aid, co-morbidity, family inclusive practice, assessment, treatment planning and writing case notes.

## THE YEAR AHEAD

The primary objective for the year ahead will be to consolidate and further embed the extensive changes that have been undertaken since Cyrenian House took over the management of Serenity Lodge. The service will continue to engage in continuous quality improvement initiatives and will work collaboratively with other services to ensure the ongoing delivery of a consistently high quality service to consumers.



CONSUMER AND  
PROGRAM DATA



MY NEW OUTLOOK ON LIFE

*"Before coming into Serenity Lodge I didn't think there was any chance of me changing my life and I'm not sure that I wanted to. I was a broken man; scared to live life without drugs. I have spent the majority of my life in jail since I was thirteen due to a hard upbringing and bad addiction to Methamphetamines.*

Since entering the Therapeutic Community at Serenity Lodge I have now come to the realisation that I can live a drug free life and become a pro-social member of society.

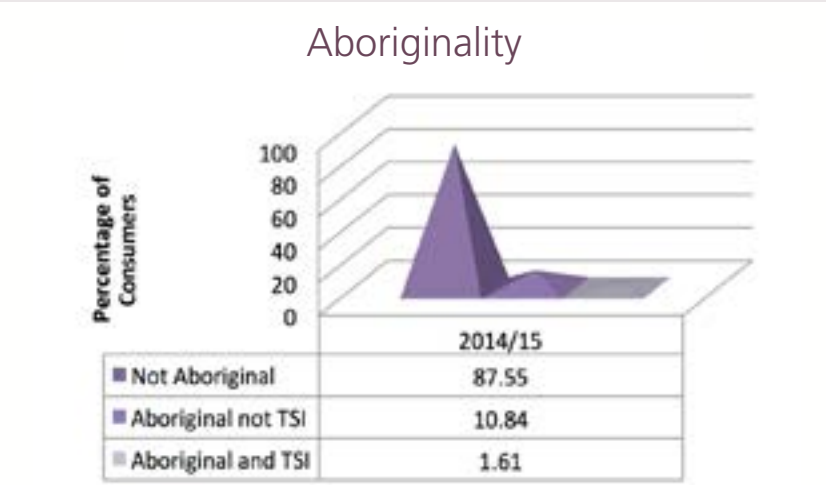
I have developed numerous skills such as:

- Leadership skills (including in the kitchen, gardens and maintenance and senior roles in the community);
- How to sit with negative emotions;
- Empathy;

- Self-care – eating and fitness;
- Social awareness;
- Dealing with drug and alcohol issues (through educational groups); and
- Loving myself for who I am and accepting others for who they are.
- I have learnt to accept those things I cannot change and I have gained the courage to change things I can; and
- I have learnt to put up good boundaries around friends and family.

*I can sit here today and now say that I am a confident young man with a bright future and I can achieve anything I want in life – as long as I don't pick up..."*

**SERENITY LODGE TC RESIDENT 2015**



PARTICIPANT QUOTES

*"I came to Serenity Lodge just weeks after trying to end my life, completely full of shame and hate. I didn't think for a second that I could actually love being alive let alone proud of myself. But I do, and I am. Thank you so much for helping me live."* Serenity Lodge TC Resident 2015

*"The new educations groups are great! They look professional and the content is heavy in a good way. We are learning lots – thank you"* Taken from the minutes of a Resident Feedback Meeting, April 2015

*"I have been working with Serenity Lodge for years and for the first time I am proud of the physical space we provide to resi's to get well in."* Serenity Lodge TC Worker, 2015





# CYRENIAN HOUSE MILLIYA RUMURRA OUTREACH SERVICE



*In February 2015, CHMR participated in an external audit process against the Standard on Culturally Secure Practice and successfully received certification.*



## OVERVIEW

The CHMR team is tasked with enhancing access to AOD counselling and support services in the West Kimberley. This involves working with consumers in the communities of Bidyadanga (south of Broome) and the communities along the Dampier Peninsula (north of Broome). The team also have a capacity building remit, which includes supporting remote towns and communities to develop and implement alcohol management plans, build the AOD-related skills and knowledge of people working in the target communities and support communities to prevent the uptake or proliferation of AOD use via prevention-focused activities.

## HIGHLIGHTS

CHMR had its busiest year so far with an increase in consumer numbers by almost ten per cent. In the past year the primary source of referrals were self-referrals with significant sources being adult and youth corrective services, remote area clinics, the Department for Child Protection and Family Support and mental health services. Service networks and relationships are established in such a way that enables the team to support consumers and agencies to address substance use issues at individual, family and community levels.

As well as breaking previous record for number of consumers seen, the team have participated in more community capacity building work this year, particularly in regard to delivering AOD education to community-based services. The airport at Djarindjin is a relatively recent development for that community with the potential to deliver real change in economic participation and outcomes for the community.

The work is potentially risky so prevention of AOD issues in the community and the workforce there has been integral to the ongoing function of the facility. The CHMR team have been working alongside airport staff to support them in maintaining the workforce they need, delivering AOD education and promoting program participation.

While clinical work remains central to the CHMR role, working with individuals is not enough to support communities to effect any changes they wish to make to prevent or address substance use. Prevention and capacity building work such as the development of alcohol management plans (AMPs), support for community events, delivery of education and training sessions, participation in community groups, service on committees and consultation on regional issues are vital aspects of service delivery. The team have developed three alcohol management plans since

inception of the CHMR service. Two of these have been reviewed, Beagle Bay AMP is re-drafted and another is ready to be presented to the Broome Alcohol Management Group. The plan for Djarindjin remains operational and the team continue to encourage and support the communities of Ardyaloon and Bidyadanga in the development of their approaches and plans.

The CHMR team are further consolidating strong, trusting and mutually supportive relationships with communities in order to work effectively with the diverse range of peoples that present. The team have been diligent in demonstrating respect for the communities by seeking permission to visit, observing the necessary courtesies and in creating opportunities for dialogue with the communities so that exchange of information can occur. A brief monthly report is sent to the governing council of each community we serve to inform them of team activities, any drug or alcohol concerns, to flag upcoming events and link them in with other sources of information

should they want it. The team also actively seeks feedback to ensure that the communities are 'front and centre' for CHMR when approaching identified issues and developing solutions.

In the past 12 months the team have responded to community requests for support in a number of ways. This has included working with the WA Substance Users Association to deliver community education sessions about amphetamines in Broome, Beagle Bay, Djarindjin and Ardyaloon in response to concerns raised after media reports of amphetamine use in communities. These sessions were well received and communities reported a reduction in anxiety about the issue. The team worked with remote area clinics to support Health Expo events in Djarindjin/Lombadina and Ardyaloon and were invited to attend the Young Women's Leadership Camp in Beagle Bay to deliver information about prevention of substance use and related harms. CHMR supported local sporting events such as the Bidyadanga Basketball Carnival and

the West Kimberley Football League Grand Final by assisting with 'AOD free event' policy development and conducting community engagement activities at the events. In September, CHMR also staged a very successful concert at the Staircase to the Moon Markets at Town Beach to raise awareness of International Foetal Alcohol Spectrum Disorders (FASD) Day.

The team acquired a range of 'Tools for Engagement' via a Connect Groups grant which include musical instruments and mechanical workshop tools and a 4WD trailer to take them into communities. The Tools for Engagement resources have already enabled CHMR to conduct a successful bicycle repair workshop with young people in Bidyadanga, a music day at men's group in Ardyaloon and delivery of amphetamine education at the regional rangers gathering in Purnululu (the Bungle Bungles).

In February 2015, CHMR participated in an external audit process against the Standard on Culturally Secure Practice and successfully received certification.







### WORKFORCE CAPACITY

All staff have completed mandatory training requirements and all licenses and clearances are in order. The team participate in fortnightly supervision and regularly attend a range of professional development activities. Video conferencing is a common mode of training delivery in the Northwest and it enables staff to learn and refresh skills and establish and maintain peer networks.

### THE YEAR AHEAD

The team are facing some challenges in the upcoming months as changes to the partnership between the agencies are negotiated due to funding issues. This might impact on CHMR's capacity temporarily as the team makes

necessary adaptations but there are important aspects of the work such as maintaining outreach visits and collaborating to deliver community capacity building and prevention activities that can continue. The team have developed their visit schedule for the coming year and aim to maintain counselling and support services to the people of Broome, Bidyadanga and the Dampier Peninsula.

### CONSUMER DATA

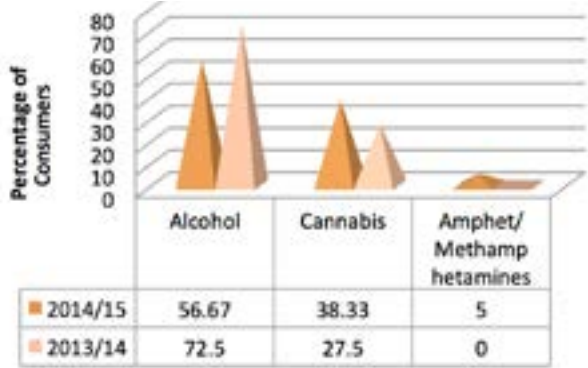
In the past 12 months CHMR have delivered 62 programs to 60 people. Our consumer group is predominantly male (70%) and Indigenous (98%). In the past six months CHMR has seen an increase in people aged under 18 referred to the service,

particularly for cannabis related concerns. The consumer contact data does not reflect the amount of time spent in travel preparation and driving.

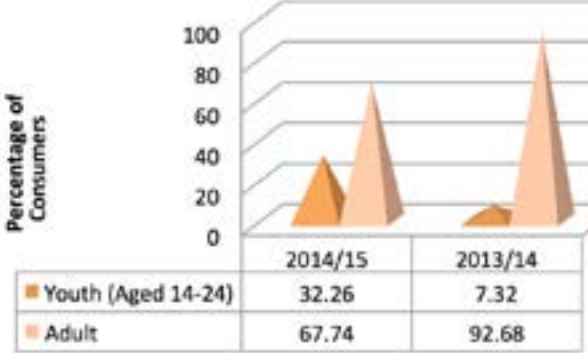
There has been a shift in the balance of principal drugs of concern. When the service set up in 2012 the ratio of consumers referred because of alcohol use versus those referred for cannabis was close to 80:20 (alcohol and cannabis respectively). Over the past two six-month reporting periods the ratio has changed to reflect an increase in people seeking help for cannabis related problems. It is now 54% alcohol and 41% cannabis with amphetamines accounting for the remaining 5%. Our retention rates have also been stable with 88% of episodes closed as planned.

### CONSUMER AND PROGRAM DATA

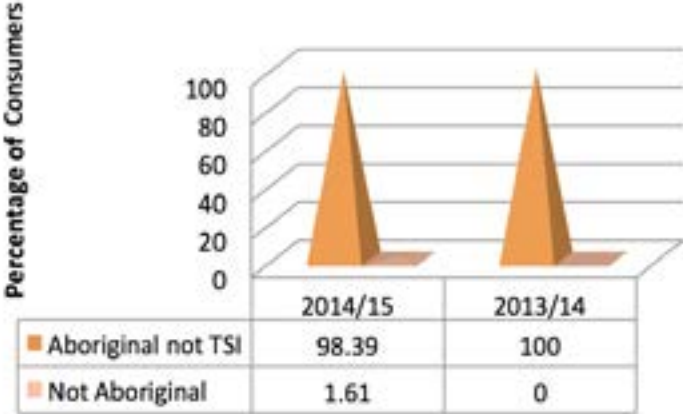
Primary Drug of Concern



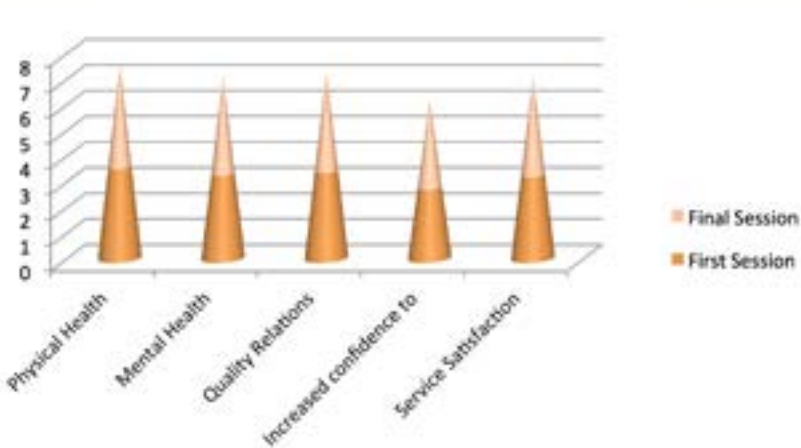
Age



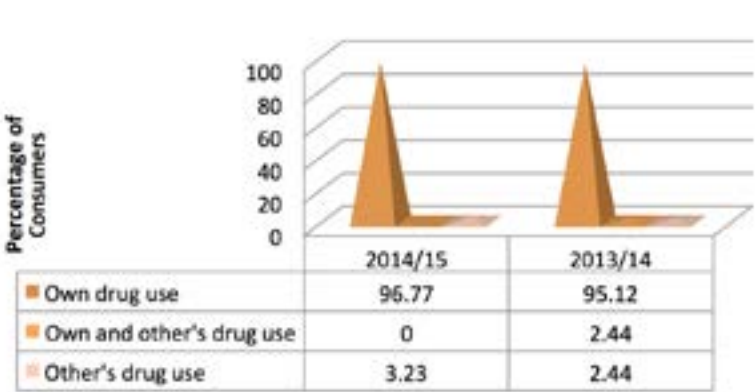
Aboriginality



Measured Improvement



Presenting Issue



### CONSUMER AND PROGRAM DATA



# SARANNA EARLY CHILDHOOD EDUCATION AND CARE CENTRE



## OVERVIEW

The Saranna Early Childhood Education and Care Centre (SECECC) is a long day care service licensed for 60 children aged from 0-5 years. The SECECC is a play-based learning environment in which intentional teaching, spontaneous and planned, provides engaging learning experiences for the children. In recognition of differing learning styles and developmental speeds, children are provided with choice and play an active part in their own learning. They are involved in decision making with regard to their environment and are encouraged to help look after it. Communication and consultation are very important to the centre and parental participation in the program is welcomed and encouraged.

Educators are guided in daily practices and curriculum development by the Early Years Learning Framework, Belonging, Being, Becoming. The framework forms the foundation for ensuring that all children cared for within the centre experience quality teaching and learning.

## HIGHLIGHTS

2015 has seen an increase in families enrolled at the service, many of whom are coming to the service through word of mouth. Increasing the profile of the service has been achieved through local groups, businesses and organisations with the attendance of management at the Ellenbrook Community Group Meeting. An open day was held on 25 July 2015 to showcase the centre and provide an opportunity for current centre families to visit.

In May 2015, the Manager and 2IC attended a symposium in Adelaide focussed on advancing reconciliation in early childhood education. The symposium explored the nature of reconciliation in the Early Childhood context and how educators can lead by example in their daily interactions with children and families. This experience has led to preliminary discussions with regard to the development of an

SECECC Reconciliation Action Plan (RAP) to complement the Cyrenian House organisational Stretch RAP.

Food Technology Services audited the centre against the standards and regulatory requirements for food safety. The auditor determined that the centre has established and maintained a food safety management system in line with the requirements of the act and regulations.





A goal for this year was to add some natural resources to the inside environment resulting in the purchase of wooden furniture and play equipment. A large climbing frame which can be used in a number of ways was also purchased. This is reconfigured daily to suit the developmental ability of the children using it and to provide variation.

A dedicated time for nature art has given the children an opportunity to connect with the natural world through sand and water play and gardening. Experiences are focused on allowing children to learn through exploration and sensory stimulation – getting dirty! A mud kitchen made from wooden pallets and recycled materials has been a very popular addition to the outside environment for our children who love using the fresh herbs from the garden together with dirt and water to mix and bake their way through the day.

These improvements were made possible through funding from the Department of Employment Education and Workplace Relations (DEEWR)

### WORKFORCE CAPACITY

The manager and an educator attended a conference in November 2014: “Understanding Behaviour, Learning to Respond” the focus of which was mental health and wellbeing. This involved work-shopping practical strategies to reduce stressors for children and assist them to develop self-regulation skills. This learning was shared with other educators and has informed practice at the centre.

Training was delivered to all staff on the National Quality Framework (NQF) and the National Quality Standard (NQS). The NQF is the result of an agreement between all Australian Governments to

work together to provide better educational and developmental outcomes for children using education and care services. The NQS is a key aspect of the NQF and sets a national benchmark for early childhood education and care in Australia.

In June of this year two of our educators completed their Diploma in Early Childhood Education and Care.

### THE YEAR AHEAD

Implementing the Quality Improvement Program (QIP) and increasing workforce capacity will continue to be the focus for the coming year. Ongoing policy and practice review in conjunction with feedback from our families will continue to inform service provision, identify opportunities for improvement and give rise to new initiatives.

*“It was fantastic as always, to see the fabulous work being done at the centre, the improvements that have recently been made and witness how the National Quality Standards (NQS) are being implemented at the Saranna Early Childhood Education and Care Centre. ... the department would be very interested in using your centre as a positive example [to other Budget Based Services] of how the NQS can be embedded into a centre... Thank you for your offer to allow educators from other services visit Saranna.” DEEWR representative*

*‘We really want to thank you and all the staff from the bottom of our hearts for the highest quality of care...’ SECECC family*

*‘Knowing that our kids are in such excellent and caring hands makes us feel so much at ease.’ SECECC family*

### PARTICIPANT QUOTES

*‘We cannot recommend you highly enough’ SECECC family*



# TREASURER'S REPORT 2015

*Cyrenian House has set itself a \$2.5M capital works plan for FY16 to position itself to achieve additional growth to meet the increasing demand for services from the community.*

A key objective of Cyrenian House is long term financial sustainability. This is critical to continue the promotion of improvements in the wellbeing of people experiencing, or being impacted upon by the use of alcohol and/or other drugs. 2015 was a big year. We achieved our best surplus ever, however the \$2.6M result comes at a time when some of the uncertainties into the future are at their highest. The greatest excitement for us has been that over half of this has then been able to be used for capital improvements, our second biggest capital expenditure in a year.

The number of services provided by Cyrenian House have grown again during 2014/2015 and with growth comes additional risks. The Committee of Management is cognisant of this and undertook Governance training during the year and the executive team have undertaken reviews of the both risk management and compliance plans along with internal controls to position the organisation for the future.

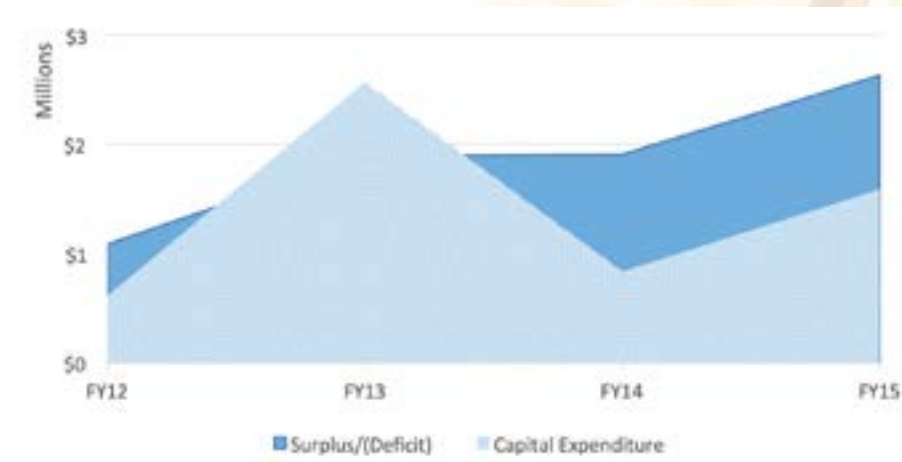
Cyrenian House has undertaken significant capital expenditure over the previous few years (as highlighted below) and the FY15 surplus had been a planned outcome and is timely.

A surplus became more important as the volatility of the current macroeconomic climate presented additional risks. The next couple of years requires considerable planning but

it also brings with it a number of opportunities. Cyrenian House has set itself a \$2.5M capital works plan for FY16 to position itself to achieve additional growth to meet the increasing demand for services from the community.

While FY15 is a great result in numerical terms, when viewed holistically it represents a return on capital of less than 10% (based on replacement costs) and is just enough to ensure the assets of the organisation can be refurbished and replaced in line with deterioration and depreciation. As the new financial year begins the continued focus will always be our services with one eye trained to doing it sustainably.

**MATTHEW VAN RIESSEN**  
**TREASURER**





# AUDITOR'S REPORT 2015



## Anderson Munro & Wyllie

CHARTERED ACCOUNTANTS

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Not a member of the Institute of Chartered Accountants in Australia

### Independent Audit Report to the members of W.A. Council on Addictions Inc.

We have audited the accompanying financial report, being a special purpose financial report, of W.A. Council on Addictions Inc. ("the entity"), which comprises statement of financial position as at 30 June 2015, statement of comprehensive income, statement of changes in equity, statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the committee.

#### Committee's Responsibility for the Financial Report

The committee of W.A. Council on Addictions Inc. is responsible for the preparation of the financial report, and has determined that the basis of preparation described in Note 1 is appropriate to meet the needs of the members. The committee's responsibility also includes such internal control as the committee determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation of the financial report that gives a true and fair view, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting obligations. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members or for any purpose other than that for which it was prepared.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

#### Qualification

Cash donations are a significant source of revenue for W.A. Council on Addictions Inc. W.A. Council on Addictions Inc. has determined that it is impracticable to establish control over the collection of cash donations prior to entry into its financial records. Accordingly, as the evidence available to us regarding revenue from this source was limited, our audit procedures with respect to cash donations had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether cash donations per the financial statements are complete.

#### Qualified Audit Opinion

In our opinion, except for the qualification mentioned above the financial report presents fairly, in all material respects, the financial position of W.A. Council on Addictions Inc. as at 30 June 2015 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

#### Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Committee's financial reporting responsibilities. As a result, the financial report may not be suitable for another purpose.

Dated the 21<sup>st</sup> day of September 2015 in Perth, Western Australia

AMW (AUDIT) PTY LTD

*Anderson Munro & Wyllie*

ANDERSON MUNRO & WYLLIE  
Chartered Accountants

*Martin Shone*

MARTIN SHONE  
Principal



## STATEMENT BY MEMBERS OF THE COMMITTEE

### WA COUNCIL ON ADDICTIONS INC.

#### STATEMENT BY MEMBERS OF THE COMMITTEE

The committee has determined that the association is not a reporting entity.

The committee has determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee the attached financial report

1. Presents fairly the financial position of the WA Council on Addictions Inc. as at 30 June 2015 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that the WA Council on Addictions Inc. will be able to pay its debts as and when they fall due.

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

President.....  
JOHN SIMPSON

Chief Executive Officer.....  
CAROL DAWS

Dated this 2nd day of September 2015



# FINANCIAL STATEMENTS

## STATEMENT OF COMPREHENSIVE INCOME

WA Council on Addictions Inc.  
Statement of Comprehensive Income  
for the year ended 30 June 2015

	NOTE	2015 (\$)	2014 (\$)
<b>REVENUE</b>			
Fees & charges		2,471,360	1,805,979
Grants - State		9,039,426	8,142,856
Grants - Federal		890,544	768,639
Grants - other		120,343	662,015
Grants - unexpended		136,344	5,000
Financial income		295,347	253,850
Donations		8,415	9,716
Fundraising income		46,104	42,551
Other income		38,843	41,897
		<u>13,046,726</u>	<u>11,732,503</u>
<b>EXPENDITURE</b>			
Administration and finance costs		1,268,251	1,039,523
Employment, education and training expenses		7,041,896	6,385,673
Cost of services and sale of goods		1,776,405	2,125,846
Depreciation and amortisation expenses		299,928	248,842
Fundraising expenses		24,790	24,478
		<u>10,411,270</u>	<u>9,824,362</u>
<b>NET SURPLUS FOR THE YEAR</b>	<b>2</b>	<u><u>2,635,456</u></u>	<u><u>1,908,141</u></u>
<b>OTHER COMPREHENSIVE INCOME</b>			
Other Comprehensive Income		-	-
<b>TOTAL COMPREHENSIVE INCOME FOR THE YEAR</b>		<u><u>2,635,456</u></u>	<u><u>1,908,141</u></u>

## STATEMENT OF FINANCIAL POSITION

WA Council on Addictions Inc.  
Statement of Financial Position  
as at 30 June 2015

	2015 (\$)	2014 (\$)
<b>CURRENT ASSETS</b>		
Cash and cash equivalents	8,334,716	6,987,760
Trade and other receivables	260	1,816
Other current assets	33,080	30,346
<b>Total current assets</b>	<u>8,368,056</u>	<u>7,019,922</u>
<b>NON-CURRENT ASSETS</b>		
Land & buildings at cost	5,812,253	
less: Accumulated depreciation	<u>(421,832)</u>	5,390,421
Leasehold Improvements	812,815	
Less Accumulated depreciation	<u>(1,560)</u>	811,255
Plant & equipment at cost	1,479,083	
less: Accumulated depreciation	<u>(752,669)</u>	726,414
Motor vehicles - at cost	662,113	
less: Accumulated depreciation	<u>(312,261)</u>	349,852
Works in Progress	13,317	
<b>Total non-current assets</b>	<u>7,291,259</u>	<u>6,306,238</u>
<b>Total assets</b>	<u>15,659,315</u>	<u>13,326,160</u>
<b>CURRENT LIABILITIES</b>		
Grants In advance	155,978	175,000
Grants/funds unexpended	15,000	136,344
Other liabilities	3,263	9,633
Taxation liabilities	39,415	69,559
Client funds held in trust	15,047	9,813
Trade Creditors	119,788	202,263
Provision for employee entitlements	772,000	853,265
<b>Total current liabilities</b>	<u>1,120,491</u>	<u>1,455,877</u>
<b>NON-CURRENT LIABILITIES</b>		
Provision for employee entitlements	207,314	174,229
<b>Total non-current liabilities</b>	<u>207,314</u>	<u>174,229</u>
<b>Total liabilities</b>	<u>1,327,805</u>	<u>1,630,106</u>
<b>NET ASSETS</b>	<u><u>14,331,510</u></u>	<u><u>11,696,054</u></u>
<b>ACCUMULATED FUNDS</b>		
Accumulated surplus	13,881,793	11,246,337
Reserve for future services	449,717	449,717
<b>TOTAL ACCUMULATED FUNDS</b>	<u><u>14,331,510</u></u>	<u><u>11,696,054</u></u>



**W.A. COUNCIL ON ADDICTIONS INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2015**

**NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

The financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act Western Australia. The committee has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act Western Australia and the following Australian Accounting Standards:

AASB 101	Presentation of Financial Statements
AASB 108	Accounting Policies, Changes in Accounting Estimates and Errors
AASB 110	Events After Balance Date
AASB 1031	Materiality
AASB 1048	Interpretation of Standards
AASB 1054	Additional Disclosures

The financial statements have been prepared on an accruals basis and are based on historic costs and do not take into account changing money values or, except where stated specifically, current valuations of non-current assets.

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

**a. Income Tax**

The W.A. Council on Addictions Inc. is a non-profit organisation and is exempt from income tax (sec. 50-10) under the Income Tax Assessment Act 1997.

**b. Property, Plant and Equipment**

All non-current assets have limited useful lives and are depreciated using the straight line method over their estimated useful lives.

Assets are depreciated from the date of acquisition or, in respect of internally constructed assets, from the time an asset is completed and held ready for use.

Land is brought to account at cost. No provision for depreciation is made on Land. Buildings are carried at cost, less accumulated depreciation, when a cost (independent of the land) has been determined.

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

Assets are only capitalised where the value is greater than \$1,000 or in cases of multiple similar items, individually less than \$1,000, where the combined purchase of the items is greater than \$5,000.

Depreciation rates and methods are periodically reviewed for appropriateness and any adjustments are prospectively reflected in current and future periods only. Depreciation amounts are expensed.

**W.A. COUNCIL ON ADDICTIONS INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2015**

**NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)**

Rates of depreciation for the various class of assets are as follows:

	<b>2015</b>	<b>2014</b>
Land and Buildings	2.5%	2.5%
Leasehold Improvements	2.5%	2.5%
Plant and equipment	8% - 15%	8% - 15%
Motor vehicles	15%	15%

**c. Impairment of Assets**

The committee reviews the carrying amounts of its non-current assets each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated. If the carrying amount of a non-current asset exceeds its recoverable amount, the asset is written down to the lower amount. The write-down is recognised as an expense in the Statement of Comprehensive Income.

When a group of assets working together supports the generation of cash inflows, recoverable amount is assessed in relation to that group of assets.

**d. Employee Benefits**

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

**e. Provisions**

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

**f. Cash and Cash Equivalents**

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

**g. Accounts Receivable and Other Debtors**

Accounts receivable and other debtors are generally settled within 30 days and therefore carried at amounts due. A provision is established at the time a specific debt is considered doubtful. Bad debts are written off when identified.



**W.A. COUNCIL ON ADDICTIONS INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2015**

**W.A. COUNCIL ON ADDICTIONS INC.**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2015**

**NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)**

**h. Revenue and Other Income**

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest revenue is recognised as it accrues, taking into account the effective yield on the financial asset. Dividend revenue is recognised when the right to receive a dividend has been established.

Grant and donation income is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

If conditions are attached to the grant that must be satisfied before the association is eligible to receive the contribution, recognition of the grant as revenue will be deferred until those conditions are satisfied.

All revenue is stated net of the amount of goods and services tax.

**i. Leases**

Leases of property, plant and equipment, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the association, are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for that period.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term. Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

**j. Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable.

The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the assets and liabilities statement.

**k. Accounts Payable and Other Payables**

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

**l. Capital Commitment**

The Council has no material capital commitment as at 30 at June 2015.

**NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (cont'd)**

**m. Contingent Asset**

There were no material contingent assets existing at 30 June 2015.

**n. Contingent Liability**

There were no material contingent liabilities existing at 30 June 2015.

**NOTE 2: SURPLUS FOR THE YEAR**

The surplus for the year as per the income and expenditure statement does not reflect capital expenditure (other than per the notes and the nominal depreciation charge new additions). The following table shows the surplus after capital expenditure for the year:

	\$
As per income and expenditure statement	2,635,456
Less: Capital expenditure made during the year	<u>(1,284,949)</u>
Surplus after capital expenditure for the year	1,350,507

**NOTE 3: CASH FLOW INFORMATION**

**a) Reconciliation of Cash**

	2015 (\$)	2014 (\$)
Cash at bank	8,333,716	6,987,160
Cash in hand	1,000	600
	<u>8,334,716</u>	<u>6,987,760</u>

**b) Reconciliation of Cash flow from operations with surplus**

Total Comprehensive Income for the year	2,635,456	1,908,141
<u>Non cash flows</u>		
Depreciation and amortisation	290,000	248,842
Reserve transfers	-	85,185
(Profit)/Loss on asset sales	9,928	(14,773)
<u>Changes in assets and liabilities</u>		
Decrease/(increase) in receivables and other assets	(1,178)	15,873
(Decrease)/increase in prepaid income	(113,755)	300,783
(Decrease)/increase in trade and other payables	(140,366)	139,896
(Decrease)/increase in provisions	(48,180)	141,069
Cash flows provided by operating activities	<u>2,631,905</u>	<u>2,825,016</u>





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