



TRUST

ANNUAL REPORT 2014



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Chairperson's Report

This last year, 2014, has seen Comcare embark on implementing our 2013-2020 Strategic Plan. Key areas include mental health service development, expansion of our social housing, creating a sustainable organisation, and supporting sector development among mental health NGOs.

The first two key areas, community support for people with mental health needs and provision of social housing for vulnerable groups in the community, were both advanced during 2014. We also strengthened our relationship with the Canterbury District Health Board and are grateful for our contractual and professional links with them. We value the leadership of our partners, the DHB's Specialist Mental Health Services, and congratulate them on the 150 years of service, celebrated in November 2013.

In the housing field, we have received support from both the Government's Social Housing Unit and the Canterbury Community Trust. This has allowed Comcare to complete a major building project to make an additional 20 units available for single people in need. This may not seem a lot in our post-earthquake city, but these are affordable rental properties for people who are amongst the most disadvantaged in our community. We have plans for similar projects during 2015-16 and look forward to playing an ongoing role in the reconstruction of our city.

These are difficult times for non-government organisations. There was the usual uncertainty before and immediately post-election. Health money appears tight, and it is still not clear how the Government's commitment to social housing will play out. We know that there are important changes on the horizon for health and safety requirements that will

bring additional costs and challenges. We have benefited from collegial relationships with other mental health NGOs and believe that a collaborative approach to advocacy will continue to serve us all well.



The Trustees of Comcare are aware that we are able to sustain and develop our mental health support and housing activities largely through the dedication of staff and the leadership of our management team, so ably led by our CEO, Kay Fletcher. For the first time, in the 2014 year, we have had the capability to initiate a critical analysis of all areas of our operation and expenditure and to ensure that both service quality and resource use are of the highest standard. I thank all the staff, both 'front-line' and 'back-office,' for all their efforts.

In 2013 we were saddened by the death of one of our founding trustees, Ron Brooking. In 2014 we chose to name a completed housing development in his memory, and a separate tribute to Ron is included elsewhere in this report.

I thank the Trustees for their oversight of our organisation and their continuing commitment to the task in hand. This coming year sees new challenges for both staff and Trustees, and I am confident that we will all give of our best in the interests of our client group.

Pauline Barnett PhD

Chief Executive Commentary 2014



It is hard to reflect on our activities through 2014 without stopping to consider the environment within which they were undertaken. Now, four years on from two major earthquakes, our city

remains a strong and resilient community on the surface, with significant trauma and devastation beneath. The divided nature of the city's problems also adds to the picture with one half of the city continuing life with minimal effects and the other dealing with serious homelessness, wastelands where vibrant neighbourhoods once stood, and an inner city just beginning its rebuild programme but still looking more like a war zone.

My reason for painting this rather bleak picture is to pay tribute to the people who make Comcare's work both possible and of the highest standard. Our staff. They are our greatest asset and it continues to humble me when I know that while dedicating themselves to assisting homeless and distressed individuals on a daily basis, many are still facing extreme personal difficulties in managing both the emotional and practical effects of living in post-quake Christchurch.

The other reason for highlighting our environment is to celebrate the continued collective achievements of the health providers in Canterbury under the stewardship of the Canterbury District Health Board. In those early post-earthquake days we learned how to apply resourcefulness and creativity to break down previous barriers to better functioning systems, and Comcare has tried to embody those lessons in its approach to its work through this period.

The question is constantly asked around our organisation.....why do we traditionally do things like this, if a different way will bring better results?

In line with our strategic direction and annual plan, 2014 has seen Comcare more clearly define its future shape. The Social Housing Reform Act passed in April 2014, gave form and structure to community housing sector development and formalised Comcare's position as a registered Community Housing Organisation. The organisation now has three clearly defined areas of activity, each of significant importance.



Comcare's internal structures and technological capacity are changing and developing to meet the new requirements these divisions demand. They include managing a significant building programme, a growing portfolio of social housing, and service delivery contracts in exciting new fields. Strengthening our internal accounting capacity and the installation of property management software are just two of the developments undertaken this year to get the organisation fit for purpose. My thanks to Dave Callis, Comcare's Operational Manager, for leading this transformation in the face of tighter financial constraints through a period where

contract income revenue improvements do not match cost of living escalations. Comcare's previous skills in navigating this territory are now tested as our administration grapples with rising compliance and day to day business costs. An example of the cost escalations to be overcome was the rising commercial lease charges in Christchurch post-earthquake that have led Comcare to relocate our Housing and Employment Service from their Lincoln Road offices. Just as for our clients seeking accommodation, spiralling rental costs in our city affect us all. There is, however, opportunity within this tension to closely examine our administration practices to seek increased streamlining and efficiency to enable as much resource as possible to go into front line service delivery.

A very special development this year has been the creation of a Maori Health Plan to guide our organisation. Our thanks to Sandy Lockhart, Comcare Trustee for her guidance, mentoring and support to Comcare's Maori staff group who worked together on this great plan. We look forward to the coming year as we begin to bring our plan to life.

Comcare senior management staff would like to acknowledge our Trust Board for its foresight in supporting us to engage in wider

Presentation of Maori Health Plan to Comcare Board celebrated with a performance of Comcare's Waiata by staff, composed by Wanita Downs (far right) and Noel McMecking (centre with guitar)

sector development. The Board recognises that to enable more people to live well in our community, wider sector change is required and they support us to engage in this work wherever possible.

As CEO I have the opportunity to support the work of Platform as a trustee. This year has been one of the most significant for Platform with two major projects for the benefit of the NGO sector. The first is the fair funding campaign calling for fairness and equity in the financing of NGOs across the country by the various DHBs, and the second is the Equally Well campaign, seeking system change to improve the very poor physical health outcomes for people with mental illness and addictions.

I would like to thank all those who contribute in so many ways to making our organisation strong, resilient and forward thinking. Our staff, our managers, our volunteers and the people who use our services, but mostly I would like to thank our trustees, especially our Chair, Pauline Barnett, who freely give of their time to guide and shape our direction.

Kay Fletcher
Chief Executive



Ron Brooking

19 April 1948 – 5th April 2013

Comcare Trustee and Treasurer September 1987 – February 2013



Ron Brooking was a founding board member of Comcare Trust and the longest serving at the time of his death.

Establishment of the Comcare Trust in 1987 was a key initiative in assisting the large Christchurch Psychiatric Hospital, Sunnyside, to move forward with plans for de-institutionalisation. International research indicated that community-based care could provide a better quality of life, but only if services were adequately resourced and patients given appropriate support.

Senior hospital staff led by then Superintendent, Dr Les Ding, recognised that the wider community needed to be involved in this movement, and engaged commercial, professional and community leaders to come together to help provide accommodation and support for those moving back into the community.

A chartered accountant and BDO partner, Ron Brooking brought extensive accounting and commercial experience to the newly formed Comcare Trust which was to prove a critical contribution as it developed and broadened its resources and financial systems.

Over more than 25 years Ron's careful oversight of Comcare finances, support of senior staff, and thousands of hours of voluntary service, played a key part in establishing Comcare as a major and trusted provider of accommodation and community support services for those with ongoing mental health problems. Comcare colleagues remember Ron as a thoughtful and considerate person who had a deep and continuing concern for Comcare's clients group. For him their interests were always paramount.

Ron's family, Comcare Trustees and staff joined together to recognise Ron's service to the mental health community by dedicating Comcare's newest complex of flats to his memory. "Ron Brooking Courts" was officially opened in April 2014.

Andrew Hornblow CNZM, Patron

Central Administration

During the year streamlining of our administration function and related systems continued. Our major focus was a review to determine what skills would be needed to bring accounting and payroll functions back under internal control. This led to a reorganisation of our small administration team and appointment of an accountant.

We are already seeing the benefits of this reorganisation as we no longer rely on external accounting support from BDO to create our monthly financial reports. Their support is now focused on a high level partner review of the results, complete with expert commentary on trends as and when necessary.

As in previous years, considerable time has been spent considering how to make best use of available technology whilst also ensuring privacy

and security issues are addressed. This led to the creation of an Information Communication Technology (ICT) Security map. We are currently implementing the various controls we identified as being necessary and testing them against our overall IT Strategy and Disaster Recovery plans. The search for excellence in this area is ongoing and it is a challenge for which we are well prepared.

Our drive to streamline will continue in 2015 as we look to provide smart solutions for other areas that challenge our administration structure. One example is identification of suitable software to automate our accounts payable system. Our small but capable team relishes the ongoing challenges.

Dave Callis
Operations Manager



Amir Mirshams, Accountant and David Callis, Operations Manager



Pauline Barnett, Chair, Comcare Trust Board (left), Ernie Tait, Vice President, Supporting Families NZ (centre) and Kay Fletcher, CEO, Comcare (right)

Social Housing

Comcare's development as a Community Housing Organisation has achieved significant progress this year. Deemed registration with the Community Housing Regulatory Authority (CHRA) has enabled Comcare to contract with the Ministry of Social Development (MSD) to obtain Income Related Rent Subsidies for new high housing need tenancies. This ensures an appropriate income stream for the organisation and income related rent access for tenants. Comcare is working towards an application for full registration in February 2015, and upgrading its infrastructure and technology to match its long standing quality property and tenancy management skills.

The year has seen the completion of Comcare's first Social Housing Unit project; the construction of 20 single person units across four sites. Comcare acknowledges the significant financial support provided by Government via the Social Housing Unit Capital Grant Scheme, the Canterbury Community Trust and Supporting Families NZ that made this development possible.

In addition, Comcare added a Group Living house to its portfolio at the rear of a site on which it developed a small single unit complex. This enabled us to house tenants who needed "Group Living" style support, but did not need or were unable to live with others. Land required for Comcare's next two projects (24 flats and 1 house) has been secured and after resource and building consents have been obtained construction is expected to be completed by the end of 2015.

Comcare has formalised all of its Property and Tenancy Management processes in a new Community Housing Practice Manual.

This brings together all of the wisdom and experience of 28 years as a housing provider and adds financial and administration elements necessary to run a much larger portfolio. In addition, Comcare has installed Chintaro, Australian developed social housing property management software used by a number of New Zealand Housing providers. This converts Comcare's previous paper based systems into an efficient tool for managing its increasing portfolio.

Tenant welfare has always been a strong part of Comcare's approach to community housing tenancy management. To ensure welfare needs are being addressed, particularly when tenants are no longer attached to formal mental health services, a tenant welfare officer position is being developed. This role will be similar to a community support role but focus on service coordination and assisting access to services, should the tenant be in need. It also clearly delineates between Comcare's landlord and care responsibilities.



Community Support Services



Comcare's Community Support Services comprise Community Integration, Activelinks and Community Support. Together the fully mobile staff are working

with 590 clients across the region at any one time and in 2014 travelled 405,809 kilometers.

Community Integration Service (CIS)

The Community Integration Service has a variety of functions:

- Assisting clinical teams problem solve and action transition plans for clients with complex needs who are ready to leave residential services or hospital;
- Providing coordination where there are multiple agencies involved in the discharge planning for an individual and, where necessary, assisting in the creation of a single plan;
- Providing assistance to acute inpatient services when a client has a history of regular admissions that may require a different approach to discharge and follow-up.

There have been several new initiatives for CIS during 2014.

General Practitioners (GPs) are now able to access CIS via the Community Services Access Pathway (CAP) through HealthPathways. As GPs experienced an increase in clients presenting with more complex needs, particularly around their mental illness, CIS was asked to provide assistance with coordinating the planning when multiple agencies were

involved with the client. There have been 14 referrals received from Primary Care between March and December 2014.

In July 2014, Comcare was approached by DHB Planning and Funding to assist clients currently residing at Whitewings Trust who had voiced a desire to move into more independent living. Exploring possible options has been exciting work for CIS as several clients had resided within the complex for over 10 years. To date, CIS has supported two clients to move on to more independent living and are currently working alongside four others.

Community Support

Community Mental Health Support Workers provide medium and long term support for individuals who experience mental health issues, providing assistance in achieving life goals, gaining independence in daily living, and managing relationship issues. This service is provided in urban and rural districts.

Referrals are received via the Community Support Access Pathway (CAP). The positive results for clients are clearly apparent: building/cultivating natural support systems, increasing self-esteem and confidence and growing/cultivating natural support systems, leading to an improved quality of life.

Client feedback throughout the year has described positive changes in their lives such as:

- "I'm now able to manage my finances independently";
- "I feel more confident when speaking with my GP";
- "I now attend groups and enjoy the company";
- "My mother doesn't need to visit me every day in my flat. I can manage well";



- “I now feel part of the community, even though it is a small rural town”;
- “My relationships with my family and friends have improved and they understand me a bit more”;
- “I’m a lot more confident getting on the bus and I can now go to places without relying on people”.

Activelinks

Activelinks assists people with mental health issues to improve their physical health through ‘getting active’, improving understanding of good nutrition, and increasing participation in sport and recreation in community settings.

Feedback received throughout the year has been positive:

- “I’m now able to move more freely and have joined more groups”;
- “I have continued to lose weight and feel so much better for it”;
- “I’m not so shy and have made some new friends”;
- “I’ve been able to stop my diabetic medication because of my diet and exercise”.

2014 has been a busy year for Activelinks with 505 clients participating in both individual and group work. The Activelinks team moved to new premises in early June 2014 and the new location created the opportunity to run programs such as a ‘Quit smoking’ support group and individual work, as well as facilities to teach healthy meal preparation within a manageable budget as there is a fully equipped kitchen available. This has proven extremely valuable for the Activelife program.

For people with mental illnesses and run in both the urban and rural sectors, the Activelife program supports and encourages them to increase their physical fitness and wellbeing, learn about healthy food choices and extend their social networks. Participants have valued this program and have offered positive feedback throughout the year. One participant stated the program had changed her life in so many positive ways, both physically and socially. As her confidence increased, so too did her network of friends. She had never contemplated attending a gym and valued the supported environment Activelife provided.

Vickie Cooper
Service Manager

Peer Services



Comcare Peer Services aim to provide opportunities for people to talk through and clarify or make sense of what they are experiencing, consider where they are wanting to head and make their own choices to get

there. This can be provided over the phone using Warmline, with trained peer support volunteers answering calls between 1pm and midnight, or individual meetings with a Peer Supporter.

Peer Support

In 2014 our five part time staff walked alongside 85 clients and we received 58 new referrals for Peer Support. We have continued to run our peer support staff supervision group in partnership with Aviva's peer support staff, which has been beneficial to the ongoing learning and understanding of both groups.

"Due to the Peer Support workers having been clients themselves of mental health services, they can empathise well with clients regarding the issues that having a mental illness brings. The peer supporter was able to talk with the client and together build confidence, develop ideas and spark hope that change was possible." (SMHS Case Manager)

"The work I did with my peer supporter has definitely made me a lot stronger in not needing to self-harm to cope." (PS client)

"I had support from my Comcare peer worker who showed me that improvement was possible with my mental health. I felt she understood what 'spaces' I get into and how I could get out of them. She had been there." (PS client)

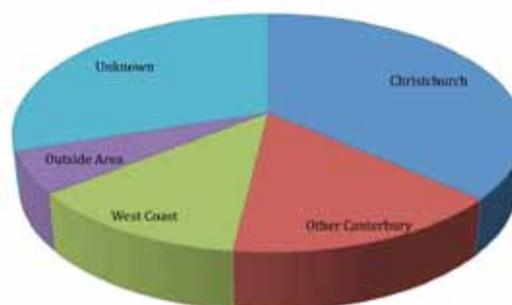
Warmline

In 2014 Warmline answered 6453 calls from people needing to talk to someone who could understand what they were experiencing. Whilst the main theme of the calls varied, isolation was by far the most common, followed by mood, thoughts and general mental health.

Warmline operates due to the commitment and huge contribution of our volunteers who gave over 5000 hours during 2014 to ensure calls were answered. This is an average of 17 hours per month that each volunteer has given. Of our current volunteers we have one who has contributed more than 1400 hours since starting with Warmline, three have contributed over 1000 hours and 5 have contributed more than 500 hours.

"As a person with a disability, Warmline gives me a substitute for work, the ability to contribute to a worthwhile cause and be part of a group (a sense of belonging). I learn about myself, mental illness, how to communicate and the strength and diversity of people with mental illness. An aspect of Warmline that I have really appreciated is the social interaction with people who I normally wouldn't have had contact with - being part of a group that is strong enough

Location of Calls 2014



to absorb the diversity of all of us. I feel proud to be part of Warmline and being able to talk about that in the community, which means being proud of my experiences and talking about my experience of mental illness.”

Intentional Peer Support Training

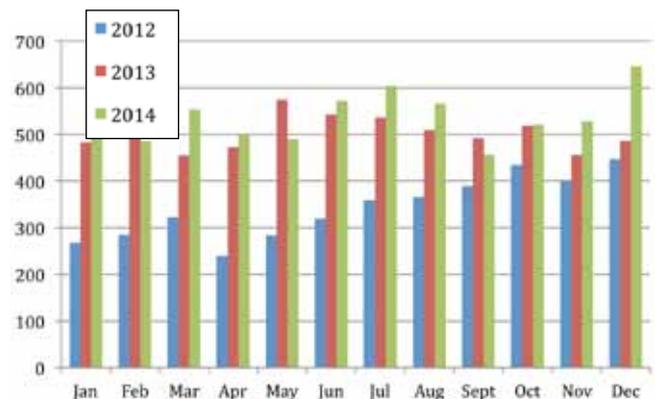
During 2014 we provided three Intentional Peer Support training courses which consist of six days spread over 6 weeks. In total we had 40 trainees complete the IPS training in 2014:

- 17 from Warmline
- 9 from Aviva
- 4 from Eating Disorders
- 2 from MHAPS
- 3 from Percival House
- 2 from Odyssey
- 1 from Salvation Army
- 2 for own Personal Development

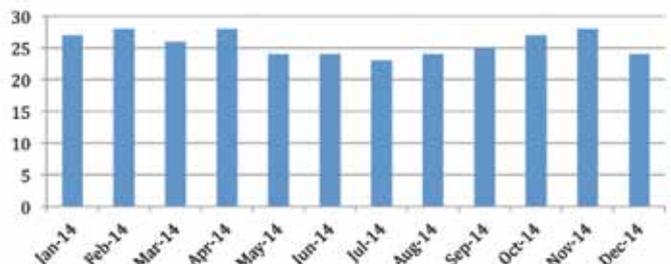
We also provided a Peer Supervision Facilitation Workshop attended by 7 staff from Aviva and Warmline.

Dawn Hastings
Service Manager

Warmline Calls per Month 2012-2014



Number of Warmline Volunteers 2014



Jobconnect Supported Employment Service



Jobconnect is Comcare Trust's Supported Employment service that provides a range of vocational support services to people who experience mental health issues.

Jobconnect is staffed by a team of Employment Consultants and Peer Workers who work with clients one to one and in groups.

Average Jobconnect monthly activity:

- Support 45 clients who are currently involved in work experience, voluntary work or study to maintain this
- Support 84 clients who are currently in employment to maintain their employment
- Place 5 clients into new employment
- Have over 650 support contacts with clients

When clients achieve their goals, whether they are in paid employment, voluntary work or training/study, Jobconnect provides ongoing support. This support includes working through issues that arise at work and its attendant lifestyle changes, and meeting with the worker and the employer in the workplace if appropriate.

In 2014 Jobconnect undertook a number of new projects

Rangiora: Provided Jobconnect services to people who live in North Canterbury. This has

enabled many people who live in more isolated areas to explore their vocational goals and enter work and training.

Next Steps: A Peer Support workshop for people who are contemplating work, volunteering or training. Participants work together sharing recovery experiences and tools learnt in moving towards a vocational vision. This includes acknowledging and exploring barriers, and uncovering the skills and strengths and developing the skills and tools to move to the Next Steps.

Work and income: Closer working relationships have been developed with Work and Income, with representatives speaking at seminars for staff and clients. This has enabled Jobconnect staff to gain greater knowledge of the assistance available to clients and easier access to Work and Income support.

A Client Success Story: This client came into our service in late March 2014, admitting he had become extremely stressed and was vomiting due to worry about the pressure of getting a job. He did not want to get trapped into doing the same work he had done previously which involved early starts, long hours and a large degree of stress. He had a poor work history and had felt compelled to stay in the previous negative work environment even though it had eroded his confidence and led to deterioration in his mental health.

Jobconnect got to work and by the end of June 2014 a job that ticked a lot of the boxes for the client was found and the staff had assisted him to make the contacts with the employer and pursue it even when no reply was forthcoming. His persistence paid off and the client was offered the opportunity to begin this new job.

It has been over 6 months now and the client is happy and confident, enjoys the job, no two days are the same, there is variety, he has also bought a newer car and the employer is very happy with his work.

Louise Deane
Service Manager



Comcare Housing Services



Providing housing support services to assist people find and sustain housing.

The past year was the most challenging the Housing Services have faced either before or after the earthquakes. Rentals in the

city became increasingly scarce, and individuals on benefits were priced out of the private rental sector. The severely depleted social housing stock of the Christchurch City Council and Housing NZ was further depleted due to the repair program, so options and housing opportunities were rare, with an increasing level of desperation in the situations of those referred to the Services. Housing Facilitation and Emergency Housing were most affected by this limitation in affordable or available housing options leading to a bottleneck in the Emergency Housing which only began easing towards the end of 2014.

Housing Facilitation adapted well to the shift in Housing Assessment from HNZA to Work and Income and quickly developed relationships and working protocols with the Housing Assessors allowing the highest likelihood of clients of the service to access the limited housing available. The nature of the Services as a conduit for referrals for the City's most vulnerable allowed a high degree of input and feedback to the new MSD processes which was extremely valuable in adapting these to the needs of the Housing Services client group.

The Group Living Service was the only one to have the ability to significantly increase the numbers housed under the Service as

affordable housing in the private sector could be accessed with assistance by three or four people on benefits living together. Groups were housed both in Comcare tenancies or assisted to set up their own with the Group Living team liaising with landlords.

The Home Rescue Service, created to prevent loss of housing, received around the same level of referrals as usual, but the nature of issues referred was somewhat different from previous years, with a number relating to earthquake repair disputes, legal action due to overcrowding, and assistance with neighbour disputes being more predominant than usual.

Despite the particularly difficult environment regarding finding appropriate housing, the services still had a number of success stories. There was a larger number of pregnant and homeless clients referred than usual and, just before and over Christmas, three young women who were in late pregnancy were safely housed in time to have their babies with the security of long term housing.

During the year a number of people who had been living in tents, cars, or on the streets were assisted first into safer temporary accommodation and then successfully housed. The increase in Emergency Housing funded by the Canterbury District Health Board allowed for a greater number of individuals to move on from being homeless in hospital, or from unsafe situations, to a safe environment where work could be done to find long term housing options, also freeing up hospital beds for acute admissions.

Annette Sutherland
Service Manager

Quality and Risk Management

With growth in the size and complexity of Comcare's infrastructure it became apparent a Quality and Risk Manager was needed to identify, document and manage the quality and risk needs of the organisation. A seven year Quality Strategy has been developed, which sets out twelve key activities, and it will be supported by annual quality plans that set the objectives for each year in detail.

The Quality Strategy has been developed in line with the Comcare 'Strategic Directions 2013-2020'. Delivering good outcomes for clients is a major focus of the Quality Strategy, with the aim of better understanding our activities. Enhanced auditing tools and processes will endeavour to strengthen our quality assurance activities and contribute to quality improvement.

With the establishment of the Quality and Risk Manager, comes a focus on consolidation. Work is underway to improve the systems and processes that support our workforce to provide a great service. Good progress has been made on key pieces of work:

Documenting and Managing Risks

A risk management system has been developed to identify and mitigate risks. All risks are identified, under various categories, in a new risk register. Each risk will have a profile and a mitigation plan. The Quality and Risk Manager will keep the Board and the wider organisation regularly updated on the status of risks.

Incident Management

A new incident register has helped to record and report on all incidents. A revamped incident

management system is near completion. This aims to provide greater consistency and clarity to the recording of incidents, as well as meaningful reports to assist in quality improvement.



Service Profiles

We have begun developing service profiles for each of Comcare's services. The goal of the service profiles is to articulate each service's core activities, personnel and processes. The profiles will reflect a consistent Comcare approach to providing services. It is hoped the profiles will be valued by clients (both current and prospective), family/whanau, staff, referrers, funders and other agencies.

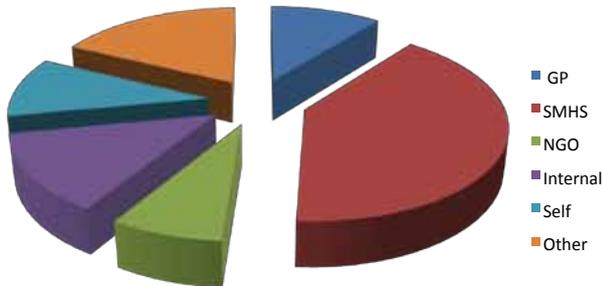
Health and Safety

The Quality and Risk Manager recently took over as chair of the Comcare Health and Safety Committee (HSC). With new health and safety legislation expected to come into effect in the second half of 2015, the HSC will focus on ensuring systems and processes meet both current and future legal requirements. A new hazard register will be developed to tie in with our risk register. The process for identifying hazards and bringing them to the HSC will be strengthened. The Committee also considers the activities and responsibilities of health and safety representatives to ensure they have adequate time, resources and training to undertake their roles.

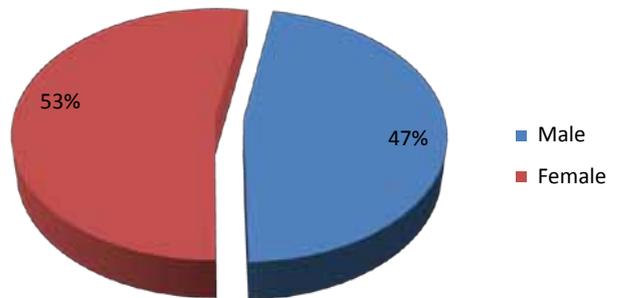
Stuart Gray
Quality & Risk Manager

Comcare Statistics

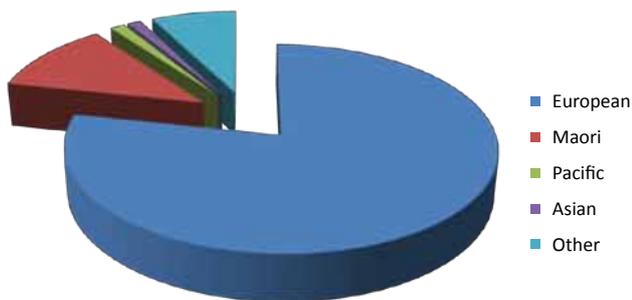
Source of Referrals



Gender of clients using Comcare Services



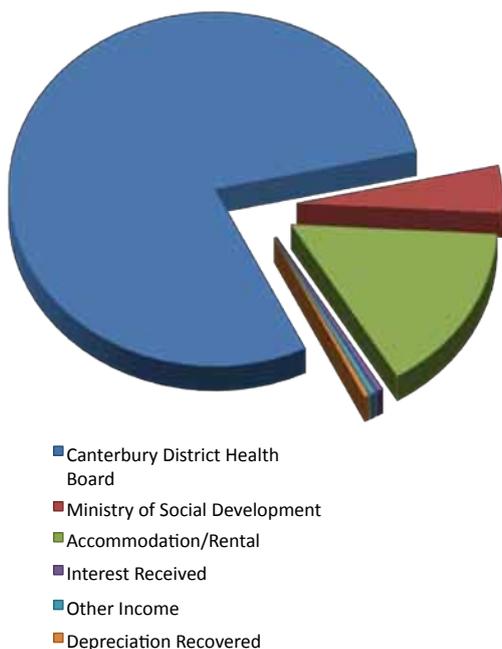
Ethnicity of Clients



Age of clients



2014 Income Sources



Service No. of Clients in 2014

| Service | No. of Clients in 2014 |
|-------------------------------|------------------------|
| COMMUNITY SUPPORT WORK | |
| Community Support (Urban) | 335 |
| Continuing Support | 136 |
| Community Support (Rural) | 272 |
| COMMUNITY INTEGRATION | |
| Community Integration Service | 151 |
| ACTIVELINKS | |
| Activelinks (Urban) | 408 |
| Activelinks (Rural) | 93 |
| SOCIAL HOUSING | |
| Tenancies | 133 |
| HOUSING SUPPORT | |
| Home Rescue | 50 |
| Emergency Housing | 36 |
| Flatmate Finders | 41 |
| Group Living | 174 |
| Housing Facilitation | 267 |
| PEER SUPPORT | |
| Peer Support | 83 |
| SUPPORTED EMPLOYMENT | |
| Jobconnect Pre Vocational | 275 |
| Jobconnect Vocational | 231 |
| Peer Support | 37 |
| Total | 2722 |

Financial Report

| YEAR ENDED | 30/09/13 | 30/06/14 |
|------------------------------------|-------------------|-------------------|
| Current Assets | | |
| Cash on Hand | 200 | 200 |
| Westpac Banking Corporation | 653,563 | 402,832 |
| Accounts Receivable | 705,960 | 496,114 |
| TOTAL CURRENT ASSETS | 1,359,723 | 899,146 |
| Current Liabilities | | |
| Accounts Payable | 660,148 | 681,060 |
| Income Received in Advance | 181,930 | 12,433 |
| Les Ding Support Fund | 5,414 | 3,699 |
| Canterbury Community Trust - Grant | 0 | 100,000 |
| Current Portion Term Loans | 67,580 | 68,026 |
| TOTAL CURRENT LIABILITIES | 915,072 | 865,218 |
| Working Capital | 444,651 | 33,928 |
| Non-Current Assets | | |
| Investments | | |
| Westpac Banking Corporation | 1,033,302 | 325,768 |
| Fixed Assets | | |
| Property & Chattels | 8,975,580 | 11,878,566 |
| Work in Progress | | |
| Various building projects | 1,269,835 | 1,357,332 |
| Non-Current Liabilities | | |
| Term Liabilities | | |
| HCNZ - Term Loans | 957,250 | 921,250 |
| HCNZ - Suspensory Loans | 279,764 | 279,764 |
| Canterbury Community Trust - Loan | 128,716 | 114,085 |
| SF Housing Trust - Loan | 0 | 250,000 |
| Westpac - SHU Loans | 0 | 750,000 |
| Less Current Portion | -67,580 | -68,026 |
| | 1,298,150 | 2,247,073 |
| Net Assets | 10,425,218 | 11,348,521 |

Directory

Board 2014

Professor Andrew Hornblow (Patron/Trustee)

Assoc. Prof. Pauline Barnett (Chair)

Mr David Griffiths (Deputy Chair)

Mrs Sandy Lockhart

Mr Rob Patterson (until May 2014)

Dr Sue Nightingale

Mr Oliver Roberts

Mr Peter Young

CEO

Kay Fletcher

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Accountant

BDO Chch. Ltd

Auditor

HFK Ltd

Solicitors

Papprills

Bank

Westpac

Acknowledgements

We would like to acknowledge the significant support of the following organisations that enables Comcare Trust to continue its work on behalf of people who experience mental illness in Canterbury.

- Canterbury District Health Board
- Ministry of Social Development
- Ministry of Business Innovation & Employment via Social Housing Unit
- The Canterbury Community Trust
- Supporting Families NZ

