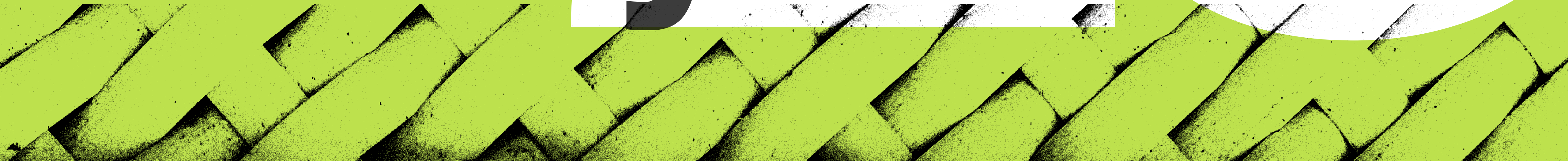




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twenty

ANNUAL REPORT



## Whāinga | **Vision:**

Communities without barriers

## Kaupapa | **Purpose:**

Create opportunities for living a full life

## Whakatakanga | **Mission:**

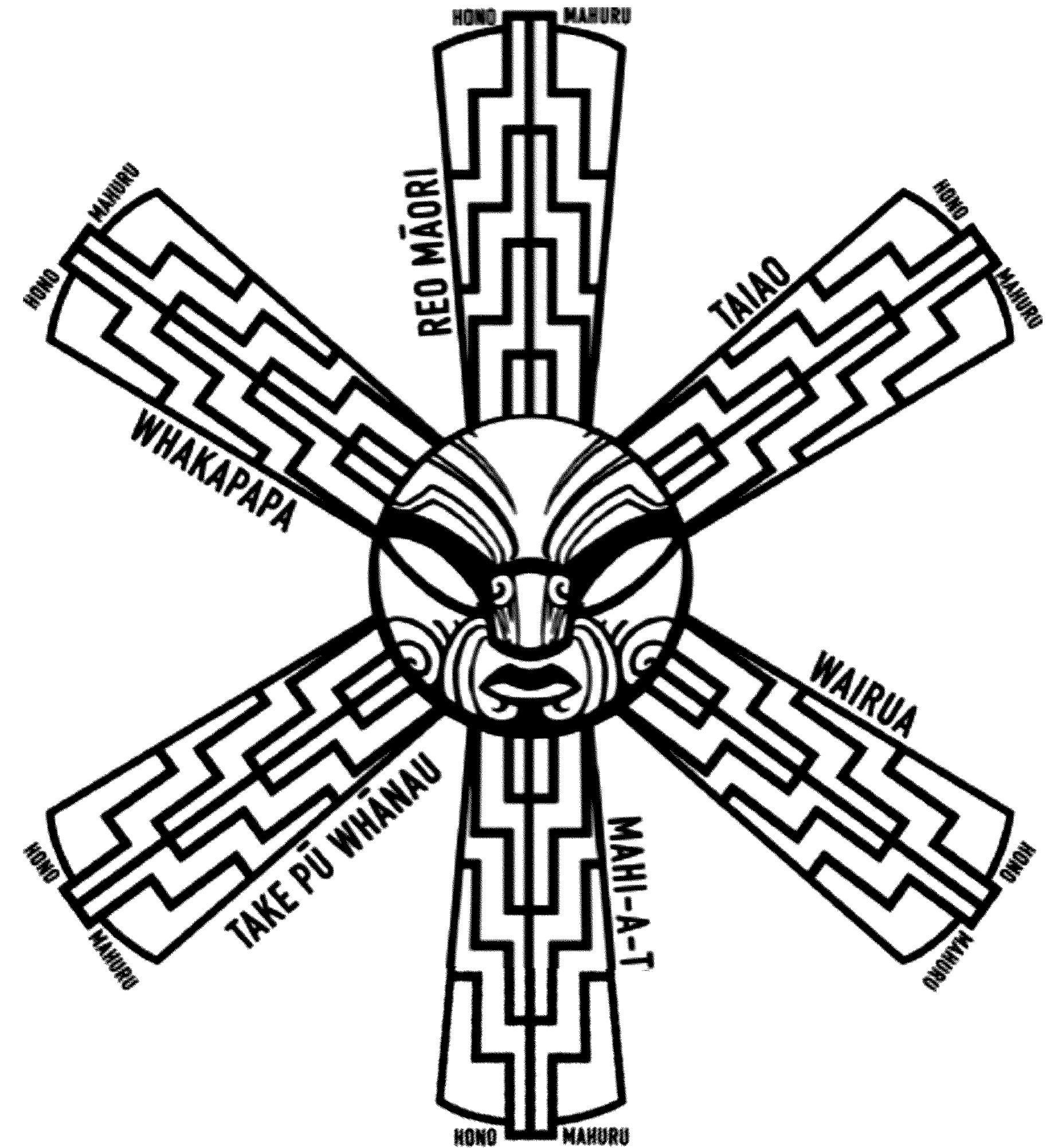
We positively influence the wellbeing of people through personalised support.

## Nga Mātāpono | **Our Values:**

Flexibility, Inclusiveness, Responsiveness, Passion

Progress to Health recognises that New Zealand is a multi-ethnic society in which Māori have special status as Tangata Whenua (people of the land) and special rights under the Te Tiriti o Waitangi.

For Progress to Health honouring Te Tiriti o Waitangi is at the centre of everything we do. Our strategic focus across all areas of the organisation is to respond appropriately to the needs of Māori communities and people we support to drive improvement and equitable outcomes of their mental health and disability wellbeing.



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# what we've been up to..



- ▶ Robyn and Collette at the SWPICS Community Centre, Tokoroa, supporting the Trinity Koha dental clinic service. Extractions and fillings were being offered to people who hadn't been to the dentist because of barriers like cost, travel and transportation. We joined other services offering information and support.



- ▶ Vanessa was part of the team for the Waikato Wellbeing, answering questions and sharing resources with people. A wonderful atmosphere with food stalls, performances and loads of wellbeing stands with information and resources.



- ▶ It was brilliant weather for our Waihi trip! We had a lovely time exploring the historic Goldfields Railway, followed by a hearty lunch at the Waikino Station Café. We wrapped up the day with a scenic Karangahake Gorge walk. It was fun for all, and great to see new friendships being made.

# chairperson's report

## Ngā mihi e te whānau. It is my pleasure to make this report for the 2023 AGM of Progress to Health.

This is a good opportunity for us to look back with satisfaction on the achievements of the past year and look forward to our directions for the future. We are pleased to be navigating our way through the challenges as we continue to engage with new structures and funding models in Te Whatu Ora, and with the evolving transition to 'enabling good lives' approaches from Whaikaha (Ministry of Disabled People).

Like many organisations in our sector Progress to Health has reaffirmed a strategic focus and commitment to honour the Te Tiriti o Waitangi, seeking to respond appropriately to the needs of Māori in the communities and people we support. There are many small steps along the way as we build on our knowledge of Te Reo and understanding of Te Ao Māori in the context of our work. Our ultimate aim in this journey is that we are better able to work effectively for and with Māori and to improve equity of outcomes for Māori seeking support with their mental health and disability wellbeing.

This year the Progress to Health team has also engaged in understanding more about the 'enabling good lives' approach. In many ways this is not new as Progress to Health has right from the beginning always demonstrated an approach to listening to and enabling the person (client's) voice to be heard, and providing a service specific to the needs of each

person. However as staff have engaged with our friends at Humanly the team are receiving new insights and understanding that will enable us to better respond to people taking control of how their services are delivered.

I want to recognise Karen Covell who as Chief Executive continues to bring a wealth of experience, commitment and stable leadership to the organisation. This year it has also been great to see the appointment of Jackie Hart as Service and Development Manager – very capably stepping up into this 2IC role during Karen's recent overseas travel. Thank you also to Vanessa and Patty for your leadership and Nicolle for keeping smooth administration flowing. The strength, diversity and passion of the leadership and the staff team are the key to success of the organisation, and of our ability to be adept to the changing needs of our communities and the environment we operate in. Your ongoing commitment to the mahi of Progress to Health is recognised and appreciated.

It was a pleasure this year to formally name the building at the Caro Park Community Garden after our former Patron, the late John McIntosh. This was a very fitting way for Progress to Health to recognise and continue the memory of John and his contribution to the organisation since the very start when John was our inaugural Chairman.

“ The strength, diversity and passion of the leadership and the staff team are the key to success of the organisation

”

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# chairperson's report

I am proud in the breadth of strength and experience around our Board table. Thank you for the valued input from: Hayley Arnet, Deputy Chair, Hayley Brooke, Treasurer, Andrew Corkill, former Chair, and Board Members Mark Etheridge, Cheri-Lee Atkinson, Josh Maniam and David Slone. Your collective experience, wisdom and strategic thinking means the Board is in good hands for the next steps in our journey.

To all our stakeholders, suppliers and friends, again thank you for your continued interest and support for the work of Progress to Health in seeking to create 'communities without barriers' for people with mental illness and people with disabilities. We look forward to continuing our close relationships with you into the future.

Noho ora mai



**Mark Brown**  
Chairperson  
Board of Trustees  
Progress to Health

“ It was a pleasure this year to formally name the building at the Caro Park Community Garden after our former Patron, the late John McIntosh

”

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# Linda's story

## Linda has been supported by Progress to Health for several years

When we first met Linda, she had so many goals it was hard to know where to start. She lives with bipolar disorder and has had to work hard to find ways to manage her mental wellbeing and have the kind of life she wants.

Four years ago, things came to a head for Linda, and she stated that she felt she was just existing and did not have the life that she perceived her peers did. She said she was depressed and could not see how anything would ever change for her.

We spent some time together really focusing on what her life would look like if she were living the way she wanted. Linda said she wanted the following:

- To have her own flat and live independently from her mother
- To have her own car
- To be a social worker working with at risk youth
- To have a part time job so she was not always worried about money
- To show her family that she could achieve something

Linda is the first person in her family to hold a tertiary qualification

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# Linda's story continued ..

Over the last 4 years  
Linda has achieved  
all these goals,  
some completely  
independent of our  
support

Over the last 4 years Linda has achieved all these goals, some completely independent of our support.

Linda found herself a flat which she loves and feels safe in and has been living in for 3 years.

Linda found herself a part-time cleaning job which she held for most of the time she was studying.

Linda bought herself a car, paid it off, crashed it and got another one all independently.

Linda enrolled at WINTEC to complete a bridging foundation course to segue into social work. This was a huge challenge as Linda felt she did not have the capacity to study at tertiary level and past attempts to complete qualifications had not gone well for her. We had a battle to get both WINTEC and the Ministry of Social Development on board to support this goal as people kept looking to her past and failures to complete as predictors for her performance at this course. Linda had no support from her family as they felt she would be better just getting a job and there was a real sense that higher education was not valued.

One of the more significant challenges was early lectures when the medication she needs to take makes her sleepy in the morning. Linda rose to the challenge and just forced herself to get up and do what she needed to do. Initially, Linda needed much support from

Progress to Health and the WINTEC student study support service to complete her assignments. However, by the fourth and final paper Linda was doing well and completed the whole thing with very minimal support. Her marks for this paper were an A and A+.

Another challenge was managing her stress and mental health throughout the course, which she managed to do by using planned respite when she needed it and paying attention to her early warning signs and triggers and using her recovery plan. We had supported her to have a strong connection with her GP and practice nurse and now Linda does not require any support to advocate for what she needs when she needs it.

This now means Linda is the first person in her family to hold a tertiary qualification and she can now make an informed decision about what she wants to do next.

I am so proud of her and feel humbled to have shared some of this incredible journey with her.

Linda's story shows that when we take the time to really know a person and find what gives them bliss. Together, we can achieve what was perceived as impossible. She is a personal inspiration to me, and I hope to others who hear her story.



# chief executive's report

**Tēnā koutou katoa, thank you for taking time out of your day to join us.**

Tēnā koutou katoa, thank you for taking time out of your day to join us. And our heartfelt welcome to this, our 14th Breakfast gathering and 28th Annual General Meeting.

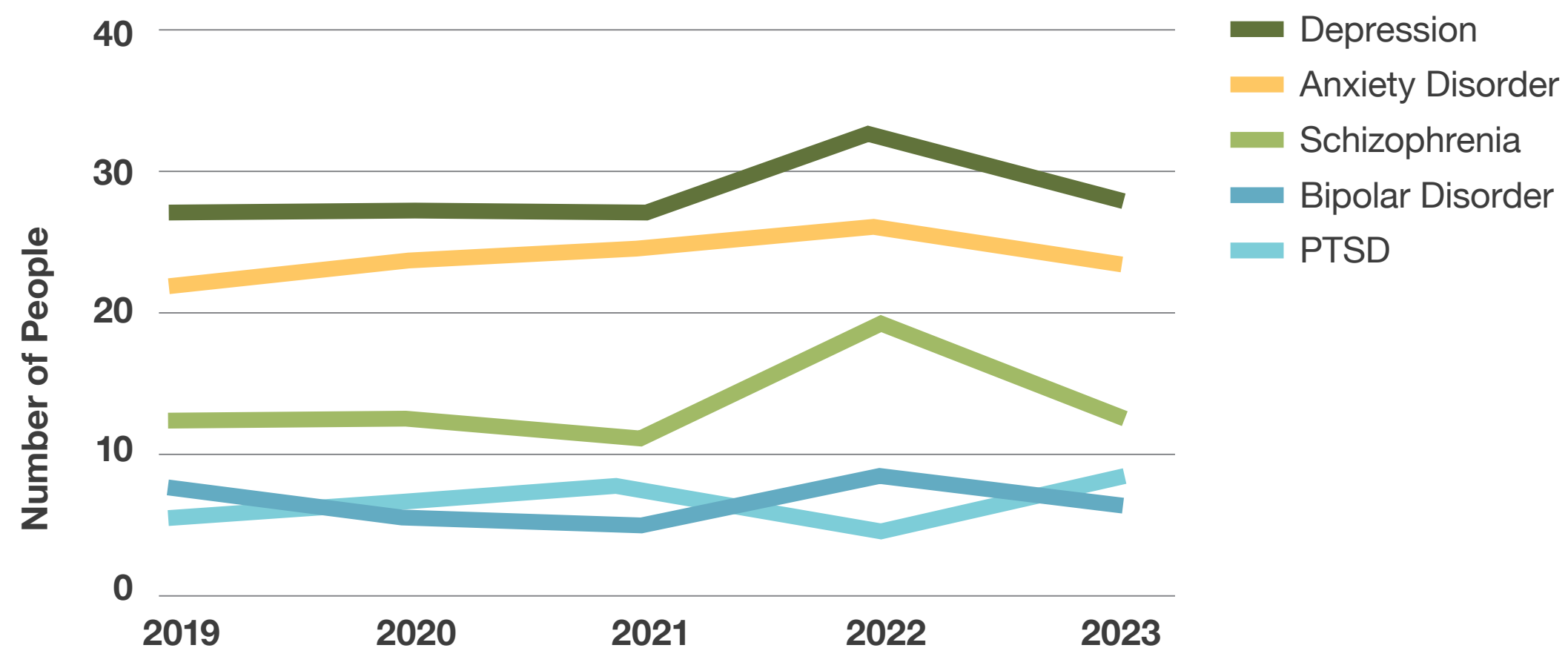
Here are some key information and achievements from the last year, that we would like to share with you:

Services:

- Our services were accessed by over 400 individuals; the average age being 44 years old; the youngest being 17 and the eldest 81 years old. Just over 55% of the people we supported identified as being female; 44% male and 1% other.
- Whilst most identified as NZ European (67% up by 6%), followed by Māori (24% down by 5%), we continue to see people from a broad range of countries.
- For the first time in several years, the most referrals were received from community support services (33% up by 5%), followed by self/whanau referrals (32% down by 4% on last year) and adult community mental health (8% down by 10%).

- The most common mental health conditions that we are supporting people to live with are depression, anxiety disorder, schizophrenia, post-traumatic stress disorder and bipolar disorder. The downward trend for depression and anxiety could be due to the effects of the pandemic lessening, but we can reasonably expect higher numbers given the levels of hardship being experienced by people due to the current cost of living.

## Mental Health Diagnoses

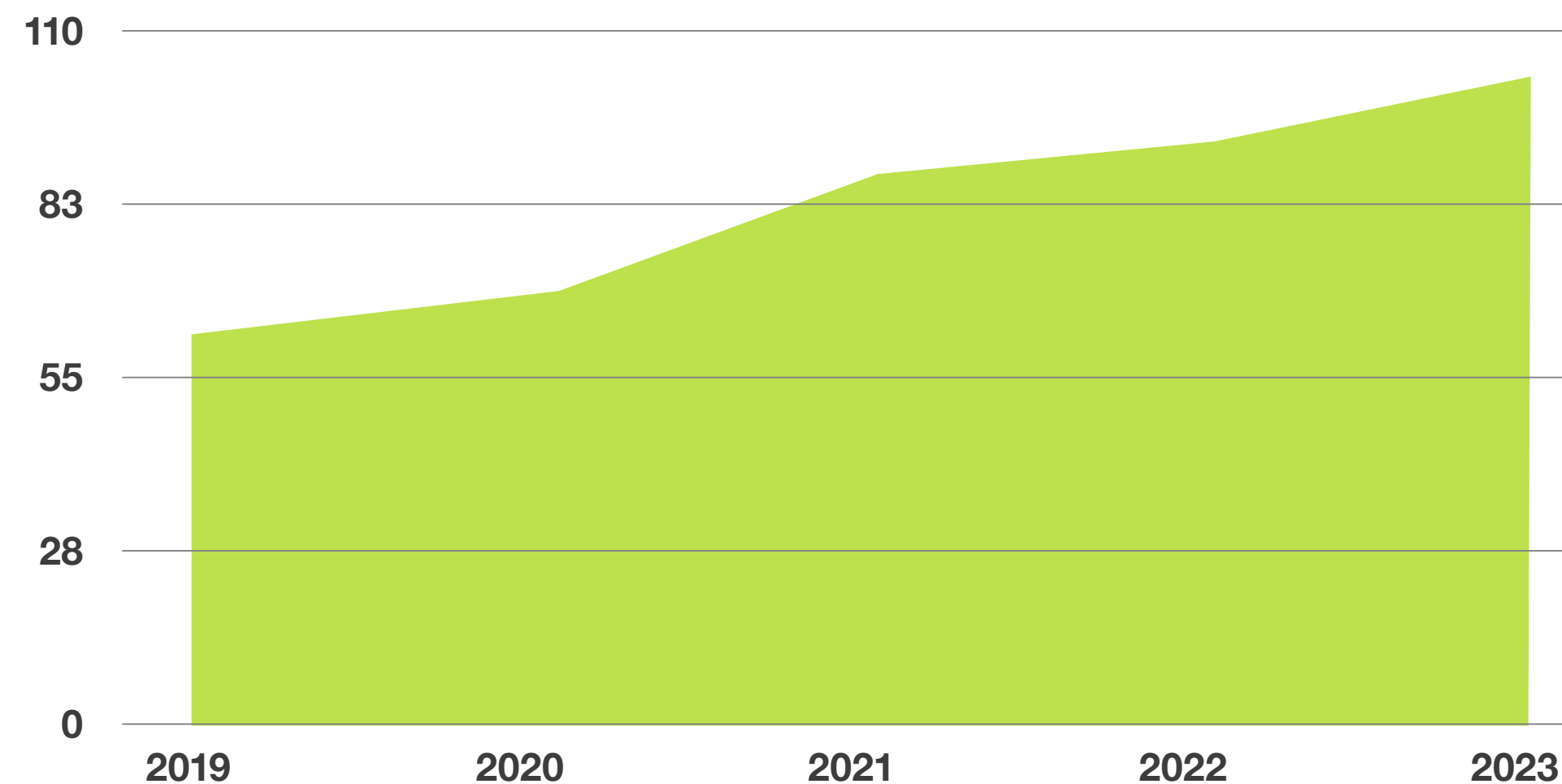


“ Together, we can achieve what was perceived as impossible ”



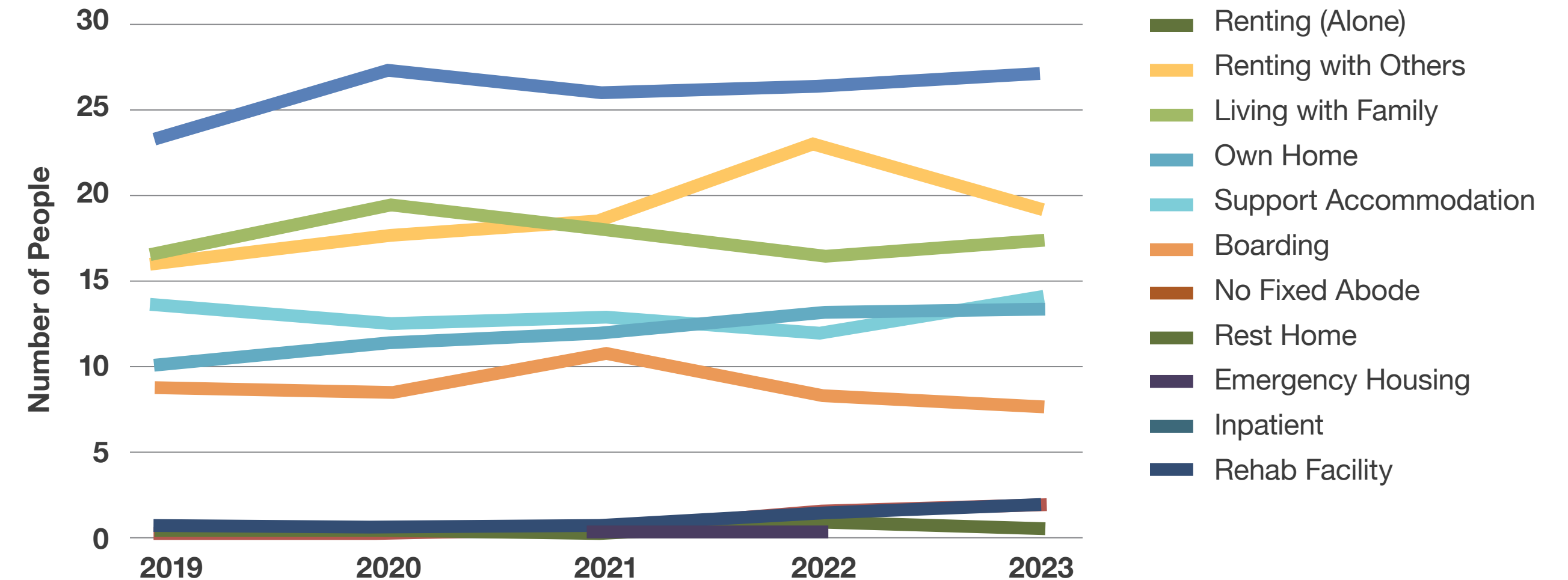
# chief executive's report

## Gained Employment



- Together, we can achieve what was perceived as impossible. The more common physical health conditions or disabilities people are living with are intellectual disability (6%, down 3% from last year), head injuries (4% up by 1%), brain injuries (3%) and arthritis (just under 3%, down 2%).
- 83 people were in or have gained employment during the year. The average weekly hours sit at 21.5 hours, an increase of 6.5 hours per week.
- 31 (up by 4) are volunteering in retail, outdoor work, community service, caregiving, education, trades, office/administration and animal care.
- Most of the people supported live in Hamilton/Kirikiroa (49%), followed by Tokoroa (10%), New Plymouth/Ngāmotu and Taupō both 7% (both down 4%), Putāruru rounds out the top of the list with just under 4%.

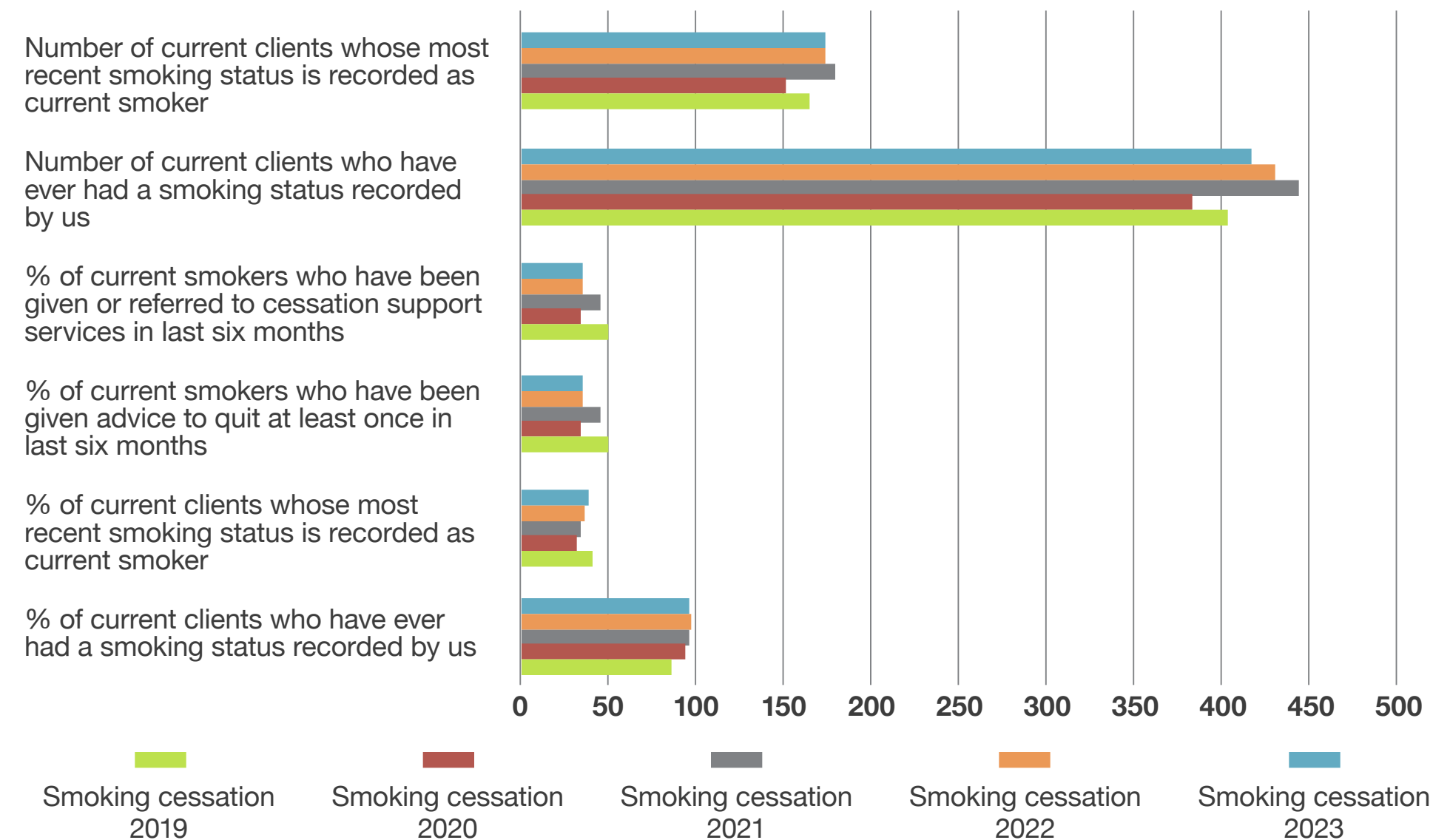
## Living Situation



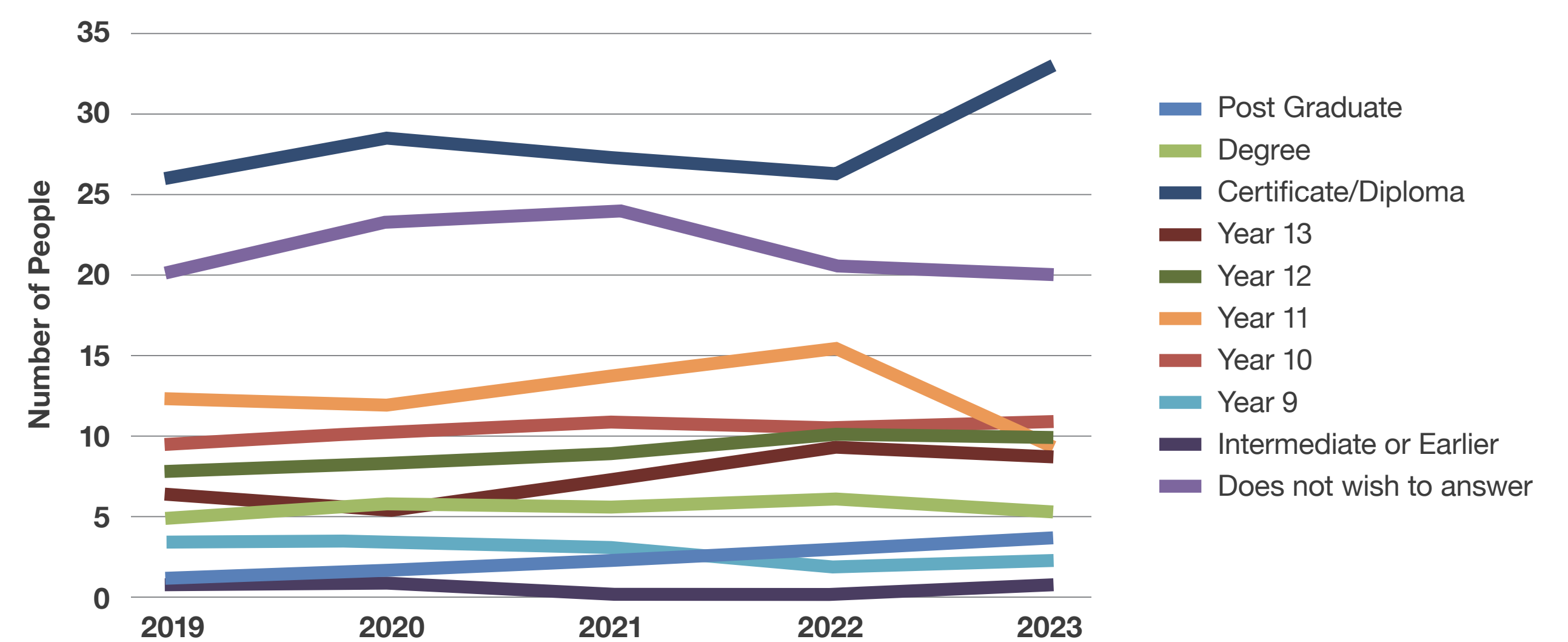
- 39% of people opted out of stating a religion of choice or opting not to answer, but for those that did 16% said they were Christian (without being more detailed), followed by those that specifically identified themselves as being Catholic (4%), Anglican (3%) or Mormon (2%). The total number of people stating a religion has increased overall.
- Even with rent increases and a shortage of places to rent, 27% (up 1%) are living alone in rented accommodation; 20% (down by 2%) are renting with others; 17% are living with their family (no change); 14% are in supported accommodation (up by 2%) and 13% are living in their own home (no change); 8% are boarding. Less than 1% are reporting that they have no fixed abode, repeating a similar result to last year.
- People are also asked what they consider their main daily activity to be – 53% (up by 3%) said they pursue hobbies; 10% (down by 4%) said they're seeking employment, 7% said they were in part-time employment, whilst 4% (down by 8%) said they were in full-time employment, and 8% (up by 1%) said they are caring for others.

# chief executive's report

## Smoking Cessation



## Highest Qualification



## Staff & Culture

- Our staff turnover was just over 24%, which equals 6 employees (up by 12% on last year). Of the staff that left, one returned to their home overseas, one resigned following a family tragedy, and three moved on to other positions within the health and disability sector.
- Our average length of service has remained at 6 years.
- 95% of our front-line team hold the Level 4 National Certificate in Health and Wellbeing, or its equivalent.

## Funding Independence

- For the 15th year running, we achieved a surplus. Importantly, we were able to fully implement our remuneration policy, upgrade resources and equipment.
- Through PressGo, we have been able to provide support to collegial agencies, along with a growing range of businesses, to educate their staff on self-care and wellbeing.
- We successfully received a grant from the COVID Well-being Fund (MSD) to create a series of workshops for older people struggling to socialise after periods of isolation.
- We were one of the beneficiaries to the Estate of J C T Garmonsway.

# chief executive's report

## Ngā mihi nui to:

- 2degrees, Bullzeye Best Brands, FujiFilm, Elite, Dynamo6 and Wild Bamboo who have continued to assist and support us.
- Te Whatu Ora Waikato and Taranaki Districts and the Ministry of Social Development for their continued support.
- Janet Steffert and Johnathan Tan from Enrich Group for supporting our HR and finance functions.
- Everyone who follows us on our social media, you'll be well aware of the collective and individual contributions made by our frontline staff, not only to individuals' lives, but also to the continued success of Progress to Health itself. For that, they have my sincere appreciation.
- Patty Posthuma and Vanessa Foster, our team leaders, for your continued commitment to the work of Progress to Health.
- Jackie Hart, who has stepped up to the new Service and Development manager role. She has come into this 2IC role with a significant amount of experience from within the health and disability sector, including five years as a community support facilitator with us.
- Nicolle, our business support coordinator continues to support the leadership team, with her ever-present can-do attitude.
- Cat Cook, who has moved on to new challenges and to Celia Thompson for keeping the PressGo candle burning.
- Many of you in the room will remember John McIntosh. We had the privilege and honour of naming the pavilion at our Caro Park community garden for him earlier this year. Thank you, Marilyn, for supporting us in this and for joining us this morning.
- Our Board members. Mark Brown, Hayley Arnet, Andrew Corkill, Hayley Brooke, Mark Etheridge, Cheri-Lee Atkinson, Hayley Arnet, Josh Maniam and David Slone have kept their focus on steering Progress to Health on its strategic direction and our future.
- Andrew for guiding us through as Chairperson over the last few years, and congratulations to Mark B for accepting the challenge of taking us through the next few.

## Ngā mihi nui to all of you for the time and belief you've placed in Progress to Health, and for the support you've given to the Progress to Health whānau.

The rest of 2023 and probably the next wee while to come, will continue to bring challenges and opportunities. By the time we gather next year, we may well be working with a new government. Hopefully it will be a time of settling and being able to get on with what we do and that we will finally be the positive changes to the health and disability landscape that we have been hoping Te Whatu Ora | Health New Zealand, Te Aka Whai Ora | Māori Health Authority and Whaikaha – Ministry of Disabled People have promised.

Nāu te rourou, nāku te rourou, ka ora te iwi.

With your basket and my basket the people will live.



**Karen Covell**  
Chief executive

A handwritten signature in black ink, appearing to read 'Karen Covell'.



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# and we've been up to more ...



► A fantastic time at SkyCity Hamilton's Bowl in Social! A group of us came together to enjoy a couple games of bowling. The day was filled with laughter, cheers, and unforgettable moments. We even discovered some hidden talents among us when it came to bowling! It was a wonderful opportunity to connect, get active, and have an absolute blast!



► One of our regular shared lunches celebrating inclusion and diversity. Our Pink Shirt Day lunch also included a spot quiz on all things pink!



► Tokoroa and Taupō people came together for a swim and lunch to celebrate the end of the Move Your Butt events at the AC Baths in Taupo. A total of 20 people attended and enjoyed a swim in the warm water followed by lunch.



► Move your Butt Tokoroa/Taupō - our first group gym session, hosted by Muscle and Curves, where we did a low impact circuit. It was a great way to get active at our own pace and ability.

# statement of financial performance

Notes	June 2023 \$	June 2022 \$
<b>REVENUE</b>		
<b>Revenue from providing goods &amp; services</b>		
Ministry of Social Development	586,703	536,848
Waikato District Health Board	1,185,695	1,143,866
Taranaki District Health Board	237,855	229,633
Business Initiatives	319	1,150
Sundry Income	12,234	17,037
	<b>2,022,806</b>	<b>1,928,534</b>
<b>Interest, dividends &amp; other investment income</b>		
Interest income	22,718	5,195
Dividend income	2,909	-
Unrealised gains/(losses) on investment	21,063	-
	<b>46,690</b>	<b>5,195</b>
<b>Donations, grants and fundraising income received</b>		
Donations received	2,384	30,527
<b>Other revenue</b>		
Insurance proceeds	55,678	-
<b>TOTAL REVENUE</b>	<b>2,127,558</b>	<b>1,964,256</b>
<b>EXPENSES</b>		
<b>Employee related payments</b>		
Wages & salaries	<b>1,390,444</b>	<b>1,337,140</b>
<b>Costs relating to providing goods &amp; services</b>		
Service costs	235,230	241,728
Centralised costs	358,939	287,742
Legal costs	31,542	26,694
<b>Other expenses</b>		
Audit fees	7,500	7,400
Depreciation	2.6	4,306
Loss on disposal of Fixed Assets	-	-
<b>TOTAL EXPENSES</b>	<b>2,027,961</b>	<b>1,906,134</b>
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>	<b>99,597</b>	<b>58,122</b>

The following financial statements provide an excerpt from the audit report completed and provided by PKF Hamilton. The full audited financial statements are available on request by contacting Progress to Health at [admin@progresstohealth.org.nz](mailto:admin@progresstohealth.org.nz)

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Note 2.6: Property plant & equipment

# statement of financial position

	Notes	June 2023 \$	June 2022 \$
<b>Current Assets</b>			
Bank accounts & cash	2.1	526,925	918,423
Accounts receivable	2.3	169,783	131,864
Interest received		-	356
Prepayments		6,335	6,094
Short term deposits	2.2	-	303,010
		<b>703,043</b>	<b>1,359,747</b>
<b>Non-Current Assets</b>			
Property, plant & equipment	2.6	10,804	15,110
Jarden Investments		828,891	-
		<b>839,695</b>	<b>15,110</b>
<b>TOTAL ASSETS</b>		<b>1,542,738</b>	<b>1,374,857</b>
<b>Current Liabilities</b>			
Accounts payable & sundry accruals	2.4	69,014	54,088
Income in advance - MSD Covid support grant (partially fulfilled)		45,000	
Employee costs payable - Holiday pay accrual		86,803	85,761
Wages accrual		44,142	36,338
		244,959	176,187
<b>TOTAL LIABILITIES</b>		<b>244,959</b>	<b>176,187</b>
<b>NET ASSETS</b>		<b>1,297,779</b>	<b>1,198,670</b>
<b>ACCUMULATED FUNDS</b>			
Accumulated surpluses /(deficits)	4.0	1,102,416	1,006,389
Financial reserve		195,363	192,282
<b>TOTAL EQUITY</b>		<b>1,297,779</b>	<b>1,198,671</b>

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Note 2.1: **Bank accounts & cash**  
 Note 2.2: **Term deposits**  
 Note 2.3: **Accounts receivable**  
 Note 2.4: **Accounts payable & accruals**  
 Note 2.5: **Financial instruments**  
 Note 2.6: **Property plant & equipment**  
 Note 4.0: **Reserves**

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# statement of financial cash flows

	June 2023 \$	June 2022 \$
<b>Cash flows from operating activities</b>		
Cash was received from:		
Donations received	2,384	527
Receipts from providing goods & services	2,038,587	1,843,685
Interest, dividends & other investment receipts	23,730	5,637
Other revenue	55,678	-
Net GST	(3,176)	4,624
	<b>2,117,203</b>	<b>1,854,473</b>
<b>Cash was applied to:</b>		
Payments to suppliers & staff	(2,006,136)	(1,877,392)
	<b>(2,006,136)</b>	<b>(1,877,392)</b>
<b>Net cash flows from operating activities</b>	<b>111,067</b>	<b>(22,919)</b>
<b>Cash flows from investing &amp; financing activities</b>		
Cash was received from:		
Term deposits	305,263	0
<b>Cash was applied to:</b>		
Investments in shares	(807,828)	
Purchase of property, plant & equipment	-	(3,318)
<b>Net cash flows from investing &amp; financing activities</b>	<b>(502,565)</b>	<b>(3,318)</b>
Net increase/(decrease) in cash & cash equivalents		
Cash & cash equivalents at beginning of year	(391,498)	(26,237)
Cash & cash equivalents at end of year	918,423	944,660
	<b>526,925</b>	<b>918,423</b>
This is represented by:		
<b>BANK ACCOUNTS &amp; CASH</b>	<b>526,925</b>	<b>918,423</b>

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Progress to Health Annual Report twenty23