2016/2017 was a highly eventful year for HammondCare across our operations, including the opening of HammondCare Wahroonga, Strathearn in Scone becoming part of HammondCare, the home care market deregulation, leadership of Dementia Support Australia, and development approval of HammondCare Darlinghurst.

We hope you enjoy reading more about the 2016/2017 highlights and stories in this Annual Report. We thank all those we served and partnered with for the opportunity to continue to pursue our mission to improve quality of life for people in need.
Our Mission
Our passion is improving quality of life for people in need.

Our Motivation
The work of HammondCare is motivated by the Christian principles and values expressed in the words and deeds of Jesus Christ. HammondCare believes in the value of all people as made in the image of God and as loved by God. We are therefore called to show the same love, with compassion and respect, for people in need.
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Chair report

I would like to begin my second report as the Chair of HammondCare by thanking my fellow Board Directors and Association members for their ongoing contribution over the last year.

I appreciate their insights and commitment in ensuring that HammondCare continues to carry out its activities in accordance with its mission. I would also like to thank two former Board members who have recently retired from Board Committees which they joined even after having served on the Board. Rosemary Bond served in several key roles with HammondCare for close to three decades and was the inaugural chair of the Quality, Safety & Risk Committee. She retired from the Board in 2013 but continued to serve on that same Committee until August this year. Similarly, Richard Mayes re-joined the Property Committee for a period in 2016 after retiring from the Board in 2012. We greatly appreciate the care and wise advice that both of them have provided over the years.

Throughout its history, HammondCare has provided compassionate support to people facing challenging situations. It was a faith-fuelled compassion that drove Bob Hammond to set up the pioneer housing scheme for destitute families at the height of the Great Depression and I am pleased to say that attitude of compassion is still strong today.

An excellent example of this is the work underway on the innovative residential service supporting older homeless people with high care needs in Darlinghurst. The project has taken longer than we expected but we have persevered, with much prayer and hard work by many people. I am delighted with the way this project has progressed from the initial concept phase to where it is today.

The past year has presented other challenges, particularly for home care services. While we have opened services in a number of new locations, including Brisbane, teething problems with the new method for allocating care packages has slowed the rate of new admissions. We continue to work with the Government to resolve these issues, while developing new strategies to reach out to people in need.

After more than a year in the role of Chair, I remain convinced that HammondCare has a well-equipped and hard-working Board. One of my chief concerns is to make sure this remains the case. That is why I am pleased to welcome new Directors like Kok Kong Chan who joined the Board in September 2016. Kok Kong has extensive experience in providing expert advice to Senior Executives and Boards and has headed up an Asian diagnostic healthcare business. I welcome the perspective he has brought and look forward to his ongoing contribution.

This year the Board had its first external Board Evaluation Review conducted by a professional firm of consultants. The review concluded: “We are pleased to report that the HammondCare Board presents as a professionally run team of volunteers strongly united around the HammondCare Christian mission and charitable purpose.”

The Review identified opportunities for improvement and we have begun to implement a number of them, including increased on-site visits with care staff, greater engagement with management in developing strategy and new methods for management to report to the Board.

On behalf of my fellow Directors and myself I wish to acknowledge the invaluable contribution of our Chief Executive Dr Stephen Judd, the Executive and the HammondCare staff and volunteers, which you can read about more within the pages of this report.

I also want to thank all of HammondCare’s donors for their generous support. Without this generosity, it would be impossible to deliver many of the innovative initiatives that make a meaningful impact in people’s lives.

Yours in Christ,

John Kightley
BCom, MPhil Oxon, CA (SA), CFA Institute USA
Chair
Chief Executive report

There have been a number of media reports and inquiries into quality in aged care this year. What are the reasons for that and what are the implications?

A series of unfortunate incidents has thrust the sector into the spotlight, for all the wrong reasons. Over the course of the year, various media outlets revealed poor clinical care and inadequate reporting at several residential aged care services around Australia. In addition, there was a South Australian inquiry into a service called Oakden, run by that state’s Health Department. The inquiry found ongoing clinical failures and inappropriate practices in the facility for over a decade. In part, Oakden failed because it supported people with different types of dementia, as well as people whose primary care need was a mental health condition. While HammondCare has both older persons’ mental health services as well as services for people with dementia, our experience is that clarity and focus is essential. These residents have different care trajectories and that means respective services require different sorts of staffing, different approaches and different supports.

These reports highlight a number of things. First, quality of life for older people will not be achieved by a compliance system that is only interested in a service having the ‘right’ documentation. You won’t achieve a quality service by ticking boxes. While safety is a systems issue, quality of life is about the individual. Regulators and policy makers know this but are uneasy with it: “the impetus to reform subjectivity in standards through objective criteria and protocols is dangerous because quality of life, which is what aged care should be about, is ultimately an irreducibly subjective matter” (Braithwaite et al 2007, 231). As a former Minister for Aged Care simply put it, “Ultimately the customer’s definition of what is quality is the only one that really matters.”

Finally, we must as a society recognise that in aged care we are imperfect people serving very frail people with chronic conditions. That is a great and wonderful responsibility but it also means that incidents will happen; mistakes will be made; there will be stuff-ups. We address that at HammondCare by ensuring we have robust Quality Safety and Risk systems but, in addition, ensuring that there is a culture of transparency and honest communication when mistakes or incidents happen.

There have also been considerable changes in the home care space. What are the consequences of this?

In February 2017 there was a key change to the way that government-subsidised home care operated. The purpose of that change was good: to provide older Australians with more choice as to who provides services to them. The market has opened up so that approved providers can offer services wherever they see a need. This means that people can also vote with their feet, and providers who aren’t offering quality services will not survive.

So, what has happened since February is that if you are assessed as eligible for subsidised care, you go onto a national waitlist called My Aged Care. But the system at the moment is neither transparent nor effective. No one can tell you where you are in the queue or how long you’ll have to wait. The system was seemingly developed with well-educated, self-advocating consumers in mind: ‘snail mail’ letters are sent to the older person expecting them to respond, regardless of cognition. Then it’s up to you to choose a provider. Bad luck if you have dementia and live on your own! The expression of relationship – so important for us all, let alone older Australians in need of care – is absent. There is no-one to help ‘pull you through’ the system from assessment to care service.

The result is that the sector as a whole is reporting a significant decline in the number of home care clients. This means that a system introduced to provide greater choice to older Australians has, by its very design, reduced the number of Australians receiving care in their own homes. If those systems issues are not remedied quickly, it will be nothing short of scandalous. This, to me, is the looming issue for aged care in the coming year.

In Victoria and NSW there is a legislative push for Assisted Suicide and Euthanasia. What is HammondCare’s position on this issue?

HammondCare is absolutely focused on improving both the reach and effectiveness of our palliative care services. The evidence shows that demand for euthanasia from patients - as opposed to advocates - dramatically diminishes when palliative care services are well-provided. But, importantly, palliative care services are devalued in those jurisdictions where euthanasia has been introduced.

We are assured by pro-euthanasia advocates that there will be legislative safeguards against coercion, around mental health and
I remain confident about HammondCare’s overall strategy and direction, with clear goals and good plans in place to achieve them. We will continue to provide excellence in existing services while pushing ahead with planned services and developments.

Dr Stephen Judd

What are some other significant events that occurred in the past year?

In late 2016 the Australian Government awarded a national contract for the Dementia Behaviour Management Advisory Service (DBMAS) to Dementia Support Australia, a consortium led by HammondCare. This has greatly expanded our capacity to provide world-leading consultancy and advice to those who care for and support people with dementia. Dementia Support Australia has approximately 150 consultants throughout Australia delivering ‘boots-on-the-ground’ advice. In all of this we strive to lift the expertise in supporting people with dementia across the sector. It is truly a transformative initiative and I am very proud to have been involved in it.

In late 2016, Strathearn Village, a community-based aged care provider based in Scone in the Upper Hunter region of NSW, became a subsidiary of HammondCare. The previous board of Strathearn recognised the challenges facing stand-alone services but wanted any organisation that assumed control for the Scone services to continue them and grow them. We take their trust in us very seriously and we are enthusiastic about Strathearn being a hub for growing and improving the services in the Upper Hunter region and beyond.

And, I can’t fail to mention that Scone, a long-time equine centre, had a significant part to play in HammondCare’s early history. In the 1930s, a prominent Scone family, the Dangar family, had a race horse by the name of Peter Pan. Peter Pan won the Melbourne cup two times, and after the second race in 1934, the Dangar family donated the equivalent of almost half a million dollars today – a truly significant sum – towards the land settlement scheme at Hammondville. There is now a Peter Pan Park in Hammondville on Stewart Avenue to commemorate this huge contribution. So, in 1934, the Scone community helped HammondCare kick-start its pioneer housing scheme, and more than 80 years later, HammondCare can return the favour and help Scone’s Strathearn services grow and thrive.

Our pain management services at Greenwich hospital have also been a standout. Earlier this year, an independent evaluation identified HammondCare’s Pain Clinic as one of the best in reducing the patient experience of chronic pain and reducing medication dependency. This is a great outcome for the Clinic, but more importantly for the people whose lives are changed by the program. This is a successful program which I really hope can be replicated in other locations.

decision capacity. Well, I’m sorry. My old man used to say “where there’s a will, there’s a relative!” And the evidence from overseas where euthanasia is legal shows that these so-called safeguards haven’t worked! The evidence from the Netherlands shows that vulnerable population groups - such as people with dementia - are being euthanised and it has nothing to do with ‘intolerable suffering’. I could go on and give other reasons about the dangers of legalising euthanasia and assisted suicide. But two things stand out to me in this debate. First, the overseas evidence about the ineffectiveness of the legislative safeguards, about the societal impact of legalising one sort of suicide, about the impact of physician-assisted suicide on doctors, is seemingly ignored. Second, the community generally doesn’t have a high regard for the ability of our politicians to legislate and put in place effective systems and, yet, we are somehow asked to believe that Aussie pollies will be able to succeed to put in a fail-safe euthanasia system where politicians overseas have demonstrably failed. Really? Give me a break.

So, HammondCare will continue to advocate for what the evidence shows does work: extending the reach and depth of great palliative care services to help people at the end of life to live life to the full.
Finally, I continue to be humbled by the passion and care showed by the people that work at HammondCare. I see it in the frontline services – such as our new HammondCare Wahroonga service – and I hear about it through our many feedback forums. At the end of the day, I can talk about what HammondCare’s mission is, but it is our staff who bring it to life, making a difference in people’s lives!

How do the challenges that you mentioned earlier impact on the broader outlook for HammondCare?

I remain confident about HammondCare’s overall strategy and direction, with clear goals and good plans in place to achieve them. We will continue to provide excellence in existing services while pushing ahead with planned services and new developments. We are in a very strong position. We have good reserves, little bank debt and we are well placed to accomplish our objectives.

At Cardiff in the Hunter Valley we have already commenced work on a dementia-specific care village; we are doing the same at our Caulfield site in Victoria. At Darlinghurst in inner Sydney we are developing services for older people who are homeless or at risk of homelessness. This development marks a return to HammondCare’s charitable roots and is an essential service for Sydney’s older homeless population. All of these are part of a pipeline of works over the next five years, equating to almost $400m of capital works.

At the same time, we continue to invest in our research capabilities to ensure that we have evidence-based models and innovation in our services. This means that we not only inform best-practice treatment in the areas of dementia and palliative care, but are also able to focus on wellness, re-ablement and rehabilitation.

So there’s lots to look forward to in the coming year?

Yes, there is. I can talk about programs and finances and all of that but, at the end of the day, HammondCare is a great team of people passionately committed to improving the lives of those people we support and showing God’s love to His creation. And that is why I am proud to show up every day as its Chief Executive.

Dr Stephen Judd  
BA PhD FAICD  
Chief Executive
Highlights of the year
2016/2017

This year was one of diverse activity across our organisation.

Dementia Support Australia
HammondCare appointed to lead national dementia programs
HammondCare commenced leadership and operation of the new industry partnership Dementia Support Australia (DSA) in October. This Government funded service integrates the Dementia Behaviour Management Advisory Service (DBMAS) and Severe Behaviour Response Teams (SBRT) into one free service, accessible anywhere in Australia 24/7, 365 days. The goal of this new unified national support service is to achieve a measurable change in the quality of life of people living with dementia and their care networks.

HammondCare’s Mission in Action
Approval for Darlinghurst care home for older people experiencing or at risk of homelessness
The City of Sydney approved HammondCare’s development application in February, for a 42 bed residential aged care home for older people experiencing or at risk of homelessness in Sydney’s inner city. It will incorporate specialist services for women and men with high care needs, and aims to help them regain some independence, stability, and dignity in their lives. This home will be a first of its kind in Sydney.

Announcement
Strathearn in Scone, NSW, becomes part of the HammondCare group
Regional aged care provider, Strathearn, became a wholly owned subsidiary of HammondCare in November, ensuring a strong future for aged care and retirement living in Scone and surrounding districts. This will enable Strathearn to access best-practice dementia and aged care expertise as well as delivering excellent clinical, quality and financial outcomes, and growth. A key focus has been ensuring that Strathearn’s valuable and integral role in the Scone community continues. HammondCare At Home has also successfully commenced operations in Scone.

HammondCare At Home
Government launches open competitive home care market
In February the Government deregulated the home care market, offering clients the ability to choose their own provider. HammondCare launched a sales and marketing program and opened seven new offices including Brisbane, Scone and Broken Hill, to meet the anticipated demand. Challenges have arisen market-wide with the new My Aged Care processes, resulting in a stagnation of new Home Care Packages. HammondCare re-calibrated its operations, offering clients guiding support in this time of uncertainty.

Summary of the year

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<th>Total revenue</th>
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| Residential Care |  $88.7m |
| HammondCare At Home |  $62.5m |
| Health+Hospitals |  $56.3m |
| Dementia Centre |  $26.7m |
| Independent Living |  $5.5m |
| Other |  $12.6m |

17,251 people cared for
3,643 dedicated staff
2,419 supporters
850 volunteers
63 service locations
HammondCare At Home
HammondCare offers lifeline to those waiting for Home Care Packages
HammondCare has come to the assistance of people frustrated by delays in waiting in the My Aged Care National Home Care Package queue - despite being eligible - by offering a special Early Commencement Offer. If someone is eligible following assessment by the Aged Care Assessment Team, but is still waiting for funding approval (estimated to be between 6-12 months nationally), they can secure the care they need to stay at home immediately. HammondCare At Home has developed an industry leading arrangement to recover the funding shortfall once the client’s final approval arrives.

Independent Living Units
More accolades as Miranda HammondGrove Phase Two opens
December saw the opening of the second phase of Miranda Independent Living Units which included 38 apartments and four penthouses. All new apartments and villas were sold and occupied ahead of schedule, with Miranda now 100 percent occupied. HammondGrove Miranda won its second award a month earlier, this time receiving the National Award for Excellence in ‘Retirement Villages/Independent Living’ from Master Builders Australia. Phase three has received Development Approval and is due for completion in late 2018. This will comprise three penthouse apartments, 30 two-bedroom/study apartments, a sky-lounge, theatre and bar.

Residential Care
New ‘first of its kind’ multi-level dementia specific care home
In February, the HammondCare Wahroonga dementia specific care home for 57 residents, based on HammondCare’s world-leading cottage-style dementia design, was opened in Sydney’s north by Federal Minister for Aged Care and Indigenous Health, Ken Wyatt. This design is believed to be the first of its kind in Australia, translating our internationally renowned cottage-style homes into a multi-level building. It recently won the NSW award for Best Aged Care building in the Master Builders Association awards.

Health+Hospitals
HammondCare supports career development for nursing team and women in leadership
HammondCare has awarded three of its nurses with international scholarships to further their studies in Palliative Care in the UK and New Zealand, including a six week placement at a leading UK hospice thanks to the support of a generous donor. Also during the year, a number of our current and future women leaders across nursing, medical, allied health and enabling portfolios were selected to undertake a course of study at Monash University as part of the Masters in Leadership program.
Service locations
Where and how we care

- **Residential Care**
  - Erina NSW
  - Horsley NSW
  - Hammondville NSW
  - Miranda NSW
  - North Turramurra NSW
  - Scone NSW
  - Wahroonga NSW
  - Woy Woy NSW
  - Woy Woy NSW
  - Caulfield VIC

- **Health+Hospitals**
  - Braeside NSW
  - Greenwich NSW
  -Monad Vale NSW
  - Wahroonga NSW

- **HammondCare At Home**
  - Batemans Bay NSW
  - Bathurst NSW
  - Baulkham Hills NSW
  - Broken Hill NSW
  - Cardiff NSW
  - Coffs Harbour NSW
  - Hammondville NSW
  - Horsley NSW
  - Lindfield NSW
  - Manly NSW
  - Mudgee NSW
  - Miranda NSW
  - Merimbula NSW
  - Narara NSW
  - North Gosford NSW
  - North Turramurra NSW
  - Nowra NSW
  - Scone NSW
  - St Marys NSW
  - Wahroonga NSW
  - North Melbourne VIC
  - Brisbane QLD
  - Canberra ACT

- **Research+Education**
  - Braeside NSW
  - Greenwich NSW
  - Hammondville NSW
  - Malvern VIC

- **Dementia Support Australia (DSA)**
  - Greenwich NSW
  - Hammondville NSW
  - Gosford NSW
  - Broken Hill NSW
  - Tamworth NSW
  - Brisbane QLD
  - Townsville (ARRCS) QLD
  - Gold Coast QLD
  - Cairns (ARRCS) QLD
  - Sunshine Coast QLD
  - Malvern VIC
  - Drouin VIC
  - Ballarat VIC
  - Shepparton VIC
  - Canberra ACT
  - Hobart TAS
  - Launceston TAS
  - Adelaide SA
  - Perth WA
  - Darwin (ARRCS) NT

- **Palliative Care Home Support Packages**
  - 311 rural and remote towns within NSW

- **Sites in planning**
  - Bega NSW
  - Darlinghurst NSW
  - Cardiff NSW
  - Western Melbourne VIC
  - Caulfield (Dementia Specific Residential) VIC
  - Canberra CBD ACT
17,251 people cared for across Australia, through our nationwide operations.
There is nothing more motivating to everyone at HammondCare than being part of, and witnessing, the stories of the people we serve.

The impact that we have made across a year to improve quality of life of individuals, whether in our Home Care services, Residential Care, Health+Hospitals, or Dementia Centre counts above all else.

The following pages share some of the stories of the people we served in 2016/2017. We hope you find them as uplifting and moving as we have.

Our stories
HammondCare At Home
A dedication to consistent, relationship focused care

The most important part of home care can be the hardest to find.

Faye’s sparkling sense of humour is one of the first things people notice when they meet her.

As a mother-of-four who spent most of her working life in retail, Faye was known as an ever-cheerful face. Always ready to chat with the customers at the chicken shop she ran with her husband Harry. Faye was a ray of light every day.

Sadly, five years ago Faye was struck an unexpected blow while in hospital undergoing a bladder operation. She suffered a massive stroke and as a result gradually lost mobility in her legs. Returning home, she had difficulty walking and leaving the house.

Harry desperately needed help looking after Faye, as he was still running the family business. But they just couldn’t seem to find any providers they felt comfortable with being in their home. They needed help but it had to feel right. Eventually, Harry and Faye got in touch with HammondCare At Home.

That was three months ago. Today, Harry compares finding HammondCare At Home to winning the lottery. “It’s the personal way they look after you that makes them different,” he says.

Faye has a small group of HammondCare carers who she has come to form strong relationships with. This is part of HammondCare’s approach: Relationship-based care from carers that clients get to know – not strangers in their home. Harry and Faye say that it’s this approach they value above everything else.

When Brooke pays Faye a visit, she not only helps Faye with practical tasks such as washing and...
personal care, but also takes the time to lift her spirits. Whether it’s styling her hair, helping Faye apply her favourite perfume, or giving her a kiss on the cheek, Brooke adds a personal touch she knows means a lot to Faye.

“It’s a privilege to help with Faye’s care,” says Brooke. “I don’t want to just do my job and that’s it. I want to make sure Faye feels comfortable. I like to chat with Faye so I gain a bit more of her trust, and she feels more at ease with me.”

This has had a profound impact on Faye’s everyday life. The pair talk about their families, laugh together, chat about different topics, and share their lives with each other. “We joke around together and I love her sense of humour,” says Brooke.

Harry greatly appreciates how HammondCare carers really take the time to interact personally with his wife. This is especially important because he and Faye find it difficult to go on the outings they used to enjoy before her stroke.

“When HammondCare is here, I can relax, sit down and have a cup of tea or coffee,” he says. “They come and talk with Faye, and she just loves that because she doesn’t see many people during the day. Faye loves the way they handle everything, you know. They really care about her.”

Pictured are Faye, a HammondCare At Home client, and Brooke, one of Faye’s HammondCare At Home carers.
Residential Care

Understanding the person to unlock a better quality of life

How being asked to help out in the kitchen transformed George’s quality of life.

George is one of many people living in our dementia-specific care homes located in NSW and Victoria. Our approach is to provide personalised care that enables dignity, self-esteem and independence for residents.

1,693 people cared for
18 care homes
10 national locations
1,472 dedicated staff
George was only eighteen years old when he left his family and migrated from Greece to Australia in search of better opportunities. Starting life in a foreign country was challenging. However, George was determined to thrive in his new home. He taught himself English, worked hard as a shop assistant and eventually ran two successful businesses: a restaurant and a takeaway shop.

George’s real pride and joy, though, was his family. His wife Anne was his highest priority, along with his four sons who the couple raised in the suburbs of Sydney.

It was George’s sons who first noticed something was amiss after Anne died in 2016. George became forgetful and displayed signs of paranoia. A specialist diagnosed him as having Alzheimer’s disease.

Over time, George became unable to care for himself and the progression of the disease meant he was no longer able to stay at home. So his sons placed him in a residential care home. During his stay, George became distressed and physically threatened the staff on duty. His sons were told that the home could no longer care for their father.

At this point, the family, distraught, turned to HammondCare for help. In November 2016, George became the very first resident of our newly opened dementia specific care home at Wahroonga. From the beginning, the staff treated George as a valued individual. This is central to HammondCare’s approach to care.

“The day of George’s admission was our first day of opening,” says Skye Marshall, Manager at HammondCare Wahroonga. “We sat down with our staff and discussed George’s background, previous lifestyle, his current needs, and the social factors that concerned him. We wanted staff to see him first and foremost as the unique individual he is, so we could tailor his care around that.”

This focus on understanding George and his background permeated his care in very practical ways. One of the most interesting developments as a result of this, was that George assists with simple jobs in the kitchen and helps prepare food.

This is familiar terrain for a man who has made his living in the food industry for close to thirty years. And it’s an example of how HammondCare always tries to recognise and value the unique background of each of its residents.

HammondCare carers also accommodate George’s need to stay active. He is continually engaged during the day, whether through conversation, walks in the garden, or a spot of traditional Greek dancing.

As a result, George has steadily improved his level of wellbeing during his time at HammondCare Wahroonga. Although he still becomes anxious at times, the challenges that arose in his last care home have not resurfaced.

Even better, doctors have been able to take George off the psychotropic medication he was previously prescribed. His demeanor has become more relaxed and calm. This is believed in part to be due to the reassuring and familiar environment created by HammondCare’s cottage model that aims to offer a greater sense of control and belonging.

Most importantly, spending time with George has ceased to be a stressful ordeal for his family since he has moved to HammondCare Wahroonga. John his son says, “This is the best we’ve ever seen him.”

The family say that these days George’s grandchildren even catch glimpses of the quick-witted, self-made man they know and love. Michelle Tache, a carer at HammondCare Wahroonga, says helping George feel empowered in day-to-day living has had a positive impact on his wellbeing.

“If you don’t feel empowered, you feel like you are below people, and you can give up on life,” she says. “I know some residents start out feeling that way. But once you give them that sense of empowerment again, you can see it has a wonderful effect on their mood and their day-to-day wellbeing.”

Even better, doctors have been able to take George off the psychotropic medication he was previously prescribed. His demeanor has become more relaxed and calmer.
Palliative Care
Practical and emotional support when every moment counts

When time was limited, Lynette and her family wanted one thing above all.

For most of her life, Lynette was a vibrant and healthy woman. Described by those who knew her as the life of the party, she gave her four children a happy childhood and always pitched in where she could, volunteering for canteen duty and Saturday sport barbeques.

In her late forties, Lynette trained to become a qualified naturopath; an achievement she took great pride in. She also continued to stay active during her fifties, working as an office manager in her son Phil’s coffee business.

So, it was a shock to all her loved ones when at the age of 54, Lynette was told she had less than two years to live. The cervical cancer she had developed in 2013 had returned as an incurable disease that spread to her chest.

Lynette’s family was devastated. Spending quality time with their mum and giving her the best care possible became their top priority.

When Lynette began experiencing significant pain from the cancer, her oncologist introduced her to palliative care at HammondCare Neringah Hospital. Lynette initially resisted being treated and only visited the hospital for a short time.

However, when her pain increased she returned for a second and third visit. Lynette herself asked to return for the third time.

“By that third visit, Neringah was the only place mum wanted to be because everyone there was just incredible,” says Lynette’s son, Phil. “She liked having familiar faces that she could forge friendships with.”

HammondCare soon became an invaluable source of support – not just for Lynette, but also for her family. Before moving into Neringah permanently, Lynette lived alone in an apartment and her children looked after all her daily needs on top of caring for their own families.

Caring for Lynette’s medical needs was a difficult job that was getting in the way of the family spending special time with her. Above everything, what they wanted and needed most was precious quality time with Lynette. But it seemed so hard to achieve.

Lynette was on high levels of pain medication and took different drugs several times a day. Filling her prescriptions and ensuring she took the correct dosage was stressful, especially as Lynette would often forget what she had taken during the day.

Once Lynette moved to Neringah, HammondCare staff cared for all her practical and medical needs. More significantly, they did this with a smile, her family says. It was about emotional support too.

“Mum was petrified the first time they had to shower her. But they soon made her feel so comfortable,” says Phil. “They never made mum feel strange or embarrassed.”

HammondCare’s focus is always on ensuring that patients like Lynette are treated with genuine respect and dignity. That they are cared for in a manner they feel at ease with.

It was also a huge reprieve for the family. “We would go for a walk for 20 minutes and it was done. That was the hugest relief,” says Phil. “We could just focus on mum, and spending time with her without worrying about anything else.”

Health+Hospitals
Lynette is one of the many people we proudly supported in 2016/2017 through HammondCare’s Health+Hospitals services.

<table>
<thead>
<tr>
<th>Heart</th>
<th>Car</th>
<th>Smile</th>
<th>Bird</th>
<th>Hand</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>5,734</td>
<td>52,647</td>
<td>180</td>
<td>2,942</td>
<td>2,199</td>
<td>683</td>
</tr>
</tbody>
</table>

people cared for | bed days | supported by the pain clinic | people supported in palliative care | people supported in rehabilitation care | dedicated staff
We know that we gave mum everything she could have had at the end.

Phil - Lynette’s son

Lynette’s carers at Neringah also provided support and reassurance to her children. They answered any questions the family had about their mother’s condition and what was happening to her in those final months, weeks, and days.

At HammondCare providing emotional support like this is seen as just as important as the medical side of things, for both the patient and their family. This complete approach to care can often be the element that makes the real difference to patients and their family feeling at peace with the situation.

When Lynette eventually passed away in December last year, she was surrounded by her family who didn’t leave her side. Phil believes his mum “couldn’t have had a nicer send off.”

“As much as we’ve grieved, I think it has been assisted by the fact that mum was in such a great place at Neringah,” Phil says.

“We know that we gave mum everything she could have had at the end. We don’t look back and think: we should have done this, we should have done that. We just talk about mum.”
Arthur* was in his seventies when he was diagnosed with Alzheimer’s disease. The former mechanic and father-of-four lived alone, until he began to struggle both physically and mentally. This led to Arthur moving into residential care.

Understandably this change was stressful for Arthur, especially given his strong, independent nature. He began to express himself in a manner that concerned his carers – for example, high levels of anxiety and constantly seeking to leave the care home.

Arthur’s GP contacted Dementia Support Australia (DSA), the new nationwide support service led by HammondCare, that is dedicated to providing assistance 24/7 in understanding and addressing the causes of behaviour for people living with dementia. DSA received an online referral on a Monday, then two days later Lyn Robb, a DSA consultant, was ‘on the ground’ to assess the situation. Over the next three months, Lyn visited Arthur five times at the care home and phoned or emailed on a weekly basis. An assessment of Arthur’s care needs and behaviours was undertaken by reading client documentation, consulting with care home staff and family, and speaking with Arthur.

It was through this intensive review that the DSA consultant team began to identify some of the factors contributing to why Arthur was stressed and anxious. A DSA geriatrician provided a medical review, identifying the need to treat underlying pain and depression. Lyn and the DSA team were also able to identify social issues that impacted Arthur, such as loss of independence and a lack of engaging activities.

“Arthur didn’t understand why staff wouldn’t just open the front door for him,” Lyn says. “He went from being very independent to someone who was living with a whole lot of people. In his mind, he was imprisoned.” Through a consultative process with Arthur’s carers, the DSA consultancy team developed practical and
Arthur’s story is a great example of how, when everyone involved works together in partnership to understand the person living with dementia, a real impact can be made to improve the quality of life.

‘person-centred’ recommendations to help improve Arthur’s quality of life.

Clinical recommendations were also quickly implemented. Arthur’s pain and depression were treated, and his GP changed any medications that had side-effects impacting his behaviour.

Non-clinical strategies were also gradually put into play, such as encouraging Arthur to sit with people he could talk with at the dining table and asking for permission before entering his room. It was important to speak with staff at the residential care home and encourage them to think of Arthur’s perspective on his daily experiences.

“Once we went through Arthur’s social history and we talked about aspects such as Arthur’s loss of independence, it gave staff a clearer perspective of what he was going through. He is essentially grieving for the life that he had,” Lyn says.

The DSA recommendations have produced a number of valuable outcomes. Arthur’s pain is better managed and his depression is being addressed. This enables him to engage with activities and socialise with others. His exit-seeking behaviour has also decreased, according to staff. Arthur is now comfortable with being redirected without causing him distress.

Arthur’s story is a great example of how, when everyone involved works together in partnership to understand the person living with dementia, a real impact can be made to improve their quality of life.

*Name changed to protect privacy.

Dementia Services
HammondCare provided specialised dementia support (led by the Dementia Centre) nationally through Dementia Support Australia, comprising Severe Behaviour Response Teams, and the Dementia Behaviour Management Advisory Service.

- **6,351** cases
- **80,137** total service activities
- **DBMAS 66,074** service activities for DBMAS
- **SBRT 14,063** service activities for SBRT
- **158** dedicated staff

Pictured are Colm Cunningham, Director of the Dementia Centre, and Lyn Robb, DSA Consultant.
It’s a sun-drenched morning and Richard is on the beach with his Labrador, Skippy.

Playing by the water is just one of the many activities they enjoy together. Skippy is Richard’s constant companion to the gym, on shopping trips, and even during his art classes.

Although they’ve been together for less than a year, Skippy instinctively understands Richard’s cues and aims to help where he can. And he can because Skippy is not your average dog. He is an assistance dog from our Dogs4Dementia program. Skippy has been trained from eight weeks old to meet the needs of someone living with dementia.

Dogs4Dementia is a partnership between HammondCare’s Dementia Centre and Assistance Dogs Australia that aims to enhance quality of life for people living with dementia and their families. This government-funded program carefully matches an assistance dog with a person living with dementia and their carer.

Over time, after Richard was diagnosed with dementia, Jennifer (his wife of 47 years) recognised she needed more support. Everyday life was becoming more difficult. Even leaving the house for an outing was a challenge, as Jennifer was increasingly anxious about leaving her husband alone.

Their home had become very different from the hive of activity it had once been. “I felt that we were going down a path that I wasn’t happy with,” says Jennifer. “Everybody can get very low when something like this strikes. Depression set in very quickly for both of us. Anxiety was huge on my part.”

Happily, last year life took a turn for the better when Jennifer attended a free HammondCare Dementia Centre information session. It was here that she picked up a Dogs4Dementia brochure.

The couple took part in two comprehensive interviews to assess their suitability and were eventually matched with their beloved Skippy. After a three-week training period, he became the newest member of their family.

Since then Skippy has significantly enhanced Richard and Jennifer’s quality of life. The benefits are endless: physical assistance, cognitive support, emotional wellbeing and an anchor to daily routines, just to name a few of the positive changes that have occurred.

Jennifer is now less anxious about leaving Richard alone – Skippy accompanies him on his regular walks, watches him, and can easily locate him around the house.

Richard and Jennifer are both more active and take Skippy to the shops and local parks. People often stop to chat to Richard about his dog, which gives him an opportunity to engage with others.

Their once quiet home has also been given a new lease of life. “Skippy is this burst of gorgeous energy and nothing’s quiet anymore,” says Jennifer. “We’re certainly a much more active, more alive household and he’s brought that to us.”

Most significantly, being a part of the Dogs4Dementia program has given Richard and Jennifer something new and different to share.

“It could be difficult to converse sometimes before, but now we talk about Skip,” Jennifer explains. “We share Skip together and Richard’s comfortable chatting about Skip with me.” she says.

“Having an assistance dog changes the way you are with each other,” Jennifer says. “It changes the way your life unfolds. And that has to be rather special, doesn’t it?”

Meet Skippy the four-legged carer.

Dogs4Dementia
An innovative partnership delivering extraordinary results

Pictured are Richard and Skippy.
At the Centre for Positive Ageing, nestled within the peaceful suburb of Hammondville, a small group of seniors are rehearsing for a drama performance. When they started the program at the beginning of the term, hardly anyone in the group knew each other. But now, according to Judy, one of the program’s participants, they have become firm friends through the shared experience of putting on a show.

The drama class is part of Arts on Prescription, one of a number of programs run by HammondCare’s Centre for Positive Ageing. Judy says the classes she experienced are not just an enjoyable addition to her routine; they have also helped her wellbeing by giving her opportunities for social interaction.

There are many terms out there to describe ageing, for example, ‘healthy’ ageing, ‘active’ ageing and ‘successful’ ageing. While the Centre for Positive Ageing agrees with many of these principles, the problem can be that people’s ageing experiences differ; often influenced by many of the curved balls life can throw us.

If you have reached older age and have a disabling condition or two, it doesn’t mean you weren’t ‘successful’ in the way you aged; or that you aren’t ‘healthy’ or ‘active’ enough.

‘Positive’ ageing is a different approach. While not everything about ageing is always positive – and reality shows us that this is not the case – positive ageing is centred on the idea that each one of us can take positive steps to shape and maximise our ageing experience.

The Centre for Positive Ageing has been established to be a thought leader in this space, and to develop
HammondCare’s Centre for positive ageing
Making the most of the ageing experience

and provide practical programs to help people age as well as they can – whatever their circumstances.

Judy, who participated in the Arts on Prescription program is one client who has benefited from the Centre’s positive approach. Four years ago, she suffered a stroke, and then went on to lose her husband of 50 years in a tragic car accident.

Since moving in with her daughter, Helen, Judy has started bi-weekly physiotherapy sessions with the Centre to improve her mobility. She has also participated in three Arts on Prescription programs: one in music and two in drama.

“It did me good because I think it gives me a bit of confidence,” says Judy. “You become more friendly with people through the classes, and it has given me more confidence talking to people.”

Currently the Centre is building momentum, with plans to implement web-based resources to help people understand the benefits of positive ageing; and practical research to build new knowledge around positive ageing.

HammondCare also plans to use the Centre’s learnings to help shape how our other services are delivered, especially our home and community-based services.

As for Judy, what’s the best thing on the horizon at the Centre for Positive Ageing? She says it will be choosing her next Arts on Prescription program.

Key principles underpinning the Centre for Positive Ageing approach include:

- Helping people understand the difference between what is a normal part of ageing, and what we can do something about - including tackling ageist attitudes and not always attributing functional decline to ‘just getting old’.
- Taking a holistic view of what it means to age well, and looking for ways to complement traditional healthcare – such as mental health and wellbeing, everyday functioning and participating in life to the full.
- Having a strong emphasis on incorporating physical activity into people’s lives to help them improve or maintain functioning, but doing so in a way that works for them.
- Developing accessible, evidence-informed, programs to help people reach their individual goals such as programs which focus on nutrition, balance and staying engaged.
- Using innovative arts-based programs to help people achieve greater health and wellbeing.
Pastoral Care
Unconditional understanding and a listening ear

After the loss of his beloved wife and son, John struggled to find a way to process his grief.

When John came to live at our HammondCare Miranda residential care home in August last year, he had suffered profound loss. In June his son passed away from chronic illness. Then tragically less than a month afterwards, his wife died.

Senior Pastoral Care Coordinator, Lois Haultain, says the first step she took was to simply get to know John.

“Residents come first, and we believe it’s our job to get to understand them: What’s important to them, what nourishes them spiritually, what their losses, grief or concerns are, what gives them hope, who is important to them in their lives,” Lois says.

HammondCare offers a range of pastoral care services to address clients’ emotional and spiritual needs. It is a service born from our belief that a person’s inner wellbeing is just as important as their physical health. Residents at HammondCare homes — no matter what faith they hold or if they hold none — have their own personalised spiritual and emotional care plan.

For John, a significant part of that plan was helping him process his grief. To help him do this, Lois and Susan Gibson, another pastoral carer at HammondCare Miranda, spent time together with John in his residence.

Over time John began to open, sharing with Lois for the first time, deeply personal details about his son and wife’s deaths. His daughter says her father has started to talk more than he ever did before. This has helped John to move forward. And the whole family.
“I’m happy when I talk to Lois and Susan,” John says of his pastoral carers. “They seem to respond to me. They’ve helped me a lot.”

Pastoral care staff at HammondCare also use shared experiences to create a sense of community within the residence, to help nurture a person’s spiritual wellbeing. For example, Lois runs a chapel service once a week, which John enjoys attending regularly as it connects him to his childhood.

Lois and Susan have also connected John with other residents. Recently, the pair took John and two other male residents to a cafe down the road, in order to give them an opportunity to get to know each other. As a result, John is now starting to form friendships with others and socialise more.

The truth is that John’s grief may never leave him. And this is the experience of many residents in our care. However, pastoral care has given him support on his journey moving forward.

“We see people whose grief may still be with them,” Lois says. “But the stress of it can reduce over time as they transition into a ‘new normal’ for them,” says Lois. “We see people becoming more at ease, just opening up and smiling. You can see they’re more at peace. They open up to new possibilities.

Pastoral Care: Frontline care delivery and enabling service

Pastoral care is not an “added extra” at HammondCare. It is an integrated, core element of our care. It exists to provide for the spiritual and emotional wellbeing of residents, clients and patients, but also extends to immediate family involved in the care. Importantly, pastoral care also supports and enables our staff and volunteers.

Pastoral care flows directly out of HammondCare’s Christian identity and motivation. It is resourced by 36 dedicated pastoral care staff and 85 volunteers who:

- Provide emotional support in times of loneliness, anxiety, stress and pain
- Address spiritual needs for people of all faiths and none
- Offer prayer, hymns, church services and Scripture
- Provide bereavement, crisis and critical incident support.
Volunteering
A transformative experience for everyone involved

The No.1 skill required to be a great volunteer is simpler than most people think.

Robyn wears many hats at HammondCare’s Woy Woy residential care home. As a HammondCare volunteer, she is a friend, confidante, coffee shop companion, tea server and ‘Bingo Lady’, to name but a few of the roles she takes on.

These roles may sound rather ‘everyday’. But it’s what makes Robyn and other volunteers like her an absolutely essential part of HammondCare’s mission to improve quality of life for the residents, clients and patients in our care.

Robyn started volunteering with HammondCare in October last year. Having lost her parents at a young age, Robyn really enjoys spending time talking with older people and getting to know them.

“It brings them out of their shell,” Robyn says. “Sometimes if we’re having a conversation, someone will join in when normally they would be sitting by themselves quietly. When we play bingo, others come and play.”

Volunteering is also how Robyn met Faye: a resident who is living with dementia. The pair quickly struck up a rapport – so much so that Faye’s family have given Robyn permission to take her on short outings, mostly to a coffee shop by the beach or at the local shopping centre.

According to Tania, Volunteer Leader at HammondCare Woy Woy, Robyn’s friendship with Faye is exactly what makes volunteers so valuable at the residence. It seems that being able to strike up a conversation and offer a friendly ear is often the most important skill a volunteer can have to offer.

“When a volunteer walks into HammondCare, they’re really coming in without a rulebook,” Tania says. “There’s no time constraints necessarily, or a job list.”

Volunteers at HammondCare are given the freedom to run different activities, and simply ‘be’ with people. Or they might use their talents to engage with residents. Whether it’s dancing, playing an instrument, organising an afternoon tea or singing songs from the past.
I don't feel like I need to be paid for what I do. I do it because I truly want to.

Robyn - HammondCare Volunteer

Volunteers are also trained and provided with ongoing guidance in their role. Tania remains in constant contact with volunteers at Woy Woy. They are specially trained to be flexible and tailor their approach, particularly if a resident’s health declines or their needs change over time.

What’s really interesting is that the support volunteers offer more often means it’s not just residents who gain from HammondCare’s volunteer program. Volunteers invariably say they benefit too.

This has certainly been Robyn’s experience. So much so that Robyn is now involved in training other volunteers at the Woy Woy residence.

“I don’t feel like I need to be paid for what I do,” she says. “I do it because I truly want to.”
The Foundation exists to engage community and corporate fundraising support to achieve our mission as a charity, and improve quality of life for those in need.

Why we need to fundraise

We are often asked: ‘Why is it that HammondCare needs to fundraise? Aren’t all aged care and healthcare services funded by the Government?’ The answer is that the Government does fund many services. However, there are also many vital needs of the people we serve that are not covered by Government funding. In addition, important initiatives that support people in need.

As a Christian charity we believe that we should provide care for those in need, including those who cannot afford it, and when there is insufficient Government funding. We are passionate about supporting those who are disadvantaged. Under this mandate, we seek to raise support for capital works, research, pastoral care, volunteers and innovative new projects.

The single greatest factor that will influence Australia’s health and aged care sector in coming decades is our ageing population and that people are living longer.

This increased longevity is linked to an increase in rates of chronic health conditions. Dementia care is a primary focus of HammondCare and it is this area that is set to become a major health and social issue in the coming decades.

Unfortunately for many older Australians, the cost of the services and support they need and deserve is out of reach. HammondCare Foundation is dedicated to raising funds to address this, together with other essential needs.

How fundraising assists us to care for those in need

Without the funds raised through the Foundation, HammondCare would be limited in its ability to dedicate resources and services to the vulnerable and marginalised in our community. Fundraising is a key factor that enables continued innovation and excellence across our aged care, dementia care and palliative care services.

The impact that our generous supporters have made this past year

Help for the elderly who are homeless or at risk of homelessness – HammondCare Darlinghurst

This year, our top priority has been raising funds for our Darlinghurst project. In February, the City of Sydney approved the Development Application for our new residential care home for the elderly with high healthcare needs who are homeless or at risk of homelessness.

We have been fortunate to receive a pledge for a $1.5m grant from local government, City of Sydney, and in May began our capital campaign to raise further funds needed for the build. We have also received generous support and pledges from individual donors, trusts and foundations and corporates.

Remembering to care for the carers: HammondCare Carers Retreat

Thanks to the generous gifts of our supporters, 15 carers from Lucinda Cottage, our respite care service, were funded to attend a three day retreat at Bells at Killcare. This was an opportunity to give these carers much needed respite and relaxation. They were able to recuperate and gain strength so they can continue to care and support their loved ones through their difficult journey. During their stay they were treated to facials and massages at the spa, and had the unique opportunity to hear an inspirational guest speaker, Australian athlete Jana Pittman.
Fundraising enables us to:

• **Care for the most disadvantaged and vulnerable in our community** by ensuring that those without financial means can access vital, quality services – such as the approximate 40 percent of our residents who are financially disadvantaged.

• **Facilitate ground-breaking research** to deliver better care for people in our services, including dementia, palliative care, mental health, ageing, restorative care, re-ablement, rehabilitation, pain management and advance care planning.

• **Support innovative projects** such as our Arts on Prescription program that’s assisting wellness in over 65s; the Palliative Care Bridge, which delivers innovative educational videos and resources supporting the provision of palliative care to people in need; and our Dreams Project which provides an opportunity for palliative care patients to fulfil a lifelong wish or dream.

• **Improve the quality of care across our services** by providing holistic services over and above the medical care and support that we already provide. This includes massage therapy, art therapy and bereavement support from our dedicated teams. Our services have proven success in helping improve quality of life of patients and their families during a difficult time.

• **Support new capital works** for those in need, such as our recently approved development plans to provide a residential care home for the aged homeless and those at risk of homelessness in inner city Sydney.

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**The Dreams Project: Making dreams a reality for palliative care patients**

The Dreams Project helps make dreams come true for people living with an advanced life-threatening illness. It brings patients happiness at a difficult time filled with sadness and anxiety. And importantly, it creates unforgettable memories for families to cherish long after they have lost their loved ones. With the funding we received, this year we have managed to make 39 dreams come true across our hospital network. These included weddings, holidays, family photoshoots and patients spending more time with their families.

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**2017 HammondCare Golf Day: The Foundation’s Annual Golf Day scores a hole in one**

At this year’s Golf Day, we had 31 teams competing and helping raise funds for HammondCare’s palliative care services. The winning team was Ozone Technologies but the real winner on the day was HammondCare, raising $60,000 from the fundraising activities and sponsors support. We are very grateful to our major sponsor, Taylor, all the players who attended, and the other companies who generously supported this event. A special thank you to HammondCare Ambassador Peter Kelly for his tireless efforts in putting this wonderful event together every year.
Foundation income

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Bequests</td>
<td>$143,831</td>
<td>$114,513</td>
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<tr>
<td>Undesignated</td>
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<td>$163,248</td>
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<td><strong>Total</strong></td>
<td><strong>$2,107,556</strong></td>
<td><strong>$1,593,028</strong></td>
</tr>
</tbody>
</table>

Donations by income source

- 33% Trusts & Foundations
- 20% Community Fundraising
- 19% Major Donors
- 13% Appeals
- 7% Bequests
- 4% In Memory
- 3% Events
- 1% Interest

The year ahead

Creating a better future for the elderly who are homeless or a risk of homelessness

As site preparation begins for our new residential care home, HammondCare Darlinghurst, our focus will be on continuing to raise the necessary funds to complete the build in the year ahead.

Darlinghurst has the greatest concentration of homelessness in Australia but there are currently no services specialising in long-term accommodation for the elderly who are homeless with complex health needs, particularly elderly women.

HammondCare will leverage our leading expertise in aged care, dementia care, palliative care and mental health, in providing this service.

We plan to begin the construction in December 2017, with completion and residents in the home by January 2019.

An investment in this venture will have an exponential impact on one of the systemic problems we face as a society. HammondCare Darlinghurst and its model of care will provide a strong base for research and further development of a lasting solution for aged homelessness into the future.

For more information and to give support: www.hammondcaredarlinghurst.com.au

Thank you

Our sincere thanks to all our supporters and partners for their commitment to the vision and work of HammondCare.

Thank you to the following significant partners and contributors:

- Innovate 360
- Skipper Jacob Charitable Trust
- Hogan Family Foundation
- Aged Persons Welfare Foundation
- Profield Foundation
- Erica Foundation
- Dalwood-Wylie Charitable Foundation
- Australian Chinese Buddhist Society
- James N Kirby Foundation
- Karen & John Kightley Foundation
- Thomas Foundation
- Dry July Foundation
- Helen and Leonard Boyd
- Malcolm Halstead
- Paul Hartmann
- Hildanna Foundation
- Neil Lewis

- Marian & E.H. Flack Trust
- Taylor
- Richard Jamieson
- Club York
- Mazda Foundation
- Shangxian Wu
- Collier Charitable Fund
- Honda Foundation
- The Estate of The Late Mr Reginald Stubbs
- Blarsha Walmsley
- Susan Maple Brown AM

A special thank you to David Thomas of the Thomas Foundation, who very significantly supported our Cognitive Decline Partnership Centre. This generous support has had a profoundly positive impact.
Join us in partnership

We would like to extend a huge thank you to everyone who gave their time and resources in 2016/2017 to support those we serve. We could not do it without you. Here are some of the ways people choose to support HammondCare and our Foundation:

Volunteering
There are currently 850 trained and equipped volunteers who generously give their time, commitment and skills across our services. We are always grateful to welcome more.

Regular Giving
Monthly gifts allow HammondCare to plan the impact we can have, and meet unexpected needs for the people in need we serve.

In Memory
Family and friends often choose to remember their loved ones in our care by giving a gift that contributes to continuing our vital services.

Bequest
Leaving a legacy in a will is an easy and meaningful way people choose to support the work of HammondCare into the future.

Partnerships
Our partnerships are vital to the continued work of HammondCare. They include individuals, businesses, private and corporate trusts and foundations.
HammondCare financials:

2016/2017

A year of successful expansion, while upholding our strong financial stability

Revenue growth is tracking at a healthy 51.9 percent increase over the last five years from $166m in 2012/13 to $252m in 2016/17.

Five year revenue overview: Consistent and planned growth

<table>
<thead>
<tr>
<th>Year</th>
<th>Revenue</th>
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<td>2012/13</td>
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<tr>
<td>2013/14</td>
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<td>$187m</td>
</tr>
<tr>
<td>2015/16</td>
<td>$224m</td>
</tr>
<tr>
<td>2016/17</td>
<td>$252.3m</td>
</tr>
</tbody>
</table>

As a result of our planned growth strategies

HammondCare continues to maintain a planned approach to revenue growth that prudently manages expenditure to ensure market leading care and long-term security for clients, while delivering financial stability and growth to stakeholders.

2016/2017 Financial snapshot:

Strengthening our position through planned growth

What we earned

Our revenue growth of 12.5 percent in 2016/17 to $252.3m was driven by a number of key activities including the acquisition of Strathearn Village in Scone NSW, being appointed to lead Dementia Support Australia nationally; and opening phase two Miranda independent living units. Revenue grew across all our core service areas.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>2016/2017 Revenue</th>
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</thead>
<tbody>
<tr>
<td>Residential</td>
<td>$88.7m</td>
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<tr>
<td>Home Care</td>
<td>$62.5m</td>
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<tr>
<td>Health+Hospitals</td>
<td>$55.3m</td>
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<tr>
<td>Dementia Centre</td>
<td>$26.7m</td>
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<tr>
<td>Independent Living</td>
<td>$5.5m</td>
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<tr>
<td>Other</td>
<td>$12.6m</td>
</tr>
<tr>
<td>Total</td>
<td>$252.3m</td>
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</tbody>
</table>

What we spent

The organisation’s expansion of operations necessitated planned growth in costs of 13.4 percent in 2016/17 to $242.2m. Labour costs continue to be the largest expense at 76 percent of revenues, with food, medical and property representing 12.3 percent, and depreciation and other corporate costs 12.1 percent. Total employee costs increased due to the new Wahroonga residential home, the acquisition of Strathearn, and expansion of the HammondCare At Home workforce.

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>2016/2017 Expenditure</th>
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<tbody>
<tr>
<td>Staff costs</td>
<td>$183.1m</td>
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<tr>
<td>Medical &amp; supplies</td>
<td>$10.2m</td>
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<tr>
<td>Food &amp; catering</td>
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<tr>
<td>Depreciation</td>
<td>$10.5m</td>
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<tr>
<td>Property</td>
<td>$11.5m</td>
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<tr>
<td>Other</td>
<td>$18.9m</td>
</tr>
<tr>
<td>Total</td>
<td>$242.2m</td>
</tr>
</tbody>
</table>
What we own

The Group’s total assets increased by 24.2 percent in 2016/17 to $644.7m (2016: $518.9m), mainly due to new property construction, plant & equipment additions, investment property construction, and an increase in the investment portfolio. Our prudential reserve ensures Refundable Accommodation Deposits (RADs) and entry loan contributions are able to be refunded even if extraordinary events occur. Cash flow remains strong and is expected to provide sufficient liquidity to meet anticipated cash requirements.

What we owe

Liabilities grew by 30.1 percent in 2016/17 to $382.8m (2016: $294.2m). This was largely due to increases in RADs to $183.7m, and entry contributions for the independent living units increasing to $123.2m. The majority of the increases were associated with the Wahroonga aged care home and the second stage of the Miranda independent living units. We were able to reduce total borrowings by 32.7 percent in 2016/17 to $20.7m. The low level of gearing at year end reinforces the strong financial position of the Group.

Surplus and fundraising: The engine to enable us to continue our Mission as a charity

In 2016/17 the Group recorded a surplus of $10.1m. This means we can continue our charitable purpose and mission to improve quality of life for people need - including residential and home care at concessional terms for approximately 40 percent of clients, funding research in aged care and dementia, and fully funding a team of pastoral care and volunteer leaders to support clients residents and patients.

A vital means of fulfilling our Mission is the donations from our generous supporters. In 2016/2017 supporters gave $2.1m, making an important contribution to HammondCare’s capability to provide services in areas that are not subsidised or covered by fee for service.
Sustainability
HammondCare’s proactive commitment to the future

At HammondCare caring for those in need is ingrained in everything we do, every day. We also care about the impact we have on the environment.

We are motivated by our Mission in Action to take a proactive approach to managing our resources wisely and sustainably. We see this as an inherent and vital part of being a charity and a Christian organisation. HammondCare has taken a number of conscious steps to reduce our environmental impact, incorporating sustainable design principles into new capital developments, as well as adopting efficiency strategies in leased and owned facilities. Significant resources have been invested in a number of proactive initiatives including Ozone laundry technology, LED Lighting, Solar Photovoltaic cells and Energy Management Systems.

Specific examples of initiatives in recent years that have reduced environmental impact and also delivered cost savings include:

• Launching our ongoing ‘Be Waste Wise’ internal campaign with the goal to reduce HammondCare’s unnecessary use of electricity and to cut our electricity costs by 10 percent. We easily surpassed this goal and in the period 2012 – 2015, this delivered electricity expenditure savings of 32 percent.
• Transitioning to new logistics software, enabling more efficient scheduling for HammondCare’s home staff and reducing travel time, distance, and therefore vehicle emissions. This initiative translated to savings of $465,000 in 2016 alone.

Although not the primary objective, significant savings are being made by implementing these kinds of sustainability initiatives, while ensuring HammondCare fulfils its charter to be responsible about our impact on the environment.

Looking forward, HammondCare is taking a more strategic, intentional approach, and fostering environmental sustainability in all areas of our business. We are in the process of measuring our environmental footprint and will use the data we collect to set short-term and long-term organisational targets. Enrolling our staff is also a key part of our sustainability strategy. Environmental awareness and sustainability is being integrated into everything we do as an organisation.

HammondCare’s Environmental Stewardship Strategic Plan identifies priority initiatives and performance targets in key areas including:

• Reduced energy consumption
• Water efficiency management: recycle, reuse, reduce
• Reduced landfill waste
• Reduced motor vehicle running costs and emissions
• Reduced administrative related consumables
• Sustainable design principles and capital development in refurbishments and new developments
• Increased staff training and awareness
• Improved procurement practices
• Regular monitoring, reporting and communicating in relation to the above areas

We have committed to a reduction of 10 percent in each of the following critical areas between 2018 and 2022:

• Energy, gas and water consumption
• Landfill waste
• Motor vehicle running costs
• Administrative related consumables.

We believe that this goal of a blanket 10 percent reduction is both realistic and achievable.
HammondCare will take a strategic, intentional approach, fostering environmental sustainability in all areas of our business.

Being wise with resources and reducing waste is consistent with HammondCare’s ongoing financial sustainability in terms of reducing costs, meeting the expectations of our customers, and minimising risks. We recognise that while good initiatives have been undertaken in recent years, HammondCare needs to be more strategic moving forward. As a result, we are taking a broader, more strategically coordinated approach to sustainability, considering ways to minimise our ‘carbon footprint’ and actively seeking to foster environmental sustainability in all areas of our business.

In short, sustainability is now a vital and integral part of how HammondCare pursues its mission to improve quality of life for people in need.
The HammondCare Board

Guiding the pursuit of our mission

At HammondCare, protection and building of value for those we serve as an organisation is paramount. Our Board plays a key role in maintaining this focus, and in ensuring our operations are aligned with the pursuit of our mission and long-term goals.

The individuals of our Board come from a diverse range of backgrounds and disciplines, who together provide a comprehensive, balanced group of skills, knowledge and experience to advise and guide our organisation.

The Board comprises a majority of independent non-executive Directors, providing objectivity and perspective in shaping the short-term and long-term direction of HammondCare.

John Kightley
BCom, MPhil Oxon, CA (SA), CFA Institute USA
Chair
John Kightley has extensive investment management experience and is currently the Chairman of Maple-Brown Abbott Ltd. Until 2009, he was Managing Director and CEO of Maple-Brown Abbott and has previously held senior positions with Norwich Investment Management and Allan Gray Investments (Cape Town, South Africa). He is the Chair of the HammondCare Board Development Committee and Chair of the HammondCare Foundation. John was elected as a Director in 2009.

Robyn Langsford
BCom, Chartered Accountant
Director
Robyn Langsford is a partner of KPMG and has worked for many years in their Enterprise division. She is experienced in providing accounting, audit, tax regulatory compliance and a variety of advisory services to Australian family businesses and mid-tier entities. Robyn is married with three children. Robyn rejoined the HammondCare Board in 2012 and is a member of the Board’s Finance Committee.

Neil Lewis
Director
Neil Lewis has had extensive experience in commerce, merchant banking, aviation and financial markets in Australia and overseas for more than 30 years. Neil currently has business interests in the solar renewable energy sector, infrastructure and funds management. He is a member of the large wholesale AMP Infrastructure Equity Fund investment committee. Neil has recently focused on working with emerging businesses, renewable energy and assisting not-for-profit Christian organisations. He is a member of HammondCare’s Finance Committee and has been a HammondCare Director since 2005.

Michael J Monaghan
BA FIA FIAA FAICD
Deputy Chair
Michael Monaghan has over 30 years of Board experience across the investment management, superannuation, banking and consulting industries. He is currently a director of Alpha Vista Financial Services, a global asset management business and was formerly Managing Director of StatePlus. He has been a partner of Deloitte Touche Tohmatsu and held senior executive positions with a number of global organisations. He is Chair of the Finance Committee, a member of the Property Committee and the Board Development Committee, Director of Australian Ethical Investment Limited and became a Director of HammondCare in 2008.

Dr Louise Parkes
BSc (Psychology) PhD (Psychology)
Director
Dr Louise Parkes has extensive experience in developing organisational culture and employee voice. She is currently Senior Consultant, and head of research and development at Voice Project, where she designs and manages projects on leadership, culture, engagement, and organisational change. The education and NFP sectors are her specialty. Louise is a registered psychologist and member of the Australian Psychological Society. She is Chair of HammondCare’s Quality, Safety and Risk Committee and a member of the Research Committee. She has been a member of the HammondCare Board since 2010.

Glynn Evans
B.Arch Dip. Building Construction ARAIA
Director
Glynn Evans is a retired former principal of Allen Jack + Cottier (AJ+C) to which he now provides consultancy services. He has a wealth of experience in designing public, commercial and residential buildings. The focus of Glynn’s
practice is on design of health and dementia specific facilities. He has served as an advisor to NATSPEC, and as a member of the Anglican Church Property Trust. Glynn joined the HammondCare Board in 2013 and is Chair of the Board’s Property Sub-committee.

Dr Annette Britton
MBBS FRACP
Director
Dr Annette Britton has over 40 years experience in medicine. She has been a Senior Lecturer in the Sydney Medical School and a Director of the Medical Assessment Unit at Royal Prince Alfred Hospital. For over 15 years she has been Staff Specialist Geriatrician at Royal Prince Alfred and Balmain Hospitals, and was previously a lecturer in geriatric medicine at the University of New South Wales. She has served as the Director of Clinical Training at Royal Prince Alfred and Canterbury Hospitals. Dr Britton joined the HammondCare Board in 2014 and is Chair of HammondCare’s Research Committee and a member of the Finance Committee.

Kate Thomas
BA LLB
Director
Kate Thomas was admitted to practice in 1994. She has more than 20 years’ experience at Clayton Utz, one of Australia’s leading law firms, where she has been a Senior Associate since July 2000 and a Special Counsel since July 2011. Kate has extensive experience in property and commercial law, corporate advisory and managed investments. Kate joined the HammondCare board in April 2015 and is a member of the Board’s Property and Quality, Safety and Risk sub-committees.

Kok Kong Chan
BCom M.Sc (Management) CPA Australia GAICD
Director
Kok Kong Chan is a founder and Partner of Maritana Partners, a specialist Board Governance and Leadership Advisory firm. He is a former Partner of Egon Zehnder, one of the world’s leading Senior Executive and Board Consulting Firms. Prior to Egon Zehnder, Mr Chan was Chief Executive Officer of HeartScan, an Asian diagnostic healthcare business and is a previous Consultant to Arthur Andersen. Mr Chan is the recipient of numerous awards including the British Government Chevening Scholarship. He is a previous Director of the Centre for Public Christianity (2011-2014). Mr Chan joined the HammondCare Board in September 2016 and is a member of the Board’s Foundation and Board Development Committees.

Dr Stephen Judd
BA PhD FAICD
Chief Executive
Dr Stephen Judd has more than 25 years’ experience in the healthcare and information technology industries. He has been Chief Executive of HammondCare since 1995. When he began, HammondCare served fewer than 250 clients and had an annual revenue of $8m. Today, it provides care to almost 14,000 people, and FY17 revenue was $252m. He has written and contributed to books on dementia care, aged care design and the role of charities. Stephen has served on numerous government and industry committees and is currently a member of the Advisory Council of the Australian Aged Care Quality Agency.

Pictured above from left to right: Kate Thomas, Neil Lewis, Robyn Langsford, Glynn Evans, John Kightley, Dr Louise Parkes, Michael J Monaghan, Dr Annette Britton, Kok Kong Chan and Dr Stephen Judd.
HammondCare
An independent Christian charity

Front cover: Chris and George Perry
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