2015/2016 was a year full of new achievements and highlights for HammondCare. What hasn’t changed is our unwavering focus on our mission and our motivation that guides us every day.

We hope you enjoy reviewing our year in this Annual Report and would like to thank all those with whom we partnered and those we served across the year.

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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I would like to begin this, my first report as the Chair of HammondCare, by expressing sincere thanks to my predecessor, Rod Mewing. Rod served with commitment and passion during a time of significant growth and we are all grateful for the stewardship and care he demonstrated in the role.

I would also like to thank my fellow Board Directors and Association members for appointing me as Chair and for their ongoing contribution throughout the past year. I value their wise insights and passion in overseeing HammondCare’s activities in accordance with its mission.

This passion to support people in need has always underpinned the activities of this organisation. It was the primary motivation for Archdeacon R.B.S. Hammond when he established the pioneering housing scheme for evicted families during the Great Depression and it remains the case today.

In the past year, HammondCare has again invested in the people and physical assets required to continue this cause.

It is my view that HammondCare has a well-balanced and structured Board. We are committed to ensuring that continues to be the case by diligently seeking Board renewal while maintaining a strong continuity of purpose. To that end, an external consultant has been appointed to conduct a review of the Board and I look forward to working with them on their findings.

On behalf of my fellow Directors and myself I would like to acknowledge the dedication of Chief Executive Dr Stephen Judd, the Executive and the HammondCare staff and volunteers. I commend their approach to the work they do and the significant achievements they have made in the past year. It is a great privilege to be part of such a well run organisation that helps so many in need.

I also wish to thank all of HammondCare’s donors for their generous commitment to the work that we do. Without them, it simply would not be possible to provide many of the innovative services and initiatives that we provide.

Looking back on the previous year, I want to highlight the work of the Dementia Centre which has continued to expand its reach in providing education, advice and consultancy services to professionals and organisations around Australia and overseas. I had the pleasure of attending the 20th anniversary biennial International Dementia Conference in Sydney this June and was impressed by the expertise on display and the collegiality amongst all who were in attendance.

In the area of capital development, work has progressed on HammondCare’s first multi-storey aged care home at Wahroonga and the planning for Victoria’s first integrated dementia care village at Caulfield. The past year has also seen the opening of the first stage of the independent living development at Miranda, while work continues on subsequent stages.

In the coming year, pending council approval, work will begin on an aged care home providing much needed support to older homeless people in Inner Sydney. This exemplifies the type of work that HammondCare does, going above and beyond for people in need, and in providing for the homeless we are indeed returning to our very roots. I am confident that the organisation’s mission-mindedness, commitment to quality and boldness to pioneer new approaches will stand it in good stead.

Yours in Christ,

John Kightley BCom, MPhil Oxon, CA (SA), CFA Institute USA
Chair
Why was there so much focus on health and aged care spending in the lead up to this year’s election?

It’s no secret that spending on health care in Australia has been growing – and it’s attracting increasing attention. We were reminded of that with the so-called ‘Mediscare’ campaign and also with the huge debate about GP co-payments a couple of years ago. What this has demonstrated is that it is very difficult to rein in health spending.

But what do we actually know? Over the past decade total spending on healthcare in Australia increased by $40 billion in real terms. A lot of people assume that that’s because of the ageing population but groups like the Productivity Commission and the Grattan Institute have interrogated the data and they found something else. The primary driver of rising health costs is that people of all ages are going to the doctor more, having more tests done and taking more prescription drugs. It’s things like the Pharmaceutical Benefits Scheme and radiology and pathology, that are causing the spending increases.

At the same time, the aged care reforms of recent years have actually created more opportunities for residents and clients to contribute to the cost of their own care – where they can afford it. The bottom line is that aged care costs are under control with the right mix of ‘user pays’ and a safety net for those who cannot afford to pay.

What is HammondCare’s approach given this pressure on government expenditure?

For some time now, HammondCare has had a ‘diversified economy’ and that is what we will continue to do. What do I mean by a diversified economy? In 2015/16, HammondCare had $225 million in revenue. Of that around 38 per cent comes from residential aged care, a quarter is from the health and hospitals and another quarter is from home care services.

The remainder comes from our consultancy services via the Dementia Centre, our philanthropic support and so on. This diversified economy means that HammondCare is resilient. If one area of the business is underperforming or has difficulties, other parts can pick up the slack. This ensures that organisationally, we are on a stable footing and will be able to support people who are in need for years to come. Another way to make sure that the company is stable and responsible is through good stewardship. As a Christian organisation, it is imperative that everyone in HammondCare is wise with the resources available to us and that will remain an ongoing focus for us.

There has also been talk about increasing competition in the aged care market. How will HammondCare ensure that it stands out from the crowd?

That’s correct. From February next year, home care clients will have much more choice about who provides care to them. This is a significant change and we will see further changes in residential care in coming years. Until now the aged care sector has been dominated by ‘omnibus’ providers who have tried to be all things to all people. The lack of competition has meant that organisations that are undifferentiated have still been able to survive.

HammondCare, on the other hand, has had a strong focus on supporting people with dementia for more than two decades now. By maintaining this focus, we have been able to develop valuable expertise and experience in dementia care among our staff, both in our services and, via the Dementia Centre and its consultancies more broadly.
How has HammondCare been fulfilling its charitable purpose?

The first way is through the people we support. As an organisation, we serve people with complex health or aged care needs, regardless of their circumstances. And that is as important for us today as it has ever been. We continue to focus on people who are financially and socially disadvantaged in all areas of our business. Over 40 per cent of people living in our aged care homes are financially disadvantaged, we support a very broad mix of people living in their own homes and in our hospitals, we continue to provide care to public patients as well as private patients.

Other ways we do it is through our investment in research, to develop a strong evidence base for what we do and make sure it is translated into practice, as well as our ongoing commitment to things like our Pastoral Care Program and our Pain Clinic.

In all of these things, we are addressing significant gaps that government and the private sector simply aren’t able to address.

What are some of the highlights from the past year?

A clear standout is the successful commencement of the Severe Behaviour Response Teams. Since November 2015, this national program has seen teams of expert consultants providing on-the-ground support and follow up to people in residential care who have “severe behaviours” related to dementia.

Our challenge was to set this program up nationally within a few weeks. We had to respond to referrals within four hours and be on site within 48 hours and our team did it! From the first week we had referrals from around the country – in both regional and metro areas – and since then the service has responded in a timely manner to hundreds of referrals Australia wide.

This has demonstrated the depth of expertise that HammondCare has in this area, as the result of more than two decades of focus, and it has been an excellent showcase of how we can put our mission into action beyond our own services. I’m proud of the team that have been involved in making that program reality.

Another highlight has been our continued successful involvement in the Palliative Care Home Support Program.
Through this program we have supported hundreds of people around NSW to achieve their wish of dying at home.

Since it began in 2013, 73 per cent of people we have supported have been able to die at home. When it comes to the end of life, that’s what most Australians want yet only a small proportion actually achieve it. It’s also proven to be hugely cost effective: in fact the evaluation is showing that it is just a third of the costs of substitutable inpatient care. If someone with a terminal illness can avoid or reduce the amount of time they spend in hospital, it usually means more appropriate care and it also comes at a cheaper cost. It’s a better solution for everybody.

It’s pleasing to note too that both these services have had a broad reach, supporting a significant number of people outside the major metropolitan centres.

**What challenges does HammondCare face?**

As we continue to enlarge our service footprint and grow as an organisation, it is essential that we have cultural continuity and consistency across our different services. Of course, it remains vital to have sound strategy. But as the saying goes, “Culture eats strategy for breakfast”.

Without the right culture throughout an organisation, the best strategies will falter. And the key to culture is having a workforce that is aligned and engaged.

As a company we seek to attract and recruit staff based on their fit with our mission and values and we then empower them to demonstrate initiative in putting that mission into practice.

We value our staff and it is critical that as well as empowering them, we recognise and reward them when they do their work well.

**What else is being done to foster and maintain a strong culture throughout HammondCare?**

Another pillar supporting our organisational culture is our commitment to succession planning.

The leaders in our organisations are responsible for setting the cultural benchmark so it’s important to have the right leaders. That is why we are committed to strong succession planning at Executive and managerial level. That is why we have our own nurse development program as well as our own leadership development program.

It’s all about ensuring that our staff are supported to progress into leadership positions where they can share, inspire and encourage others.

And as a result of these initiatives, that is what is occurring. In recent years, for example, the vast majority of the managers in our home care and residential services have been internal appointments – that is, they were already working for us. That gives me confidence that our culture will continue to be strong and consistent across services and different locations into the future.

**What projects are you working on personally at the moment?**

Well, some people think through talking but I am someone who thinks through writing. And I am very grateful that HammondCare’s Board supports me to grab a bit of time to write. Since I’ve been at HammondCare, I have been able to work on four books and numerous articles on a wide range of topics including dementia, dementia design and organisational identity and purpose.

I am now collaborating with others on a couple of new books. The first one is a joint project with Professor John Swinton on the topic of ‘organisational faithfulness’. How does an organisation stay true to its mission – in very practical ways? The other book project is looking once again at design issues. They are both in the early stages at the moment and I’m looking forward to getting stuck into them.

As the Chief Executive, I have a responsibility to communicate key ideas both internally and externally – and explain how those ideas work in practice.

Dr Stephen Judd BA PhD FAICD
Chief Executive

As we continue to enlarge our service footprint and grow as an organisation, it is essential that we have cultural continuity and consistency across our different services.
Highlights of the year
2015/2016

This year was one of diverse activity across our organisation, including consolidation of existing services, growth into new areas, and building foundations for the future.

> **Dementia Care**
**HammondCare establishes the National SBRT**
In 2015 the Australian Government introduced the new ‘Severe Behaviour Response Teams’. HammondCare commenced national operations in November 2015, offering rapid, agile, national coverage through a team of mobile clinicians and consultants.

> **Announcement**
**New aged care home for the homeless**
We are proud to announce plans to provide a new and much needed aged care home in Darlinghurst for older people, who are homeless or at risk of homelessness. The development application was submitted for consideration to Sydney City Council in April 2016, to begin addressing this critical need.

> **HammondAtHome**
**Government announces more choice in home care market**
From February 2017, the Australian home care system will be opened up to enable clients more freedom to select or change their preferred home care provider regardless of geographic area. Plans are underway to navigate this, by ensuring our leading service is known market wide, to maintain both our speciality focus on caring for people living with dementia and to seek out new opportunities in this open market for growth.

> **Pain Management**
**Pain service extending reach**
The Pain Management Program commenced by Professor Phil Siddall has extended reach now into Far West NSW with a new service commencing in Broken Hill.
> **Residential Care**

**New HammondCare care home in Wahroonga**

Construction is nearing completion for our dementia specific, four-level care home in Wahroonga. It will comprise 6 apartments, each providing a home for between 9-12 residents, designed around our unique model of individualised care, and staffed by specialist dementia carers and advisers. Officially opening 2017.

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> **Health+Hospitals**

**Palliative Care Home Support Program continues**

The NSW Health Minister announced a continuation of this successful program. HammondCare leads a consortium delivering supportive palliative home care across 7 NSW health districts. To date, 1,200+ people have received care, and 600 care workers trained, in more than 274 rural townships.

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> **Dementia Care**

**HammondCare 20th International Dementia Conference**

1,202 delegates came from across Australia and 14 countries internationally to attend our biennial conference. Over two days delegates were able to experience best practice thinking, inspiring case studies, and innovative approaches to dementia.

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> **Independent Living**

**HammondGrove Miranda nearing completion**

Phase 1 of HammondCare’s new Independent Living development in Miranda has been completed with all 38 apartments sold and occupied as at end June 2016. Construction of the 52 apartments and villas of Phase 2 is well underway with the villas being completed and residents moving in during August. The remaining apartments will be occupied from December 2016.

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> **HammondAtHome**

**HammondAtHome opens new office in Far West NSW**

HammondAtHome has opened a new regional office in Broken Hill. We are providing the Compacks service which is a 6 week in-home care service supporting people to live independently after discharge from the local hospital. This team works in partnership with the Dementia Centre, DBMAS and SBRT teams and Health & Hospitals Pain Clinics and Palliative Care Home Support Service to cement a strong HammondCare presence in Far West NSW.

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### Summary of the year

- **Total revenue**
  - $224.2m
  - an increase of 19.8% from 2014/2015

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<td>Dementia Centre</td>
<td>$20.6m</td>
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<tr>
<td>Other</td>
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- 13,932 people cared for
- 3,006 dedicated staff
- 2,076 supporters
- 800 volunteers
- 46 service locations
2015/2016 saw HammondCare evolve into a truly national organisation with the successful tendering for the Commonwealth Government’s Severe Behaviour Response Teams (SBRT) contract.

This map is indicative of the locations of our care homes, home care, hospitals, offices and service points. The coverage continues to grow on a monthly basis as the need for support grows – particularly for the SBRT.
Our stories

We define our success in terms of the impact we have achieved in the lives of the people we serve in our core service areas of Home Care, Residential Care, Health + Hospitals and Dementia Centre operations.

These stories from 2015/2016 bring to life our passion to improve quality of life for people in need.
Home Care  
Identifying the role of pain in mobility and well-being

When we first met Pat, we discovered she spent most of the day in bed, so we made it our mission to find out why. Her stunning transformation since has surprised even her doctor.
Pat and Frank moved into their single-storey weatherboard cottage in Sunshine, in Melbourne’s west, more than half a century ago.

They’ve lived their whole lives in the same house, on the same street. “We’ve seen a lot of changes,” says Frank.

A change they hadn’t anticipated was Pat being diagnosed with dementia about 10 years ago. Despite regular challenges with her memory, movement and language over the last decade, Pat still has an infectious laugh, a wonderful sense of humour and a beautiful, cheeky nature.

The HammondAtHome team first met Pat and Frank last year when we introduced our dementia-specific home care service in Melbourne. Pat was our very first client.

Melanie, her caseworker, says when she first met her, Pat was essentially bedbound. “She would get out of bed with the help of some nurses, but only to then get back into it very shortly after,” she says.

This pattern was creating social isolation, limiting Pat’s mobility and impacting her personal hygiene.

Melanie was concerned that Pat hadn’t seen a doctor in a long time for a check-up and medication review, so organised an appointment with a local GP. He ordered some x-rays, which revealed Pat had severe osteo-arthritis of the spine. “It was no wonder she didn’t want to get out of bed,” says Melanie.

Armed with this information, Melanie asked the doctor to write a referral to a physiotherapist to help get Pat up and moving again.

She organised the physio to visit Pat and Frank at home. Exercises were prescribed for Pat to do each day with her carers. The improvement was astounding.

Nowadays it’s not uncommon to find Pat going for a short stroll down the street with a care worker, observing the leaves and flowers that come with each new season.

More engaged in life and with the energy to match, Pat’s whole demeanour changed.

For the first time in 18 months, Pat was wearing regular clothes, not pyjamas, and getting out of bed for extended periods of time. Even her GP couldn’t believe it, asking our carers what they had done.

“Whenever it takes!” was the team’s motto.

Frank and Pat have HammondCare carers in 6 days a week. They help get Pat out of bed, showered and dressed each morning, take her for a walk, read some books with her, do some household chores and might paint her fingernails. “It’s just about giving her life back,” says Melanie.

Most importantly, Frank says he’s been able to stay close to his wife. “If it wasn’t for the girls coming in, Pat would definitely be in a home by now, because I couldn’t manage. And that would break us up, real bad. They’ve kept the family together, and they do it so lovingly.”

At the end of the day, Frank just wants the best for his beloved Pat. “She’s just lovely,” he says with a smile.
Residential Care
Personalised dementia care, because everyone is different

Richard was running a successful computer cabling business, employing 50 people across Sydney and Melbourne, when his memory started to fail him. He was just 59.
Richard’s accountant had noticed some changes; he’d not been keeping up with invoicing, had stopped being able to do simple maths and had even forgotten his postcode.

His wife Lesley thought it was just stress.

But his daughter Nat was worried and decided to have a chat with her Dad. As it happened, Richard was also very concerned and worried that maybe he had a brain tumour.

“I took him to a geriatrician and they did some tests,” says Nat. “We were told he had younger onset dementia.” The family were devastated.

For the next 10 years, Richard’s family cared for him at home while his rare form of dementia gradually worsened.

Eventually, he stopped being able to read or write, and his words diminished. Unusually for someone with dementia, all his memories diminished, even his long-term memory, and he became easily confused and unable to do simple tasks.

Lesley took on all his day-to-day personal care, with only brief periods of respite. One day, she just knew: she couldn’t manage Richard at home anymore. So she took him down to a nearby nursing home for a trial.

But when Lesley visited him for the first time, she found he’d been left to go to the bathroom himself and had developed a painful medical condition as a result.

So Lesley brought Richard back home. She tried two more aged care homes, both of which struggled to care for him appropriately, including managing his behaviours, which could at times be challenging.

He was often put in the ‘too hard basket’. Lesley and Nat say their Dad had always had a bit of a temper. They tried to explain he wasn’t psychotic.

Lesley had almost given up when she decided to get in touch with HammondCare.

“The first thing I noticed was he was taken by the hand at HammondCare,” says Lesley. “They’d say, ‘Come on, Richard,’ as they gently took him around. It was only a small thing, but it meant so much.”

Lesley was keen to see how HammondCare staff would approach Richard’s occasional outbursts of anger.

What she discovered, was that HammondCare took the time to really understand Richard and his unique needs. The team personalised Richard’s care plan around him. And they involved Lesley in important decisions.

“They’re very caring and patient. They are just so aware of all his idiosyncrasies. Plus they handle his outbursts brilliantly.”

When he does get frustrated, Lesley says she’s always reassured by what the staff have reminded her: “it’s not my fault, it’s not Richard’s fault, it’s the dementia, and that helps a lot.”

Lesley says HammondCare has become Richard’s home, and she knows he’s in good hands. “I’ll never forget, the day we arrived one of the carers said to him, ‘Welcome to your new home, Richard.’ It was really special. Because it really is his home now.”

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**Residential Care; 2015/2016**

Richard is one of many people living in our dementia-specific care homes located in NSW and Melbourne. Our approach is to provide personalised care that enables dignity, self-esteem and independence for residents in a home-like environment.

- **1,409** people cared for
- **14** care homes
- **9** national locations
- **1,247** dedicated staff
Palliative Care
Partnering with families in transformative care

When 62-year-old Jan arrived at HammondCare’s Neringah Hospital he had all but given up hope. But the personalised care we were able to provide him with his family, and a very special surprise, had a transformative effect.
A cabinet-maker and engineer by trade, Jan moved to Australia in the 1980s with his young family and built up a successful kitchen manufacturing business in Sydney’s north. His life had been full and rewarding. But in recent years, ill health had taken its toll.

After a diagnosis of emphysema, Jan had fortunately received a double lung transplant in 2013. But his body was rejecting his new lungs. Not only that, he’d recently lost the ability to walk and control his bladder and bowel movements. Then he suffered a series of further health related set-backs.

“I didn’t want to live anymore,” he says.

Concerned for his welfare, Jan’s family took him straight to their local hospital. It was while in hospital that Jan met Michelle, the Nurse Unit Manager from our palliative care ward at Neringah.

At Neringah, HammondCare’s team of specialist doctors and allied health professionals worked on getting Jan up and moving again, treating his physical symptoms, and restoring his hope. And after a few weeks, it began to work.

“People really looked after me,” says Jan. “A lot of the issues disappeared. I couldn’t walk when I got there, but the physios got me back up on my legs. I also regained control over my bowel and bladder.

“After I was here for about a month, I realised that I could live with it again and I would take up the fight… I decided I wanted to get back on track.”

Another pivotal moment in Jan’s recovery was a special surprise orchestrated by his daughter, Signe.

“I just wanted to see my Dad smile again, to look forward to something,” says Signe.

Signe knew her parents had always wanted to go to NOMA, a two-Michelin-star Danish restaurant with a pop-up restaurant in Sydney. So she sent an email to NOMA, asking if she could have a small sample from their Sydney restaurant to bring to her Dad in hospital.

They responded, saying they wanted to give her Dad a five-course degustation, in his hospital room. HammondCare were delighted to support Signe in this wonderful gesture.

“NOMA brought everything they needed in containers to the hospital,” Signe says. “The crockery, glasses, special cutlery, everything. And then they prepared it all in front of him so he could watch. It was amazing.”

Jan’s whole disposition shifted. “It turned a switch in his brain, in his mental state,” his wife Bodil says.

Two months after his admission, it was decided Jan was well enough to go home and he could benefit from being back in his normal environment. “I was a little bit nervous about (going home) at first,” says Jan, “because I knew it was lovely at Neringah, but coming home, of course, was the better option.”

Upon discharge, Jan was transferred to HammondCare’s Palliative Care Home Support Program.

“After I was here for about a month, I realised that I could live with it again and I would take up the fight.”

“The staff at Neringah have been absolutely fantastic,” reflects Jan. “No doubt about it. I couldn’t imagine any place better than this place. I could not.”

Bodil agrees. “I thought it was a gift (to come to Neringah) because it was hard to cope, and it’s just been amazing. They’re such a great support and they still are. We don’t feel alone.”

Jan is one of the many people we proudly supported in 2015/2016 through HammondCare’s Health+Hospitals services. Key services include palliative care, rehabilitation, supportive care, mental health care for older people and pain management.

Health+Hospitals; 2015/2016
Jan is one of the many people we proudly supported in 2015/2016 through HammondCare’s Health+Hospitals services. Key services include palliative care, rehabilitation, supportive care, mental health care for older people and pain management.

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HammondCare’s Cancer Rehabilitation Ward
An Australasian first

For a long time, cancer patients weren’t offered rehabilitation therapy because it was thought to be a waste of time and resources. But 20 years of dedicated research by HammondCare’s Chief Medical Officer and Rehabilitation Specialist Associate Professor Andrew Cole, has changed this thinking.
The Jacaranda Cancer Rehabilitation Ward at Greenwich Hospital – an Australasian first – is the culmination of A/Prof. Cole’s passionate research. It goes to the heart of HammondCare’s passion for improving quality of life for people in need.

Many cancer patients lose the ability to do everyday tasks independently as the disease progresses. In the past, losing this physical capability was just accepted.

The story of Stephen, our first ever patient at The Jacaranda Ward, shows how this thinking has been transformed.

Stephen, a farmer from the Snowy Mountains in NSW, was in his late 50s when he was diagnosed with prostate cancer after a routine check-up at the GP. If that wasn’t enough, soon after his cancer diagnosis, he started to lose function in his legs.

“I noticed they were getting weaker and weaker. I just thought my legs were being a bit lazy, and we’d get them going. But they just kept getting worse.”

Stephen was diagnosed with Cauda Equina Syndrome, a condition where the nerve bundle at the base of the spine is damaged, interrupting signals from the brain to the legs.

The neurological problem was linked to the cancer. Stephen found it difficult coming to terms with being paralysed from the waist down.

“My legs are what drove me insane. I’d never been incapacitated in my life. It was just unbelievable. To not even be able to drive was really hard.”

Because Jacaranda is a dedicated cancer rehab ward, all Stephen’s needs were taken care of. Every day Stephen was wheeled to the rehabilitation gym where a physiotherapist had him using a tilt-table to help bring muscle strength back to his legs. And each day he was taken for his radiation therapy.

He was also seen by a dietician and other allied health staff, as well as a range of specialist physicians to help him get back on track.

Stephen would not have experienced this wide range of healthcare professionals if he hadn’t been having his rehabilitation at Greenwich Hospital.

A/Prof. Cole says accessing rehabilitation has significantly improved Stephen’s quality of life.

“What we were able to do for Stephen, was to get him to the point where he was able to get himself on and off his wheelchair, on and off the bed, in and out of the shower, and to the point that he could go back to his farm.”

“He went from thinking ‘What am I going to do?’ to being able to live with his disability in his chosen situation. And that is what we aim to achieve.”

A/Prof. Cole says it’s been immensely satisfying for the Jacaranda Ward to be open and helping people every day, some 20 years after he first dreamed of cancer patients being offered rehabilitation.

Stephen couldn’t be happier. “It’s a winner. We were stumped about what we were going to do and then we found The Jacaranda Ward. I’m very lucky. How could you get better?”
Dementia Care Support Services
Providing specialised support to carers across Australia

John was diagnosed with fronto-temporal dementia and unfortunately as his dementia progressed, the care home he was in was unable to cope. The SBRT became involved to offer specialised support to find solutions to improve quality of life for John and those caring for him.
John grew up on a farm and worked there with his family into adulthood. He loves being outdoors, playing sport and gardening, and enjoys cooking for family and friends. He was a quiet and gentle man, with a positive attitude to life.

After a diagnosis of fronto-temporal dementia John was supported at home with care from his wife Tammy and respite day centre while she was at work. But as his dementia progressed, John’s behaviour continued to change. He was becoming anxious and started to physically hit out at people. The day centre felt it was no longer able to care for him and Tammy had to make the difficult decision to move John into residential aged care.

Since entering the home, John was described as constantly pacing and being physically aggressive to care workers and other residents. This led to a tense and fraught situation for John, the staff and other residents. At only 56 years old, John is still a physically fit and active man, and care workers were concerned that he would injure a resident or care worker.

John was referred to the Severe Behaviour Response Teams (SBRT) due to the severity of his behaviours. The care workers at the aged care home were stressed and afraid, not knowing how to care for John. They were asking Tammy to move John to another aged care home. John was no longer able to communicate verbally.

SBRT consultants visited the aged care home, spending several days on the ground observing John and staff interactions. They were able to identify possible triggers for John’s behaviour. John was observed to be anxious leading to agitation when over-stimulated by loud noise and when he was left out of activities. His agitation was more pronounced when he would return from visits home, and was clearly distressed at being separated from Tammy.

He was also keen to be active and engage in activities that he enjoys but because of his dementia was slow to process instructions, leading to his appearance of disengagement.

Severe Behaviour Response Teams (SBRT) provided the aged care home with an additional specialised staff member for two weeks to mentor staff in implementing strategies to support John. The SBRT psychogeriatrician reviewed his medication and recommended reducing anti-psychotics and trialling paracetamol to minimise pain as a trigger.

The SBRT offered the aged care home education for their staff on fronto-temporal dementia and planned a life engagement specialist to assist staff in engaging John in meaningful activities. The SBRT consultants also explored whether a dementia-educated personal trainer was available in the area to engage John in more exercise and whether a chiropractor could provide some relief for possible back pain.

Unfortunately despite SBRT’s assistance, the care workers felt that they were unable to continue caring for John given their stress and fatigue.

Following the family’s wishes, the SBRT supported John to transition to a new aged care home, during which the SBRT continued to provide support and additional staffing to his current care home.

Although there will continue to be challenges in caring for John, with support from the SBRT from the outset, care workers at the home have been able to manage triggers for John’s behaviour.

Education and support on fronto-temporal dementia was provided to care workers at his new home prior to the move and the life engagement specialist visited to help them to develop activities for John.

Tammy feels more at ease knowing that John is at last getting the care he needs.
Dogs4Dementia
An innovative program helping people live with dementia

When the door of Rolf and Vyrna’s inner city Melbourne terrace opens, a striking black Labrador with a wagging tail beckons you in. It’s Australia’s first dementia dog.
More than a pretty face, Jiyu has been specially trained to respond to Rolf and Vyrna’s body language and commands. They’re one of four Australian couples who’ve been carefully paired up with a dementia dog by HammondCare and Assistance Dogs Australia, as part of a two-year pilot program.

Rolf was diagnosed with Alzheimer’s disease in 2013. An animal lover and scientist, he enjoyed a long and productive academic career in animal breeding and genetics, before showing signs of dementia.

It’s hoped that dogs like Jiyu will allow people like Rolf to stay at home longer and provide companionship, an incentive to be active, reminders of their daily routine and opportunities for socialisation.

People with dementia can become withdrawn and find it hard to get up and get going each day, but an animal has immediate needs and encourages responsiveness.

Dementia dogs can also provide emotional and physical anchoring for people that might have previously felt quite lost or adrift.

Rolf’s lifelong interest in animals means caring for Jiyu has come quite naturally to him. He takes Jiyu outside for toileting, feeds him, and both he and Vyrna take the dog for a long 45-minute walk every day.

Vyrna says the main benefit of having Jiyu in their lives has been to provide a joyful focus and an emotional anchor for Rolf whose dementia has greatly affected his language, memory and ability to do everyday tasks.

“Jiyu gave Rolf a focus. He’s a companion, someone to watch, someone to think about, someone to pat,” she says.

On one occasion, Vyrna was late getting home and she was worried Rolf would be out walking the streets looking for her as he had done in the past. But when she got home, Rolf was calmly waiting with Jiyu near the front door.

“Jiyu has really brightened our lives. He and Rolf are very, very good friends,” says Vyrna.

In a reflection she wrote on the Dogs4Dementia blog, Vyrna shared a moment of thankfulness for Jiyu not long after he came to live with them:

“I was trundling along with my walker behind Rolf and Jiyu on a daily walk, when I was suddenly and unexpectedly swept up by a feeling of euphoria – a strong sense that this is how it should be; Rolf on his journey through Alzheimer’s accompanied by his canine friend, who is always by his side when we are out. In a sense, the two have become one, and to me the journey is shared and softened... Thanks Jiyu!”

In 2015/2016 HammondCare and Assistance Dogs Australia received 160 expressions of interest from people wanting a dementia dog for their partner, themselves or their relatives. But not everyone who applies is suitable for a dementia dog, explains Tammy Makin, co-ordinator of Dogs4Dementia at HammondCare.

“Often it’s the children enquiring on behalf of their parents, but their parents don’t want a dog, or their lifestyle means they’re unsuitable. In other cases, one half of a couple is keen, but the other is not.

“We’ve discovered there are only a small number of people that are suitable for a dementia dog,” she says.

But for those that receive one, the benefits are great.

“His constant presence lifts our mood entirely,” says Vyrna. “We can’t imagine life without him.”

Since the first dog was placed in October 2015 with clients such as Rolf, qualitative research into the program has identified these key outcomes:

- Increased activity levels of both the person with dementia and their carer
- Increased levels of socialisation including interaction with local community and family
- Improved feelings of safety and security for the person with dementia
- Increased levels of emotional wellbeing, including less agitation for the person with dementia and relief for their carer

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The teenage sweethearts grew up next door to each other on adjoining farms in the West Australian wheat belt. That summer, along with an interest in tennis, romance blossomed across the net.

Life, as it does, took them on many adventures: marriage, then children, a move across the country, and now grandchildren.

The pair have signed up for Arts on Prescription, a project led by HammondCare in conjunction with the University of New South Wales.

It’s a program designed to improve quality of life for people aged over 65 with unmet wellness needs, such as increasing frailty, anxiety or depression, isolation, loneliness, bereavement and dementia. Participating in the arts can give people with these challenges a new purpose, meaning and a sense of achievement.

Walking into HammondCare’s Centre for Positive Ageing with a wry smile on his face, John says, “I’m here to make mud pies.”

Before long, he and Jo are proudly showing off the colourful clay bowls, vases and sculptures they’ve made in class recently.

“It’s nice meeting people and being creative and just doing something together with John,” says Jo.

Across the room sit Robyn and Joe. Joe has dementia and Robyn his wife cares for him at their home in Holsworthy. They read about Arts on Prescription in a brochure while waiting at their doctor’s surgery one day.

“This is our second class,” she says, turning to her husband. “It’s fun, isn’t it Joe?”

“I’m consumed,” says Joe, laughing.

“What appealed was the idea of getting out and doing something we’re not used to,” says Robyn.

Clay sculpture is just one of the classes offered through the Arts on Prescription program. The over 65-year-old participants can choose from classes involving painting, clay, theatre, photography, music, writing and movement.

Artist My Le says she’s seen participants blossom when given the freedom to create.

“Here they may start with a piece of clay and think ‘I’m old, I can’t do anything’, and then before you know it they’ve created something and it’s like ‘wow I did that’. It brings them happiness.”

“Everyone starts with the same lump of clay but what they create is so different. It’s amazing to see people’s creativity emerge.”

Arts on Prescription is an engaging program for over 65s who live at home. Experienced artists help them explore their creativity and learn new skills.

The program is designed to reduce anxiety and depression, renew a sense of purpose, promote self-discovery and create community.

• GPs ‘prescribe’ the program with a written referral
• 12 artists teach 1-2 sessions each week, for up to 8 weeks
• Since 2015 we have had 96 participants attend 28 classes
• Classes include music, visual arts, clay work, painting, creative movement, photography, drama and singing

Pastoral Care
Support when you need it most

When 69-year-old Gwen signed up with HammondAtHome to receive home care, she could never have anticipated how important our Pastoral Care support would become when her son, her primary carer, unexpectedly passed away.

During Gwen’s initial consultations with the HammondAtHome team she indicated she would like pastoral care support from time to time. So one of our pastoral care coordinators, Graham, met with Gwen in her first week of care.

In that first meeting Graham talked to Gwen about what pastoral care was – an opportunity for emotional and spiritual support on a regular basis. They agreed that Graham would visit every few weeks to see how Gwen was going.

Tragically, just one week later, Gwen found her adult son dead in their Panania home. He had been her carer since she was diagnosed with Parkinson’s disease two years previously.

With no other family to support her, and nowhere to go, Gwen was in total shock.

When Graham found out what had happened that morning, he immediately went over to see Gwen. He sat with her and just listened; out came all her fears and worries. But she knew she wasn’t alone.

“Graham was around at my place so fast I couldn’t believe it. It was so good, because I didn’t know what I was going to do.”

While Graham was comforting Gwen, the HammondCare team found a respite bed for her in Bond House at Hammondville.

Within hours, Gwen was transported to Bond House and had a place to call home while she was coping with her loss. Over the next few days, Gwen began to settle in, coming to terms with losing her son.

Graham continued to visit Gwen once or twice a day, along with the pastoral care co-ordinator at Bond House, Nina, offering her practical and emotional support.

When it came time for the funeral, Graham organised for the hairdresser to visit Gwen the day before, and he accompanied her to the funeral.

Just recently, Gwen has made the decision to come into full time care with HammondCare at Bond House. Without her son around, she knew being in care was the best thing for her.

“I’m really hurt I can’t go home, but I know I can’t,” she says. “The staff here are wonderful. They really look after you, everyone talks with you and the nurses joke around with me. I want to stay here. I don’t want to go anywhere else.”

And the highlight of her week? When Graham and Nina come to visit.

“I still wait for Graham to come in every Monday, and sure enough, at 9:30am he’s there. And Nina is always around and pops in and sees me all the time,” says Gwen.

“Graham and Nina are so wonderful. They’re both one of a kind.” she says.

Pastoral Care is a core aspect of what makes HammondCare different.

As with Graham and Nina, members of our Pastoral Care team make non-denominational care and support available for all patients, clients, residents, families, staff and volunteers.

Our pastoral care staff and volunteers:
• Provide care and support in times of loneliness, anxiety, stress and pain
• Address emotional and spiritual needs for people of all faiths and those without a faith
• Provide prayer and Bible readings for those who desire it
• Provide bereavement support for families and friends
Volunteering
An enriching experience

Community volunteer Susanne came to Charlie and Beryl at just the right time. Even she could not have imagined the role she would play as they faced illness and tragedy.

Susanne, a beauty therapist, was in between work when she began volunteering for HammondCare’s HammondAtHome volunteer service two years ago. She was matched with Charlie and Beryl, a couple in their early 90s who lived on the Central Coast of New South Wales. They were receiving home care through HammondAtHome.

“There was an instant connection,” says Susanne. “They were around the same age as my parents.”

Charlie and Beryl met as youngsters and were married in 1948; a decision Charlie still says was “the best move I’ve ever made in my life.”

But with a recent diagnosis of dementia, Beryl was now needing extra care.

“They just needed a little care, somebody to visit, make them a cup of tea and generally give them a bit of nurturing,” Susanne says.

“I would always make sure that Beryl’s hands and nails were done. And when she was still able, we would go for a little walk. Then I would bring out the tea and coffee and we’d sit and chat.”

Charlie says Susanne came at just the right time. “It was like winning the lottery,” he says. “She was worth her weight in gold.”

Susanne and Beryl grew very close, but over time Beryl’s dementia worsened, to the point where she couldn’t communicate verbally and became very frail.

“You know, you can look at someone in their eyes, and you can feel it. They might not know who you are, but they know your touch and they hear your voice. You’re there, they see you.”

Towards the end of her life, Beryl was hospitalised. “I don’t think there was a week that went by that Susanne wasn’t available when Beryl was very sick at the end,” says Charlie.

Eventually, Beryl passed away. Charlie, who describes his wife as “the most wonderful woman in the world”, was devastated.

Since Beryl’s death, Susanne has continued to visit Charlie. “Charlie’s become much frailer. He’s lost a big part of his life, a big part of him,” she says.

“We’ve got a friendship now where I will bring him something to eat because he doesn’t cook anymore. I sit and have a chat with him at home, or I meet him at the local shopping centre. I feel like he can open up to me.”

“I just feel that while he’s still here on this earth that I’ve got enough time and love for him to make sure that he’s as comfortable as possible,” says Susanne.

HammondCare is privileged to have approximately 800 active volunteers like Susanne, who give up their time to help improve quality of life of people in our care. These generous volunteers contribute to meeting a diverse range of needs, including:

• Providing company and organising outings
• Speech therapy and music engagement
• Gardening and pet therapy
• Pastoral care
• Fundraising and administration
• Running activities

If you would like to learn more about how you could become involved in volunteering with HammondCare call us on 1800 793 399 or email volunteer@hammond.com.au
HammondCare Foundation

The Foundation exists to gather community and corporate fundraising support to achieve our mission as a charity.

Why we need to fundraise

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 less fortunate than ourselves. 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. It’s projected that by the middle of the century 891,400 Australians will have dementia.

This all points to a significant growth in the demand for health and aged care services. 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.

How fundraising assists us to care for those in need

The funds raised through the Foundation help HammondCare continue to expand and improve services for the vulnerable and marginalised in our community. They enable continued innovation and excellence in HammondCare’s work across aged care, dementia care and palliative care.

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.
- **Facilitate ground breaking research** to deliver better care for people in our services, including palliative care, dementia, 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, music program for residents with dementia, and other cutting edge programs that improve well-being for residents, patients and clients.
- **Improve the quality of care across our services** such as training for nurses in empathetic communication, specialist pressure mattresses for improved comfort for the frail, and upgraded medical equipment.
- **Support new capital works**, such as our plans to provide high quality residential care for the aged homeless and those at risk of homelessness in inner city Sydney.
The amazing impact of some of your gifts this past year

**Braeside Kitchen: fresh food that brings smiles and better health**

When we acquired Braeside Hospital, we inherited a building without a kitchen. This meant we had to truck chilled food in from another hospital and heat it up for the patients each day. Our intention was always to build a fresh-cook kitchen on site in line with HammondCare’s food culture to provide fresh and culturally appropriate food to our residents and patients. The generous local community raised $75,000 this past year towards a total of $450,000 raised, enabling the kitchen to open in September 2015.

**Intervene: solving the hidden problem of pain in people with dementia**

Intervene aims to improve pain management in older Australians, particularly people living with dementia who often can’t communicate the pain they’re experiencing. $370,000 in funds previously raised allowed the implementation of the research phase of Intervene. This research is vital to develop tools to improve the way doctors, care staff and family carers manage pain in people with dementia. We will share this with the wider health community so that everyone can benefit.

**Where words fail: HammondCare’s Music Engagement Program**

HammondCare’s Music Engagement Program explores new ways of using music to engage people living with dementia in our services. The goal is to include music as a key part of the everyday care we provide, not just as a once-off ‘extra’ activity. Importantly, it is tailored to the individual. The Foundation and our supporters raised $216,000 for this innovative and creative program that helps ease the distress and anxiety that dementia can cause.

**2016 Annual HammondCare Golf Day: teeing off for cancer rehabilitation**

This year’s HammondCare Golf Day focus was to raise money towards a new cancer-specific rehabilitation service at Greenwich Hospital, The Jacaranda Ward. It is the first of its kind in Australasia. Major sponsor Stephen Edwards Construction, along with 122 players, significantly contributed to the appeal with a total of $104,000 raised towards this great project. The ward is now open and giving hope and life-changing support to people with cancer.

“Any gift, no matter how small, will be thankfully received.”

Archdeacon R.B.S. Hammond, HammondCare Founder
Foundation income

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<th>Category of Income</th>
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Donations by income source

- 30% Trusts & Foundations
- 17% Community Fundraising
- 16% Major Donors
- 11% Appeals
- 10% In Memory
- 7% Bequests
- 6% Events
- 3% Interest

The year ahead

A home for the elderly homeless

Our founder R.B.S. Hammond was moved by compassion 85 years ago to provide long-term, innovative solutions for homeless families during the Great Depression. In 2016 we have reigned this mission through an exciting new project to address the plight of the elderly who are homeless in Darlinghurst, in inner Sydney.

This area of Sydney has the greatest concentration of homelessness in Australia. In recent years, soaring property values have led to a rapid decrease in affordable housing alternatives.

This has had a drastic impact on the number of people homeless, particularly the elderly. These people are often affected by multiple disadvantage including poor physical health, family breakdown and the burden of mental health diagnoses.

There are currently no services in Sydney offering specialised long term accommodation and care for the elderly who are homeless with special and complex needs, particularly a lack of spaces for elderly women.

HammondCare is planning a purpose-built residential aged care home that will provide these vulnerable people in our community with accommodation and specialist care. We will bring our proven expertise to this area of need, allowing dignity, safety, relationship and holistic care, along with complex needs all managed in one place.

No one deserves to age or die alone, without care or a home. We are seeking support from the community over the next 18 months to help us build this special project.

If you would like to partner with us please contact 1300 426 666.
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:

- Aged Persons Welfare Foundation
- Anabel Westwood
- Anne Robinson AM
- Community Building Partnership, NSW Government
- Bluesand Foundation
- Cabra-Vale Diggers Ladies Auxiliary
- Chris McComb
- Community Visitors Scheme, Australian Government
- Dalwood-Wylie Charitable Foundation
- Friends of Neringah Hospital
- Friends of Richard Geeves
- Hidanna Foundation
- Honda Foundation
- Karen & John Kightley Foundation
- Mill House Foundation
- Neil Lewis
- Profield Foundation
- Rev Martin Robinson
- Rev Peter Robinson
- Susan Maple-Brown AM
- The Estate of The Late Mr Reginald Stubbs
- The Estate of The Late Robin Anne Porter
- The Thomas Foundation
- The Western Sydney Chinese Community

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.

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Join us in partnership

We’d like to thank everyone who gives their time and resources to support those we care for. There are so many ways that people help us and we couldn’t do it without them. Here are some of the ways people choose to support the HammondCare Foundation:

- **Volunteering**
  There are currently 800 trained and equipped volunteers who generously give their time, commitment and skills across our services. We are always keen to welcome more.

- **Regular Giving**
  Monthly gifts allow HammondCare to anticipate our income and plan the impact we can have.

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

- **Bequest**
  An easy and meaningful way people choose to support the work of HammondCare is by leaving a legacy in their will.

- **Partnerships**
  Our partnerships with philanthropists are vital to the continued work of HammondCare. They include individuals, businesses, private and corporate trusts and foundations.
The real story behind HammondCare’s strong, positive financial outcome in 2015/2016 were the 13,932 people that we were able to care for across our nationwide services. Our solid financial foundations enable us to continue to improve quality of life for residents, patients, and clients in dementia care, palliative care and our other service areas.

**HammondCare financials: 2015/2016**

**Strong foundations for security and growth**

Five year revenue overview: Consistent and planned growth

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<th>Year</th>
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</tr>
<tr>
<td>2016</td>
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Total revenue over the last 5 years ↑53.4% as a result of our planned growth strategies.

This consistent story of growth means we have been able to build our capability and capacity to expand our services, innovate and importantly, to ensure we are able to support those who are disadvantaged.

It also means that residents, clients, patients and all our stakeholders can be confident we will remain secure over the long term and are managing the organisation and our services competently.

2015/2016 Financial snapshot: Diversified revenue growth on a strong asset base

- Total revenue grew by 19.8% in 2015/2016 to $224.2m. Revenue growth was achieved across all our core service areas of Residential, Health+Hospitals, HammondAtHome, and the Dementia Centre.
- Total expenditure in 2015/2016 was $213.5m. Our largest cost is salaries and wages at $163.4m, which represented 77% of total expenses. Of this, $144.4m or 88% of our salary and wage cost is incurred on people involved in the delivery of our core services. This remains consistent with year prior.
- HammondCare continues to take a planned approach to our revenue growth that prudently manages expenditure to deliver financial stability to our stakeholders.
- Our asset base is $518.9m, against liabilities of $294.2m, with equity of $224.7m. Our prudential reserves were increased by $9.0m, and our bank debt reduced by $15.5m in 2015/2016.
2015/2016 surplus of $10.65m: The means to continue our mission

2015/2016 saw HammondCare realise a surplus of $10.65m, which compares favourably with a surplus of $8.10m in 2014/2015.

Our surplus ensures we are able to continue to pursue our mission. Our passion is improving quality of life for people in need. Our surplus enables us to continue to invest in areas including:

• The support of those aged and disadvantaged who represent approximately 40% of residents in our care homes.
• 1.3% of our total expenditure is dedicated to ground-breaking research, including dementia, aged care, and palliative care.
• Piloting new and innovative programs such as our Music Engagement Program.
• Providing un-subsidised hospital beds at a cost of approximately $7.9m.
• Providing pastoral care and volunteer services that were fully funded by HammondCare at a cost of $2.8m.
• Our Pain Clinic and other similar clinics that were fully funded by HammondCare at a cost of $1.3m.

Fundraising: Fulfilling our purpose and mission as a charity

Donations from our generous supporters in 2015/2016 amounted to $1.59m, making an important contribution to HammondCare’s capability to provide services in areas that are not subsidised or covered by fee for service.

Some of the key areas donations contributed to in 2015/2016 included:

• $75,000 raised with the local community enabling Braeside hospital fresh-food kitchen to open in September 2015.
• $104,000 raised towards a new cancer-specific rehabilitation service at Greenwich Hospital, The Jacaranda Ward, the first of its kind in Australasia.
• $216,000 raised for our Music Engagement Program using music to engage people living with dementia in our services.

We are determined to be faithful stewards of our resources. Discover more about the projects and achievements of HammondCare’s fundraising Foundation in 2015/2016 on page 32 of this Annual Report.

Future financial outlook: Strategic growth and responsible stewardship

HammondCare will continue to strategically grow its services in the context of an increasingly deregulated and changing market environment.

Our focus will be in ensuring that we are meeting the market need, while continuing to be responsible in our long term financial management.

Solid and prudent financial management remains a key tenet in providing the foundations for the future growth of the business.
Governance is critical

Effective governance is critical to ensuring the creation, protection and building of value to those we serve as an organisation. The Board maintains, and requires that HammondCare Management maintains the highest standards and ethics in the manner we operate, and the pursuit of our mission and long term goals.

The Board comprises a majority of independent non-executive Directors who, together with the Chief Executive, have an appropriate balance of skills, knowledge and experience to enable the Board as a collective to effectively fulfil its responsibilities.

**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 is a director 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 more than 30 years experience in superannuation, banking, funds management and investment consulting. He is the former Managing Director of State Super Financial Services Australia, has been a partner of Deloitte Touche Tohmatsu and CEO of Intech Investment Consultants. Michael has held senior executive positions with Deutsche Bank, IBM and Lend Lease Corporation. He is Chair of the Finance Committee, a member of the Property Committee 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.

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 is an active church member and involved in local sporting clubs. She joined the HammondCare board in April 2015 and is a member of the Board’s Property and Quality, Safety and Risk sub-committees.

Dr Stephen Edwin Judd  
BA PhD FAICD  
**Chief Executive**  
Dr Stephen Judd has more than 25 years’ experience in the health care 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 $8 million. Today, it provides care to almost 14,000 people, and FY16 revenue was $224.2 million. 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.

From left to right: Kate Thomas, Neil Lewis, Robyn Langsford, Glynn Evans, John Kightley, Dr Louise Parkes, Michael J Monaghan, Dr Annette Britton, Dr Stephen Edwin Judd.