




Annual Report 2021

Every person matters



Life is beautiful... and fragile

Life is beautiful, complex and precious. It is also fragile.

By serving and working as an independent Christian charity, we seek to set the global standard of relationship-based care.

Our services are many, but they are all **driven by one single mission, to improve quality of life for people in need.**

It's about extending our care for those where others can't or won't, taking the time to understand the people we care for, and being at the forefront of providing care for complex needs.

At HammondCare, we champion life.

Because every person matters.

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Towards Next Chapter

**United by our passion to improve
quality of life for those in need.
Because every life is worth fighting for.**

Chair Report

2021 has been another challenging year, especially for residents, clients, patients and staff who have been most impacted by the COVID pandemic.



Through the grace of God, HammondCare has met these challenges and on behalf of the Board we salute our staff and volunteers. A special tribute goes to CEO, Mike Baird, for his inspiring leadership, and to Angela Raguz, Chief Operating and Risk Officer, who has led the Pandemic Team, which protected all the people we serve.

To each member of the HammondCare team, thank you for all you do for those in our care, every day. Our thoughts and prayers are with you.

The Board was delighted to partner with management in the Strategic Review which sets out an impressive vision and focus as we head to 2025. Our mission is unchanged, our passion is improving quality of life for people in need and our ambition is to increase our care for those that others won't or can't, while setting the global standard for relationship-based care, underpinned by the love and words of Jesus Christ.

Our model of care, based on nearly 30 years' experience and expertise in providing individually tailored dementia care in a small cottage environment, was singled out by the Royal Commission as the preferred approach for aged care, a ringing endorsement of many years of research and practice from our team. Thank you to our previous CEO, Stephen Judd, for his leadership in developing this model and for his enormous contribution to HammondCare over 25 years.

Our financials show HammondCare made a small underlying profit of \$7.0m in FY21, up slightly on last year's \$6.2m. This benefited from a \$6m contribution from the HammondCare Foundation, so a big thank you to all our donors and supporters. Most importantly, our Balance Sheet remains solid with no bank debt and strong prudential reserves.

During the year the Board undertook an external Board review, conducted by Deloitte. We have provided Members of the Association the Executive Summary of this review in the AGM papers, and in relation to Board performance the review states:

"HammondCare is the organisation that it is and provides the quality of care that it does because of its Christian identity and mission. The Board presents as a committed and dedicated group of 'keepers' of the Christian identity and ethos of the organisation. This is a significant Board value-add." The report has also identified opportunities for improvement, and we have begun to implement several of them.

During the financial year Michael Monaghan retired after 12 years of faithful service, including Chair of the Finance Committee and Deputy Chair. We welcomed Carl Gunther as a new director and member of the Finance Committee, under the new Chair, Robyn Langsford. Carl is a Chartered Accountant and GAICD, a former partner at KPMG and worships at St Matthew's Manly.

Louise Parkes retires from the Board at the AGM and has been a wonderful contributor during the past 11 years, especially in her role as Chair of the Quality, Safety and Risk (QSR) Committee. Louise has graciously agreed to stay on as a member of this Committee and we look forward to her continued wise counsel under new committee Chair, Linda Justin.

After 12 years, this is my last year as a Director and Chair and I want to thank my fellow directors for their support to me and to HammondCare. It has been a privilege to serve in this way and I wish you all God's greatest blessings. I would also like to thank Mike Baird, Stephen Judd, and the leadership team for all their wisdom and help, and David Lewis, our Company Secretary, for making my job so much easier. HammondCare is a truly wonderful Christian organisation and I urge you to pray for all who work and volunteer here, as well as all those we serve and care for. At the conclusion of this year's AGM, Kok Kong Chan will take over as Chair and Kate Thomas will become Deputy Chair – I leave you in great hands!

Yours in Christ,


John Kightley

Chief Executive Officer Report

Mike Baird's first year as CEO has been characterised by response to the Royal Commission, the challenge of the pandemic and a determination to be future-focused.



Mike, it was a remarkable year to join health and aged care, any second thoughts?

Absolutely *no* second thoughts! I can't think of anything better than supporting our Mission, and the team at HammondCare as they provide exceptional care for vulnerable, older Australians and people facing end of life.

I have been in awe of our team since my first day and this has only grown. Yes, this is a challenging season with a once in a lifetime pandemic. But it is also a generational opportunity for change, not the least due to outcomes from the Royal Commission. I feel privileged to be part of HammondCare's response as we keep the people we care for and our team safe, while also looking towards a bright future.

We have had good outcomes managing the impacts of COVID-19, what strengths have allowed us to do this?

The most important single factor is the unrelenting passion of our team, which motivates them every day and hour to keep people safe and provide relationship-based care. This has been ably supported by a small but agile Pandemic Team who do not take their eyes off the changing COVID environment for a minute. They not only provide daily and instant updates to our care teams on risks, guidelines and health order requirements, but contribute to overarching policy and plans as well as on the ground responses.

That's why, for example, when we had one case through community transmission in Newcastle, there were no further cases among staff or residents – because protocols were followed, and they worked!

The work of our Pandemic Team, along with a clinical governance team, is an extension of our unique approach to quality, safety and risk including frontline training, valuing feedback and a commitment to continued improvement.

We've also found ways to meet not only clinical needs and follow health orders, but care for people emotionally and socially. When many care homes closed to everyone, we introduced concierges to screen visitors and

Partnering in Care to train family members in COVID safety and hygiene so they could still provide essential support even in lockdowns. In HammondCare At Home, we continued to find ways to accept new clients even when others closed their books.

This is all part of our ambition to care where others can't or won't. Everyone across the organisation, whatever their role, has pitched in and continues to.

A pandemic would seem a difficult time for fresh vision, and yet HammondCare has developed a Next Chapter Strategy and Ambition. How does that work in times like these?

Being forward-looking is essential when times are tough. After a very successful period under our previous CEO, it was timely to consider how we approach the next season as we head to 2025.

We invited the whole organisation to participate in consultation and received hundreds of responses that helped us build our Next Chapter Strategy.

At the heart of it, our Ambition is to set the global standard of relationship-based care, for people with complex needs – because that's the kind of care vulnerable people need and deserve. Our Ambition continues by seeking to increase our care for those that others can't or won't. HammondCare has always taken risks in caring for people who are at risk, and that often means saying 'yes' to care, when others say 'no'.

As well, our Next Chapter focus is on complex dementia and palliative care as our strategic analysis showed the importance of nurturing key leadership positions. We'll measure all of this by assessing quality of care and quality of life of the people we serve, and extending the reach and strength of our core focus areas. Valuing and elevating our people is another focus – let's face it, the aged care workforce in particular has been undervalued for too long. Whatever the future looks like, through the Next Chapter, we are positioning ourselves to continue fulfilling our mission and a legacy of care that goes back to founder Rev Bob Hammond.

“...we’re investing heavily in hearing the voice of our team, providing learning and career pathways and elevating the value of the work we do.”

Appreciation has been a key theme in your first year, why is that?

Reading the Aged Care Royal Commission final report was often very distressing. The stories of neglect that were included should not have happened and should never happen again. One reason aged care seemed to lose its way is society’s lack of appreciation for older Australians.

It’s an issue for all of us, as well as providers and government. If we don’t value older people, they won’t get the care they deserve. On the other hand, if we elevate older Australians and truly value them as we should, then together we’ll make sure they receive the care they deserve.

At the same time the workforce that cares for older people has been vastly undervalued and that’s why we are supporting a Fair Work Commission case into improved remuneration, which we hope will be finalised in the first half of 2022. It’s also why we called for a national Day of Appreciation for aged care and health workers, and internally have relaunched an enhanced Reward and Recognition program and other benefits.

HammondCare sought to help shape the Government and sector response to the Royal Commission. What’s most important here?

We contributed to and supported many of the recommendations of the Royal Commission and summarised these as: aged care becoming more consumer focused; addressing workforce issues especially for care workers; improving funding so that delivery of aged care is sustainable; making sure aged care delivery is equitable in rural and remote areas; and improving regulation and oversight, including increased transparency.

The May 2021 Budget was a good first step with \$17.7 billion in funding addressing key issues such as reducing the home care package queue, funding for more face-to-face care and specific measures such as additional funding for Dementia Support Australia and overnight cottage respite. We will continue to advocate for implementation of Royal Commission recommendations and Budget measures as change has only just begun.

What are the biggest challenges and deepest hopes for the year ahead?

We approached the pandemic as a marathon, not a sprint, and this has helped us respond well so far. That said, I am very mindful of the challenge for our team in remaining focused on care and safety for residents, patients and clients while also carrying the additional pressure of lockdowns and restrictions, over such a long period. I know if we continue to support one another and follow the best advice such as to be vaccinated, we’ll make it through together.

We are constantly challenged by the enormous task and special privilege of providing the best quality care for society’s most vulnerable, 24/7, 365 days a year. We don’t always get it right, and that’s why we are developing new ways to ensure that what we learn in one service, is shared across the whole organisation. This is part of our Next Chapter Strategy.

Workforce – elevating, growth and retention – is perhaps *the* challenge across the health and aged care sectors. So we are investing heavily in hearing the voice of our team, providing learning and career pathways and elevating the value of the work we do because each member of our team matters.

My deepest hopes for the year are that we will see light at the end of the COVID tunnel and that every person for whom we care will know they truly matter. And that through our world-leading approach to relationship-based care, we will continue to extend our care for those who others can’t or won’t.

Now, sadly, to farewell retiring Board Chair John Kightley, who over 12 years, has contributed beyond measure to our Mission as a steady hand during so many changes, including the pandemic. On behalf of HammondCare – a huge thank you John. And congratulations to incoming Chair Kok Kong Chan and Deputy Kate Thomas.

Cheers,



Mike Baird

Highlights

A remarkable year

Response to Aged Care Royal Commission Final Report

The Aged Care Royal Commission handed down their final report in March 2021. The report contained 147 recommendations, many of which are issues HammondCare continues to advocate for. This includes respecting the people we care for, the benefits of the cottage-style model of care, and valuing our workforce.

Reconciliation, respect and recognition of First Nations people

NAIDOC Week was an important event in the calendar, to acknowledge and celebrate the contribution of First Nations people and their culture. HammondCare has initiated the development of its Reconciliation Action Plan and is building cultural awareness of Aboriginal and Torres Strait Islander peoples among those who provide their care.

We applaud you

Mike Baird's call for a national Day of Appreciation saw thousands of Australians acknowledge the sacrifice health and aged care workers on the frontline are making during COVID-19. People celebrated with a round of applause at midday, posters were displayed in sites across Australia and social media lit up with #YouCareWeCare.



Cottage-style home plans revealed for dementia care site in SA

The design for South Australia's first cottage-style care home at the Repat Health Precinct in Adelaide offers people living with dementia dignity and quality of life.



Connecting culture in care

Communication cards were the first to be specifically designed to support First Nations people living with dementia. They give care staff and families the ability to communicate in a way that respects both the person and their culture.

New multilingual library at Braeside Hospital

Braeside Hospital's multilingual library, inspired by a Croatian-speaking rehabilitation patient's love of books, and the generosity of multilingual Fairfield bookshop, provides a much-needed resource that reflects the diversity of backgrounds of patients admitted to Braeside.

Expanding dementia care homes across Australia

HammondCare continues to develop its internationally recognised dementia-specific design to its Scone and Horsley sites. The two 15-bed dementia care homes in Scone and two eight-bed cottages at Horsley will ensure the long-term viability and high-quality care in regional locations.

\$1.2 million grant awarded to address end-of-life care

Working in collaboration with CareSearch at Flinders University, HammondCare will lead the development of training and resources to support people with dementia accessing palliative care and advance care planning in aged care, thanks to a new \$1.2 million Australian Government grant for the Advance Project.

Innovative Program keeps families connected

In response to the restrictions imposed by the pandemic, HammondCare launched the Partnering in Care Program. This helped to maintain regular contact between residents, family and friends, essential for the ongoing wellbeing and safety of residents in care homes.

Greenwich Hospital site receives planning approval

The new Greenwich Health Campus will offer specialised health services for those with complex health needs including palliative care, rehabilitation, dementia care and treatment for mental health. And in a first for NSW, seniors living apartments will provide access to 24/7 health services for those with chronic health conditions who want to live independently.



International Dementia Conference a virtual success

On World Alzheimer's Day 2020, the first virtual HammondCare International Dementia Conference welcomed over 6000 attendees from across the globe on a two-day event shaping our thinking on what really matters in 'Care in the age of outrage'.

Community appeal reconnects loved ones

The COVID-19 Community Support Appeal has funded Samsung Galaxy tablets to help residents and clients stay connected during the pandemic. As well as the tablets, care boxes overflowing with groceries were delivered for free to HammondCare At Home clients, many who have struggled with isolation and a shortage of supplies.

At a glance



33,811
cared for



4,807
dedicated staff



650
volunteers



87
service locations



1,029
supporters



\$36m
social dividend

Next Chapter

An ambition to extend care, a strategy to take us there

Since our last Annual Report, we have taken a close look at all we hope to achieve in the next few years. Our mission remains unchanged: our passion is improving quality of life for people in need, and is expressed as we serve as an independent Christian charity.

After thorough review and consultation we developed the Next Chapter Strategy and Ambition that takes our much-loved Mission – of which not one word has changed – and considers the focus it should take as we head towards 2025. Here's what we plan to achieve.



Relationship-based approach to care

Setting global standards

We are already well known for our relationship-based approach to care, inspired by Jesus' words in Matthew 25:35-36:

“For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me.”

Our Ambition is to set the global standard of relationship-based care for people with complex needs and to increase our care for those that others can't or won't.

We serve clients who may experience severe symptoms or require specialised support in their last days. We plan to be a globally-recognised leader in complex dementia care – not for our own sake, but so we can champion life for others. We're also working to translate and embed our expertise in palliative care across all our services, including in the community.

We're also known for the care and expertise we provide in regional and remote locations. Through our Home Care and Dementia Centre services, we plan to extend our reach to areas that are harder to get to, despite the logistical and financial challenges.



Best people, highly valued

Capability with heart

The people providing our frontline care are the heart and soul of HammondCare. We look for those who love caring for people with complex needs and making a positive difference to their lives.

We want them to know just how highly valued they are. Along with a growing investment in learning and training, other key initiatives include improved career pathways, an enhanced Rewards and Recognition program and a state-of-the-art intranet hub for people management tools.



Data driven, evidence based

Improving care

Our research will be increasingly tied to our model of care so we can continually challenge and test ourselves. This includes developing innovative approaches and strengthening our access to cutting edge knowledge across the world. One notable example is our innovative work with homelessness. Continuing to embrace new technology will support our team in improving care through streamlined and efficient processes, while retaining a focus on people.

“Every one of our team is an essential part of Next Chapter, because every story of care makes a difference.”



How we measure

Impacting lives

Because we're serious about implementing our Next Chapter Strategy and Ambition – and not just talking about it – a range of specific measurements have been developed so we can double-down on our progress. These metrics cover lives impacted, quality of care, quality of life, social dividend and financial sustainability.



Shape the sector and beyond

Our stories

Relationship-based care means really seeing the person in front of us, knowing who they are and bringing them the very best of care with love from our hearts. It's who we are and what we do every day in every one of our services.

We know that everything it takes to deliver this kind of care, at an individual and organisational level, can have a broader impact in shaping the sector, and beyond this, setting the global standard for relationship-based care.

So how do we communicate relationship-based care to the world? At HammondCare, we've learned there's nothing more powerful than a story. Real stories about the people who work with us and those we care for. In this way every member of our team has a part in improving lives globally.



Next Chapter

Key projects provide a focus on the future

Greenwich Hospital transforms into a specialised health and aged care campus

Greenwich Hospital will be transformed into an integrated health campus providing specialised and accessible care, featuring a sub-acute hospital, to meet the growing needs of the area's ageing population.

Within the leafy environment, a mix of inpatients, day clinics and short, medium and long-term accommodation options will provide flexible levels of care appropriate to people's needs.

Services will include inpatient, outpatient and community palliative care; rehabilitation and restorative care; older persons mental health; dementia care; seniors living and emergency and short-term respite.

Serviced senior living will allow older people with chronic health conditions to live independently with access to home care services. They'll also have access to health services including a newly built subacute hospital. This will support couples to continue living together, where one partner is supporting the other who requires specialised care.

The campus will also house HammondCare's internationally-recognised research and education functions. The Dementia Centre is an impartial resource providing education, consultation and research, both in Australia and internationally.

The Palliative Centre provides a central hub for patients, families and healthcare professionals to access a wide range of services, education and resources. And the Centre for Positive Ageing focuses on helping people make the most of their ageing experience, whatever their circumstances.

The proposal was given the green light by the Independent Planning Commission in November 2020. This is a very positive step, but one in a long process. The cost of long-term redevelopment of the Greenwich Hospital has been estimated at \$141.5 million and has been classified as a State Significant Development requiring assessment by the Department of Planning and Environment.

New technology for more responsive care

Health and aged care are dynamic sectors, operating in a challenging policy, regulatory and financial setting. A rapidly ageing population is lifting demand for increasingly complex care and posing funding challenges.

We're meeting this challenge by continuously investing in new technology solutions. Our aim is to increase the effectiveness of processes and, most importantly, responsiveness to care needs and expectations. Enhancing technology, data and analytics to support and improve care and decision making is also fundamental to our Next Chapter strategy.

One example is harnessing the data available through what is often known as 'nurse call'.

A new visualisation platform for the nurse call system lets managers see what's happening for themselves, replacing piecemeal collection of information and complicated spreadsheets.

They now have access across 21 care homes in 12 locations, covering more than 2000 residents and staff.

At a glance, managers can monitor activity levels, patterns, outliers and responsiveness in real time throughout a home or within a cottage, right down to an individual room or particular type of alert.

Depending on a resident's care profile, an extensive and integrated system of alerts could include bed, floor and door monitors.

“They can quickly identify any concerns and respond immediately.”

This new technology helps us deliver the most appropriate care. We can minimise risks for residents, such as falls and poor sleep patterns, all without intruding on their privacy. We're also better placed to implement the most efficient staffing strategies.

As technology continues to evolve and give us more effective ways to confidentially collect, collate and analyse data, we anticipate being able to incorporate a predictive element.

First cottage-style dementia care home in South Australia

Following the troubling findings of the Oakden Report, the South Australian Government chose to partner with HammondCare, to draw on our expertise as leaders in best-practice dementia care and design.

The final report of the Aged Care Royal Commission released in March, highlighted the benefits of small household design for quality aged care, especially for those with dementia, effectively endorsing our cottage model.

In an agreement with the SA Government, HammondCare will develop the state's first cottage-style dementia care home at the former Adelaide Repat Hospital site.

CEO Mike Baird joined Premier Steven Marshall and Minister for Health and Wellbeing Stephen Wade to announce details in April this year. As a centre of dementia care excellence, it will provide dignity and quality of life to some of the state's most vulnerable people.

HammondCare's development will become home to 70 residents living with dementia, alongside other services run by SA Health.

Our new neighbourhood will include six cottages for nine to 15 residents, built around a central park and plaza with access to private and public outdoor areas. Two of the cottages, each providing nine places, are to be Specialised Dementia Care Units for people with very severe symptoms of dementia. These will be linked to an 11-place step-down cottage for transitioning to mainstream care.

Similar to cottages for dementia care in NSW and Victoria, each resident has their own ensuite room with other features including domestic-style kitchens, generous living areas with safe outdoor access. Community facilities include a general store, hairdressing salon, café, and children's playground.

Work is expected to begin on the 13,000sqm site late in 2021. The redevelopment is HammondCare's first opportunity to provide residential care outside NSW and Victoria – and a key part of our Next Chapter future-focus.



Greenwich Hospital redevelopment artist impression

Service Locations

Residential Care

- Cardiff **NSW**
- Erina **NSW**
- Horsley **NSW**
- Scone **NSW**
- Sydney **NSW**
 - Darlinghurst
 - Hammondville
 - Miranda
 - North Turrumurra
 - Wahroonga
- Waratah **NSW**
- Woy Woy **NSW**
- Melbourne **VIC**
 - Caulfield

HammondCare At Home

- Canberra **ACT**
- Batehaven **NSW**
- Bathurst **NSW**
- Broken Hill **NSW**
- Cardiff **NSW**
- Coffs Harbour **NSW**
- Dubbo **NSW**
- Erina **NSW**
- Goulburn **NSW**
- Horsley **NSW**
- Kyogle **NSW**
- Merimbula **NSW**
- Narara **NSW**
- North Gosford **NSW**
- Nowra **NSW**
- Picton **NSW**
- Port Macquarie **NSW**
- Scone **NSW**
- Sydney **NSW**
 - Hammondville
 - Manly
 - Miranda
 - North Turrumurra
 - St Leonards
 - St Marys
 - Wahroonga
- Tweed Heads **NSW**
- Wentworth Falls **NSW**
- Brisbane **QLD**
 - Chermside
 - North Lakes
- Melbourne **VIC**
 - Footscray

HammondCare Health

- Sydney **NSW**
 - Greenwich
 - Mona Vale
 - Prairiewood
 - Wahroonga

The Dementia Centre

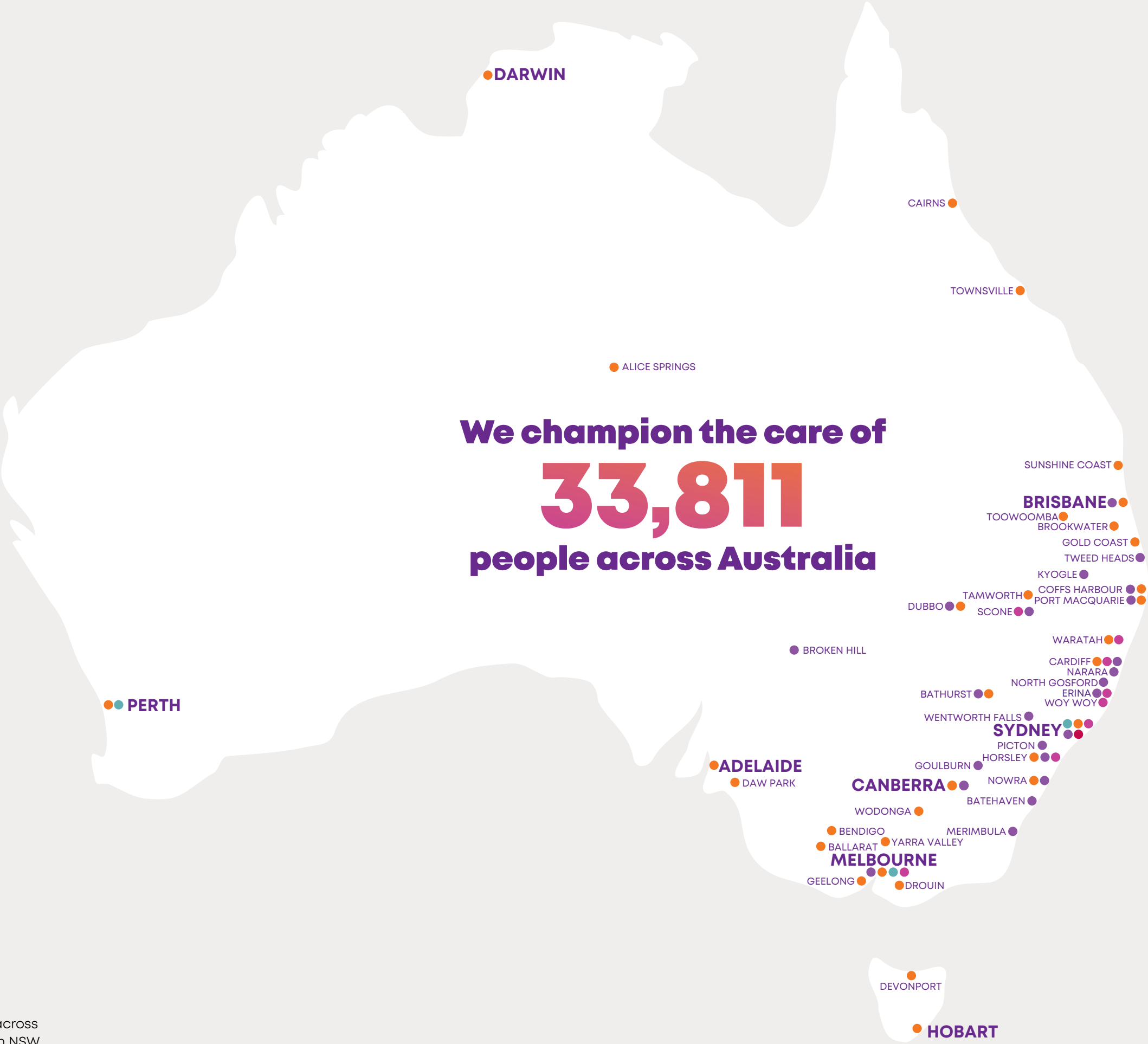
- Canberra **ACT**
- Bathurst **NSW**
- Cardiff **NSW**
- Coffs Harbour **NSW**
- Dubbo **NSW**
- Horsley **NSW**
- Nowra **NSW**
- Port Macquarie **NSW**
- Sydney **NSW**
 - Greenwich
 - Hammondville
 - North Turrumurra
 - Miranda
 - St Leonards
 - St Marys
- Tamworth **NSW**
- Waratah **NSW**
- Alice Springs **NT**
- Darwin **NT**
- Brisbane **QLD**
 - Chermside
- Brookwater **QLD**
- Cairns **QLD**
- Gold Coast **QLD**
- Sunshine Coast **QLD**
- Toowoomba **QLD**
- Townsville **QLD**
- Adelaide **SA**
 - Daw Park
- Devonport **TAS**
- Hobart **TAS**
- Ballarat **VIC**
- Bendigo **VIC**
- Drouin **VIC**
- Geelong **VIC**
- Melbourne **VIC**
 - Footscray
 - Malvern
- Wodonga **VIC**
- Perth **WA**
 - Wembley

Research

- Sydney **NSW**
 - Greenwich
 - Hammondville
 - St Leonards
- Melbourne **VIC**
 - Malvern
- Perth **WA**
 - Wembley

Palliative Care Home Support Packages

Seven Local Health Districts across rural and remote towns within NSW



We champion the care of
33,811
people across Australia



2 Our Stories

**Everyone's story is unique –
and so is our care.
Because every moment matters.**

Residential Care

Helping find the real Mercy for her family

Mercy is a warm, friendly and generous person who enjoyed volunteering to cheer up children going through chemotherapy. But as dementia progressed, daughter Debbie and family saw their mum changing, with behaviour that was very much out of character. As she entered care, Assistant Manager Lynn was determined to support Mercy.

Debbie: Throughout her life, Mum has been a gentle, kind and generous person, giving of her time and doing what she could to help others. Little by little over several years, we all noticed some changes in Mum and the most difficult part was some quite extreme behaviour which was very much out of character.

During this time, things got so bad that, sadly, Mum and Dad divorced – they had been married for 51 years. Despite how challenging things were becoming, Mum would not easily accept help.

While we hadn't really been certain what was happening for Mum, by March 2020 it was becoming clear to me that she had dementia. Mum was constantly getting lost and being brought home by police and unusual things would happen at home, like finding dog food in the microwave.

Her symptoms of memory loss, paranoia, and at times, being quite aggressive, were a challenge. As a volunteer at HammondCare, I had learned enough to know it was very likely Mum had dementia.

She became quite mean really, which was not like her at all. And in her confusion, she would often blame me for things that went wrong. It was very hard to know what to do. We tried to arrange care at home, but Mum wouldn't accept it. Eventually we were able to place her in care at HammondCare Woy Woy, but we were worried about how things would turn out, given how her behaviour had changed.

“None of us wanted to give up on Mercy.”

Lynn: When Mercy first came to live with us, she was having none of it. Every day, she packed up her room and stacked everything ready for the removalists. She planted herself firmly at the front door, where visitors often took the long way around to avoid her wrath.

Initially, this and other behaviour caused a great deal of disruption in the cottage. Sometimes she would give all her belongings away to other women in the home, then half an hour later she'd accuse them of stealing. It's fair to say, that for a while, the 13 other residents in the cottage were miserable.

As a team, we were determined to not give up on Mercy but find ways to support her through these changes.

We discovered Mercy had untreated pain which contributed to her distress, and as she would not agree to take medication, we used patches to better manage her pain.



Mercy's story also features in the HammondCare short film which can be seen at hammondcare.com.au. Thanks to Mercy and Debbie (pictured) and the care team.

Focusing on really knowing who Mercy was, the team looked for other needs she might be expressing through her behaviour and developed relationship-based approaches to support her, including assessing medications.

Sometimes it was the simple things, like supporting Mercy to walk in the garden, and do something meaningful and familiar, such as sweeping leaves.

Our goal was to help minimise the impact of dementia and other issues for Mercy so she could be more like the person her family knew her to be, someone who would enjoy interacting with staff and the other residents in the cottage. But most of all, enjoy being with her family.

Gradually, these approaches to care began to make a difference for Mercy and now her family, who once said they found it hard to even spend 20 minutes with her, enjoy taking

her out to the beach for coffee and ice cream. They've got their mum back.

She's really settled into the cottage, is so lovely to all the care team, has made some great friends. And the ladies that were once scared of Mercy, well, they love her.

Mercy's estranged husband also now visits two or three times a week. It's so sweet to see them together on the lounge holding hands.

People with dementia may experience behavioural change and often this is a way of expressing unmet need such as pain, anxiety or confusion. Relationship-based care and a small-household environment that is familiar and legible is the most successful behavioural support approach.

Dementia at just 49 – there was nowhere else to turn



Ross was diagnosed with Alzheimer's disease at just 49 and despite support from his family, brother Kevin knew Ross was declining when he couldn't tell the time during a regular visit to his neurologist. Wondering how Ross would manage, the family were relieved to find HammondCare Horsley's Streeton Cottage and the support offered by Clinical Care Manager, Carley, and Specialist Dementia Carer, Emma.

Kevin: Originally from Zimbabwe, Ross is one of four siblings. He had studied biomedical engineering and worked as a medical technician, so his diagnosis with younger onset dementia was quite a shock.

HammondCare Horsley was the only service we could find that provides residential support for people living with younger onset dementia. Our family is very grateful a place became available for him.

Before the COVID-19 lockdown, one of the carers would drive Ross up to visit the family for the day. After about two hours he'd get anxious about getting back to HammondCare, his home. He'd ask me, "Will the driver turn up?"

Carley: Ross is always up for a chat and is a bit of a larrikin at times! He loves being around people. One of his favourite activities is our regular Men's Shed barbecue, and bingo which we hold twice a week.

Ross likes to keep active and in his younger years enjoyed running and playing rugby union. He has regular physio sessions which include activities such as jogging, passing a football and walking.

Ross also receives NDIS support three times a week. Walking on the beach is a favourite pastime, as is watering the garden. Fortunately there's always a lot of garden to water at Horsley!

One of the symptoms of his diagnosis is that he doesn't recognise his reflection, which makes him quite distressed. He thinks someone else is wearing his clothes. So we installed special non-reflective blinds and curtains in the cottage and placed contact over the mirror in his ensuite. We also cover his TV screen during the day.

This personal, relationship-based approach to Ross's care is how our team look after those in our care. The whole person is cared for.

Emma: Recently we held a themed Olympics Day for the residents. Ross loved the ten-pin bowling. It's difficult sometimes to know who is having more fun – the care team or the residents.

Ross always makes me feel welcome whenever I'm visiting, even though he doesn't remember my name. We don't wear name badges in our cottages because that's not something you would do in someone's home.

Ross is an animal lover and – no surprise – has befriended the resident cat, Ewok, who sleeps on his bed at night. If I mention his Alsatis Bugsy and Misha when we chat, his face lights up; he says Bugsy was a 'killer' dog, a great dog.

During lockdown we arranged special permission for Ross to walk round to the horse paddock nearby with his physiotherapist Merek.

"It's difficult sometimes to know who is having more fun – the carers or the residents."

Kevin: With dementia progression, the hardest thing for us is that personalities change, though we are not quite there with Ross. We experienced the same situation with my mother. I can't speak highly enough about the staff who care for him. They are in communication with me constantly. It's been a very positive experience for me and our extended family. How lucky we were to get him into HammondCare."

In Australia about 30,000 people aged under 65 live with younger onset dementia. HammondCare provides support across its services and Streeton Cottage is unique in being a dedicated residential service for people with younger onset dementia.

Ross's story also features in the HammondCare short film. Thanks to Ross (pictured) and the care team.

Residential Care

HammondCare's Residential Care homes are located across NSW and Victoria. Our approach in these homes is to offer a sense of belonging and being at home, with a particular commitment to dementia-specific care.



2,179
people
cared for



21
care homes



12
locations



2,039
dedicated
staff

HammondCare At Home

Will you travel 57km to help support John? Yes. We will go.

When John was diagnosed with chronic lung disease, his family started looking for support at home. After constantly being told he was too remote to visit, by the time they contacted HammondCare, they'd almost given up hope. So when they asked Care Manager Nicole if her team would go 57 kilometres each way, they were elated when she answered "Yes. We will go."

Nicole: When John was diagnosed with chronic obstructive pulmonary disease, a lung condition that causes breathing difficulties, he traded his fast-paced Sydney lifestyle for a quiet life in the country.

He moved to Moonan Brook, on the edge of the Barrington Tops National Park in NSW.

As John's health started to deteriorate, his family made the trip from Sydney to set up some hands-on support so he could continue living at home.

Because for John, staying on the farm with his beloved animals was a non-negotiable.

"He couldn't bear the thought of leaving his horse Ruby and his devoted staffy, Archie. They were his family."

With breathing difficulties and limited mobility, John was unable to do everyday chores around the house. He was also not up to the long round trip into town to pick up groceries and medication.

So we put together a care plan to visit John three days a week, to look after the household chores and keep the dust down to help with his breathing. Of course, a cup of tea and a friendly chat also plays an important part in his care.

Then we looked at how to organise John's shopping, medication and oxygen. The services and supermarkets simply don't deliver that far. We worked out a plan that if a family member was able to do an online food order and have it delivered to our office the day before our care worker made the trip, we could keep John's pantry full. And John's horse Ruby would have her bag of carrots!

Plus, every second Friday we pick up John's regular order from the chemist, along with anything else that John has pre-ordered. Lately, he's been craving BBQ chooks, so we've been grabbing him one of those each fortnight.

John becomes quite anxious when his pain patch scripts have no repeats left. So the clinical manager has now organised to be at John's home to do phone consults and get his scripts refilled. We've also ensured John has two tanks of oxygen on hand so he doesn't become anxious when he runs low.



John's story also features in the HammondCare short film. Thanks to John (pictured) and the care team.

John: When I was diagnosed, I thought about settling down in a unit in Sydney. But my daughter found this place in the country called Moonan Brook. We thought it was a sign as it related to Brooking, our family name.

When we visited and saw all the horses, we were sold. Now I'm settled in my little shack on the hill. And I have my own horse, Ruby.

HammondCare helps with Ruby's feed and water, as well as taking care of my household chores and shopping.

I'm very grateful... my carers have all been great. To get a job like that you've got to be a special kind of person... a caring person.

Nicole: Feedback like this inspires HammondCare At Home workers to continue caring for people, and help them live independently in the home they love for as long as possible.

"Why wouldn't you want to travel all the way out here? I'd go even further if I had to – I wouldn't hesitate."

Community Care Worker, Laureen

Older Australians deserve every opportunity to have choice, independence and quality of life. When we look after a client at home, their individual needs and circumstances are at the heart of everything we do. We care for the whole person by respecting their life story and focusing on what they're passionate about. Want to help us champion life?

When our care is an essential lifeline in lockdown



COVID-19 concerns and lockdowns are especially challenging for older people living at home like Bersabe and Manuel. They speak little English and so the constant changes to health orders can be confusing, on top of managing increasing health needs. That's why regular support and companionship from HammondCare At Home care worker Lidia is so vital.

Lidia: Bersabe, Manuel and I have a lot in common, as we have a similar background. Originally from South America, they don't speak much English, so it made sense to appoint me as their care worker because I can communicate with them in Spanish. I've been visiting this lovely couple twice a day, every second day for a year and a half.

Bersabe is living with dementia and Manuel can find it hard to manage her personal care, so they are always relieved to see me. But it's not just for the care – it's for the company as well.

“We play games and exchange stories from our homeland. Sometimes we sing our favourite songs in Spanish.”

Bersabe and Manuel are amazing people, so warm and friendly. They have made me feel like I'm part of their family. And by getting to know them – their life story and their dreams – I can provide the type of care that caters to both their physical and emotional needs.

Things have been hard for them during the pandemic. Bersabe's dementia means that sometimes she finds it difficult to understand what's been going on.

Plus, they live in their family home in the hard lockdown area of south-west Sydney, so they haven't been going on their weekly shopping trips. Our local team has been helping them with food supplies, and they still enjoy a daily walk around their neighbourhood.

But the hardest thing for them is not being able to go to church.

During the pandemic I've been giving them as much friendship and support I can. I also keep them updated with the latest government restrictions. It's important to follow the rules – I know only too well as two people really close to me recently died from COVID-19.

Now, more than ever, our home visits are really appreciated. People like Bersabe and Manuel still get the care they need while being able to stay safe at home. That's why I love what I do.

And according to Bersabe and Manuel's daughter Jeannette, it shows.

Jeannette: I don't live with Mum and Dad, so knowing Lidia is around to care for them is a great relief.

It's so sweet to see how excited they get when Lidia and the other care workers arrive. Their eyes light up and they run straight to the kettle.

When I speak to them, they talk about Lidia like she's family.

It's been hard with COVID-19, but I know Mum and Dad are in good hands with HammondCare. I am very happy with the services they provide.

HammondCare At Home

Home care is a key focus of our Next Chapter Strategy. Offered in NSW, ACT, Victoria and Queensland, our services enable older people to continue enjoying life in their homes, thanks to support from a consistent team of trained care workers.



10,946
people
cared for



721,787
home care
visits



30
locations



1,578
dedicated
staff

Persistence reveals a life filled with faith and music

Ron lived in a care home for more than two years, yet no one really knew him. It wasn't until DSA consultant Kathryn was called to help that the rich life of a professional musician who travelled the world was revealed. Stephanie, Ron's guardian, was excited when Kathryn called to say she wanted to hear all about Ron's life.

Kathryn: I first met Ron about a week after speaking to staff in his aged care home. They were concerned about how unsettled he was, constantly walking around the unit, eating on the go and only ever sitting for a moment or two. He wouldn't sleep until finally, physically exhausted, he would fall asleep in a chair.

Before I go on a visit I like to understand as much as I can about the person. Staff had little information and Ron's wife Louise, who also has a cognitive impairment, could only provide limited details.

When I arrived, I hoped his room may provide more clues. I was surprised to see a bare room, nothing on the walls, no pictures on the bedside table – and there was Ron, asleep in a standard chair, not a comfortable recliner.

One thing staff did know was that Ron had been a concert violinist.

“On a whim I whipped out my phone and Googled him.”

Frustrated that I wasn't getting anywhere I searched the internet for information. And what I found amazed me.

Ron was not just a musician, he had spent his life dedicated to music, playing the violin at international performances, working with world renowned conductors and other music masters.

Having a passion for music myself, I understood how important music would be

in his life. I was now on a mission to find out as much as I could because I knew the more information I could find, the better support we could give Ron.

I also discovered Ron had been a teacher at the prestigious Elder Conservatorium of Music at the University of Adelaide. They were so excited to hear from me and were able to supply recordings, photos and memorabilia.

I was happy with the information I had found but wanted more. Hearing from Stephanie provided the personal touch that I knew would help.

Stephanie: My family met Ron when he visited South Africa, as a visiting violinist doing an international concert tour. He was in his early twenties, a brilliant violinist and a part-time marathon runner.

Louise, my sister, was also a very talented musician and they fell in love. They always worked together and played concerts around the world.

Marathon running became a very big part of Ron's life up until quite recently. He ran all over the world with different clubs and groups and became a veteran runner.

As well as his music and running, Ron has a strong Catholic faith and had been taught violin at the Catholic school he attended. He maintained his faith and until moving into aged care, attended Mass every Sunday.

Kathryn: Gathering personal stories meant that I could provide advice and recommendations that were tailored for Ron. We know approaches that are meaningful, reminiscent and enjoyable for the person are preferred to generalised interventions.

Being a marathon runner and always on the go with his music career meant that never relaxing was normal for Ron.

We purchased a recliner that he could sleep in when tired and provided opportunities to engage with his faith,

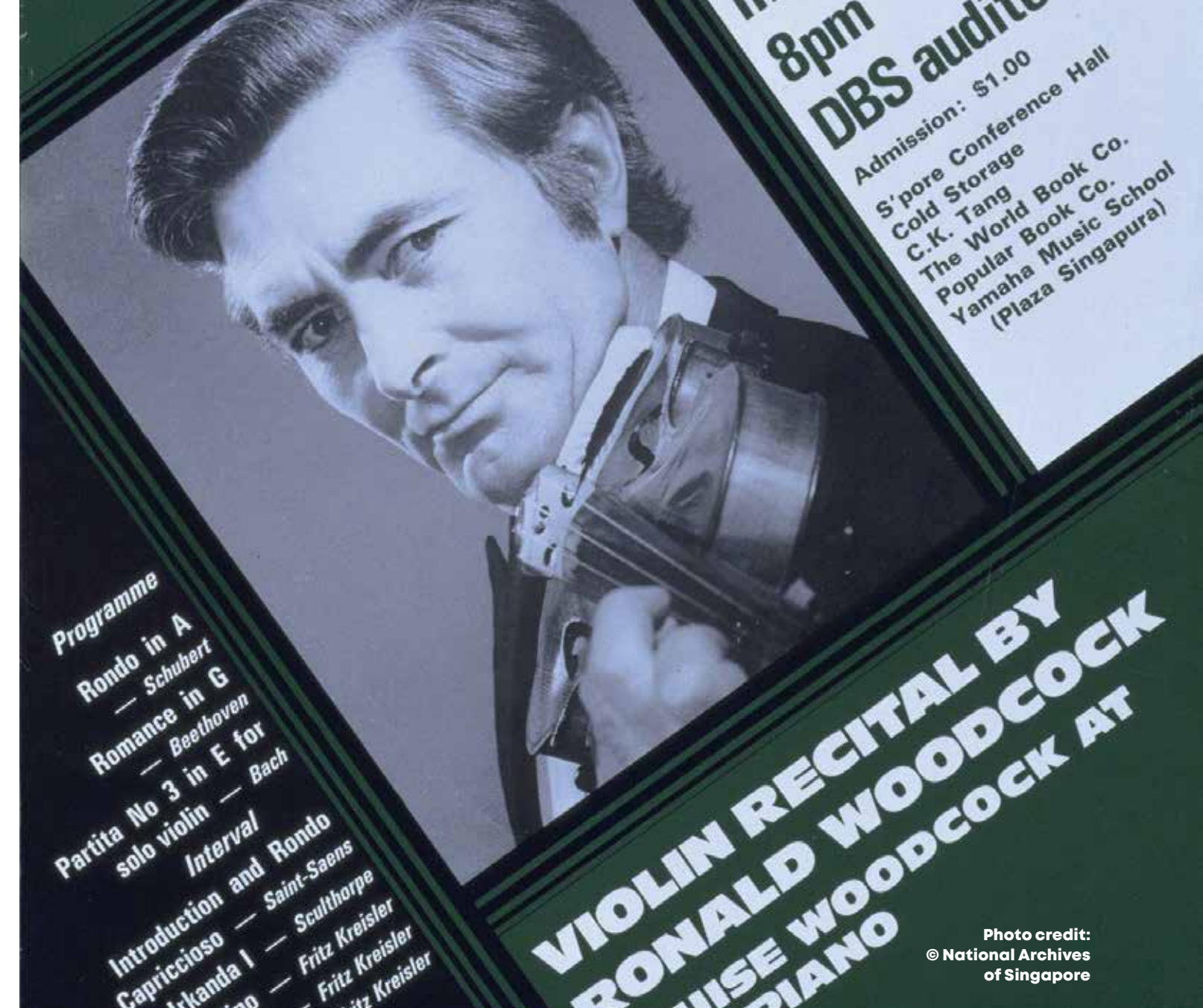


Photo credit:
© National Archives
of Singapore

by accessing a wooden cross and the Faith for Life book series from HammondCare. We found some of his music recitals and put them on a USB to play. A music therapist is now working with Ron and teaching staff how and why to use music engagement.

“He interacted with the music session for 40 minutes; it was amazing, he followed me around until he got tired.”

I've also added personal touches to his room such as historical photos from the Conservatorium and concert posters.

Ron had been without music for two years and I am so happy we were able to bring it back into his life.

Staff report that he is so much happier now although he was never going to be great at sitting still. He needed engagement with activities that he enjoyed, and staff just needed to know him and understand what was happening.

Dementia Support Australia is a free nationwide service led by HammondCare and funded by the Australian Government. We work in partnership with the person living with dementia and their care network to understand the causes of change in behaviour and support care workers, carers and service providers.

Specialist dementia care for those most in need



Anne was diagnosed with frontotemporal dementia in 2019 and began to experience changes in behaviour that frightened her family. After some difficult experiences Anne was referred to our Cardiff Specialist Dementia Care Program where Residential Manager Leanne provided expert support. Understanding behaviours and psychological symptoms of dementia and good environmental design were essential to much improved outcomes for Anne.

Leanne: Anne loved the outdoors – running, walking, and playing golf. She was living at home with her partner Lyn but this was getting difficult. Anne’s symptoms caused her to become verbally and physically aggressive, directing anger towards Lyn, who didn’t feel safe and was worried because Anne kept leaving the house.

On one occasion Anne had an accident and was admitted to hospital where she tried to leave, attempting to climb over the hospital balcony – on the fifth floor.

Distressed behaviours continued, often directed toward staff.

It was not safe for Anne to go home, and after being declined mainstream aged care, she was referred to Dementia Support Australia to be assessed for entry into the Specialist Dementia Care Program (SDCP). She moved into the Specialist Dementia Care unit, Hopkins Cottage, at HammondCare Cardiff.

At Hopkins Cottage, Anne had access to specialist dementia care in a small home-like environment that supported her needs, and a plan was developed to slowly decrease antipsychotic medication.

This was effective and led to Anne having much greater awareness of herself and her surroundings, as well as others in the care home.

After seven months, Anne moved into a low-care cottage for dementia care, where staff report she is settled and the impact of her behaviours have decreased. Anne’s family are relieved and happy – and so is Anne.

Anne’s story highlights the importance of the Specialist Dementia Care Program as Tom, HammondCare’s Senior Service Manager for Research and Analytics explains.

Tom: Behaviours and psychological symptoms of dementia (BPSD) are very common, experienced by up to 90 per cent of all people living with dementia. Unfortunately, some behaviours – such as severe physical aggression – cannot be supported by mainstream aged care or even standard non-pharmacological interventions provided by Dementia Support Australia.

Recognising the need for expert care for people with severe BPSD, HammondCare designed and built the first Specialist Dementia Care Unit (SDCU) more than 10 years ago. This cottage, Linden, at Hammondville, provides an eight-bed, small-home environment with high staffing levels. Other SDCUs are being developed across the nation, including the one at Cardiff which became home to Anne.

HammondCare researchers recently completed a 10-year retrospective study of Linden. Of a total of 62 admissions, 59 transitioned out of the SDCA to a ‘step-down’ unit. Environmental design, staff ratios and reduction in antipsychotic medication during the residents’ stay contributed to their successful transition.

A separate study showed psychosocial programs operated by the Dementia Centre – and not drugs – decrease the overall severity of BPSD by 60-70 per cent. In comparison, the literature on the effectiveness of psychotropic medications for behaviours shows an average benefit of just 8 per cent.

Alongside these psychosocial approaches, the right environment is also vital, as Dementia Centre Design Consultant Liz explains.

Liz: A key part of HammondCare’s Model of Care is a supportive environment. We saw what good design can do at Cardiff Village, where the environment played a significant role in supporting Anne’s sense of autonomy, security and connectedness.

The design approach to the SDCA units reflects HammondCare’s standard model – small scale, domestic, with fresh-cook kitchens. Unrestricted access to a safe outside space is particularly important, and an additional large garden in these cottages gives residents more freedom. Great visual access helps staff and residents connect without unnecessary invasion of space.

The Dementia Centre

The Dementia Centre was founded by HammondCare in 1995 as an impartial resource and provider of research and expertise to the aged and dementia care community – in Australia and internationally.



15,717
people cared for by DC & DSA



312,004
service activities across DC & DSA



36
offices across Australia



296
dedicated DC staff

Palliative Care

Honouring the sacred process of moving out of life

Rebecca, 62, lived with cancer for seven years before dying peacefully at home surrounded by close family members and a host of flickering candles. Her sister, Shoshana, describes this as ‘an atmosphere that honoured the momentous and sacred process of moving out of life.’ Clinical Nurse Specialist Rachael and her team supported Rebecca and her family in her wish to die at home.

Rachael: Rebecca was still walking and caring for herself when we first met. As she grew weaker Shoshana moved in to help care for her. It was very important for Rebecca that she remained independent for as long as possible. She guided me and our team in terms of what she wanted and when. Our approach was gentle and holistic, taking care of her as a loved individual.

Rebecca and her family are memorable to me, as the house was always full of deep love, laughter, connection, respect and joy - there was a lot of living going on! Her three siblings, her partner Steve, and her two children Nathan and Lissa were all involved in her care.

There were lots of questions and tears during our visits. We were an open book; and so were they. They were very accepting of our guidance.

Rebecca needed time to come round to the changes that were happening, to be cared for very gently and not pushed to make rushed decisions. Our team was very aware of this and never forced her into anything, allowing her time to process each change.

By giving her as much time as possible and keeping her informed of her choices, Rebecca became more accepting of her changing situation, as her illness progressed.

“It was a two-way relationship. When I arrived to routinely check on Rebecca, the family would make me a cup of tea, asking how I was, checking in on me too.”

Shoshana: We experienced the loss of our mum only recently, in March 2020, and went into lockdown the day after her funeral. Rebecca dying at 62 in March 2021 meant that she missed a whole generation of life, watching her



Photos of Rebecca and family by Ella Dreyfus

grandkids grow up, as our mother was able to do. Rebecca had two wishes: to die at home and to have her daughter, Lissa, now living in Tel Aviv, by her side. Thanks to HammondCare's support, we were able to fulfil her wishes.

Our family is very connected to our Jewish heritage. We held Friday night Sabbath dinners at Rebecca's house. Three weeks before she died, she was saying prayers at the dining table and we all cried. We knew it was the last time she would sit up with us.

The following week we held Sabbath around her bed; six days prior to her death she was unable to participate. We performed the rituals - candles, wine and bread - at her bedside so that she could still feel connected.

In the last weeks of her life, Rebecca shared her colourful collection of clothes with her sisters and friends, saying, 'that colour looks great on you' or 'take this, I think it's your size'.

We have a WhatsApp group that she started; we often share photos of ourselves in her clothes. Rebecca created her own space in which to die. She faced death with courage and generosity. She let herself be taken care of and was very generous in her vulnerability.

Lissa had to return to Tel Aviv two weeks after Rebecca died. HammondCare volunteers wrote Rebecca's biography and a 'junior' version for her young granddaughters, Livi and Emmie, as a keepsake for the family.

“While I held my sister, I felt held by the team at HammondCare. Rachael and staff provided a continuity of care for all of us. The support we received was remarkable - sensitive, caring, knowledgeable.”





Palliative Care

Dancing with her husband in the final weeks of life

When Rosa received her double diagnosis of leukaemia and lymphoma, she moved from her Dee Why home with husband Luigi, into their daughter Anna’s home so she could come under the care and guidance of our palliative care team. Registered Nurse Floraidh (Flo) and colleagues supported Rosa with home visits, enabling the family to focus on precious time together.

Flo: It was a privilege to help Rosa at such a significant time. Our team supported and guided Rosa’s family while they kept vigil over her during her final weeks of life. We adopted a holistic approach to her care, involving multi-disciplinary teams.

The family all cared deeply for Rosa, and enjoyed some very special moments. There were a few days near the end of her life that stand out for me – beautiful days, when she felt well enough to celebrate her son and son-in-law’s birthdays, and her own 85th birthday, when she danced with Luigi in Anna’s lounge room.

“I often think back to my time looking after Rosa, there was always laughter, sometimes tears; both happy and sad, but mostly there was love”.

Being an Italian household, there was always food being prepared and offered. I think I put on weight from all the treats! Anna and her husband Marcello always made sure there was a cup of English Breakfast tea waiting for me when I arrived, with the teabag left in, just the way I like it.

After Rosa died, I went back to Anna’s house to pick up some medical equipment. We watched a photograph montage of Rosa’s life. I was really touched by that gesture.

Anna: When Mum received her diagnosis, she asked the doctor: “Am I going to go quick? I want to go quick and in my sleep.” She lived for another three months. She never complained, even when in pain, thanking care staff all the time. She cried only when talking about missing her grandchildren.

Mum arrived in Australia in 1960 and Dad in 1959. They met and married here. We grew up in a bilingual household. One of Mum’s last wishes was to dance with Dad, which they did in my lounge room not long before she died.

When my husband Marcello turned 50, we had a family dinner to celebrate. Mum said quietly that she was feeling a bit tired and couldn’t stay up to cut the birthday cake.

She didn’t want to spoil the moment for everyone. We put her to bed and then lit the candles and sang Happy Birthday in her room so she wouldn’t miss out.

The next day she deteriorated and was bedridden; she died three days later.

COVID-19 restrictions meant we had to cap the funeral to 100 people with only 50 at the wake. We decided not to proceed with the wake as it was too difficult to decide on who not to invite.

Flo became family to us. She fitted in with whatever was going on. I remember one occasion when my brother Domenic visited, we were sitting round the table sharing a plate of antipasto and chatting. He kissed each of us on the cheek as is our custom, and almost kissed Flo too!

“When Flo visited, it felt like another family member was walking into my home. She has a very personal approach to caring for others. We couldn’t have got through it without Flo.”

HammondCare Health HammondCare’s health services provide palliative and supportive care, rehabilitation, mental health care for older people, pain management and other vital support services.



Quality, Safety and Risk

Providing choice and quality of life in the pandemic

HammondCare's robust approach to Quality, Safety and Risk (QSR) has never been more important than during the COVID-19 pandemic, which has been an ever-present challenge for the delivery of care in the past 12 months.

Risk levels are continually changing, while the safety of vulnerable people and staff is paramount for families and the community.

HammondCare is committed to carefully managing risk, rather than a blanket avoidance – an approach which may be motivated by self-protection, rather than provision of the best quality of care.

“Choice and the dignity of risk for older people is a key component of quality of life.”

This is seen in responses to the COVID-19 pandemic. While many care homes locked out visitors for extensive periods, despite the emotional and mental health impacts, we chose to establish a Concierge network across all care homes. The Concierge team screens visitors and provides instructions on hygiene and safety, to allow visits within government guidelines.

As high community transmission led to ongoing mandatory lockdowns, the Partnering in Care program was developed to provide resident representatives with online training and virtual workshops in COVID-safe practices, infection control, hygiene practices and taking care.

Nearly 1400 carers have so far completed the Partnering in Care training which in most cases allows visits to residents to provide essential support, even in government lockdowns.

Behind the scenes, another aspect of our QSR pandemic response is the formation of a dedicated Pandemic Team. It operates 24 hours a day, seven days a week to monitor changes to Public Health Orders, answer questions from staff and coordinate outbreak plans and vaccinations.

Vaccination clinics were rolled out across all residential care sites for frontline staff and also staff from other parts of HammondCare.

This proactive approach achieved a 100 per cent result of residential care staff with their first dose, in line with government requirements.

Quality, Safety and Risk is embedded in HammondCare from Board level, with its QSR sub-committee, through to an extensive network of QSR managers working locally on the ground in services while reporting centrally.

The QSR team seeks to measure and support improvement to systems, the quality of care being provided and the health and safety of HammondCare workplaces.

Effective risk management and continuous quality improvement are essential components of HammondCare services.

While HammondCare is passionate about creative and innovative approaches to care, accrediting bodies also measure and review services to ensure they are actively pursuing continuous improvement and meeting regulatory compliance.

The QSR team supports services to meet audit and accreditation requirements and quality standards, working closely with regulators such as the Aged Care Quality and Safety Commission.

The team uses a quality system to formally assess, monitor and evaluate all areas of service delivery and resident and client satisfaction. Opportunities for improvement are identified and action is taken with demonstratable outcomes.

Feedback at all levels is welcomed and encouraged, especially from those using our services including residents, clients, patients and their families.



Thousands of feedback responses are received each year and are actively monitored and responded to by the QSR feedback team.

A digital risk management platform accessible to all staff is central to capturing feedback, including praise, concerns and complaints and helps build a culture where speaking up is encouraged. The platform is also used to record incidents, hazards, risks and clinical indicators.

As well, QSR helps proactively champion the voice of those who use our services through regular perception of care surveys. The results are used to understand what we are doing well and where we can improve outcomes and service delivery for people in our care.

All of this is motivated by our passion to improve quality of life for people in need – when this is achieved with support from the QSR team, we know it means we will meet and surpass consumer, community and regulator expectations.

Every visit matters

For Chief Operating and Risk Officer, Angela Raguz, it was never an option to leave residents socially isolated, for which resident representative Tina is very grateful.

Angela: Early in the pandemic we recognised it would be a marathon not a sprint. We wanted to offer families a way to continue visits to our care homes – part of our Mission in Action is to manage risk in an intelligent and measured way. Our first response was to set up concierges to manage the risk of family members visiting within health regulations. But there were still times when public health orders tightened due to increased community transmission.

So we created Partnering in Care – an online training course in COVID-safe practices – in recognition of the impact of physical and social isolation for residents. It means that family members who have completed the course can visit to provide essential care through most restrictions. It has been a great outcome for hundreds of families – in difficult times, every visit matters.

Tina: I'm so grateful that by completing Partnering in Care I can continue essential visits for my mum, Concetta, who is 93, at a time when I know, sadly, that's not everyone's experience.

The course made me more aware of infection risks and now I set my watch when I wash my hands. I also know how to put on and wear PPE effectively.

Jack and Livia – holding hands for 77 years

Jack, 90, and Livia, 89, met as teenagers at their local church. Married 70 years, they raised four children in country NSW and eventually moved to an independent living unit (ILU) at HammondCare Miranda. Livia came to need specialised care and transferred to nearby Golden Grove cottage, with Jack visiting every day. As Livia approached her final days, Pastoral Care Coordinators Gail and Susie supported the family, including daughters Linda and Jenny.

Jack: I visited Liv every day when she moved and shared evening meals there too. It was only a short walk from my unit. Linda, Jenny and I would often take her to the onsite café, The Hive, to catch up with our friends from the ILU. Everyone loved Liv. Her face lit up when she saw you. I've lost the love of my life, but I have wonderful memories.

When Liv died, I sent a letter to the CEO, Mike Baird, congratulating him and his staff on the high standard of care and service HammondCare provide to our community.

We've always been treated like family. This place should be called heaven – there are so many angels here!

Gail: I knew Jack and Liv's Catholic faith was very important – part of my job in pastoral care is to support all residents spiritually, and this often includes religious belief.

Whenever Jack, Linda and Jenny brought Liv up to the café, she placed a flower on the altar in the chapel next door. Their love and devotion for each other was infectious. She was very popular among the residents, always glad to see you; making you feel special.

During Liv's last days, I sat with Jack and he shared his heart with me. We both held Liv's hand and said The Lord's Prayer; her mouth moved slightly as we prayed.

I still visit Jack every fortnight. He calls me his angel, his breath of fresh air. We have an open relationship based on trust. He knows he can talk to me about anything.

Susie: I met Liv when she came to stay at Golden Grove cottage. When Liv was in her last days, we sought special permission from the pandemic team for her priest to visit.

It was important for our team that we honoured the enduring love between this couple who were together 77 years.

Our job was to complement the wonderful care already being provided by staff at Miranda. We built a trusting relationship with the family for this to happen. The Partnering in Care program allowed Jack to continue to visit as COVID-19 restrictions came into place.

“When Liv died, we remained in touch with Linda via phone or SMS, providing a continuity of pastoral support in her bereavement.”

Linda: In her last week with us, Mum entered further decline on the Wednesday and she died in her room on the Saturday night. We appreciated that she didn't have to be moved elsewhere to receive palliative care. I stayed a few nights in her room and read spiritual readings; we played music.

The team at Miranda made Mum's last days peaceful, wonderful, a calm environment. She and Dad were able to hold hands until the end.

I would recommend HammondCare to everybody. Dad doesn't want to live anywhere else. HammondGrove is his home now.

Pastoral care, as seen in the story of Jack and Livia, is provided across all HammondCare services including independent living, residential care, home care and health.

The pastoral care team supports people to engage with their spirituality in ways that are meaningful to them. They offer the gifts of time and listening, being present when needed. They may also offer prayer and religious activities or liaise with local faith representatives.

Pastoral care is a key distinctive of HammondCare's relationship-based care, that champions the intrinsic value of every person.

Volunteers

A priceless parting gift from Henry to his son

Aged just 35, Henry has already lived an extraordinary life. But he worries he may never be able to share his memories with his little boy, Steven. The young Eastwood dad is battling kidney cancer – the same disease that killed his father. Thanks to a biography service led by Volunteer Manager Leanne, Henry's story will now be told.

Leanne: When I learned about Henry, I knew our Volunteer Biography Service could help him capture the memories he was so keen to pass on.

Every person's story matters. And Henry's story is unique.

The Vietnamese-Australian grew up in Ho Chi Minh City with a loving family. When Vietnam deregulated, his dad found financial success in business.

Then tragedy struck when his dad passed away from kidney cancer. As a teenager, Henry migrated to Australia to study for the HSC and experience new adventures abroad.

Henry wants to share these memories and more with his three-year-old son Steven. But soon that may not be possible, as he's battling kidney cancer with a terminal diagnosis.

"I need to do this for my son – I want him to know about my life experiences."

Our biography service is giving Henry a way to pass on his life story to Steven, as a quality illustrated book.

Henry met regularly with volunteer Sara, to share his story which she could write up as a biography.

Sara: I have a Master's in Creative Writing so the volunteer writer role was a perfect match.

Every biography is different. It usually takes a few months, and I find ways to personalise it to the patient, even down to a font that suits their personality.

This is such a special thing to do for Henry because he's so young. It's a privilege to spend time with him and record his special memories. I hope the time we spend together is therapeutic for him – we always try to have a laugh as he relays some of his stories.

"To hand someone their life story in a tangible form and see their face is priceless."

Henry's life is my third biography project, and I admit the process can be heartbreaking. But it's also rewarding.

It's so special to be there at the end of someone's life – providing a therapeutic space separate from the medical issues they're dealing with.

In the case of one recent palliative care patient, the family printed copies of the biography for his family and friends to take home at the funeral. That was so lovely.



Henry: I need to do this for my son. I want Steven to know about my life experiences, of what I achieved in my life. Along with any advice I want to pass on.

Leanne: We are incredibly lucky to have a team of around 20 volunteers involved in the biography service. They produce up to 30 biographies a year for palliative care patients, filled with accounts that become lasting tributes for loved ones.

Following interviews, we produce books of around 40 pages, usually with pictures of key moments. Special memories and messages for loved ones can be passed down from generation to generation.

Every volunteer matters

We are privileged to have over 650 volunteers from all walks of life. Drawing on their unique passions and skills, our generous volunteers are a valued part of the HammondCare team.

Services they help to provide include:

- providing companionship
- art and music engagement
- gardening and pet therapy
- the Dreams Project, sponsored by the HammondCare Foundation
- the Happy Hour trolley.

Like to volunteer? Call 1800 793 399 or email volunteer@hammond.com.au



3

On the Record

**Elevating the people we care for,
and those that care for them.
Because partnering in care matters.**

HammondCare Foundation

Enhancing quality care when and where it's needed

The HammondCare Foundation was created to continue the founding vision of Reverend Bob Hammond, to improve quality of life for people in need, regardless of race, faith or circumstance.

The Foundation plays a critical role in helping HammondCare as it seeks to set the global standard in relationship-based care that will deliver positive and powerful change.

Earlier this year, we redefined the Foundation's role and purpose to ensure it is tightly aligned with the organisation's Next Chapter strategy and associated areas of focus.

The Foundation's five key pillars of funding are palliative care, life engagement for residents and patients, research tied to better models of care, capital works and technology innovation. Each is aimed at advancing personalised care and support to those who we are privileged to serve.

The Foundation values building relationships with like-minded investors, partners and philanthropists who share a common goal – to invest in delivering tailored care built on respectful relationships. Because every person matters.

Board Chair retires

As John Kightley steps down as Chair of the HammondCare Board, it is with immense gratitude we acknowledge his tireless commitment and generosity to the Foundation. John and his wife Karen's lead gift to our capital campaign inspired widespread generosity that created HammondCare Darlinghurst.

And another significant gift seeded the Dream Project's expansion beyond palliative care, to reach all HammondCare residents. His passion and integrity influenced the guiding principles that reflect the Christian values of our mission.



Tigers trio help Mick's Grand Final dream come true

If you're a footy fanatic, meeting your idols is awesome at the best of times. When it's been a dream to relive the excitement of a Grand Final victory with your Premiership heroes – well, a dream might be all you have. Not so for palliative care patient and lifelong Tigers supporter, 54-year-old Mick.

In 2021, Mick's dream became reality thanks to three 2005 Wests Tigers Grand Final players, Robbie Farah, John Skandalis and Pat Richards, who visited Mick at Greenwich Hospital.

Megan: We arranged the visit as part of HammondCare's Dreams Project – a highly personalised program that reaches deep into the psychosocial needs of people facing a terminal illness. Every Dream brings joy to patients, while creating heartfelt memories for families.

Mick was admitted to our palliative care ward with lung cancer, and initially struggled to engage. So when we unlocked his passion for the Wests Tigers, we set the wheels in motion for his dream visit.

"The anticipation of the visit created a great sense of hope and excitement. Mick decorated his room with Wests Tigers memorabilia in preparation."

On the day of the visit Mick wore his prized Tigers jersey – missing only his idol Pat's autograph. The players knocked on his door and with a very cool, "How you going boys?" Mick jumped out of bed and immediately scored Pat's signature.

Then, like a bunch of mates who hadn't seen each other for a while, they settled in for a long 'locker room' chat – with lots of laughs and digs at each other – while reliving highlights of the 2005 Grand Final.

Mick: I was stoked Robbie, John and Pat took the time to come and see me. We had a great chat, and I was chuffed to get Pat's autograph.

Megan: Making his dream a reality meant a great deal to Mick. During the visit, he grinned from ear to ear and his eyes sparkled. He was flying high after the visit and was truly grateful, warmly thanking everyone involved.

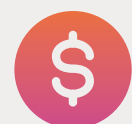
In his final days, a follow-up message from Pat let Mick know, "the boys were still thinking of him," bringing one last smile from their life-long fan.

To help more patients like Mick, please donate at hammond.com.au/dreams. Because every dream matters.

Every donation counts

Despite a challenging year, thanks to the generosity of 1,092 individual donors and corporate partners, we received donations totalling \$1,961,178.86. Combined with grants and bequests, this resulted in revenue of \$7,219,826 for the 2021 financial year.

Heartfelt community support and generosity meant that:



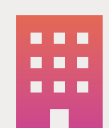
A **discretionary equipment fund** – to facilitate the loan of essential items – helped 190 families provide safe and comfortable **end-of-life support** for loved ones dying at home.



Our unique education program **'Last Days'** was successfully trialled with 32 participants – inspiring open and honest conversation about dying. Broader post-pilot implementation is planned.



Our **Dreams Project** helped 27 palliative patients fulfil important goals during end-of-life care. Tax Appeal donations have enabled it to reach all residential services.



In a time of crisis 42 people, previously at risk of homelessness, now call **HammondCare Darlinghurst** – which is operating at full capacity – home.



HammondCare purchased **state-of-the-art equipment** and provided **value-add services and programs** valued at \$468K to improve quality of life for those in our care.



Scholarships and **specialised training programs**, valued at more than \$80K, were offered to enhance the skills and development of HammondCare staff and carers.

No one wants to spend their last Christmas in hospital

When Andrew’s brain cancer could no longer be treated, the 47-year-old’s wish to be surrounded by family at home was granted, thanks to equipment funded by the HammondCare Foundation.

Early in his diagnosis, our Community Palliative Care Service spoke with Andrew and his wife Judy about aspects of quality of life that were important to him. Being surrounded by loved ones was high on Andrew’s list.

Judy: As Andrew’s condition deteriorated, the key was to have him stable enough to stay at home with me, the kids, and our cat Bella.

“As a family we have many precious memories, but none as important as that last Christmas.”

The advice from HammondCare about hiring equipment was invaluable, as was the support from HammondCare Foundation. When the special bed and hoist arrived, we knew we could keep Andrew comfortable.

Occupational therapist Marissa showed us how to use it. And, thanks to a supportive team of care workers, I could maintain a household routine that was as normal as possible.



The kids could come home and share their days with their dad. If our daughter wanted to cook a cake for Andrew – and sit up in his bed and eat it with him – she could. If our son wanted to catch a movie with his dad, he could get Andrew comfortable and settle in for show time.

Without the equipment, Andrew would have been forced to stay in hospital.

“We were fortunate to access funding for the bed. I count us lucky to have been able to make Andrew’s wish to die at home possible.”

The care workers were amazing. I can’t speak highly enough of everyone’s compassion and respect.

Marissa: Specialised equipment at home significantly reduces the risk of falls, and of developing pressure injuries.

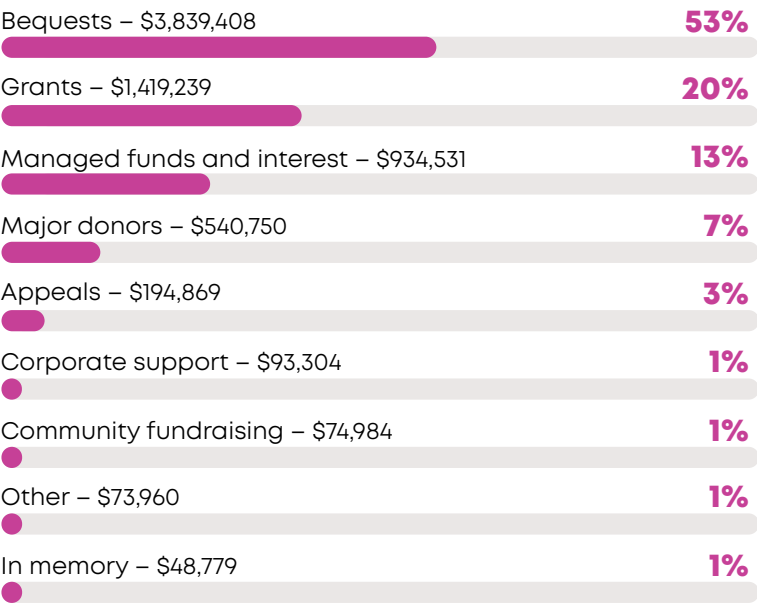
Palliative care beds can be raised and lowered to help move, turn and reposition the patient. An adjustable bedhead aids breathing, and the air mattress helps reduce the risk of pressure sores.

To learn more about supporting patients who choose home for end-of-life care, please visit hammond.com.au/choosing-home-for-end-of-life-care

In 2020-2021 the HammondCare Foundation raised

\$7,219,826

Donations by income source



Thank you to our generous supporters and partners

Major donors, trusts, foundations and corporate partners

- Aged Persons Welfare Foundation
- Alpha Lifecare
- Bluesand Foundation
- CH2
- DataColada
- Devcon Civil Pty Ltd
- Erica Foundation Pty Ltd
- Hildanna Foundation
- Karen and John Kightley Foundation
- Leonard Boyd
- Mrs Chris McComb
- Mrs Pamela King
- Perpetual Foundation – Jack Tilburn Endowment
- Rebel Penfold-Russell
- Skipper-Jacobs Charitable Trust
- Susan Maple-Brown
- Telstra Health
- TENA Healthcare

- The Honda Foundation
- The Ian Potter Foundation
- The Profield Foundation
- The Snow Foundation
- Vernon Sinclair Fund, managed by Equity Trustees

Bequests

- Alma Harding
- Ann Harding
- Anne Thorburn
- Stanley Pendall

Community Fundraisers and Volunteers

- Astan Croft
- Cameron Clifford
- Kiah Seville
- Louisa Cheung
- Maja Jovanovic
- Ronaldo Navarro
- Sharan Dsouza
- Sinilia Radivojevic

You can help make a difference

HammondCare champions improving the lives of people in need. Supporting the Foundation helps expand care programs, undertake research and grow services for those in need. We’d love your support.



Regular giving

Monthly gifts help us plan for the greatest impact and meet unexpected needs for the people we serve.



In memory

Celebrate and remember the life of a loved one by giving a gift in memory. Honouring them extends care to others in need.



Bequest

A Gift in Will, no matter how large or small, will leave a lasting legacy. It’s a simple and meaningful way to support the future work of HammondCare.



Partnerships

Together we can achieve so much. Partnerships are vital to our ongoing work. We’re keen to talk with individuals, businesses, corporate organisations, and trusts and foundations interested in joining forces to help advance our Mission.



Volunteering

A team of 650 trained volunteers generously offer their time, commitment and skills to enhance the work of HammondCare. If you’d like to join our team, please get in touch at foundation@hammond.com.au

Turning financial strength into irreplaceable care

The moving stories of relationship-based care in this report highlight again and again that each person matters and that often, we provide care where others can't or won't. As we measure our progress, we begin with lives impacted, but this is founded on financial strength that allows us to go the extra mile.

As we intentionally direct significant financial contribution to care and services that otherwise wouldn't take place, we describe this as our social dividend. It's just one measure of our contribution to residents, clients, patients and the wider community. Our 2021 social dividend is estimated to be more than \$36 million, which is \$10 million more than two years ago. Because every dollar matters, when it improves quality of life for people in need.

\$36m

continuing our charitable legacy

Residential Care



HammondCare contributes

\$2.5m

to support financially disadvantaged residents

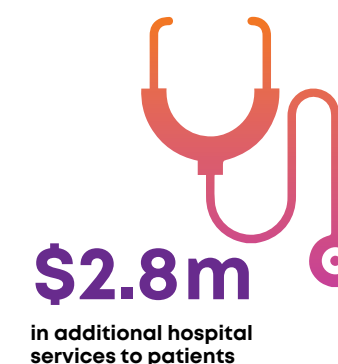


savings to the health and aged care system from cottage-style model of care

Home Care



Health



Homelessness



Research and social support to improve quality of life for people in need

\$900,000

towards vital ongoing dementia, health and aged care research



\$2.7m

in pastoral care services provided to clients and staff



\$800,000

investment in volunteer services despite COVID-19



In order to strengthen the rigour and independence of our Social Dividend calculation, we have engaged Social Ventures Australia to undertake a review of our methodology in the coming year. This will ensure greater transparency in how we measure HammondCare's contribution to the broader community.

Our ongoing commitment to sustainability

We respect and care for our planet and its resources, embracing sustainability in the broader context, which includes ending human exploitation. Environmental stewardship guides how we serve others and how we work together.

Our focus in the past year has been further reduction of our environmental footprint, remaining innovative and maximising our resources, as set out in HammondCare's Sustainability Strategy for 2018–2023.

Despite the impacts of COVID-19, during the past year we've saved the equivalent of:

- 282,337 kilowatt hours of electricity
- 1,621 kilolitres of water
- 229 tonnes of greenhouse emissions
- 4,174 cubic metres of landfill

Electricity

Electricity consumption has reduced by 17 per cent against our baseline data, and remains on target for our 2023 goal at 82.91kW per square metre.

mySmart, an enterprise building management system at six larger sites, monitors electricity usage and air conditioning capacity in a 24-hour period. This enables management of resident and patient peak consumption times more efficiently and analysis of day-to-day resource management.

We're also working towards further development of the system, including for our new build at Daw Park Adelaide, and extensions at existing sites.

Water consumption

Water consumption exceeded our target set for 2023 of 1.57kL. One example of how water consumption is reduced is at Strathearn House in Scone, where monitoring of water consumption by mySmart detects any leaks in the water lines. Analytics show staff when excess water usage has taken place.

Solar power

Solar generation is at 19 per cent of energy use and on track to reach our goal of 20 per cent for 2023, creating a reduction in greenhouse gas emissions of 1,207 tonnes for 2021.

One additional site received solar panels in the past year, bringing the total to 12, and seven existing sites had their capacity increased, bringing total generation of solar power to 1,409kW, with income produced invested back into HammondCare services. Hammondville and Scone sites are registered generators of Large-Scale Generation certificates (LGC), meaning the solar power is then sold back to the grid, creating additional revenue.

Waste

Our diversion of waste from landfill has exceeded our 2023 goal of 20 per cent for the second year running; 33.8 per cent of total waste was diverted this year.

Hybrid vehicles

Hybrid vehicles now make up 15 per cent of our fleet, up 10 per cent from last year. We've reduced fuel consumption by seven per cent for this financial year. That's 254,000 litres compared to 275,000 litres in 2020. The hybrid model cars use up to 12 per cent less fuel and have significantly lower tailpipe emissions. Our fleet team will continue to add hybrid vehicles to our fleet over the next financial year.

People are precious

Human beings are our most precious resource and so we have continued to develop and implement our Modern Slavery Statement in accordance with Australia's Modern Slavery Act 2018.

An update on our 2018–2023 sustainability strategy. We made further significant progress towards our 2023 targets.



Water

We exceeded our 2023 target of a 10% reduction, cutting usage by 22%*



Solar

19% of our energy use is now solar, well on track to reach 20% by 2023



Waste

We now recycle 20.8% more waste, reaching our 2023 target of a 20% increase for a 2nd year



Fuel consumption

A 7% decrease in fuel consumption is due to an increase in hybrid fleet vehicles, from 5% to 15%



Electricity

Electricity consumption is down by 17%, approaching our 20% reduction goal by 2023



Smart technology

mySmart technology allows analysis of day-to-day resource management

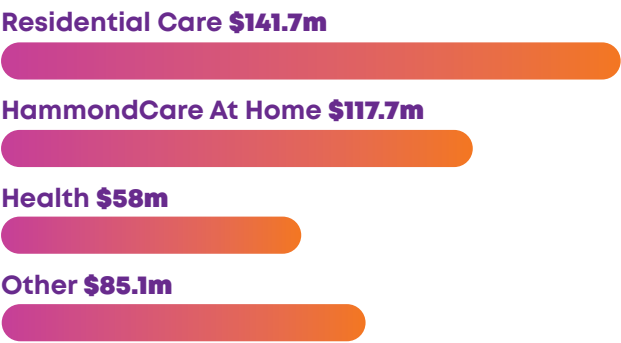
* Water and electricity are measured in kL and kWh respectively per square metre of site space. Usage is measured against benchmark data from 2017.



Financials 2020-2021

Another solid year for HammondCare despite the ongoing pandemic

Revenue by business area summary



Our strong balance sheet provides stability for the future

1.0% increase in assets to \$972m

The prudent and responsible approach to managing our balance sheet – what we own and what we owe – has put us in good stead in these trying times. As at 30 June, HammondCare had no external bank debt and held liquid assets (cash, cash held on term deposit and managed funds assets) of \$152m – up \$13m over FY20. In FY21 we elected to take a conservative accounting approach and to write down bed licences by \$46m, being the full amount on the balance sheet. This writedown has no cash impact and was made to reflect the government’s announcement of moving to a deregulated market by July 2024.

For FY21, net assets stood at \$341m, a decrease of \$18m from the previous year due to the writedown of the bed licences. Our strong balance sheet means that we can face the future with confidence and continue to make investments aligned to our Mission and Next Chapter strategy.

	FY21 \$M	FY20 \$M	INCREASE \$M	INCREASE %
Total Assets	971.7	961.9	9.8	1.0%
Total Liabilities	630.2	602.0	28.2	4.7%
Net Assets	341.5	359.9	-18.4	-5.1%

Banksia, HammondCare Waratah

Total Revenue grew to \$402m, an increase of 16% from FY20

Total revenue grew 16% to \$402m

HammondCare At Home grew strongly – up 28% – and achieved revenue of \$118m by increasing the number of Consumer Directed Care packages we manage, as well as obtaining additional Commonwealth Home Support Programme funding. Residential Care grew by 14% to reach revenue of \$142m, mainly due to new services opened during FY20 as residents occupied Hammondville, Cardiff and Darlingtonhurst.

Our business is well positioned to continue the trend of growth across the portfolio and we anticipate further double-digit growth for HammondCare At Home.

	FY21 \$M	FY20 \$M	INCREASE \$M	INCREASE %
Residential Care	141.7	124.9	16.8	13.5%
HammondCare At Home	117.7	92.2	25.6	27.7%
Health	58.0	58.9	(0.9)	-1.5%
Other	85.1	71.8	13.2	18.5%
Total	402.5	347.8	54.7	15.7%

Our underlying net surplus for FY21 was \$7m, an increase of \$0.8m on FY20

FY21 was another solid year despite the pandemic. HammondCare At Home delivered strong results from growth in Consumer Directed Care packages with a surplus of \$11m, up \$3m on the previous year. Similarly, the Independent Living business performed strongly to achieve \$6m, up by more than \$1m. The HammondCare Foundation contributed \$6m to the underlying net surplus – an increase of \$1m on the previous year. We are grateful for the generous donors’ support. Distributions received from the prudential reserve investments performed strongly, returning \$8m, up by over \$6m.

The Residential Care business continues to experience financial stress and finished the year with a deficit of \$16m. This was largely due to the long-term effect of annual increases in the Federal Government’s funding not keeping pace with rises in operational expenditure necessary to provide quality care. We welcome the announcement of increased government funding.

Sustainable cash flow to invest for the future

The cash surplus from operations was \$24m (FY20 \$45m). The difference year-over-year is due mainly to lower unearned income of \$11m, with HammondCare At Home Consumer Directed Care government funding changing from ‘in advance’ to ‘in arrear’. Another factor was a ramp-up in receivables of \$9m as occupancy in Residential Care improved with cash to be collected over the next six months. Total capital expenditure in FY21 was \$28m.

Continued net inflows of accommodation deposits and entry contributions (\$13m), resulted in HammondCare finishing FY21 with no bank debt and with a cash balance of \$50m.



The Board

HammondCare's Board consists of skilled leaders from diverse areas of the business and social sectors. They bring a wealth of experience along with a shared passion for ensuring every person matters, from our whole team through to everyone we care for.



John Kightley – Chair

BCom MPhil Oxon CA (SA) CFA Institute USA GAICD

Elected as a Director of HammondCare in 2009, John is also Chair of the Board Development Committee and on the Foundation Committee. He has extensive investment management experience and has held Chairman, Managing Director and CEO positions at Maple-Brown Abbott.



Kok Kong Chan – Deputy Chair

BCom M.Sc (Management) CPA Australia GAICD

A founding Partner of Maritana Partners, Kok Kong was previously CEO of HeartScan and received the Chevening Scholarship. He's the Chair of the Foundation Committee, a member of the Board Development Committee – and became a HammondCare Director in 2016.



Adrian Blake – Director

B.E. (Civil) (Hons) MBA MIEAust CPEng NER

Having held senior executive positions with a number of global and Australian organisations working in Asia-Pacific, the Middle East and UK, Adrian is currently Principal of BlakeGroup Advisory. He joined the HammondCare Board in 2018 and is a member of the Property Committee.



Dr Annette Britton – Director

MBBS FRACP GAICD

Annette has lectured at Sydney Medical School and UNSW and been Director of the Medical Assessment Unit and Staff Specialist Geriatrician at RPA Hospital. She's a member of the Finance and Quality, Safety and Risk Committees and has been a Director since 2014.



Glynn Evans – Director

B.Arch Dip. Building Construction

A former principal of Allen Jack + Cottier, Glynn has a wealth of experience in designing public, commercial and residential buildings with a focus on health and dementia-specific care homes. Glynn joined the HammondCare Board in 2013 and is Chair of the Board's Property Committee.

Carl Gunther – Director

B. Business Chartered Accountant GAICD

Carl retired as a partner of KPMG in 2019. He's a Director of the Turnaround Management Association of Australia and a Finance Committee member for the NSW Aboriginal Land Council. Carl joined HammondCare as a Director in 2020 and is on the Finance Committee.



Linda Justin – Director

RN BN MBA MSc (Coach Psych) GAICD

Linda is the Chief Customer and Practice Officer of Aruma and has held senior management roles across health and human services. She's a casual lecturer, and Doctoral Candidate at the Faculty of Health at UTS. Linda joined the Board in 2020 and is on the Quality, Safety and Risk sub-committee.



Robyn Langsford – Director

BCom Chartered Accountant GAICD

A partner at KPMG. Robyn is experienced in providing accounting, audit, tax regulatory compliance and advisory services to Australian mid-market entities. Robyn rejoined the HammondCare Board in 2012 and is Chair of its Finance Committee.



Dr Louise Parkes – Director

BSc (Psychology) PhD (Psychology) GAICD

A registered psychologist and member of the Australian Psychological Society, Louise is Principal Consultant and Head of Research and Development at Voice Project. Chair of HammondCare's Quality, Safety & Risk Committee, she has been a Director since 2010.



Kate Thomas – Director

BA LLB

As Special Counsel at Clayton Utz, Kate has more than 20 years' experience in property and commercial law, corporate advisory and managed investments. She joined the HammondCare Board in 2015 and is a member of the Property, Board Development and Quality, Safety & Risk sub-committees.



Mike Baird – Chief Executive Officer

AO BA Econ Dip CS

Mike joined as CEO, HammondCare in September 2020. Before that, he was Chief Customer Officer of both Corporate and Institutional Banking and Consumer Banking at NAB. Mike also served as the 44th Premier of NSW from 2014-2017. He is Chairman of the Australian Business Growth Fund and sits on the Boards of Surfing NSW and Cricket Australia.





4 Our Research

**At the forefront of providing care
for complex needs.
Connecting evidence and compassion.**

Research drives knowledge in sustainable service delivery

HammondCare is at the forefront of complex dementia and palliative care, underpinned by a program of research that provides an evidence base for best-practice care within our organisation, and more broadly for the sector. Collaborating with national and international partnerships, our research drives a working model of knowledge that is applied in the field, through practical and sustainable service delivery models.

Our multi-disciplinary, team-based, and clinically valid research strives to improve outcomes for those most in need, along with their families. Committed to building on our research expertise, the HammondCare Foundation is funding PhD scholarships focusing on improving the lives of those in our care.

Supporting behaviours and better design

Our dementia research program has a significant focus on understanding and addressing the causes of dementia behaviours, drawing on the expertise of the national Dementia Support Australia program. Our world-first population-based study found the DSA model of personalised non-pharmacological interventions to be highly effective in treating behaviours and psychological symptoms of dementia.

Another key focus is design insights and innovative solutions for developing enabling environments that promote independence and reduce disability for people with dementia. Our expertise in dementia design was highlighted in the 2020 World Alzheimer’s Report Design, dignity and dementia: dementia-related design and the built environment.

An important addition to our care-focused research is a range of sponsored pharmaceutical trials of new, potentially disease-modifying Alzheimer’s disease medications, which may provide hope for people living with dementia.

Our extensive palliative care research program aims to improve quality of life and wellbeing for people living with life-limiting illness and their families. Working with our dementia, residential and home care services, we implement and evaluate palliative care programs, with a particular focus on communication about end-of-life care as well as research exploring optimal management of cancer pain.

Talking about death and dying can be difficult for everyone involved. Taking part in Advance Care Planning (ACP) well before a patient reaches the terminal phase of their illness, can help prepare them and their family.

Our projects are looking at ways to overcome the obstacles to ACP, developing and testing practical tools to help health professionals start conversations and team-based strategies to embed ACP in routine care.

“...our research drives a working model of knowledge that is applied in the field...”

From pain to positive ageing

Pain reaches across many clinical conditions involving and impacting people physically, emotionally and spiritually. Pain management research at HammondCare is looking at wide-ranging aspects of pain, from the physiology of brain and spinal cord pathways that help control pain, through to the existential and spiritual impact of pain on a person’s sense of identity, meaning and purpose.

Our research in ageing epitomises our model of care with a focus on helping people gain the most from their ageing experience by taking a ‘whole person’ approach. Some specific areas of our research on positive ageing are caregiver wellness, helping people achieve positive ageing through active participation in the arts, community-based restorative care programs for older people with frailty and chronic disease, and reablement programs for people living with dementia.

With the increased focus on rehabilitation and rehabilitation research, HammondCare is continuing to make a significant contribution. The HIHO Randomised Clinical Trial paper from Braeside Hospital, comparing community and inpatient rehabilitation for patients who had experienced total knee replacement, is continuing to influence clinical practice locally and internationally.

HammondCare researchers are playing a leading role in understanding the benefits of rehabilitation in people with a diagnosis of cancer, and on facilitating access to and measuring improvement related to the provision of assistive technology for individuals with disability in general.

The place of spirituality

When facing pain, rehabilitation, mental health issues, disabling or life-threatening illness, or approaching end of life, people often struggle to make sense of what is happening to them.

For example, in palliative care, relieving ‘suffering’ is often focused on physical symptoms, when our research and practice shows that often it is relational, emotional and spiritual need that causes people more anguish. The need to speak about difficult issues or to make peace with special people – or in the context of faith, to be remembered, to find significance or meaning, are all part of spirituality and pastoral care.

Across HammondCare’s key research areas, we also recognise that spirituality can be a key factor in how people cope better with illness. This is alongside research into how people express their spirituality and finding ways to better provide care in this essential dimension of health.

Research

Research is embedded across our services and helps us deliver continuous improvement, evidence-based care and data-driven approaches that improve quality of life for people in need.



41
research projects



56
publications



47
education and awards



20
new and continuing grants

Creating a pathway for paramedics to fulfil final wishes

More than 70 per cent of Australians would prefer to die at home yet less than 14 per cent actually do. Most will die in hospital, transported there by ambulance, but research by PhD candidate Madeleine Juhrmann may lead to better options for paramedics in respecting patient wishes.

As a student paramedic in regional and remote South Australia, Madeleine saw many patients nearing the end of their life, being transported to hospital, often against their wishes.

Due to existing guidelines, paramedics have little opportunity to provide patients with the end-of-life care they want. When patients receive standard end-of-life medical treatment, such as morphine, paramedics are often required under current guidelines to take the patient to hospital.

Madeleine recognised the need to expand the role of the paramedic to deliver appropriate palliative and end-of-life care that better suits the needs of the patient, families, carers and the health professionals involved.

In 2019, having completed her Master of Public Health and working as a Policy Officer at HammondCare, Madeleine met Professor Josephine Clayton, a palliative care physician at HammondCare's Greenwich Hospital.

"Josephine's research team had done a lot of work alongside NSW Ambulance and palliative care patients in the community and we had a wonderful conversation about research opportunities in this area," Madeleine said.

Also in 2019, Madeleine attended the Oceanic Palliative Care Conference where she met with researchers and clinicians, discussing her ideas around palliative paramedicine.

"They were very excited by this idea and thought it was quite a novel concept. We decided to work towards reform of clinical guidelines for paramedics."

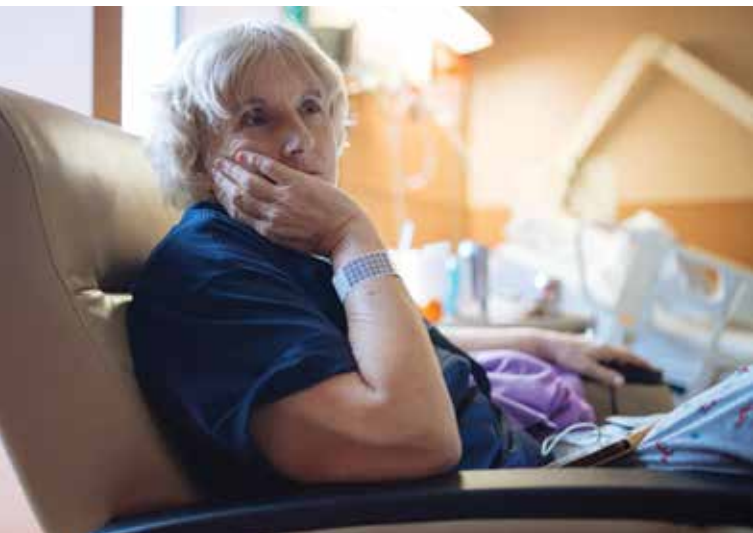
Buoyed by these conversations, Madeleine began her PhD project specifically to address broadening the role of paramedics to be able to deliver palliative and end-of-life care in Australian communities.

"Nine out of 10 patients were being transported to hospital often against their wishes."

"We want to create a pathway for paramedics to be able to deliver palliative care, that will be suitable for national rollout across ambulance services."

The four-year project will explore Australian and international literature on the topic, investigate current paramedic approaches to palliative care in community settings, and conduct a content analysis of each state and territory ambulance service's relevant clinical practice guidelines.

The next stage will be interviewing health professionals, family members, and carers on their experiences of either providing or receiving palliative paramedicine.



Paramedics will be asked about their experience delivering palliative and end-of-life care in the community.

To ensure the outcomes can be translated into practice, an international multidisciplinary advisory group with paramedicine and palliative care expertise has been set up to help shape the research.

Madeleine's PhD is supported by a scholarship from the HammondCare Foundation allowing her to pursue her research passion full time.

HammondCare's Head of Fundraising, Claire McCarthy, said the scholarship offered through the University of Sydney was the result of a generous donation received from The David & Judith Taylor Foundation.

"What's really special about the HammondCare Foundation's funding is that I've been able to be in contact with Judith Taylor. It is so empowering to have a strong relationship with the donor."

This research complements HammondCare's commitment to palliative care services offered through inpatient and outpatient settings in sub-acute hospitals, and through specialised services and programs in the community.

World-first research supports non-drug approaches to care

The overuse of medications in residential aged care and the consequences for the person receiving treatment, were highlighted in the Aged Care Royal Commission. HammondCare's world-first study of non-drug treatments, for residents living with dementia and severe behaviours and psychological symptoms in aged care, shows there is a better approach to care.

Paul was diagnosed with dementia late in life. He was living at home being cared for by his wife, but their health was deteriorating. According to his wife, Paul was experiencing feelings of anger and exhibiting aggressive behaviours.

When Paul moved into aged care his wellbeing continued to deteriorate. He was not sleeping, was described as aggressive by staff, including moving furniture around and often refused to wear clothes.

He was prescribed several medications including an antipsychotic as a way to manage the behaviour.

“It was very distressing for the family; they didn’t see any improvement.”

A member of Dementia Support Australia's Severe Behaviour Response Team (SBRT) came out to help understand what was happening with Paul. In their first assessment they discovered he had a severe delirium. Delirium can increase confusion and agitation. The assessment also showed Paul was experiencing undiagnosed pain.

It was important to address Paul's delirium and pain first, then reduce his medications and look to gradually stop antipsychotic use.

A contributor to the delirium, dehydration was a major issue as he wasn't drinking. Icy poles were encouraged to keep fluids up. Pain patches were applied to manage a painful condition.

The consultant spent time with Paul, his family, and worked with staff to get to know him. This is key to developing strategies that focus on individual likes, and dislikes, and recommending non-drug strategies on how to provide care.

Staff were supportive of the advice and recommendations provided by the Dementia Support Australia (DSA) consultant, including personalising Paul's room with family photographs and a picture of his house on the door of his room, to support wayfinding.

In understanding what was impacting Paul's quality of life, the consultant assessed the sensory challenges Paul was experiencing – such as not being able to see the toilet seat due to low contrast. Using a gentle approach and giving him space when providing personal care, not only provided dignity for Paul but staff felt empowered to better support him. By working with the DSA consultant, staff increased their confidence in providing care in partnership with Paul. He began to improve – his behaviours reduced and his wellbeing increased.

The publication, *Evaluating the clinical impact of national behaviour support programs on neuropsychiatric outcomes in Australia* found personalised, non-pharmacological interventions to be highly effective in treating behaviours and psychological symptoms of dementia.

The study, based on referrals for non-pharmacological interventions in DSA, highlighted a significant reduction in behaviour of up to 74.3 per cent for people who received personal tailored care plans. In contrast, previous independent analysis of antipsychotic efficiency found the average reduction in behaviours was around eight per cent.

“...we treat the cause or causes of the behaviour rather than the symptom.”

DSA's Head of Clinical Services, Associate Professor Steve Macfarlane, said it is estimated that only 10 per cent of prescribed antipsychotic medication in aged care is appropriate and that more than 50 per cent of residents are negatively impacted as a result of one or more inappropriate medications.

“It is often the case there is a lack of efficacy and high rates of adverse effects, including falls, sedation and death,” Steve said.

CEO Mike Baird, commenting on the landmark study, said the results were “a game changer in the way we care for people with complex behavioural symptoms of dementia.”

Dementia Support Australia is a service led by HammondCare and funded by the Australian Government.



Creating art at home builds connection and joy

An estimated 200,000 Australians care for a family member with dementia at home. As dementia progresses, it may become more difficult to leave home or have visitors, increasing isolation and loneliness.

Arts on Prescription at Home provides opportunities to reconnect and spark joy and creativity.

The eight-week pilot program, funded by the NHMRC Dementia Centre for Research Collaboration, linked couples with a professional artist who visited their home and brought in art projects based on their interests. The program provides an enjoyable activity outside normal daily routines, including having someone new visit and to talk to, all in the safety of home.

“You don’t forget your problems, but you put them on the side for a moment.”

“I was surprised how much I needed it, to be honest,” expressed one carer, “because it just gave me something else that became part of my life...”

For the carer, working creatively on something with their family member was very different to looking after their daily needs, and many couples found new ways to interact and engage with each other.

“John really tried,” described one carer.

“They are all really surprised and pleased, particularly with what John has done, because he’s done a good job. He would select his own colours without asking me.”

HammondCare is national leader in participatory arts for older people and people living with dementia and is looking to expand the Arts on Prescription program both at home and in group settings.

The legacy continues

90 years ago, one man believed that every person mattered. That man was Reverend Bob Hammond.

Today, HammondCare continues to champion quality of life for all, particularly those living with complex needs.

And we've only just begun.





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**As an independent Christian charity,
HammondCare champions life.**

Cover photo: HammondCare At Home client John