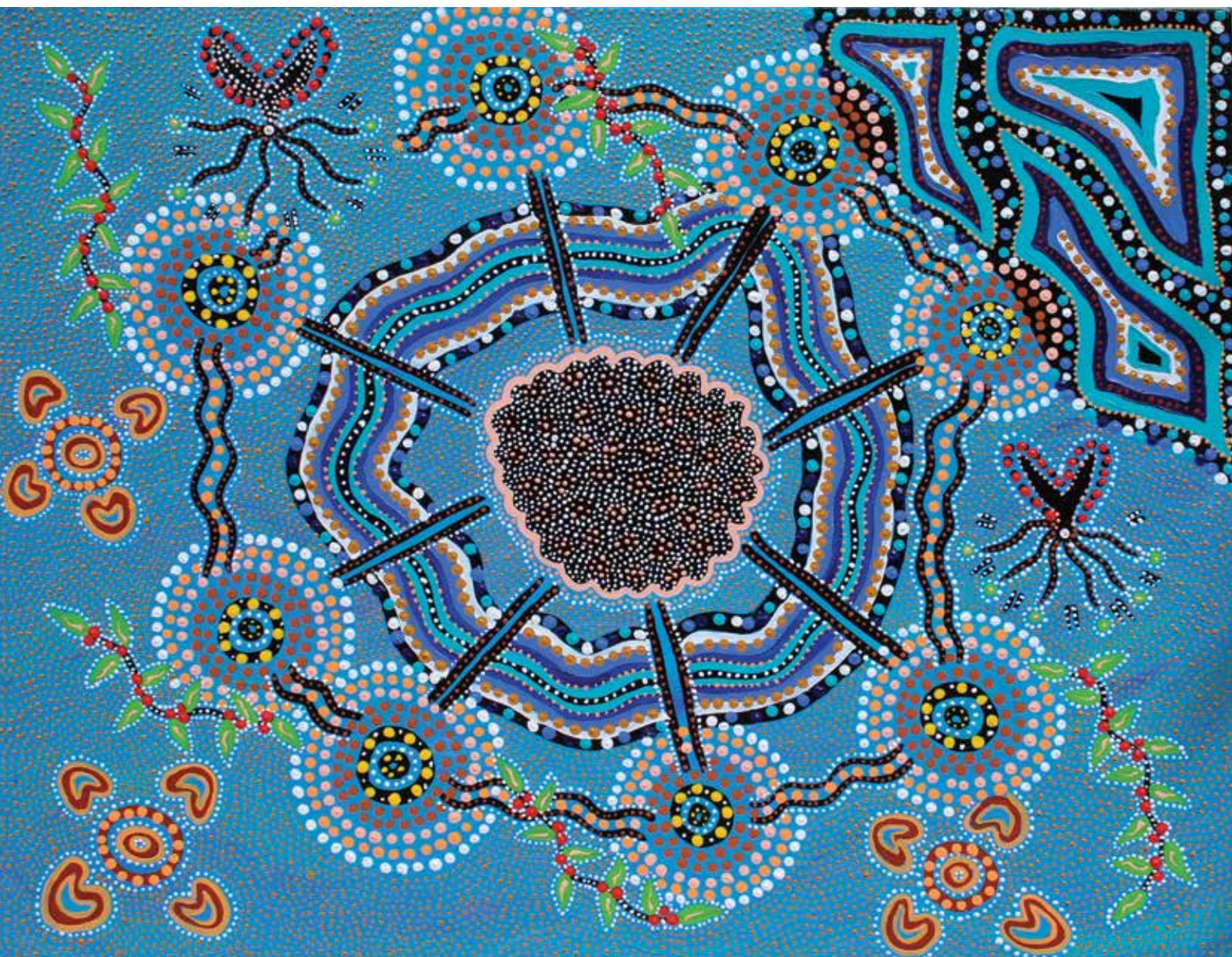


# ANNUAL REPORT

WA 2015/16



What is Dementia? by  
**DEBORAH NEWENHAM**

**UNDERSTAND ALZHEIMER'S  
EDUCATE AUSTRALIA**  
[FIGHTDEMENTIA.ORG.AU](http://FIGHTDEMENTIA.ORG.AU)

# VISION

A society committed to preventing dementia, while valuing and supporting people who live with dementia.

# PURPOSE

To advance the interests of people living with dementia through advocacy, education, support and research.

# PHILOSOPHY

Dementia is a human experience rather than just a biological condition. We therefore offer a holistic approach in our care that respects the individuality of people living with dementia.

# VALUES

- Understanding the unique needs of people living with dementia.
- Recognising people as our greatest strength.
- Investing in partnerships.
- Treating people with respect and dignity.
- Encouraging innovation and creativity.
- Being transparent, accountable and sustainable.

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## COVER PHOTO: PAINTING: WHAT IS DEMENTIA

### CREATED BY ABORIGINAL ARTIST DEBORAH NEWENHAM

The painting represents the brain with features depicting the essential blood flow needed for the brain to be healthy, the things that cause dementia, memories lost- tucked away in the corner, different ways people might act in relation to dementia, and memories slowly coming away from the brain.

It also represents the healthy eating that is vital for people living with dementia and the support that people living with dementia need from family, friends and their community.

# CHAIRMAN'S REPORT

## ALZHEIMER'S AUSTRALIA WA (AAWA) HAS HAD A YEAR OF SOUND FINANCIAL MANAGEMENT, STRATEGIC REVIEW AMIDST THE CONTINUING AGED CARE REFORMS, AND THE EXPANSION OF OUR WORK AS THE DEMENTIA SPECIALISTS IN WA.

The federal aged care reforms are being implemented in three stages over a decade with the intention of making the aged care system sustainable and affordable whilst being the best possible system for all Australians.

We remain highly supportive of consumer directed care as it means consumers living with dementia can choose the services and provider they want. The proviso to this is that the system will need to be user-friendly to ensure it is simple for consumers to access information. AAWA is committed to supporting both consumers and aged care providers with specialist dementia support and exemplar dementia services where they are needed.

We embrace the Government's move to the new model. However, the move to single national contracts for some services has led to considerable upheaval for AAWA. Much change is required as we transform our organisation to operate in the new competitive market without compromising the culture and quality of care and support that we have established over more than 30 years. This has meant a year of enormous transformation behind the scenes while we strive to ensure our consumers are not impacted.

I am proud of how the team has embraced and led change and new thinking on the road to a new and better positioned Alzheimer's Australia WA as we continue to lead the industry in person centred dementia care, support, education and advocacy.

At a National level, the Board of the Alzheimer's Australia federation has been focussed on the agenda for change and what that means for the federation. It is increasingly important that we are seen as a consolidated voice that reflects consumers adequately and has a sustainable and deliverable long term vision. The wheels are very much in motion to make the changes within the federation to meet the future needs of consumers and government expectations.

The last twelve months have seen improvements in our financial analysis capacity with greater scrutiny across our systems. This has made the level of reporting and governance the most rigorous and detailed it has ever been. I acknowledge the contribution of the Finance and Risk Management committee of the Board and the Corporate Services team for achieving all of this positive financial change without increasing costs to AAWA.

There were many highlights of the year, especially the fine work of teams in the Dementia Partnership Project, Dementia Friendly Communities and the respite teams that have all seen an expansion to funding. I also note the agility of the national Alzheimer's Australia education teams across the country to unite, work with partners and capture the new national education contract. This is a fine reflection of how interstate cooperation across the Alzheimer's federation and stakeholder management can lead to excellent outcomes.

I'd also like to comment on the end of the contract for AAWA of the highly successful Dementia Behaviour Management Advisory Service (DBMAS). AAWA paved the way in delivering this service in WA and has delivered thousands of successful outcomes for consumers over the last nine years. We are proud to have had the team pioneer the service at AAWA. The awarding of the contract to a single national provider reflects the changing competitive nature of aged care services and not the fine work of the outstanding AAWA team over nearly a decade.

AAWA continues to see change and we will continue to evolve to meet the needs of consumers. Strategically, we have spent much of the year looking at our services, assets, teams and objectives and made sure we have the flexibility to take on industry-wide shifts whilst maintaining service quality. The financial year 2016/17 will

## BOARD MEMBERS



**CRAIG MASAREI**  
CHAIRMAN



**JENNY ROGERS**  
VICE CHAIRPERSON



**DR MICHAEL PREECE**  
COMPANY SECRETARY



**IAN WELLS**  
TREASURER



**ARNOLD STOBACH**  
DIRECTOR



**JENNY WATT**  
DIRECTOR



**DR SEAN MAHER**  
MEDICAL DIRECTOR



**BRIAN ROCHE**  
DIRECTOR



**BRONTE PARKIN**  
DIRECTOR



**RHONDA PARKER**  
CHIEF EXECUTIVE OFFICER

be a time of enormous change and we expect to navigate these changes with confidence that consumers will remain our first priority.

I would like to thank my fellow Board members, the senior management, staff, volunteers and supporters for their support and huge efforts over the past 12 months. The members of the executive, Deputy Chair, Jenny Rogers and Treasurer, Ian Wells and Company Secretary Dr Michael Preece have continued to provide sage wisdom as the Board oversees this period of change.

I sincerely thank Dr Sean Maher our Medical Director who has ensured that we are abreast of the many developments arising from the welcome investment in Australia and around the world in the search for a cure and better treatments for the many forms of dementia.

Rhonda Parker, our CEO, has continued to lead the team admirably in times of transformation to ensure it remains focused on the new whilst remaining committed to our mandate, our valuable

culture and our defining philosophy of care.

Thank you to the Australian Government and the Western Australian Government who provide a significant proportion of our income through contracts for services and support. This funding is supported by the continued giving of individuals, groups and organisations whose donations allow us to advocate for those living with dementia, and make possible projects that are otherwise unachievable. The generosity of those who support AAWA with large and small donations continues to humble and inspire us all.

Our greatest inspiration comes from those living with dementia, for their courage and partnership. While we work for a cure for the future, we are committed to high quality care and support that enables those with dementia to live with dignity and value.

**CRAIG MASAREI**  
CHAIRMAN



## TOMORROW THE CURE, TODAY THE CARE – A QUOTE TO REMIND US OF OUR MANDATE AND THOSE WE STAND FOR IN THESE CHANGING TIMES.

AAWA has a proud 35 year history of passionately valuing and supporting people living with dementia by providing a mix of advocacy, support, services and education. This culture and symbiotic mix of services has established a reputation of leadership in thinking and in practice for AAWA.

The last 3 decades have seen great changes externally and internally. As we enter a period of external structural change in dementia care and support, particularly at a federal level, and as we anticipate the ever increasing demand for dementia care and support services, it is important we affirm our mandate and be prepared for the changing world.

The current aged care reforms should create a better aged care system to give people living with dementia more choice, more control and easier access to a range of aged care services. Home care packages are very important because they aim to help people to continue living at home for as long as possible, and Consumer Directed Care should mean more choice and flexibility for people receiving care at home.

Reform has meant three separate major implications for AAWA for the future.

Firstly, aged care reform must not mean change for our mandate; to be the dementia experts in WA; to be a leader and advocate for research, treatment, the provision of quality services of care, support, education; and to increase awareness of dementia to

ensure all those living with dementia are valued and supported. We accept and embrace change, but in change our consumers must only see improvements to the support they receive. Reform cannot mean any backward steps for those living with dementia or for the quality services AAWA provides.

Secondly, reform will provide more choice for people living with dementia as part of the long term vision that decision making be in the hands of the consumer. We welcome the many fine organisations who have made the commitment to provide services to people living with dementia under consumer directed care. AAWA must be even more vigilant in its role of capacity builder across the industry to ensure service providers are supported to be dementia aware and provide truly person centred care.

Lastly, nothing can be achieved without an income to support the organisation, but income and growth is not and must not be an end in itself. Given the cost and responsibility of supporting the delivery of more than \$10million of services each year, a clear sense of how the income will be secured to provide certainty in supporting a sophisticated, 21st century, medium sized business is more important and relevant than ever. Of even greater importance is the ever increasing demand from those living with dementia, and those seeking to care for them. How do we secure financial certainty and sustainability so that we can

satisfy AAWA's mandate? This is a new challenge that I believe AAWA is prepared and agile enough to navigate.

The principles that govern our pursuit of programs, services, and projects, and the income to support them are; firstly, to have the freedom to lead and choose our future in responding to people living with dementia, we must earn income independent of government, while at the same time being a provider of choice to governments and service providers seeking an organisation in WA to trust to deliver dementia contracts and services and, secondly, that we retain the balance between (a) leadership and advocacy for change, and (b) delivery of exemplar services and to go where dementia experts are needed.

A big task of 2015/2016 was vigorous analysis of the industry and, for the first time, AAWA proposed and developed a range of privately and commercially available services where we have seen gaps and service needs for the coming year. We have already been chosen by a number of aged care organisations as a brokered provider where a specialised dementia service is needed. This new role forms a big part of our transformation and role in the industry going forward.

The year has had too many highlights to list but we must celebrate the successes the AAWA team has achieved. Three such successes stand out; our collaborative work in the creation of Dementia Training Australia (DTA): a consortium of 5 universities and all the AA state and territory members and the subsequent winning of the national tender for the federal dementia education contract; the imaginative and paradigm changing Dementia Partnership Project not only gaining additional funding but expanding its influence through the Wheatbelt and the South West through Royalties for Regions 'Southern Inland Health Initiative' funding; and the recognition of the Government of the fine work of our respite operation in increasing funding for key services. Thanks should go to the fine teams that took the lead in these proposals.

I should also reflect on the exemplary efforts of more than 40 Dementia Behavioural Management Advisory Service staff over the last 9 years of this exceptional service in WA. They have set the bar high for the new service provider and we are proud

of the service AAWA provided during this time.

I sincerely thank my leadership team for their creativity, hard work and professionalism in these times of change. They have striven to make every post a winner.

I would like to express my deep gratitude to the staff and the volunteers who are the life blood of who we are and what we stand for. I consistently receive feedback about the difference you make in the lives of many.

The AAWA Board remains critical to our success as we navigate change, and it was never more evident than in 2015/16. I thank the Directors for their commitment, especially the Executive Team of Craig, Jen, Ian and Michael who contribute without reserve to AAWA.

To the State and Federal Governments, I must say thank you for the roles given to AAWA through the many contracts awarded to us, for services extending from the metro area to the Kimberley, to the Wheatbelt, down to Albany and across to Esperance, and for the trust you have placed in AAWA to deliver high quality services to those living with dementia.

Lastly, and most importantly, to those living with dementia, we are grateful for the trust you have put in AAWA, the wisdom you have shared and the roles you have played in transforming us. You make us who we are and are why we exist.

AAWA is an organisation where the heart and soul with which we do things is as important as the professional skills used to deliver them. In a changing, challenging, busy world, I'm continually reminded of the importance of what we do, the culture of the organisation, its amazing people, the inspiring support of those who give, and the courage of those living with dementia, for whom we exist.

It is a privilege to lead such a special organisation.

I commend this Annual Report to you.

**RHONDA PARKER**  
CHIEF EXECUTIVE OFFICER



## ..SMITE THE SOUNDING FURROWS..

In Tennyson's *Ulysses*, his mariners are encouraged to continue their journey to seek a newer world. Although there has been little progress in terms of effective treatments for Alzheimer's Disease (AD) in the last year, there is a real sense of momentum building with increasing international collaboration and new insights into pathophysiology that may lead to new methods for the detection of early stages of AD and treatments.

Two large research initiatives will drive future research: The Global Alzheimer's Platform (GAP) situated in the USA; and the European Prevention of Alzheimer's Dementia (EPAD). Both initiatives aim to link clinicians, academics, patient registries, health plans, pharmaceutical industry and governments to reform research efforts. They will be joined by similar organisations in Canada, Japan and Australia to become the Global Alzheimer's Platform Foundation.

The foundation will seek to recruit people at risk of dementia long before they

develop symptoms. This requires a major effort to link existing cohort studies and to screen people for eligibility. Trial participants will be assessed in detail which will enable better allocation of people to trials as well as providing appropriate control groups. Trial delivery centres will be established that use streamlined procedures and maintain staff and infrastructure. This is in contrast to the previous inefficiency of creating and disbanding phase 2 and large-scale phase 3 research teams. Trial designs will also be innovative, seeking to provide frequent reviews of progress in phase 2 trials and to rapidly graduate successful treatments through to phase 3 trials auspiced by a pharmaceutical company.

The Australian Imaging, Biomarkers, and Lifestyle Study of Ageing will seek to transition its cohort of participants to be ready for future trials. It will then change its name from AIBL to APAD. Australia has its own cognitive disorders registry of 14,000 people, with at least 2,000 people already screened for longitudinal studies.

The Dominantly Inherited Alzheimer's Network longitudinal study is revealing more insights into the progression of AD. Two studies on people with younger onset disease looking at therapy with monoclonal antibodies are due to report next year. Cognitive testing reveals changes in cognition in asymptomatic carriers as far back as 15 years before symptoms appear. Analysis of CSF is revealing changes in

different biomarkers over time and correlates with symptoms and neuroimaging. Biomarkers other than beta-amyloid (A $\beta$ ) and tau are likely to assist in predicting the onset of AD. These include neurogranin, YKL-40, SNAP-25 and sTREM2. sTREM2 appears to be a marker of microglial activation and a new PET imaging tracer for this is in development.

PET studies of tau protein are now being widely reported and generally demonstrate that A $\beta$  seems to set the scene for later tau accumulation, which correlates with atrophy, decline in cognition and neurofibrillary tangles. A number of nuclear medicine tracers are still in development and undergoing evaluation for specificity of binding to tau in neurofibrillary tangles versus other proteins and forms of tau.

The link between A $\beta$  deposition and damage to tau is unclear but new work suggests that soluble oligomers of A $\beta$  consisting of three molecules (trimers) can result in misfolding of the tau microtubule protein. This has been demonstrated in mouse models and also in samples from the hippocampi of people who were in the Religious Orders Study who had Mild Cognitive Impairment. The mechanism for this is still to be resolved. Identifying the role of different A $\beta$  oligomers may assist in identifying potential therapies.

Intriguingly, synthetic A $\beta$  has been shown to bind to infectious agents such as fungi and bacteria in animal and human cell culture models resulting

in clumps or plaques. It may highlight that A $\beta$  has a role in our innate immune system as a defence, but doesn't mean that that biological agents necessarily cause AD. APOE4 is a strong genetic risk factor that predisposes to earlier development of AD. Studies in genetically engineered mice reveal that those with APOE4 do not prune out deteriorating synapses that are marked with an inflammatory molecule C1q. This leads to a neuroinflammatory response and further damage, rather than neat pruning by astrocytes.

A phase 3 trial of a drug known as LMTM which targets tau protein failed to slow functional or cognitive decline in people with mild-to-moderate Alzheimer's disease. A phase 2 trial of aducanumab, which targets A $\beta$ , has been published and demonstrates significant reduction in beta amyloid according to dose. There was some cognitive benefit shown with a slowing in the rate of decline seen in the treatment group. This has been widely interpreted as a positive outcome. Phase 1 trials involving newer BACE inhibitors, which reduce production of A $\beta$  from its precursor protein, have been completed. Most were well tolerated and showed reductions in CSF A $\beta$ . Recruitment is underway for phase 2 studies for these compounds, as well as established studies still on-going for earlier compounds.

A vaccine called MultiTEP, that targets both A $\beta$  and tau, has been co-developed by researchers at Flinders' University and the US Institute of Molecular Medicine and University of California, Irvine. It will be taken forward to Phase 1 trials. A passive immunotherapy

using monoclonal antibodies against pyroglutamate-modified forms of A $\beta$  has undergone phase 1 trials, and demonstrated clearance of A $\beta$ , but was complicated by significant side effects and will require further adjustment.

A new classification system ("ATN") for Alzheimer's disease has been proposed which takes into account the presence or absence of A $\beta$  (A), neurofibrillary tangles (T) and neurodegeneration (N). This better describes those people who have neither amyloid nor tau pathology, but have neurodegeneration ("Suspected Non Alzheimer's Pathology" SNAP). This group makes up about one quarter of participants in the AIBL study and seems to have a different prognosis with much slower or lack of progression.

The presence or absence of various biomarkers on brain imaging, CSF or blood may eventually enable very specific individualised molecular profiling of an individual's cause of cognitive impairment, stage of disease, and indicate appropriate treatment when available.

Some good news is that the number of the new cases of dementia in developed countries is declining. Recent data from the long-running Framingham Heart Study showed a reduction in age-related prevalence as well as a delay in the age of onset of dementia. This is thought to be due to better education well as better control of vascular risk factors. This points the way to encouraging risk reduction by addressing lifestyle factors. Both the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability, and the French Multi

Domain Alzheimer's Prevention Trial showed improvements in cognition by addressing physical activity and diet. Whether these improvements will be sustained and result in prevention of dementia is still to be seen.

Maintaining cognitive activity as a way of preventing dementia is widely accepted but the evidence is often confounded. A recent meta-analysis of studies of nearly 14,000 people followed for between 2½ to 6 years showed that those people undertaking cognitive activities had lower rates of dementia. The researchers were able to adjust for bias and confounders and were still happy to provide the advice to "use it or lose it". Computer brain training games may improve response time, attention, and visuospatial skills but there is no evidence this translates to improvement in everyday tasks. Adaptation of games that will be meaningful and enjoyable to older people may yet provide benefits. It may well be the depth of enjoyment and engagement with any task that results in improvements in mood and cognition.

Lastly, it is with sadness that I recognise the passing of the very first Medical Director of AAWA, Professor Richard Bruce Lefroy, who died in July this year, aged 97. "Dick" was instrumental in recognising the need for an association to support people with dementia, their carers, and encourage research. He was a founding member of AAWA. He was also an example to us all of healthy ageing, remaining physically and cognitively active until his last few weeks. Vale, Dick.

**DR SEAN MAHER**  
MEDICAL DIRECTOR

## DELIVERING ON OUR OBJECTIVES

**OBJECTIVE 1: ADVOCACY** to create a better world for those living with dementia in care, research, services and understanding



KEITH AND WENDY GLANCE REGULARLY SPEAK FOR THOSE LIVING WITH DEMENTIA

**10 CEO PRESENTATIONS  
TO INDUSTRY**

**25 ADVOCATE PRESENTATIONS  
AND ENGAGEMENTS**

**DIRECT MAIL TO ALL WA MLAs AND MLCs**

**3 MAJOR STATE-WIDE MEDIA  
CAMPAIGNS SEEKING CHANGE**

**“PEOPLE LIVING WITH DEMENTIA AND CARERS ARE THE  
MOST POWERFUL VOICE FOR CHANGE TO DELIVER A  
PERSPECTIVE ON DEMENTIA, NO ONE ELSE CAN PROVIDE”**

### ADVOCATE PROGRAMME

The AAWA Dementia Advocates are our most influential voices and again made a huge difference in the WA community and this year lead the way 25 times.

This year the staff role of advocate liaison has been funded by the AAWA Board to ensure our ongoing commitment to advocacy and representation by consumers.

In 2015/16, 56 Advocates participated on 25 occasions in activities including social research, public speaking (for education purposes other than media), external service development (health groups, universities & hospitals) and fundraising initiatives. In addition to this, AAWA's consumers / advocates who are providing care for, or living with dementia, participated in a number of media engagements.

### THE VOICES OF CHANGE

#### Dementia Village Pioneer

In 2016, AAWA led the way to change by bringing to WA Yvonne van Amerongen, Co-Founder and Senior Executive from the famous De Hogeweyk's Dementia Village in Holland. De Hogeweyk's is globally recognised as one of the most innovative residential care models for people living with dementia.

Yvonne spoke to full houses at team and industry leaders forums and a packed public lecture about how to change dementia care forever by implementing this model. Her words are already influencing some investors in aged care on the design of future facilities.

#### Exemplar overseas model

The visit from the Head of Global Action against Dementia (GAAD) Gill Ayeling changed the views of many as to what is needed to create a better strategy for dementia in Australia. After years in a senior role in Dementia with UK health she shared the positive experiences of the UK strategy with international partners.

The UK National Dementia Strategy, published in 2009, set new world standards for dementia care. It was followed by the Dementia Challenge launched in March 2012 by Prime Minister, David Cameron. The Dementia Challenge programme superseded the national strategy and focused on 3 main areas: bringing about improvements in health and care, creating dementia friendly communities and improving research.

Gill spoke to a large audience in Western Australia as part of an Australia tour and inspired change and new thinking in areas as diverse as diagnosis and awareness. Gill presented dementia-friendly case studies from the UK to highlight the key elements that make dementia-friendly communities possible.

# DELIVERING ON OUR OBJECTIVES

## OBJECTIVE 2: AWARENESS AND UNDERSTANDING

increasing knowledge and reducing stigma

### INCREASING KNOWLEDGE IN WA

PEOPLE REACHED WITH TARGETED COMMUNITY EDUCATION	1638
PEOPLE REACHED AT COMMUNITY EVENTS	1178
ATTENDEES AT PUBLIC LECTURES	540
INSTANCES OF MEDIA COVERAGE IN WA	50
WEB TRAFFIC UP 32%	166,351

“A SOCIETY COMMITTED TO PREVENTING DEMENTIA, WHILE VALUING AND SUPPORTING PEOPLE WHO LIVE WITH DEMENTIA”

STRATEGIC PLAN



DEMENTIA AWARENESS MONTH set a target to have 1,000,000 exposures of its key messaging in September

### DEMENTIA AWARENESS MONTH IN WA

Major activities	People reached
OUTDOOR CAMPAIGN	50,000
COMMUNITY PUBLICATIONS	500,000
SENIORS PUBLICATIONS	150,000
SOCIAL MEDIA AND WEBSITE CAMPAIGNS	20,000
PUBLIC SCREENS - NORTHBRIDGE	25,000
MEMBER PROMOTION	3,500
<b>TOTAL</b>	<b>748,500</b>

Tactic- media coverage

RADIO	50,000
COMMUNITY NEWSPAPERS	100,000
RADIO NEWS	100,000
REGIONAL NEWS STORIES	50,000
<b>TOTAL</b>	<b>300,000</b>

### REDUCING STIGMA AAWA DEMENTIA AWARE FRIENDS

Volunteers in the programme are trained to spread the message to friends, family and members of their community about dementia. They focus on how it affects people’s lives and how they can make a positive difference to people living with dementia in their community through informal talks and raising awareness through the community. The project is part of the WA Dementia-Friendly Communities Project.

12  
EVENTS

17  
FRIENDS

## Headline lessons from international experts brought by AAWA

In October 2015, there was a series of training events that dared to step into the world of late stage dementia and change thinking forever.



### MICHAEL VERDE - 27/10/15

When our traditional paths of communication change due to dementia we often withdraw and begin grieving for the person with whom we can no longer converse and recollect.

Michael Verde created Memory Bridge to diminish the emotional and social isolation of people with dementia usually feel. He set about proving we can leave our traditional communication beliefs behind and have meaningful relationships with those who can no longer communicate the way they always have.

Verde was motivated by the conviction that the primary challenge for people with dementia is loneliness- the feeling of no longer being meaningfully connected with others.

Such a challenge, he explained, is not principally caused by the death of brain cells but by the disappearance of conversational partners. In other words, the principle source of challenges that people with irreversible dementia experience is not ultimately caused by what is in their heads but by what is in ours: namely, our collective conviction that people with dementia become increasingly incapable of participating in meaningful communication.

Michael creatively explored new ways of thinking about dementia, and the development of improved communication and validation skills in a range of forums for industry, people living with dementia and the public leaving an indelible change in thinking across his audiences



### DAN COHEN - 27/10/15

The creator of Music and Memory provided extensive evidence of the positive life changing effect of bringing someone’s favourite music back into their lives during their care.

Music and Memory has been helping people in aged care and other care organisations who have a wide range of cognitive and physical challenges to find renewed meaning and connection in their lives through the gift of personalised music. The results are nothing short of amazing as was illustrated in the award winning Alive Inside documentary.

Dan led with the much supported theory that our brains are hard-wired to connect music with long-term memory proving that for people with cognitive decline music can tap deep emotional recall. For individuals with dementia, memory of things—names, places, facts—is compromised, but memories from as far back as teenage years can be well-preserved. A whole closet of personal connections can be unlocked by something as simple as a playlist.

With the theory of music and memory very much proven, Cohen provided in depth analysis of the tools that are helping people with dementia to be themselves again, to converse, socialise and improve well being and connectedness. AAWA hopes to add Music and Memory to its program offerings for the year ahead.

DELIVERING ON OUR OBJECTIVES

OBJECTIVE 3: EXEMPLAR CARE AND SUPPORT SERVICES

leading the way in person centred care



“OUR KEY FOCUS IS ON ENSURING THAT THOSE WHO LIVE WITH DEMENTIA HAVE THE VERY BEST SUPPORT SERVICES POSSIBLE AVAILABLE TO THEM THROUGH CAPACITY BUILDING AND THE DELIVERY OF A NUMBER OF EXEMPLAR SERVICES AND PROGRAMMES”

STRATEGIC PLAN

LEADERSHIP IN PERSON CENTRED CARE

AAWA is committed to transforming culture and practice in dementia care. Our commitment to person centred care, informed by the Eden Alternative philosophy and the body of work regarding the domains of wellbeing support our practice in this space. This includes the way we provide our care and support services to people living with dementia and the capacity building support we deliver to the health and aged care sector to transform dementia practice.

A person centred approach recognises that dementia is a human experience rather than just a biological condition. Rather than focusing just on the ‘symptoms of dementia’, our holistic approach is aimed at increasing the wellbeing of individuals. This is achieved through attitudes, values and practice that honour a person’s unique individuality, history, strengths, perspective and experience.

This approach guides all aspects of services, programs and activities undertaken. It is a

significant contributor to our role as a change agent in dementia care and practice, and fundamental to the culture of the organisation.

CARERS’ RETREATS

Everyone deserves some time away to themselves to do the things they love.

The team from Client Services successfully trialled, with the support of Carers WA, extended respite with short breaks for much needed time away and enjoyable pastimes for groups of dedicated carers.

A group of male carers found welcome camaraderie and fun with a two day retreat in Albany with twilight sailing and fishing. A female carers group had two days of pampering and friendship at their trial retreat in a girl’s weekend focussed on self-care whilst a Landsdale Farm retreat helped guests develop networks and build support while rediscovering their sense of self.

The feedback from the carers was glowing proving the need for growing such activities for the future.



	PEOPLE	
Social Support	488	39,587 HOURS
Centre Based Day Care	178	24,673 HOURS
Carer support	654	5559 HOURS
Counselling INDIVIDUAL SESSIONS	461	169 HOURS
Counselling GROUP SESSIONS	74	180 HOURS
Transport	92	4,650 TRIPS
Living with memory loss	208	14 PROGRAMS



	PEOPLE	
Support Groups	350	54 SESSIONS
Younger onset dementia key worker programme	367 CONSUMERS	
Choir	46* *AVERAGE NUMBER OF PEOPLE	34 EVENTS
Art programs	372	28 PROGRAMS
Dementia behaviour management advisory service (DBMAS)	978 CONSUMERS	

OBJECTIVE 4: TEACHING, LEARNING AND CAPACITY BUILDING

providing knowledge for those living with dementia, their carers and support and the whole of WA

TRAINING PARTICIPANT NUMBERS

PROFESSIONAL TRAINING	2,629
VOLUNTEER TRAINING	165
MEDICAL STUDENT TRAINING	300
FAMILY CARERS TRAINING	675
VISITORS/CALLERS TO INFORMATION AND RESOURCE CENTRE	1,159
DEMENTIA CHAMPIONS TRAINED - HOSPITAL	79
DEMENTIA CHAMPIONS TRAINED - COMMUNITY	64
VISITORS TO DEEP WEBSITE	18,816
ENABLING WORKSHOPS	6

“WE WILL SUPPORT THE DEVELOPMENT, DEMONSTRATION, AND ADOPTION OF EXEMPLAR MODELS OF CARE THROUGH OUR OWN SERVICES AND BUILDING THE CAPACITY OF OTHER”

STRATEGIC PLAN

Board funded student placement programme

33

STUDENTS

3,472

TOTAL HOURS

DEMENTIA PARTNERSHIP PROGRAMME

The landmark Dementia Partnership Project reached new heights for the year. With the support of the Department of Health Home and Community Care and in partnership with community support providers, AAWA drove enhancement in dementia care services by building capacity for person centred care within the community care sector. The project works in collaboration with partner organisations, service providers, assessment agencies, consumers and the wider community to improve care and support and promote sustainable outcomes with an emphasis on the use of a person-centred philosophy.

ANNUAL HIGHLIGHTS

10 PARTNERS

City of Wanneroo, RAS ILC, Astley Care, Southside Care, South Care, Mercy Care, City of Swan, City of Stirling, Silver Chain

INDIGENOUS AUSTRALIANS

**FOCUS** Partnership with Aboriginal communities in the Kimberley to deliver ‘What is Dementia’ flip book as an example of a ‘yarning book’ helping educate remote communities about dementia. This is a pilot to produce material to be used by others.

# DELIVERING ON OUR OBJECTIVES

## OBJECTIVE 5: RESEARCH AND INNOVATION

always looking to positive change, progress and better futures

**“WE ARE AN ACTIVE ADVOCATE, SUPPORTER, PARTICIPANT AND PARTNER IN RESEARCH.”**

STRATEGIC PLAN

### SOUTHERN INLAND HEALTH INITIATIVE

In 2016, AAWA submitted a proposal and was appointed to play a major role in the Southern Inland Health Initiative (SIHI) for the coming year.

SIHI, funded by Royalties for Regions, seeks to develop a robust, sustainable and high quality system of health service delivery that can meet the diverse and contemporary health needs of consumers within the SIHI catchment.

This is a Building Capacity to Support Ageing in the Community Initiative designed to drive innovative solutions to supporting older people to remain functionally and socially independent and engaged in their regional communities, including access to contemporary residential care support.

AAWA is determined to enhance the experience and improve the quality of life of people living with dementia in the regions. In this WA first project for the coming year, residential homes in the Wheatbelt and South West regions of Western Australia will be supported and equipped to deliver a high quality person centred, holistic response to those living with dementia as a result of AAWA capacity building. This is likely to create a scalable model for future regional development.

### WA PLAYS KEY ROLE IN DEMENTIA TRAINING PROGRAM

The Commonwealth funded Dementia Training Program will be delivered by the Dementia Training Australia (DTA) consortium. This consortium, led by the University of Wollongong, with Alzheimer's Australia WA as a key member, brings together the expertise of Australia's leading dementia educators and trainers.

They will be building on the experience they have gained in operating the Dementia Training Study Centres and the Dementia Care Essentials program for the last nine years and developing the world's premier health care Massive Open Online Course (MOOC).

This unique collaboration and Australia wide coverage will ensure that the next generation of dementia training is based on the most up to date, evidence based best practice and is delivered in the most accessible ways to aged and health personnel right across Australia. AAWA is proud to continue to be a key participant in professional dementia education and workforces.



THE MINISTER FOR LOCAL GOVERNMENT; COMMUNITY SERVICES; SENIORS AND VOLUNTEERING; YOUTH: THE HONOURABLE TONY SIMPSON LAUNCHED THE DFC GUIDELINES WITH AAWA CEO, RHONDA PARKER

### LANDMARK DEMENTIA GUIDELINES LAUNCHED

The AAWA Dementia Friendly Communities' project started in 2014 with research with more than 300 people around WA living with dementia to establish base line data and to inform the project. Since then there have been hundreds of hours of consultation, teaching, development, pilot projects and collaboration. One of the outcomes of the DFC project is this resource – the Guidelines for the Development of Dementia Friendly Communities. It is a practical model and useful tool for local governments, civic services and community organisations.

The WA Government and the Department of Local Government and Communities supported AAWA in creating this WA first working document for applying practical and evidence based solutions and addressing the special needs of people living with dementia in planning communities. The DFC project continues to generate strong interest and involvement across WA.

### THE VOICE OF CONSUMERS

In late 2015, AAWA sent surveys to all of our consumers who are members to get a better profile of who they were and what they wanted from AAWA. The significant results to report are as follows;

- More than half of those surveyed had multiple people in their lives with dementia with around 20% with three or more,
- 85% felt most people did not know the extent of dementia in Australia,
- Most people wanted the biggest efforts focused on finding a cure and educating Australia about dementia and
- Hundreds who responded said they supported AAWA because dementia is such a growing epidemic.

The research has been used in decision making and will be used to inform future directions.

# DELIVERING ON OUR OBJECTIVES

## OBJECTIVE 6: LONGEVITY AND FINANCIAL SUSTAINABILITY

being here for people living with dementia for as long as we are needed

### THE YEAR OF FINANCIAL CHANGE

There was a strong financial performance for the year with a continued focus on improving cost effectiveness and increasing service outputs. With the appointment of a new Finance Manager, internal training and development has improved the financial awareness, management of budgets and focus on investing resources for greatest impact.

The organisation reported a better than forecast financial result, seeing growth in fee for service income and support from a significant bequest. With a robust financial management process in place, efficiencies and cost reduction opportunities were identified ensuring cost of unit delivery was kept at a minimum without compromising the culture and quality of services.

### INVESTING IN OUR PEOPLE

Alzheimer’s Australia WA is a diverse and professional organisation employing staff in locations throughout the metro and regional areas.

As an organisation, we believe that our 221 people are our greatest organisational asset. We are passionate about supporting them and establishing a culture that the staff can be proud of whilst undertaking their work each day. Our belief in diversity and quality in our people is illustrated in many ways, including the fact that one quarter of our team are above traditional working age. There is also a much higher than average percentage of women in leadership roles and staff retention is above industry standards. More than 30 staff have been with us between 10 and 20 years. Given AAWA does not reflect the high staff turnover in other areas of aged care, these facts are a reflection of an organisation that respects and retains quality people.

**“WE ARE COMMITTED TO A LONG-TERM SUSTAINABLE FINANCIAL FUTURE. THIS REQUIRES AAWA TO BE REPUTABLE, ACCOUNTABLE, FINANCIALLY ROBUST, AND TRANSPARENT AND HAVE HIGH STANDARDS OF GOVERNANCE.”**

STRATEGIC PLAN

### SELF-FUNDED SERVICES

Consumer directed care will provide AAWA with unprecedented opportunities to provide services to people living with dementia and consolidate its future with new funding streams.

Front line teams, especially in respite, in its various forms have been demand from both consumers and brokered from other care providers because of our specialisation in dementia.

In 2015/16, we developed new tailored services the consumers can access without referrals and waiting periods when they need additional specialist support.

The idea of providing services outside of block funded models remains a very new concept at AAWA but the transformation in the industry calls for new ways of delivering support.

Self-funded services are an evolution in our organisational approach and funding and one we believe will underpin the future of some of the existing range of support services



### INCREASED FUNDING

Through the 2015-16 HACC Growth Funding Round, AAWA was successful in gaining funds to increase our centre days at Ella’s House in Mandurah providing more much needed help to this community.

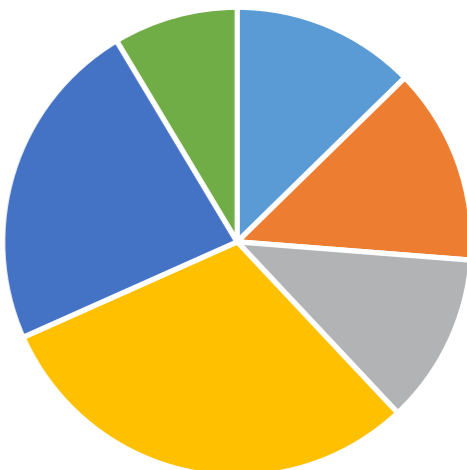
AAWA was successful in its bid to provide services in the WA National Disability Insurance Scheme (NDIS) trial sites for individually funded services (HACC providers). This will allow AAWA services to support people with dementia aged under 65 who are receiving package funding through the NDIS.

### LENGTH OF SERVICE EMPLOYEES



- < 3 months
- 3- 12 months
- 1- 3 years
- 3- 5 years
- 5- 10 years
- 10- 20 years
- > 20 years

### AGE OF EMPLOYEES



- 20- 30 years
- 31- 40 years
- 41- 50 years
- 51- 60 years
- 61- 70 years
- 70+ years

EVENT HIGHLIGHTS



**Holtmeulen Family Golf Day**  
Olivia Holtmeulen and her marvellous family and friends raised more than \$15,000 again in memory of grandad Arnie at Araluen



**Dementia Partnership Project Symposium**  
Community Care professionals filled the PCEC venue for a day of learning headlined by two paradigm changing experts, Dan Cohen and Michael Verde



**De Hogewyke's Dementia Village Lectures**  
One of Holland's dual founders of the landmark De Hogewyke's dementia village spoke to packed houses about the breakthrough model



**Memory Walk**  
Perry Lakes was packed with generous walkers remembering loved ones and raising money for people with dementia in the spring sunshine



**Dementia Friendly Communities Guidelines Launch**  
The much anticipated guidelines were launched with the WA Government Minister for Local Government and Communities and partners City Of Melville after nearly 2 years of research, collaboration and hard work by AAWA



**Ride to the other side**  
The Rotary Club of Armadale drove in a Hustler Super Z ride-on lawn mower around Australia to benefit AAWA and other major charities.



**A visit from the governor general**  
Sir Peter Cosgrove and Lady Cosgrove visited the Mary Chester Club



**Office of Multicultural Interests CALD Launch**  
The WA Government showed its support for cultural and linguistic diversity with its dementia resource funding provided by the Office of Multicultural Interests.



**Wine and Horses**  
The amazing Wine and Horses event involved riding horses to Northam return over two days to raise funds to support us.

## A YEAR OF GENEROSITY

Most weekdays in Greenfields, Mandurah you can see the value of donations and sponsorships large and small in the smiles of the people living with dementia who, as a result of great generosity, have Ella's House to turn to. AAWA's beautiful respite centre, the third in our organisation after the Mary Chester Club and Hawthorn House, was made possible by altruistic care and support. Most days of the year someone in WA puts their hand in their pocket to stand by those living with dementia.



In 2015/2016 AAWA went to full operation at Ella's House which is a truly remarkable donation to Western Australians. It was also the year when so many projects were fulfilled thanks to the many individuals and organisations who put their trust in AAWA.

These are just a few projects funded by philanthropy and generosity:

- The Men's Shed in Mary Chester Club was finished and handed over to the lads
- The Men's Shed project at Ella's House was underway and already full of life and projects
- The Student Placement Programme delivered 3,472 hours to better prepare future clinicians for better dementia care and understanding
- Carers received welcome respite with short breaks designed to give them some self-care time
- A number of our services were delivered to people in need well beyond what is allowed for in the contract funds.

Throughout the year, AAWA received memorial gifts in memory of those who have passed away. Our heartfelt thanks to all who have contributed donations at such a sad time.

More than 225 community fundraisers did their own fundraising for people living with dementia raising more than \$100,000 and a massive amount of good will and awareness along the way. Of particular note was Olivia Holtmeulen and her amazing family and friends who had a 2nd golf day

to remember their beloved Grandad Arnie, raising more than \$15,000 to help AAWA help other people.

More than 700 people attended Memory Walks at Perry Lakes and Albany and walked and ran to raise money to ensure there is enough support for people with dementia.

In a typical gesture of generosity the Memory Van was parked in the street ready to head to a Memory Walk and a \$5 note was found donated through the handle from a kind supporter! This is the spirit of people giving for the benefit of others. AAWA is grateful for the generous support from those who wish to stand by people living with dementia until the day there is a cure.

2015/2016 saw one of the highest amounts of generous support from our supporters, donors and sponsors ever. It has meant an amazing year of new initiatives and more services. The year had one of the highest appeal revenues in the history of the organisation and, thanks to hundreds of generous donors, our two appeals contributed almost 25% of fundraising revenue helping us provide a number of services well beyond our funding capacity. We would also like to recognise those who remembered us in their will, their thoughts, their businesses and their events.

From those who put \$5 in the Memory Van handle, to those who gave us the money to buy a house – every contribution to AAWA has led to better outcomes for those living with dementia and we thank our kind supporters.



OUR GENEROUS SPONSORS,  
FUNDERS, DONORS, SUPPORTERS  
AND CONTRIBUTORS



Marsh Group	Número	Workpower Mandurah	Betty Blues Band
Churchlands Senior High School	Weight Watchers	KPA Architects	Penrhos College
Woodside Petroleum	Kim's Toy Boys	Playgroup WA	Iona Presentation College
Claremont Masters	Ingenia	Presbyterian Ladies College	Moora Citrus
Bunnings	Greenskills Albany	Carine Golf Club	Nick Bruining
Subiaco Men's Shed	Zonta Club Mandurah	Christchurch Grammar School	Paul Elkington
West Coast Eagles	Peel Weightwatchers		David McGregor
Aussie Spring Water	Emma's Cakes	Town of Cambridge	Annette Sinclair
RIC Publications	Robinson Family Trust	Nedlands Library	

VOLUNTEERS

OUR AMAZING AND WONDERFUL VOLUNTEERS

The foundation of our approach and philosophy is a community of person centred care. Volunteers are essential and intrinsic to this service delivery model in our centres, our events and our services. Volunteers are fundamental to who we are.

Julie Andrews	Christine Howe	Dina Shah	Janet Huisman
Heidi Atchison	Janet Huisman	Harilal Kachrabhai Shah	Anita Jay
Sarah Baker	Dianne Jacoby	Molly Smith	Graham Leembruggen
Patricia Bell	Anita Jay	Wendy Spinks	Winifred Malone
Toni Binet	Lucas Johnson	Therese Strong	Iran Milne
Allan Briscoe	Erika Keane	Robyn Terry	Jeanette Moir
Susan Brummell	Maria Kelly	Sarah Ure	Heather Nelson
George Burdon	Vicki Kelly	Lynda Watson	David Nile
Maureen Burnett	Lisa Kempster	Carla Welke	Michael O'Meara
Terence Byrne	Bhavni Khimasia	Elizabeth West	Elizabeth O'Meara
Grace Chow	Amy Lai	Raymond Whittington	Margaret Parsons
Mollie Clark	Geoff Lane	Pippa Williams	Arthur Pearce
James Coutts	Graham Leembruggen	Graham Wilson	Scott Plunkett
Margaret De Rossi	Margaret Lesham	Graeme Winters	Helen Polette
Wilhelmina Depiazzi-Nieland	Winifred Malone	Ann Zubrick	Jennifer Redman
Angela Dicker	Patricia McCabe	Deanne Cauldle	Mary Roberts
Julie Dickinson	Kaitlyn McGinty	Erika Keane	Agnes Skinner
Joan Dornan	Iran Milne	Patricia Bell	Molly Smith
Anthony Duckett	Jeanette Moir	Jeryl Bennett	Wendy Spinks
Annette Eades	Heather Nelson	Toni Binet	Therese Strong
Neil Edmunds	David Nile	George Burdon	Elizabeth West
Patricia Felice	Michael O'Meara	Mollie Clark	Raymond Whittington
Jessie Flower	Elizabeth O'Meara	James Coutts	Philippa Williams
Samantha Foreman	Margaret Parsons	Trevor Davey	Graham Wilson
Val George	Arthur Pearce	Margaret De Rossi	Elizabeth Yates
Noel George	Alan Pickford	Anthony Duckett	Darren Scott
Catherine Gregory	Scott Plunkett	Annette Eades	Daljit Kaur
Jan Healey	Helen Polette	Jessie Flower	Terry Byrne
Jane Heath	Jenny Redman	Valerie George	Lisa McCull
Jenny Horsley	Mary Roberts	Noel George	
	Gypsy Rose	Jane Heath	

And a special tribute to all the special carers who have donated endless time and care this year.

# DIRECTORS' REPORT

## FOR THE YEAR ENDED 30 JUNE 2016

Your directors present this report to the members of Alzheimer's Australia WA Ltd for the year ended 30 June 2016.

Directors	Date Appointed	Board		Executive	
		A	B	A	B
Mr Craig Masarei	Nov 2002	10	12	7	8
Mrs Jenny Rogers	Nov 2004	8	12	6	8
Dr Sean Maher	Sept 2010	11	12		
Mrs Jenny Watt	Nov 2005	6	12		
Mr Arnold Stroobach	Nov 2012	8	12		
Dr Michael Preece	Nov 2012	11	12	7	8
Mr Brian Roche	Feb 2013	6	12		
Mr Ian Wells	Mar 2014	9	12	7	7
Mr Bronte Parkin	Nov 2014	10	12		
Ms Rhonda Parker	Sept 2012	12	12	8	8

**A** Number of meetings attended

**B** Number of meetings held during the time the Director held office during the year [including AGM]

Details of directors' qualifications, experience and special responsibilities are contained in the table below.

Directors	Qualifications	Experience	Special Responsibilities
Mr Craig Masarei	Bachelor of Jurisprudence, Bachelor of Laws (Hon)	Legal and economic	Chairman, Finance and Audit Committee Building Committee Governance Committee
Mrs Jenny Rogers		Financial Advisor / Equities, Superannuation, Managed Funds	Deputy Chair Finance and Audit Committee Fundraising Committee
Dr Sean Maher	Bachelor of Medicine Bachelor of Surgery Fellow of the Royal Australasian College of Physicians	Geriatrician	Honorary Medical Director
Mrs Jenny Watt	General Nursing and Midwifery Certificates	Carer	
Mr Arnold Stroobach	Masters in Business Administration (MBA) Masters in Medical Informatics (M.Sc)	Management Business Development and Innovation in Health Sector	Building Committee Fundraising Committee

Directors	Qualifications	Experience	Special Responsibilities
Dr Michael Preece	Bachelor of Nursing Post Graduate Diploma of Health Science (Risk Management) Doctor of Business Management Administration	Health Care and Management Aged Care Industry leadership	Company Secretary (from November 2015) Finance and Audit Committee Building Committee
Mr Brian Roche (Resigned February 2016)	Bachelor of Business Masters of Management	Finance and Management	Fundraising Committee
Mr Ian Wells	Bachelor of Business (Accounting); Fellow of CPA Australia; and Certified Finance and Treasury Professional	Finance and Business Management	Treasurer Finance and Audit Committee Building Committee
Mr Bronte Parkin	BAppSc (Physics) (Curtin); BEd (UWA); MACE (Life Member)	Carer; Education administration; Public Sector corporate governance and strategic resource management	Governance Committee
Ms Rhonda Parker	Diploma of Teaching	Director aged care standards and accreditation. Aging Strategic planning and policy development.	Chief Executive Officer Company Secretary (July – November 2015) Finance and Audit Committee Building Committee Fundraising Committee

## COMPANY SECRETARY

Dr Michael Preece has been the company secretary since November 15.

## RESIGNATION

Mr Brian Roche resigned from the Board on 24th February 2016

## PRINCIPAL ACTIVITIES

The company's principal activities during the year were;

- To provide representation and support while advancing the interest of individuals with dementia and their carers at a personal, community and political level.

There were no significant changes in the nature of the company's activities during the year.

## DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2016

### OPERATING RESULT AND REVIEW OF OPERATIONS

The operating result for the year was a profit of \$259,625 (2015: Profit \$1,284,504). The company is exempt from income tax.

A detailed review of operations can be found in the annual report which accompanies this financial report.

### DIVIDENDS

The company's constitution precludes the payment of dividends.

### SIGNIFICANT CHANGES IN STATE OF AFFAIRS

In the opinion of the directors, there were no significant changes in the state of affairs of the company that occurred during the financial year under review not otherwise disclosed in this report.

### AFTER BALANCE DATE EVENTS

There has not arisen in the interval between the end of the financial year and the date of the report any item, transaction or event of a material and unusual nature that in the opinion of the directors is likely to substantially affect the operations of the company, the results of those operations, or the company's state of affairs in future financial years.

### FUTURE DEVELOPMENTS

The company will continue to carry on the principal activities noted above. There are no likely developments in the activities in future years which will affect the results and therefore require disclosure.

### AUDITOR'S INDEPENDENCE

The auditor's declaration of independence appears on Page 4 and forms part of the Directors' report for the year ended 30 June 2016.

Indemnification and insurance of officers and auditors

Since the end of the previous financial year the company has paid insurance premiums of \$3,371 in respect of directors' and officers' liability and legal expenses' insurance contracts for current and former directors and officers, including senior executives of the company. The insurance premiums relate to:

- Costs and expenses incurred by the relevant officers in defending proceedings whether civil or criminal and whatever the outcome
- Other liabilities that may arise from their position, with the exception of conduct involving wilful breach of duty or improper use of information or position to gain a personal advantage.

The company has not otherwise indemnified or agreed to indemnify an officer or auditor of the company against a liability incurred as such an officer or auditor.

Signed in accordance with a resolution of the directors made pursuant to s.298(2) of the Corporations Act 2001.

On behalf of the directors:



DIRECTOR

PERTH

DATED 28 DAY OF SEPTEMBER 2016



DIRECTOR

## AUDITOR'S INDEPENDENCE DECLARATION

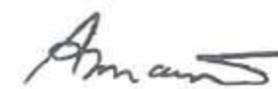
TO THE DIRECTORS OF ALZHEIMER'S AUSTRALIA WA LTD

In accordance with the requirements of section 60-40 of the Australian Charities and Not for Profits Commission Act 2012, as lead auditor for the audit of Alzheimer's Australia WA Ltd for the year ended 30 June 2016, I declare that, to the best of my knowledge and belief, there have been:

- no contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.



MACRI PARTNERS  
CERTIFIED PRACTISING ACCOUNTANTS  
SUITE 2, 137 BURSWOOD ROAD  
BURSWOOD WA 6100



A MACRI  
PARTNER

PERTH

DATED 28 DAY OF SEPTEMBER 2016

# DISCUSSION AND ANALYSIS OF THE FINANCIAL STATEMENTS

## INFORMATION ON THE COMPANY'S CONCISE FINANCIAL REPORT FOR THE YEAR ENDED 30TH JUNE 2016

The financial statements and disclosures in the Concise Financial Report have been derived from the 2016 Financial Report of Alzheimer's Australia WA Ltd and is an extract from the full financial report. A copy of the full financial report and auditor's report will be sent to any member, free of charge, upon request.

The information about the concise financial report is provided to assist members in understanding this report and is based on the company's consolidated financial statement and has been derived from the full 2016 Financial Report of Alzheimer's Australia WA Ltd.

## STATEMENT OF COMPREHENSIVE INCOME

The profit for the year is \$259,625 mainly derived from large donations and bequests. Loss from the investment portfolio is \$151,968 for the year. Compared to prior financial year, total income has decreased by \$948,298 (6.60%) due to a significant bequest in 2014/15, whilst expenditure has increased by \$76,581 (0.59%).

## STATEMENT OF FINANCIAL POSITION

The total Assets of the company decreased to \$18,960,084. This decrease is attributable to the following:

- A decrease in the value of Financial Assets managed by Macquarie Investment Portfolio.
- A decrease in the fixed assets through disposals.

Total liabilities decreased by \$235,764 (4.82%) attributed by the reduction in unexpended contract income.

## STATEMENT OF CASH FLOWS

Cash flows from operating activities have seen a significant decrease from last financial year (\$1,965,321) due to payment of contracts in advance for 2015/16 income, and a decrease in donations and bequests. Cash flows from investing activities are positive due to the finalisation of the Mandurah building project.

There has been a total increase in cash and cash equivalents for the year of \$25,052.

## STATEMENT OF CHANGES IN EQUITY

The equity of AAWA has increased by \$107,657. This is due largely to the donations and bequests received during the year.

# STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
<b>Income</b>	13,388,671	14,336,970
Employee benefits expense	(10,007,067)	(9,747,495)
Depreciation and amortisation expense	(240,686)	(229,453)
Finance costs	(25,059)	(23,430)
Other expenses	(2,856,234)	(3,052,087)
	<u>(13,129,046)</u>	<u>(13,052,465)</u>
<b>Net surplus (deficit) for the year</b>	<b>259,625</b>	<b>1,284,504</b>
<b>Other Comprehensive Income:</b>		
Items that will not be reclassified subsequently to profit or loss:		
Revaluation of land		
Items that will be reclassified subsequently to profit or loss when specific conditions are met:		
Net change in fair value of financial assets	(151,968)	30,985
Total other comprehensive income for the year	<u>(151,968)</u>	<u>30,985</u>
Total comprehensive income for the year	<u>107,657</u>	<u>1,315,489</u>
<b>Total comprehensive income attributable to members of the company</b>	<b>107,657</b>	<b>1,315,489</b>

The accompanying notes form part of these concise financial statements.

# STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2016

	2016 \$	2015 \$
<b>Assets</b>		
<b>Current Assets</b>		
Cash and cash equivalents	3,258,025	3,232,973
Trade and other receivables	229,013	143,801
Inventories	12,234	11,548
Prepayments	49,309	95,389
<b>Total Current Assets</b>	<b>3,548,580</b>	<b>3,483,711</b>
<b>Non Current Assets</b>		
Financial Assets	1,373,018	1,497,399
Property, Plant and Equipment	14,022,222	14,074,557
Intangible Assets	16,264	32,524
<b>Total Non Current Assets</b>	<b>15,411,504</b>	<b>15,604,480</b>
<b>TOTAL ASSETS</b>	<b>18,960,084</b>	<b>19,088,191</b>
<b>Liabilities</b>		
<b>Current Liabilities</b>		
Trade and other payables	1,267,293	1,525,073
Borrowings	235,933	254,316
Provisions	843,862	829,913
<b>Total Current Liabilities</b>	<b>2,347,088</b>	<b>2,609,302</b>
<b>Non Current Liabilities</b>		
Borrowings	2,000,000	2,000,000
Provisions	309,117	282,667
<b>Total Non Current Liabilities</b>	<b>2,309,117</b>	<b>2,282,667</b>
<b>TOTAL LIABILITIES</b>	<b>4,656,205</b>	<b>4,891,969</b>
<b>NET ASSETS</b>	<b>14,303,879</b>	<b>14,196,222</b>
<b>Members' Funds</b>		
Revaluation Surplus	9,285,610	9,285,610
Financial Assets Reserve	106,261	258,229
Retained Earnings	4,912,008	4,652,383
<b>TOTAL MEMBERS' FUNDS</b>	<b>14,303,879</b>	<b>14,196,222</b>

The accompanying notes form part of these concise financial statements.

# STATEMENT OF RECOGNISED INCOME AND EXPENDITURE

FOR THE YEAR ENDED 30 JUNE 2016

	Retained Earnings \$	Revaluation Surplus \$	Financial Assets Reserve \$	Total \$
<b>Balance at 1 July 2014</b>	3,595,124	9,285,610	-	12,880,734
Prior period adjustment	(224,673)		224,673	
<b>Restated Balance at 1 July 2014</b>	<b>3,370,451</b>	<b>9,285,610</b>	<b>224,673</b>	<b>12,880,734</b>
Profit attributable to operating activities of the company	1,284,504	-	-	1,284,504
Other Comprehensive Income	(2,571)	-	33,556	30,985
<b>Balance at 30 June 2015</b>	<b>4,652,383</b>	<b>9,285,610</b>	<b>258,229</b>	<b>14,196,222</b>
Profit attributable to operating activities of the company	259,625	-	-	259,625
Other Comprehensive Income	-		(151,968)	(151,968)
<b>Balance at 30 June 2016</b>	<b>4,912,008</b>	<b>9,285,610</b>	<b>106,261</b>	<b>14,303,879</b>

# STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2016

	2016 \$	2015 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from:		
- Donations and gifts	922,377	1,923,186
- Government grants	11,230,929	12,371,246
- Interest received	60,452	61,456
- Dividends received	72,293	79,488
- Fees & Charges	709,955	472,765
- Other Receipts	167,837	291,892
GST Paid (883,377) (830,198)		
Payments to suppliers and employees	(12,040,470)	(12,166,675)
Borrowing Costs	(28,475)	(26,321)
<b>NET CASH FLOWS FROM OPERATING ACTIVITIES</b>	<b>211,518</b>	<b>2,176,839</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Proceeds from sale of property, plant and equipment	251,077	272,159
Purchase of property, plant and equipment	(67,480)	(916,146)
<b>NET CASH FLOWS USED IN INVESTING ACTIVITIES</b>	<b>183,597</b>	<b>(643,987)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Finance lease payments	(370,063)	(279,119)
<b>NET CASH FLOWS USED IN FINANCING ACTIVITIES</b>	<b>(370,063)</b>	<b>(279,119)</b>
Net increase/(decrease) in cash and cash equivalents	25,052	1,253,733
Cash and cash equivalents at the beginning of the financial year	3,232,973	1,979,241
<b>CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR</b>	<b>3,258,025</b>	<b>3,232,973</b>

The accompanying notes form part of these concise financial statements.

# NOTES TO THE CONCISE FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2016

## NOTE 1: BASIS OF PREPARATION OF THE CONCISE FINANCIAL REPORT

The concise financial report is an extract of the full financial report for the year ended 30 June 2016. The concise financial report has been prepared in accordance with Australian Accounting Standard AASB 1039: Concise Financial Reports and the Australian Charities and Not for Profits Commission Act 2012.

The financial statements, specific disclosures and other information included in the concise financial report are derived from, and are consistent with, the full financial report of Alzheimer's Australia WA Ltd. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of Alzheimer's Australia WA Ltd as the full financial report. A copy of the full financial report and auditor's report will be sent to any member, free of charge, upon request.

A Statement of Compliance with the International Financial Reporting Standards ('IFRS') as issued by the International Accounting Standards Board ('IASB') cannot be made due to the company applying Not-for-Profit specific requirements contained in the Australian Accounting Standards. The presentation currency used in this concise financial report is Australian dollars.

	2016 \$	2015 \$
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## NOTE 2: REVENUE, OTHER INCOME AND EXPENSES

### (a) Revenue

Sale of goods	3,737	4,062
Rendering of services	718,164	508,875
Government grants	11,370,055	11,151,420
Donations and gifts	971,910	1,623,508

### (b) Other income

Investment income		
- Interest	60,452	61,456
- Dividends	93,788	108,294
Net change in fair value of financial assets	-	30,985

### (c) Expenses

Finance costs	25,059	23,430
Depreciation	240,686	229,453v
Operating lease payments	3,504	7,018
Auditors' remuneration	39,700	41,800
Net change in fair value of financial assets	151,968	-

## NOTE 3: SEGMENT REPORTING

The company operates predominately in one business and geographical segment being provision of community services in Western Australia.

## NOTE 4: EVENTS AFTER THE REPORTING PERIOD

There are no matters or circumstances that have arisen since the end of the financial year that have significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company except for the information disclosed in the Directors' report.

# DIRECTORS' DECLARATION

The Directors of the Alzheimer's Australia WA Ltd declare that the accompanying concise financial report of Alzheimer's Australia WA Ltd for the financial year ended 30 June 2016:

- a. complies with Accounting Standard AASB 1039: Concise Financial Reports; and
- b. is an extract from the full financial report for the year ended 30 June 2016 and has been derived from and is consistent with the full financial report of Alzheimer's Australia WA Ltd.

This declaration is made in accordance with a resolution of the Board of Directors.



DIRECTOR  
PERTH  
DATED 28 DAY OF SEPTEMBER 2016



DIRECTOR

# INDEPENDENT AUDITOR'S REPORT

TO: THE MEMBERS OF ALZHEIMER'S AUSTRALIA WA LTD

## REPORT ON THE CONCISE FINANCIAL REPORT

The accompanying concise financial report of Alzheimer's Australia WA Ltd comprises the Statement of Financial Position as at 30 June 2016, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended and related notes, derived from the audited financial report of Alzheimer's Australia WA Ltd for the year ended 30 June 2016, as well as the discussion and analysis. The concise financial report does not contain all the disclosures required by Australian Accounting Standards.

## DIRECTORS' RESPONSIBILITY FOR THE CONCISE FINANCIAL REPORT

The directors are responsible for the preparation and fair presentation of the concise financial report in accordance with Accounting Standard AASB 1039: Concise Financial Reports (including Australian Accounting Interpretations), statutory and other requirements. This responsibility includes establishing and maintaining internal controls relevant to the preparation of the concise financial report; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

## AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on the concise financial report based on our audit procedures. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the full financial report of Alzheimer's Australia WA Ltd for the year ended 30 June 2016. Our auditor's report on the financial report for the year was signed on 30 October 2016 and was unmodified. Australian Auditing Standards require that we comply with the relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

Our procedures in respect of the concise financial report included testing that the information in the concise financial report is derived from, and is consistent with the financial report for the year, and examination on a test basis, of evidence supporting the amounts, discussion, and analysis, and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standard AASB 1039: Concise Financial Reports and whether the discussion and analysis complies with the requirements laid down in AASB 1039.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

## INDEPENDENCE

In conducting our audit, we have complied with the independence requirements of the Australian Charities and Not for Profits Commission Act 2012 and the Accounting Professional and Ethical Standards Board.

## AUDITOR'S OPINION

In our opinion, the concise financial report, including the discussion and analysis of Alzheimer's Australia WA Ltd for the year ended 30 June 2016 complies with Accounting Standard AASB 1039: Concise Financial Reports.

# INDEPENDENT AUDITOR’S REPORT

TO: THE MEMBERS OF ALZHEIMER’S AUSTRALIA WA LTD

## EMPHASIS OF MATTER IN THE AUDITOR’S REPORT ON THE FINANCIAL REPORT FOR THE YEAR

The following paragraph is copied from our report on the financial report for the year. The emphasis of matter in that report does not apply to our opinion on the Concise Financial Report for the reason stated above in our Auditor’s Opinion.

We draw attention to the fact that cash donations and gifts are a source of revenue for Alzheimer’s Australia WA Ltd. Alzheimer’s Australia WA Ltd has determined that it is impracticable to establish control over cash donations and gifts prior to entry into its financial records. Accordingly, as the evidence available to us regarding revenue from this source was limited, our audit procedures with respect to cash donations and gifts have to be restricted to the amounts recorded in the financial records. Our opinion is unmodified in respect of this matter.





MACRI PARTNERS  
CERTIFIED PRACTISING ACCOUNTANTS  
SUITE 2, 137 BURSWOOD RD  
BURSWOOD WA 6100

A MACRI  
PARTNER

PERTH  
DATED 28 DAY OF SEPTEMBER 2016

# ALZHEIMER'S AUSTRALIA WA LTD

ABN 82 102 951 986

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