What is Dementia? by
DEBORAH NEWENHAM
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.

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.
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 exemplary 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 the many different forms of dementia. 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 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.

Chairman's Report

Chairman's Report
CEO’S REPORT

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
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 century, 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 disbanded 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 assisted 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 AIBL2. 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 specific neuroimaging. Biomarkers other than beta-amyloid (Aβ) 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 biomarker 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 Aβ 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 Aβ deposition and damage to tau is unclear but new work suggests that soluble oligomers of Aβ 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 (MCI). This precursor protein has been completed. Most were well tolerated and showed reductions in CSF Aβ. Recruitment is underway for phase 2 studies for these compounds, as well as established studies still on-going for earlier compounds.

A vaccine called MultiTET, that targets both Aβ 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 Aβ has undergone phase 1 trials, and demonstrated clearance of Aβ, 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 Aβ (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 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 clarevance as well as a delay in the age of onset of dementia. This is thought to be due to better education and better control over lifestyle factors including exercise and diet. 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 2% 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 that they translate 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

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

**DEMENTIA AWARENESS MONTH IN WA**

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

<table>
<thead>
<tr>
<th>Tactic - media coverage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RADIO</td>
<td>50,000</td>
</tr>
<tr>
<td>COMMUNITY NEWSPAPERS</td>
<td>100,000</td>
</tr>
<tr>
<td>RADIO NEWS</td>
<td>100,000</td>
</tr>
<tr>
<td>REGIONAL NEWS STORIES</td>
<td>50,000</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>300,000</strong></td>
</tr>
</tbody>
</table>

**INCREASING KNOWLEDGE IN WA**

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

**DEMENTIA AWARENESS MONTH** in WA

**OBJECTIVE 2: AWARENESS AND UNDERSTANDING**

increasing knowledge and reducing stigma

**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.

**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.


**Objective 3: Exemplar Care and Support Services**

Leading the way in person centred care

**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 support we deliver to people living with dementia and the capacity building support we provide to the health and aged care sector to transform dementia practice.

**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 transport while 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.

**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**

<table>
<thead>
<tr>
<th>Professional Training</th>
<th>2,629</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer Training</td>
<td>165</td>
</tr>
<tr>
<td>Medical Student Training</td>
<td>300</td>
</tr>
<tr>
<td>Family Carers Training</td>
<td>675</td>
</tr>
<tr>
<td>Visitors/Callers to Information and Resource Centre</td>
<td>1,159</td>
</tr>
<tr>
<td>Dementia Champions Trained: Hospital</td>
<td>79</td>
</tr>
<tr>
<td>Dementia Champions Trained: Community</td>
<td>64</td>
</tr>
<tr>
<td>Visitors to Deep Website</td>
<td>18,816</td>
</tr>
<tr>
<td>Enabling Workshops</td>
<td>6</td>
</tr>
</tbody>
</table>

**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.

---

**Strategic plan**

"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"
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 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.

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.
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 TRANS Parent 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.
**EVENT HIGHLIGHTS**

**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.

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

**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.

**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.

**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.

**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 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.

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

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

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
Heidi Atchison  Janet Huisman
Sarah Baker  Dianne Jacoby
Patricia Bell  Anita Jay
Toni Binet  Lucas Johnson
Allan Briscoe  Erika Keane
Susan Brummell  Maria Kelly
George Burdon  Vicki Kelly
Maureen Burnett  Lisa Kempster
Terence Byrne  Bhavni Khimasia
Grace Chow  Amy Lai
Mollie Clark  Geoff Lane
James Couts  Graham Leembruggen
Margaret De Rossi  Margaret Lesham
Wilhelmina Depiazi-Nieland  Winifred Malone
Angela Dicker  Patricia McCabe
Julie Dickinson  Kaitlyn McGinty
Joan Dorman  Iran Milne
Anthony Duckett  Jeanette Moir
Annette Eades  Heather Nelson
Neil Edmunds  David Nile
Patricia Felice  Michael O’Meara
Jessie Flower  Elizabeth O’Meara
Samantha Foreman  Margaret Parsons
Val George  Arthur Pearce
Noel George  Margaret De Rossi
Catherine Gregory  Anthony Duckett
Jan Healey  Annette Eades
Jane Heath  Jessie Flower
Jenny Horsley  Valerie George
Gypsy Rose  Noel George

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

Dina Shah  Janet Huisman
Harilal Kachrahbai Shah  Anita Jay
Molly Smith  Graham Leembruggen
Wendy Spinks  Winifred Malone
Therese Strong  Iran Milne
Robyn Terry  Jeanette Moir
Sarah Ure  Heather Nelson
Lynda Watson  David Nile
Carla Welke  Michael O’Meara
Elizabeth West  Elizabeth O’Meara
Raymond Whittington  Margaret Parsons
Pippa Williams  Arthur Pearce
Graham Wilson  Scott Plunkett
Helen Polette  Helen Polette
Jennifer Redman  Jennifer Redman
Mary Roberts  Mary Roberts
Agnes Skinner  Agnes Skinner
Molly Smith  Mollie Smith
Wendy Spinks  Wendy Spinks
Therese Strong  Therese Strong
Elizabeth West  Elizabeth West
Raymond Whittington  Raymond Whittington
Philippa Williams  Philippa Williams
Graham Wilson  Graham Wilson
Elizabeth Yates  Elizabeth Yates
Darren Scott  Darren Scott
Daljit Kaur  Daljit Kaur
Terry Byrne  Terry Byrne
Lisa McCull  Lisa McCull
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.

<table>
<thead>
<tr>
<th>Directors</th>
<th>Date Appointed</th>
<th>Board</th>
<th>Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Craig Masarei</td>
<td>Nov 2002</td>
<td>10-12</td>
<td>7-8</td>
</tr>
<tr>
<td>Mrs Jenny Rogers</td>
<td>Nov 2004</td>
<td>8-12</td>
<td>6-8</td>
</tr>
<tr>
<td>Dr Sean Maher</td>
<td>Sept 2010</td>
<td>11-12</td>
<td></td>
</tr>
<tr>
<td>Mrs Jenny Watt</td>
<td>Nov 2005</td>
<td>6-12</td>
<td></td>
</tr>
<tr>
<td>Mr Arnold Stroobach</td>
<td>Nov 2012</td>
<td>8-12</td>
<td></td>
</tr>
<tr>
<td>Dr Michael Preece</td>
<td>Nov 2012</td>
<td>11-12</td>
<td>7-8</td>
</tr>
<tr>
<td>Mr Brian Roche</td>
<td>Feb 2013</td>
<td>6-12</td>
<td></td>
</tr>
<tr>
<td>Mr Ian Wells</td>
<td>Mar 2014</td>
<td>9-12</td>
<td>7-7</td>
</tr>
<tr>
<td>Mr Bronte Parkin</td>
<td>Nov 2014</td>
<td>10-12</td>
<td></td>
</tr>
<tr>
<td>Ms Rhonda Parker</td>
<td>Sept 2012</td>
<td>12-12</td>
<td>8-8</td>
</tr>
</tbody>
</table>

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.

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

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  DIRECTOR
PERTH  DATED 28 DAY OF SEPTEMBER 2016

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:

(i) no contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit; and

(ii) 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

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

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>13,388,671</td>
<td>14,336,970</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(10,007,067)</td>
<td>(9,747,495)</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>(240,686)</td>
<td>(229,453)</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(25,059)</td>
<td>(23,430)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(2,856,234)</td>
<td>(3,052,087)</td>
</tr>
<tr>
<td></td>
<td>(13,129,046)</td>
<td>(13,052,465)</td>
</tr>
<tr>
<td>Net surplus (deficit) for the year</td>
<td>259,625</td>
<td>1,284,504</td>
</tr>
</tbody>
</table>

Other Comprehensive Income:

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 | (151,968) | 30,985 |

Total comprehensive income for the year | 107,657 | 1,315,489 |

Total comprehensive income attributable to members of the company | 107,657 | 1,315,489 |

The accompanying notes form part of these concise financial statements.
# STATEMENT OF FINANCIAL POSITION

**AS AT 30 JUNE 2016**

<table>
<thead>
<tr>
<th>Assets</th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>3,258,025</td>
<td>3,232,973</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>229,013</td>
<td>143,801</td>
</tr>
<tr>
<td>Inventories</td>
<td>12,234</td>
<td>11,548</td>
</tr>
<tr>
<td>Prepayments</td>
<td>49,309</td>
<td>95,389</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>3,548,580</td>
<td>3,483,711</td>
</tr>
<tr>
<td><strong>Non Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets</td>
<td>1,373,018</td>
<td>1,497,399</td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>14,022,222</td>
<td>14,074,557</td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>16,264</td>
<td>32,524</td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td>15,411,504</td>
<td>15,604,480</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>18,960,084</td>
<td>19,088,191</td>
</tr>
</tbody>
</table>

| Liabilities                |       |       |
| **Current Liabilities**    |       |       |
| Trade and other payables   | 1,267,293 | 1,525,073 |
| Borrowings                 | 235,933 | 254,316 |
| Provisions                 | 843,862 | 829,913 |
| **Total Current Liabilities** | 2,347,088 | 2,609,302 |
| **Non Current Liabilities** |       |       |
| Borrowings                 | 2,000,000 | 2,000,000 |
| Provisions                 | 309,117 | 282,667 |
| **Total Non Current Liabilities** | 2,309,117 | 2,282,667 |
| **TOTAL LIABILITIES**      | 4,656,205 | 4,891,969 |

| **NET ASSETS**             | 14,303,879 | 14,196,222 |

| Members’ Funds             |       |       |
| Revaluation Surplus        | 9,285,610 | 9,285,610 |
| Financial Assets Reserve   | 106,261 | 258,229 |
| Retained Earnings          | 4,912,008 | 4,652,383 |
| **TOTAL MEMBERS’ FUNDS**   | 14,303,879 | 14,196,222 |

The accompanying notes form part of these concise financial statements.
## Statement of Cash Flows
### For the Year Ended 30 June 2016

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Donations and gifts</td>
<td>922,377</td>
<td>1,923,186</td>
</tr>
<tr>
<td>- Government grants</td>
<td>11,230,929</td>
<td>12,371,246</td>
</tr>
<tr>
<td>- Interest received</td>
<td>60,452</td>
<td>61,466</td>
</tr>
<tr>
<td>- Dividends received</td>
<td>72,293</td>
<td>79,488</td>
</tr>
<tr>
<td>- Fees &amp; Charges</td>
<td>709,956</td>
<td>472,766</td>
</tr>
<tr>
<td>- Other Receipts</td>
<td>167,837</td>
<td>291,892</td>
</tr>
<tr>
<td>GST Paid (883,377) (830,198)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(12,040,470)</td>
<td>(12,166,675)</td>
</tr>
<tr>
<td>Borrowing Costs</td>
<td>(28,475)</td>
<td>(26,321)</td>
</tr>
<tr>
<td><strong>NET CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td>211,518</td>
<td>2,176,839</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale of property, plant and equipment</td>
<td>251,077</td>
<td>272,159</td>
</tr>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(67,480)</td>
<td>(916,146)</td>
</tr>
<tr>
<td><strong>NET CASH FLOWS USED IN INVESTING ACTIVITIES</strong></td>
<td>183,597</td>
<td>(643,987)</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM FINANCING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance lease payments</td>
<td>(370,063)</td>
<td>(279,119)</td>
</tr>
<tr>
<td><strong>NET CASH FLOWS USED IN FINANCING ACTIVITIES</strong></td>
<td>(370,063)</td>
<td>(279,119)</td>
</tr>
<tr>
<td><strong>NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR</strong></td>
<td>25,052</td>
<td>1,253,733</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the financial year</td>
<td>3,232,973</td>
<td>1,979,241</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these concise financial statements.
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 DIRECTOR
PERTH
DATED 28 DAY OF SEPTEMBER 2016

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

PERTH
DATED 28 DAY OF SEPTEMBER 2016