



FRANKLIN HOSPICE

40TH ANNUAL REPORT

2025-2026

CARE TODAY. BUILDING FOR TOMORROW.



Franklin
Community Hospice

“To provide excellent care today while building a sustainable hospice service capable of meeting Franklin’s needs well into the future.”

Lydia Charteris | Chief Executive

40

YEARS OF HOSPICE
IN FRANKLIN

Specialist palliative care, close to home.



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YEAR AT A GLANCE

338

Patients and whānau supported

1,563

Home visits

7,904

Patient & whānau telephone contacts

925

After-hours calls and visits

+28%

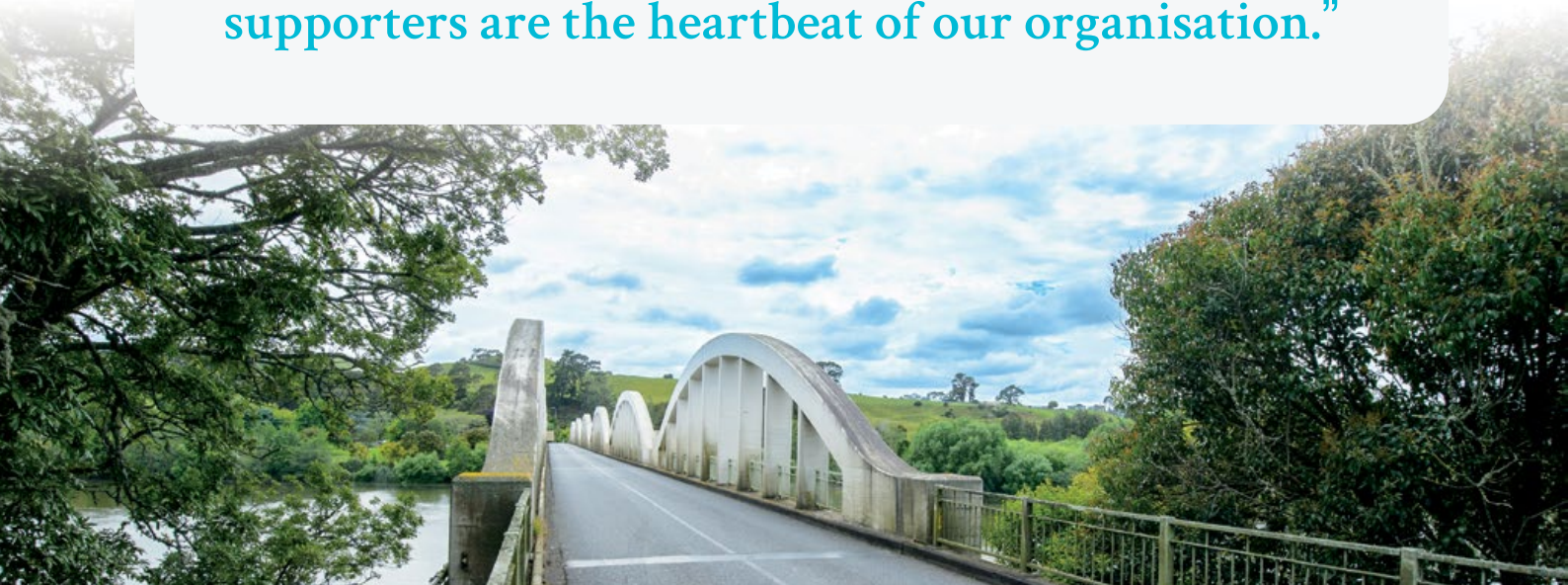
increase in patient & whānau telephone contacts

Chair's Report

Glenn Jackson
Chair
Franklin Hospice



“Our people, volunteers and community supporters are the heartbeat of our organisation.”



This has been a very significant and challenging year for Franklin Community Hospice. As we celebrate our 40th anniversary, we can look back with enormous pride at what has been achieved, not only this year, but over the past four decades, while also taking some major steps towards an exciting future for our organisation and the wider Franklin community.

There is much to celebrate, but there is no time to stand still. Demand for our services continues to grow, and we remain focused on our mission: providing compassionate care and comfort that improves quality of life for patients and their whānau who are facing life-limiting illness in Franklin.

A new home for Hospice

The biggest milestone of the year has undoubtedly been the commencement of construction of our new Hospice on Foy Road, Pukekohe. Work began in late June, with the earthworks now largely completed. At the time of writing, the foundations are being prepared for the pouring of the concrete slab. We are targeting a completion date of late August 2027.

This building represents much more than timber, concrete and steel. It is a testament to the incredible generosity and support of the Franklin community. So many people have contributed to making this project possible, including some extraordinarily generous donors who have provided both financial support and materials.

There are far too many people to thank individually, but I would like to make special mention of my fellow Trustee, Paul Reidy. Paul's tireless commitment and determination to keep the project moving have been extraordinary. Without his efforts, we simply would not be where we are today.

There is still plenty of work to do, and significant funding to secure, before the project is complete. When finished, our new Hospice will serve as a community hub, provide a wonderful environment

for patients and their families and give us the capacity to expand the services we provide.

New CEO

In March, we welcomed Lydia Charteris as our new Chief Executive Officer.

Lydia has brought fresh energy, new ideas and a real sense of enthusiasm to the role. She quickly built strong relationships across the organisation and wider community and has brought the team together with a shared sense of purpose. We look forward to seeing Franklin Hospice continue to develop under her leadership.

It is also testament to the strength, resilience and dedication of the entire team that we continued to operate uninterrupted and deliver our services at a high level throughout the 3-month period we were without a CEO.

Changes to the Board of Trustees

I was honoured to take over as Chair in March following the retirement of Brian McMath.

Brian made an enormous contribution to Franklin Hospice during his 10 years on the Board, and we sincerely thank him for his leadership, commitment and service.

Wincy Cheung resigned from the Board in March due to work commitments, and we farewelled Graeme Longdell in September following the completion of his nine-year term. A big thanks to both Wincy and Graeme for their contributions around the boardroom table and to the organisation more broadly. It is particularly pleasing that Graeme continues to support Hospice through his work as a volunteer.

This year we also sadly bid farewell to Sir William Birch. Sir William was a foundation Trustee, a great advocate for Hospice and a true pillar of the community. We extend our heartfelt condolences to his family.

We were delighted to welcome Rochelle DeLacey and Duane Duggan as new Trustees. Both bring valuable experience, fresh perspectives and enthusiasm to the Board, and we are very pleased to have them join the Board.

I would also like to thank my fellow Trustees, Sharelle Lincoln (Deputy Chair), Bruce Peden, Izaz Hussein, Paul Reidy and Dr Jared McDonald, for the time, expertise, passion and commitment they bring to their roles as we work together to fulfil our mission.

The heartbeat of Hospice

Franklin Community Hospice remains very much a community organisation — supported by the community and here for the community. This is one of our greatest strengths, but it is something we never take for granted. We continue to be humbled by the generosity of the people of Franklin. Whether it is someone making a financial contribution, donating goods to our shops, volunteering their time, or simply supporting Hospice in their own way, every contribution matters and is greatly appreciated. Our sincere thanks go to all our donors, supporters and community partners for the part they play in enabling us to provide our services.

A special mention must also go to our dedicated volunteers. We simply could not deliver the level of care we provide without the many people who freely give their time and skills to Hospice. Their contribution enables us to direct our limited resources where they matter most — towards caring for our patients and their families.

Above all, I want to acknowledge our staff. We have an exceptional team. I am constantly impressed by the compassion, professionalism and dedication they demonstrate every day. They never hesitate to go the extra mile. From our fundraising and marketing team working weekends to run events, to the friendly welcome at reception or in the shop, and through to our clinical and family support teams caring for patients and their families at what can be one

of the most difficult times in their lives — every person plays an important role.

Working in Hospice requires something very special. Our people, volunteers and community supporters have that in abundance. They are all wonderful human beings. They are the heartbeat of our organisation.

The next 40 years

We enter our next 40 years in a strong position, while remaining very conscious of the challenges ahead.

A rapidly growing and ageing population, constraints on Health NZ funding, increasing competition for funding across the not-for-profit sector and growing demand for our services will continue to test us. I am confident that we have the strategy, expertise, leadership, financial strength, and community support to meet these challenges.

Our new state-of-the-art Hospice facility headlines this next chapter in our history. It is a remarkable step forward from the humble beginnings of our founding pioneers, who started Hospice around a dining room table some 40 years ago.

The new facility will provide a strong platform from which Franklin Community Hospice can continue to serve the people of Franklin for the next 40 years and beyond.

It is a facility the whole Franklin community can be proud of — and it is a privilege to be part of the journey.



Glenn Jackson

Chair

On behalf of the Board of Trustees

Franklin Community Hospice

Building a Stronger Hospice for Franklin

Lydia Charteris MBA CMInstD
Chief Executive
Franklin Hospice



338

Patients and whānau supported

1,563

Home visits

7,904

Patient & whānau telephone contacts

925

After-hours calls and visits

The 2025/26 year has been one of significant progress for Franklin Hospice. While continuing to provide specialist palliative care to patients and whānau across our community, we have been strengthening the organisation behind that care — our people, systems, financial position, partnerships and infrastructure.

Our focus is clear: to provide excellent care today while building a sustainable hospice service capable of meeting Franklin's needs well into the future. Franklin is growing, our communities are geographically dispersed, and demand for accessible, community-based care continues to shape how we deliver our services.

Our response must therefore extend beyond maintaining the status quo. We need the workforce, infrastructure, technology, partnerships and financial resilience to respond to changing need while preserving the highly personal model of care at the heart of hospice.

Care Across Our Community

During the year, Franklin Hospice supported 338 patients and their whānau, undertook 1,563 home visits, provided 7,904 patient and whānau telephone contacts, and responded to 925 after-hours calls and visits. Our nurses recorded approximately 1,126 hours of direct clinical visit time and 638 hours travelling across our service area.

These figures demonstrate the complexity of delivering specialist palliative care across a large and geographically dispersed community, where significant clinical resource is invested in reaching patients and whānau in their homes. Care also extends well beyond face-to-face visits, encompassing clinical assessment and advice, symptom management, coordination with GPs and hospitals, caregiver support, ongoing monitoring and after-hours response. This is reflected in the 28% increase in patient and whānau telephone contacts, from 6,195 to 7,904, demonstrating the evolving ways our team provides specialist support across the community.

This year we have placed greater emphasis on understanding this activity through better data. Improved visibility of workload, travel, modes of contact and after-hours demand is helping us make stronger decisions about capacity, workforce and future service design.

Strengthening Our Organisation

As Franklin Hospice grows, the capability supporting frontline care must grow with it. Throughout the year we continued to strengthen clinical capacity alongside the administration, fundraising, grants, communications and management functions that enable our service to operate effectively. This investment reflects a deliberate shift towards building the organisational depth and resilience required to support a growing and increasingly complex service.

We have also invested in stronger patient information, reporting, quality, risk and organisational systems. Our objective is to create an organisation that is increasingly clear, scalable and resilient — reducing reliance on individual knowledge and ensuring our people have the information and processes they need to focus on patients and whānau.

Our planning is also looking further ahead. We are exploring how Franklin's future hospice model could incorporate greater Nurse Practitioner capability, physiotherapy, health psychology and virtual care as part of a broader multidisciplinary approach.

Financial Sustainability

Maintaining a sustainable financial position remains essential as Franklin Hospice balances the ongoing cost of providing specialist palliative care with investment in the future of our service.

The composition of our income changed during 2025/26. Government service delivery funding accounted for approximately 58% of Franklin Hospice's total consolidated revenue in 2025/26. The remaining 42% came from donations,



fundraising and grants, commercial activities including our Hospice Shop, investment revenue and other income. This diverse funding base remains essential to sustaining hospice services for our community.

Some income streams were lower than the previous year. Fundraising income reduced significantly, largely reflecting lower event income, while bequest income and Hospice Shop revenue were also lower. Conversely, general donations increased from \$62,665 to \$121,246, regular giving increased from \$5,272 to \$19,610, and grant income increased from \$64,862 to \$83,075. These movements demonstrate both the strength of community support and the inherent year-to-year variability of charitable income.

Financial sustainability therefore remains a continuing priority. Franklin Hospice relies on a combination of government funding, donations and bequests, grants, fundraising, retail activity and investment resources to support its work. Maintaining a diverse funding base is important to the resilience of the organisation and our ability to continue providing specialist palliative care free of charge to patients and whānau.

During the year, Franklin Hospice also continued its significant investment in the future of the service through development of the new hospice facility at Foy Road. The financial statements record that remaining development costs will be funded through available organisational resources, including realisation of investments where required, together with capital fundraising.

Connecting Hospice With Our Community

Our physical development has been accompanied by investment in how people access and understand Franklin Hospice. A completely redeveloped website now provides a clearer digital entry point for patients, whānau, health professionals, donors and the wider community. It brings together information about our services, practical resources, future planning, ways to support Hospice and comprehensive information about the Foy Road development. This is an increasingly important part of service delivery. For many people, their first interaction with hospice now happens digitally, before they ever speak with a member of our team.

Our partnerships are equally important. Effective community palliative care depends on strong relationships between hospice, general practice, hospitals, pharmacies, community organisations and the wider health system. We continue to advocate for the particular needs of Franklin's rural and semi-rural communities, where distance, travel and access to services materially influence how healthcare must be delivered.

Initiatives such as Preparing Well also reflect our broader commitment to supporting people earlier, providing practical information and helping patients and whānau navigate the realities of life-limiting illness.



Building for the Future

The most visible expression of our future strategy is our new purpose-built hospice facility at Foy Road, Pukekohe. During 2025/26, the property acquisition was completed, resource consent was approved, the project progressed to groundworks and our public capital fundraising campaign was launched. At 30 June 2026, the carrying value of the Foy Road development was \$1.32 million, compared with \$123,102 a year earlier.

Foy Road is more than a construction project. Our existing premises constrain both current operations and future service development. The new facility will provide an appropriate long-term base for clinical and family support services, administration, education, collaboration and community engagement.

It also creates an opportunity to consider how this significant community health asset could contribute more broadly to Franklin. Hospice will remain its primary purpose. However, we are beginning to explore opportunities for complementary community-based health services, including visiting specialist and allied-health services, virtual care, education and closer collaboration with other providers where these align with our purpose and strengthen access to care locally.

Strong governance, cost control, fundraising and cash-flow management will remain critical as construction progresses.

Powered by Our Community

Franklin Hospice continues to be sustained by extraordinary community support.

Approximately 85 active regular volunteers contributed an estimated 2,642 hours during the year across hospice and retail activities, including patient companionship, caregiver respite, biographies, transport, reception, workshops, daybreak groups, sewing and upcycling, fundraising and practical support.

Alongside them stand our donors, grant funders, businesses and community partners. Their support enables Franklin Hospice not only to provide care today, but to invest confidently in the future.

As the Foy Road development progresses, these relationships will be more important than ever.

Looking Ahead

Since year end, construction at Foy Road has moved beyond groundworks, capital fundraising has intensified, our new website has gone live, and we have continued to strengthen workforce, fundraising and organisational capacity.

The year ahead will require disciplined execution. We will continue providing specialist palliative care every day while constructing a new hospice, raising significant capital, developing our workforce and strengthening partnerships across

the health and community sectors. Throughout that work, our purpose remains unchanged.

Success will not simply be measured by the completion of a building. It will be measured by what that investment enables: a stronger, more sustainable and more capable Franklin Hospice, equipped to provide exceptional care and respond to the changing needs of our community for decades to come.

That is what we are building.

Acknowledgements

I want to acknowledge our exceptional team for the skill and compassion they bring to patients and whānau every day; our volunteers for the extraordinary contribution they make across Hospice; and our Board for its governance and stewardship during a year of significant strategic and financial decisions.

I also thank our funders, donors, businesses, professional partners and wider community. Franklin Hospice exists because generations of people have believed that those facing life-limiting illness in Franklin should have access to excellent care and support close to home.

Most importantly, I acknowledge our patients and whānau. Being invited into people's homes and lives at such an important time is an enormous privilege. As Franklin Hospice changes and grows, that trust remains at the centre of every decision we make.



Community Support Driving Hospice Care Today and Tomorrow

Alison Daldy



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“Together, we are not only supporting hospice care today but helping build the foundations for hospice care tomorrow.”

At Franklin Hospice, we are privileged to be supported by an extraordinary community that shares our commitment to ensuring people facing a life-limiting illness can receive specialist palliative care close to home. As demand for services continues to grow across our rural and semi-rural region, the generosity of individuals, businesses, community groups and grant funders has been instrumental in enabling us to meet current needs while preparing for the future through our new purpose-built hospice and community facility.

Throughout 2025-2026, fundraising efforts focused on two important priorities: supporting

day-to-day operational costs that allow our clinical teams to provide expert care across Franklin, and raising funds towards the New Build Project that will ensure future generations have access to high-quality palliative care services in their own community.

The year demonstrated the strength of community connection that sits at the heart of Franklin Hospice. From long-standing corporate partnerships and service clubs to first-time event participants, volunteers and individual donors, thousands of people contributed their time, talents and financial support.

Key Fundraising Highlights

A diverse calendar of events and campaigns helped engage supporters throughout the year, raising awareness and vital funds for hospice services. Major fundraising initiatives included:



Quiz Night



Z Good in the Hood, Bombay



Beats by Bingo presented by Franklin BNI



Father's Day Hunting Raffle



Annual Mailout Appeal



Pizzata Long Lunch



Barfoot & Thompson Giving Back Campaign



Riverhaven Fun Day



Franklin Home Show Stall



Art Auction



High Tea Fundraiser



Heroes for Hospice Awareness Week



Barfoot & Thompson Winter Auction



Farmers Christmas Bauble Campaign

These activities not only generated valuable income but also increased awareness of hospice services and strengthened community understanding of the importance of specialist palliative care.

Building Partnerships That Matter

The success of Franklin Hospice fundraising relies heavily on the support of corporate and community partners who align with our vision

and values. This year we were grateful for the continued support of:

- Local businesses donating auction items, raffle prizes and event sponsorship
- Community organisations hosting talks and awareness presentations

These partnerships extend beyond financial contributions. They help amplify our message, introduce new supporters to Franklin Hospice, and demonstrate the collective responsibility our community feels towards caring for its people.

A Special Thanks To The Following Businesses



Barfoot & Thompson
Pukekohe
68 King Street, Pukekohe
09 238 7019



Pizzata
7a Glasgow Road,
Pukekohe 2120
09 870 5787



Farmers Pukekohe
3 Wesley Street,
Pukekohe 2120
09 929 8200



Z - Bombay
Cnr Mill Road &, Great South
Road, Bombay, 2675
09 236 0471



Riverhaven Artland
331 North Road, Clevedon
info@riverhavenartland.com



BNI Franklin
Tuesday 7:00 AM
The Coffee Club Pukekohe



Flying Possum Design
179b Harris Road, East
Tamaki, Auckland 2013
0274 923 807



**Claire McArthur
Mortgages**
7G Tobin St, Pukekohe.
021 02000 177



Community Stories of Generosity

One of the defining characteristics of Franklin Hospice fundraising is the deeply personal connection many supporters have with our service. Throughout the year, families who have experienced hospice care chose to give back by attending events, making donations, sharing their stories and encouraging others to support our work.

Many supporters contributed in memory of loved ones who received hospice care, while others gave because they recognised the importance of having specialist palliative care available locally for future generations.

The enthusiasm shown during community events such as Beats by Bingo, The High Tea and Heroes for Hospice Week highlighted how strongly Franklin residents value the role Franklin Hospice plays within the community.

Supporting Our Future

A significant focus throughout the year was generating awareness and support for Franklin Hospice's New Build Project. Construction planning and major fundraising activity gathered momentum, supported by generous donations

from individuals, families, businesses, charitable trusts and community organisations who recognise the growing need for specialist palliative care services in Franklin.

The New Build represents more than a facility. It is an investment in the future of local healthcare, ensuring people can continue to access compassionate, specialist palliative care within their own community, close to family, friends and support networks.

Looking Ahead

As Franklin continues to grow, so too does the need for specialist palliative care services. The unwavering support received throughout 2025-2026 reinforces the strength of our community and its commitment to ensuring nobody faces a life-limiting illness alone.

Every event attended, raffle ticket purchased, sponsorship secured and donation made has helped Franklin Hospice continue its mission of providing expert care, comfort and dignity to patients and families across our region.

Together, we are not only supporting hospice care today but helping build the foundations for hospice care tomorrow. Building Partnerships That Matter.

Strengthening Community and Rural Palliative Care

Maria Iacoppi



170

New patients and whānau supported

70%

Patients remained at home at end of life in June

88%

Preferred home as place of death

3%

Preferred inpatient hospice care

Like much of the healthcare sector, Franklin Hospice experienced an exceptionally busy winter. Despite significant system pressures, we maintained service levels and continued to provide high-quality support to patients and whānau. In August, new referrals increased by 40% compared with the same period last year.

Over the past 12 months, Franklin Hospice supported 170 new patients and their whānau through coordinated, multidisciplinary care designed to help people remain at home wherever possible. This growth reflects increasing demand for palliative care across Franklin and the dedication of our staff and volunteers in ensuring specialist support remains accessible across both urban and rural communities.

Growing the Team

This year, we strengthened our specialist palliative care service with the appointment of Nurse Practitioner Kate Dupper, who brings 18 years of experience from the Middlemore Hospital Palliative Care Team. Her clinical expertise and commitment to evidence-based practice have enhanced our ability to deliver timely, specialist care to patients with complex needs.

Working alongside hospice nurses and community healthcare providers, Kate has improved access to assessment, treatment, and medication management, reducing delays and ensuring patients receive the right care at the right time. During the busy winter period, she played a key role in supporting patients to remain comfortable at home by prescribing urgent and complex medications, particularly when access to a general practitioner was limited. This provided an important safety net for patients and whānau during challenging times.

Supporting People at Home

As one of the few regions in New Zealand without a hospice inpatient unit, Franklin Hospice has developed a responsive community-based model of care that supports patients and whānau in their homes whenever possible. Our team of eight specialist palliative care nurses maintains a high standard of specialist practice through postgraduate palliative care qualifications and ongoing professional development, enabling them to work autonomously across Franklin's urban, rural, and semi-rural communities.

A key part of our role is coordinating care across multiple providers and services, ensuring patients receive the right support at the right time and in the right place. By bringing together healthcare professionals, community services, and whānau, we help create an individualised network of care around each patient.

The effectiveness of this approach is reflected in our outcomes. In June this year, 70% of Franklin Hospice patients remained at home at the end of life, compared with 45% in a larger hospice service with an inpatient unit and extensive multidisciplinary team. More importantly, this aligns with patient preferences. Of more than 150 patients who recorded their preferred place of death, 88% chose home, while only 3% preferred inpatient hospice care. Although some patients require care beyond what can safely be provided in the community, these results demonstrate that specialist support, strong coordination, and timely intervention can enable more people to remain at home for longer.





Building Palliative Care Capability Across Franklin

As Franklin's population grows and ages, demand for palliative care continues to increase. This challenge is compounded by the district's large rural catchment, which can make accessing healthcare services more difficult. While some patients require direct specialist involvement, many can be supported by their existing healthcare providers when those providers have access to the right knowledge, guidance, and resources.

Our specialist nursing team helps strengthen palliative care capability across the region through education, training, and clinical advice. Over the past year, we delivered education sessions for aged residential care staff, syringe driver certification training for nurses, and workshops for healthcare assistants.

Much of the indirect upskilling we provide occurs through ongoing collaboration with GPs, nurses, and care staff seeking advice on symptom

management, complex clinical situations, and end-of-life care planning. By supporting the wider health workforce, we extend the reach of specialist palliative care, strengthen local services, and help patients and whānau receive high-quality care from the professionals they already know and trust.

Final Thoughts

As Franklin continues to grow, so does the need for accessible, high-quality palliative care. Franklin Hospice remains committed to adapting our services, strengthening partnerships, and supporting patients and whānau across the district.

Supporting people to live well and die in the place that matters most to them is one of our greatest strengths. Through specialist expertise, strong community partnerships, and a commitment to home-based care, we are helping more people receive compassionate, expert care where they most want to be: at home.

Social Work and Patient & Whānau Support

Sharon Amundsen



“At the heart of this work is a simple principle: good palliative care sees the whole person.”



Annual Highlights

Social work and patient and whānau support are an integral part of Franklin Hospice's multidisciplinary model of care, recognising that the impact of a life-limiting illness extends well beyond clinical needs.

Throughout the year, the Hospice has continued to provide practical, emotional and social support to patients and whānau across Franklin, helping people navigate the often complex realities associated with serious illness, changing independence, caregiving, end-of-life and bereavement.

Working alongside the clinical team, community agencies and other health and social service providers, social work support helps identify needs early, connect families with appropriate services, coordinate care and advocate for patients and whānau where barriers or complex circumstances arise.

As Franklin's population grows and demand for hospice services increases, the breadth and complexity of this work continues to evolve. Support may involve a brief intervention, practical advice or connection with another service, while more complex circumstances can require sustained involvement and coordination across multiple family members, health professionals, agencies and care providers.

The social work service is led by Sharon Amundsen, with additional support from social worker Kay Gilbert, particularly within bereavement services. This enables Franklin Hospice to provide continuity of psychosocial support across the patient and whānau journey — from diagnosis and changing care needs through to end-of-life, loss and bereavement.

Practical, Emotional and Social Support Alongside Clinical Care

A significant part of the family support role involves supporting the practical issues that sit alongside a patient's clinical needs. This role also provides an opportunity to talk about issues that may not always be easily addressed during a clinical consultation. These can include fear, grief, family relationships, caregiver stress, loss of independence, changing circumstances and concerns about what the future may hold.

Taking this broader approach means that, alongside clinical treatment and symptom management, the wider circumstances of patients and whānau can be recognised and considered.

Caregivers and whānau remain a significant focus. As illness progresses, family members can find themselves taking on increasingly complex caring responsibilities while also experiencing anticipatory grief and uncertainty about the future. Our family support team work alongside caregivers to explore available assistance, understand funding and care options, consider respite and residential care, and identify ways of sustaining care at home where possible.

Bereavement Programme

Bereavement support has continued to grow as an important component of the support offered by Hospice. Alongside individual bereavement contacts and home visits, a structured bereavement programme has been developed and delivered, providing people with an opportunity to meet others who have experienced the death of someone significant.

The group offers a safe and welcoming environment where participants can talk about their experiences, recognise the different ways grief can present, and identify personal strengths

and resources that may assist them as they move forward.

Anecdotal feedback from participants has been positive, with people particularly valuing the opportunity to connect with others who understand the experience of grief.

The programme has expanded the range of bereavement resources available within the Hospice community and created an additional pathway of support beyond one-to-one contact. This work has been supported by our social worker, whose contribution to the bereavement space has helped strengthen our ability to respond to the needs of people following the death of someone significant.

Remembering and Honouring Those Who Have Died

Memorial and remembrance activities provide an important opportunity for families to remain connected with Hospice and to honour the people who have died. These gatherings recognise that bereavement is not simply about moving on, but about finding ways to carry memories, maintain meaningful connections and adjust to life after loss. Coming together with others who have experienced a similar loss can provide comfort, connection and a sense of belonging at a time when bereaved people can otherwise feel isolated.

Our remembrance activities are aligned with the values and significance of Matariki. For Māori, Matariki is a significant time of remembrance, when those who have died are acknowledged and their place within whakapapa and whānau is honoured. It is also a time to reflect, reconnect and look towards the future, recognising the enduring connections between those who have passed, those living today and generations yet to come.

The involvement of local mātua and kaumātua in our Memorial and remembrance activities further strengthens this connection to place, culture and community. Their presence and guidance create opportunities for whānau to come together in ways that recognise whakapapa, remembrance, belonging and collective wellbeing. I would like to acknowledge nurse Jude who drives this initiative, and social worker Kay for her support of this special day.

Assisted Dying and the Social Work Role

Franklin Hospice continues to support patients and whānau when assisted dying is raised as part of a person's end-of-life journey. Our role is to provide a safe, respectful and non-judgemental space for discussion, ensuring conversations remain patient-led and focused on what matters most to the individual.

Social work support can help patients and whānau navigate the emotional, relational, cultural and practical considerations that may arise, while working within legislative requirements and the Franklin Hospice framework. This may include emotional support, advocacy, information-sharing, family communication and care coordination, while respecting the patient's autonomy and right to make informed decisions.

For whānau, assisted dying can bring a range of emotions, questions and perspectives, particularly where family members hold differing views or are experiencing grief, uncertainty or distress. Providing space for these conversations can help families navigate difficult circumstances while ensuring the patient's wishes, dignity and individual choices remain central to their care.

Throughout this work, Franklin Hospice remains committed to providing compassionate palliative care and ongoing support to patients and whānau, regardless of the choices a person may be considering at the end of life.

A Difference Made – Patient and Whānau Story

Finding the Right Place to Be

Respite is about more than finding somewhere safe to stay.

It is about finding a place where a person can continue to be themselves, feel valued and remain connected, while giving their carer the reassurance and peace of mind to step away, rest, and know their family member is in safe and caring hands.

For people under 65 living with a life-limiting illness, options for respite care in the Franklin community remain severely limited. Currently, there is one aged residential care facility contracted to provide respite for people in this younger age group.

While this service provides safe accommodation and meets many physical and medical needs, an aged residential care environment is not always the most appropriate fit for younger people. However, this is where the system currently directs them.

For a younger person living with a life-limiting illness, respite should be more than simply having a safe bed available. It should offer an environment where they can maintain their identity, independence, interests and connection with others, while also giving their family or carer the opportunity to rest with confidence that their loved one is being well cared for.

One of our patients, a young man in his early 40s, needed respite at a time when his illness was significantly affecting his cognitive functioning. Despite these challenges, he remained alert and engaged. He enjoyed conversation in his own unique way and wanted to participate in the world around him. Behind the illness was a person with interests, preferences, personality and a desire to be included.

His physical and medical needs could have been met in private aged residential care. However, meeting those needs alone was not enough. The challenge was finding somewhere that could also nurture his emotional, social and holistic wellbeing.

Much of the work to make this happen took place quietly behind the scenes. By bringing agencies together — including the Needs Assessment team, Community Central respite placements, the appropriate people at the DHB to explore an out-of-area placement, and another hospice — options were explored and the contribution of each service identified.

It required communication, persistence and coordination, alongside a shared understanding that the right placement needed to be about the whole person, not simply the illness.

Together, a short-term placement was secured that offered something more.

During his stay, the patient made cookies, spent time gardening, went for supported walks outside, played board games, and had his medical needs safely supported. More importantly, he had opportunities to participate, connect and enjoy ordinary moments.

Respite became more than a place to receive care; it became somewhere he could live, engage and be himself.

The impact of getting this right has continued. He has become a returning visitor to that hospice, and the respite service has become a safe place away from home — somewhere familiar, welcoming and supportive when he and his family need it.

This is an example of the often-unseen work that sits behind social work and care coordination in hospice. No single service could have achieved this outcome alone. It was the coming together of different agencies, expertise and relationships, with each recognising the role they had to play.

The result was more than a respite placement. It was an opportunity for a young man living with a life-limiting illness to continue experiencing connection, purpose, dignity and enjoyment. For me, it is a powerful reminder that good palliative

care is not only about managing illness. It is about seeing the person, understanding what matters to them, and bringing people together to help make those things possible.

Social Work Student Placement

This year, we welcomed a third-year Master of Social Work student from the University of Auckland on placement. This provided an opportunity to contribute to the development of the next generation of social workers while also strengthening the capacity available within the service.

The student was supported to become familiar with the hospice environment and the unique social, emotional and practical needs of patients and whānau experiencing life-limiting illness, dying and bereavement. Under supervision, they were involved in patient and whānau contact, home visits, care coordination, resource development, liaison with community agencies and observation of the multidisciplinary approach to hospice care.

The placement provided valuable opportunities to develop confidence in working alongside patients and whānau during highly emotional and complex circumstances. The student gained practical experience in bereavement support, family dynamics, advocacy, referral pathways, professional communication, documentation and maintaining appropriate professional boundaries.

A key learning was the importance of seeing the whole person and whānau, rather than focusing solely on the illness or immediate presenting need. The placement also highlighted the importance of multidisciplinary practice and the different roles and expertise each professional brings to patient care.

The placement was mutually beneficial. The student brought enthusiasm, fresh perspectives and additional capacity to the service, while the hospice environment provided a rich and meaningful learning experience.

Importantly, the placement contributed to meeting part of the Hospice POI contractual requirements, supporting workforce development, education and the preparation of future health and social service professionals.

Celebrating Our Daybreak Volunteers

A very special thank you goes to our superstar volunteers, Pam and Martine, who continue to make the Daybreak programme such a valued part of what Hospice means.

Daybreak has become a little community within our hospice community — a safe, welcoming space where people can come together, connect and simply be themselves.

There is plenty of laughter, a few tears, music, good conversation and wonderful guest speakers who have shared an amazing array of topics and experiences. Every session offers something different, but the common thread is connection, companionship and belonging.

Pam and Martine bring warmth, humour, creativity and genuine care to every gathering. Their commitment has created a space where people feel heard, supported and included, and where friendships have grown.

We are incredibly grateful for the time, energy and heart they bring to Daybreak — thank you both for creating something truly special.



Implementing Preparing Well

The implementation of the Preparing Well Programme recognises the importance of supporting people to die well, with meaning, dignity and connection.

The programme provides opportunities for patients to reflect on what matters most to them, share memories, express their wishes and leave meaningful messages or keepsakes for those they love.

An important part of this work is also helping patients consider and complete practical and personal matters before their death. Having important decisions, wishes and arrangements documented can reduce uncertainty and ease some of the practical burden for those left behind, making an incredibly difficult time a little easier for whānau to navigate.

Preparing Well complements the clinical care provided by Hospice by recognising that dying well is not only about managing physical symptoms. It is also about relationships, identity, meaning, choice, practical preparation and the opportunity to leave something of oneself behind.

The New Hospice Building

The new hospice building will have a significant impact on the support the social work team can provide to patients and whānau. Purpose-designed spaces, including private rooms for sensitive conversations, a calm and welcoming environment, and spaces that incorporate water and natural elements, will help patients and whānau feel safe, comfortable and at ease. The environment itself can contribute to dignity, connection and wellbeing, while creating a setting that supports the many different conversations and experiences that form part of Hospice care.

Looking Ahead

The continued growth in patient numbers across Franklin reinforces the importance of having a strong social work presence within the Hospice multidisciplinary team.

This year has demonstrated the breadth of needs that can sit alongside a life-limiting illness — from practical problem-solving and care coordination to advocacy, family support, bereavement care and connection with community resources.

Looking ahead, our focus will remain on strengthening accessible services for patients, caregivers and whānau; developing bereavement and family-support initiatives; building strong community partnerships; and ensuring that the social and emotional dimensions of end-of-life care remain an essential part of the Franklin Hospice response.

At the heart of this work is a simple principle: good palliative care sees the whole person. It recognises what matters to them, supports the people around them, and helps create the conditions for dignity, connection and choice throughout the journey.



More Than Just An Ordinary Shop

Effie Webster



≈ \$250,000

generated each year
for Franklin Hospice



The Franklin Community Hospice Shop plays an important role in both the financial sustainability of Hospice and our connection with the wider Franklin community.

Generating approximately \$250,000 each year for Franklin Hospice, the shop is a significant contributor towards the cost of providing specialist palliative care to patients and whānau across our community. Every purchase, donation and volunteer hour ultimately helps Franklin Hospice continue delivering care 365 days a year.

The shop is also one of our most visible community touchpoints. It provides a welcoming place where people can support Hospice in an everyday and accessible way — by donating quality goods, shopping with us, volunteering their time or simply helping spread the word about our work.

None of this would be possible without our extraordinary volunteers. Collectively, they contribute thousands of hours sorting donations, preparing and displaying stock, serving customers and keeping the shop running. Their commitment, energy and connection with our customers are fundamental to the shop's success.

We are equally grateful to the Franklin community for its continued generosity. Every quality item donated gives us another opportunity to turn something no longer needed into funding that supports local hospice care.



Volunteering and Community Connection

The value of the shop extends beyond the funds it raises. It provides opportunities for people to contribute their skills and time, build relationships and remain connected with their community.

Our volunteers bring an enormous range of experience, personality and expertise to the shop. They are not simply helping to operate a retail store; they are part of the wider Franklin Hospice team and an important connection between Hospice and the community we serve.

Celebrating Our January Revamp & Retail Milestones

This year saw a significant refresh of the shop, beginning with a major revamp in January. The new layout has improved presentation, made better use of available space and created new opportunities to showcase donated goods. Several initiatives have contributed to this progress:

Children's Zone: A dedicated children's area and new clothing racks have created a brighter and more accessible space for families, contributing to increased foot traffic and stronger children's wear sales.

Bric-a-Brac Refresh: Improved merchandising, regularly refreshed displays and a greater focus on moving stock have supported steady growth in bric-a-brac sales while keeping the shop interesting for regular customers.

Waste Reduction, Reuse & Community Collaboration: A conscious effort has been made to reduce the environmental impact of our retail operations and ensure donated goods are used as effectively as possible. Volunteers have worked hard to minimise waste and the amount sent to landfill. Items that cannot be sold through the shop are assessed for alternative uses wherever

possible, including sharing suitable goods with other charities and community organisations and upcycling unsaleable textiles into rags. This extends the useful life of donated goods, supports other organisations and reduces both waste and disposal costs.

This approach reflects an important principle of our retail operation: making the most of every donation entrusted to us. Whether an item is sold, reused, shared or repurposed, we aim to extract as much community value from it as possible.

Looking Ahead

We will continue to build on the momentum achieved this year, looking for practical ways to strengthen retail performance, improve the customer experience, reduce waste and create new opportunities for community involvement.

One of the next initiatives is the Seedling Station, conceived and led by our green-thumbed volunteers. A rustic cart outside the shop will offer plants and seedlings for sale, creating

another engaging reason to visit while generating additional funds for Hospice.

As our Hospice service grows, sustainable community-generated income remains increasingly important. The continued success of the Franklin Community Hospice Shop demonstrates what can be achieved when volunteers, donors, customers and the wider community come together behind a shared purpose.

Acknowledgements

Our sincere thanks go to every volunteer who gives their time, every person who donates quality goods, and every customer who chooses to shop with us.

The impact extends far beyond the shop itself. Every donated item, every purchase and every volunteer hour helps Franklin Hospice continue to be there for patients and whānau when they need us.



Financial Strength and Stewardship

Consolidated account stats

\$2.280m

Revenue

\$1.676m

Expenditure

\$1.319m

Invested in the Foy Road development to
30 June 2026

\$5.25m

Net assets

Net assets increased from \$4.921m to \$5.525m during the year, while total liabilities reduced from \$210,978 to \$135,195.

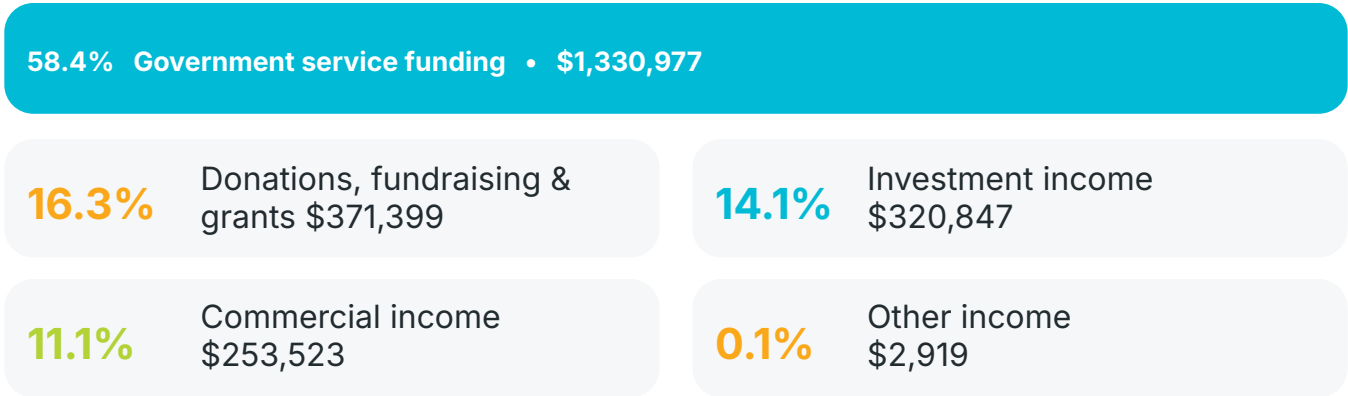
Our finances at a glance

Year ended 30 June 2026

	2025/26	2024/25	2023/24
INCOME			
POI	\$94,429	\$94,429	\$92,125
Health NZ	\$1,236,549	\$1,092,819	\$1,067,636
Retail	\$229,843	\$262,065	\$244,766
Donations & Bequests	\$212,550	\$109,086	\$191,243
Fundraising	\$75,773	\$257,457	\$115,296
Grants	\$83,075	\$64,862	\$97,306
Other Income	\$2,919	\$493	\$6,455
Total Income	\$1,935,138	\$1,881,210	\$1,814,827
EXPENDITURE			
Total Expenditure	\$1,686,529	\$1,819,305	\$1,818,067
OPERATING SURPLUS/(DEFICIT)	\$248,609	\$61,905	(\$3,240)

The 2025/26 operating result reflects several factors specific to the year. Fundraising income was lower than the previous year, with 2025/26 falling outside the biennial Garden Ramble cycle. The year also included periods of staff vacancy across senior leadership and clinical staffing, during a period in which overall expenditure was lower. These factors should be considered when comparing the year-end result with the cost of operating a fully staffed service in a typical year.

Where our income came from



Leading and Supporting Our Service

The people who guide, coordinate and support Franklin Hospice services.



Lydia Charteris

Chief Executive Officer



Maria Iacoppi

Clinical Services Manager



Sharon Amundsen

Support Services Manager



Alison Daldy

Fundraising Manager



Effie Webster

Retail Manager



Madeline Hart

Executive Assistant



Karena Brady-Leathem

Fundraising Assistant &
Volunteer Coordinator



Briony Whatling-Bilbee

Clinic Data Coordinator



Amanda Findsen Delaney

Grants Co-Ordinator

Supporting Patients and Whānau

Our specialist clinical team provides palliative care, advice and support throughout Franklin.



Jackie Thompson

Palliative Care Nurse



Jo Fitzpatrick

Palliative Care Nurse



Rachael Thomson

Palliative Care Nurse



Maree Balle

Palliative Care Nurse



Lynne Lewis

Palliative Care Nurse · MND
Lead Nurse



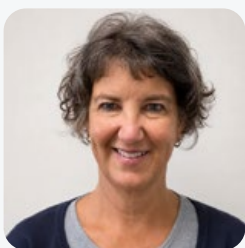
Caitlin Davies

Palliative Care Nurse



Supporting Patients and Whānau

Clinical Care Team — continued



Kate Dupper

Palliative Care Nurse
Practitioner



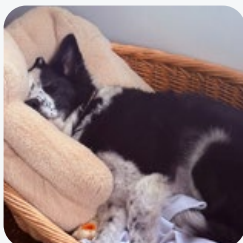
Jude Balle

Palliative Care Nurse



Kay Gilbert

Bereavement & Whānau
Support Worker



Owl

Morale Officer & Whānau
Support Worker



Our Board of Trustees

Our volunteer trustees provide strategic leadership, accountability and responsible stewardship.



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Chair



Sharelle Lincoln

Vice Chair



Paul Reidy

Trustee



Bruce Peden

Trustee



Izaz Hussein

Trustee



Dr Jared McDonald

Trustee



Duane Duggan

Trustee



Rochelle DeLacey

Trustee

FRANKLIN HOSPICE

Care today. Building for tomorrow.

Specialist palliative care, close to home.

Franklin Hospice

Phone: (09) 238 9376

Email: admin@franklinhospice.org.nz

Website: www.franklinhospice.org.nz

29 Hall Street, Pukekohe

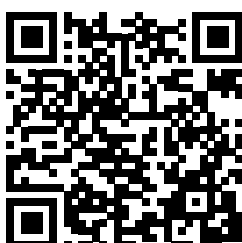
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Franklin
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40TH ANNUAL REPORT

2025–2026