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ANTI-CANCER COUNCIL OF VICTORIA

MINUTES of PATIENT WELFARE SUB-COMMITTEE
MEETING held at Anti-Cancer Council of
Victoria, 90 Jolimont Street, East Melbourne,
on WEDNESDAY, 10th AUGUST, 1983 at 12.45 p.m.

PRESENT: Dr. T. H. Hurley
Mrs. Francesca Bass (In the Chair)
Mr. W. A. Dick
Sir Edward Dunlop
Dr. R. D. Snyder

IN ATTENDANCE: Dr. Nigel Gray, Director
Miss Adrienne Holzer, Secretary

An apology was received from Ms. Eryl Morgan who unfortunately could not attend the meeting owing to family illness.

Before discussion took place, the Chairman explained that a number of attempts had been made to call earlier meetings but circumstances had prevented one from taking place. He had also taken the decision that as this Committee was the one which commissioned the study, it should also consider the findings. Whether after discussion of the document it may decide to allow for more representation was a matter for consideration. Dr. Gray drew the attention of the Committee to the development of the Palliative Care Working Party, which had arisen out of the VCOG, independent of the commissioning of Eryl Morgan. It had not been expected that the welfare review would identify palliative care as such a dominant issue.

The three documents comprising the Review were discussed at great length by all Committee members. There was general consensus that the material in the documents was of vital interest and importance. However, the resources of the Anti-Cancer Council are limited and therefore some perspective needs to be placed on the findings, and research undertaken to identify those things best done by other organisations/governments, and those best undertaken by the Council.

In discussing the Phase III report, the Committee agreed that in framing the main objective of comprehensive patient care, Ms. Morgan had outlined the steps to be taken extremely well (page 3, section 2) including the necessary interim measures.

It was therefore agreed, that rather than proceed with the forward plan proposed by Ms. Morgan, the Council should look towards appointing an appropriate person to undertake the necessary research and policy making activities using Ms. Morgan as consultant when necessary.

The existing system of welfare grants, BPS and VVS services are currently co-ordinated by Mrs. Sue Rawlyk and could continue in this way. It is desirable to retain control over the welfare grant spending because of the wealth of information it produced.

In addition, a cancer enquiry service needs to be established by an appropriate person trained in this field.

The Committee then agreed that:

- (1) advice be sought from the Brotherhood of St. Laurence as to the type of person who might be suitable for the position of head of the Welfare Unit.
- (2) An advertisement be drafted for the new position.
- (3) That the Director and Secretary be authorised to spend up to \$5,000 consulting Ms. Morgan as they see fit.
- (4) The urgent need is to define the skills needed by a person to head the Welfare Unit.
- (5) The draft advertisement should be discussed by this Committee at a special meeting.

The Committee wished to convey their appreciation to Ms. Morgan for the work she has undertaken and for the reports produced.

The matter of distribution of the reports was raised and it was agreed that Eryl Morgan be consulted in this matter.

DATE OF NEXT MEETING: To be fixed

.....
CHAIRMAN

DATE

CONFIRMED

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DATE OF NEXT MEETING: To be fixed

.....
CHAIRMAN

CONFIRMED

DATE

2nd August, 1983

MEMO TO: MEMBERS OF PATIENT WELFARE COMMITTEE
MEMO FROM: ADRIENNE HOLZER, SECRETARY TO THE COUNCIL
RE: REVIEW OF WELFARE SERVICES

By now you will have all received the three documents written by Eryl Morgan at the request of this Committee in June, 1982.

Ms. Morgan's original proposal was in a 3-phase form - the last phase being "the development of a forward plan for the Welfare Service in the context of the Council as a whole and the environment in which it operates". At the time this Committee recommended adoption of the first two phases only of her plan which brings us to the present situation. The next stage - the forward plan, or some other alternative - needs now to be considered in the light of the documents.

In order to save possible further delay, I took the responsibility of asking Eryl Morgan to produce a document outlining the processes she would adopt to develop a forward plan if the Committee decided this was the way to proceed. This she has now done, and the document is enclosed. If the Committee wishes Eryl Morgan to adopt a different procedure it will be necessary to determine the brief in more detail. It may, however, decide that an entirely different course of action is desirable.

It is proposed that Eryl Morgan attend part of the next meeting, which is to be held at the Anti-Cancer Council on WEDNESDAY, 10th AUGUST, 1983 at 12.45 p.m. (Luncheon will be served) to answer any questions you may have about progress so far, and to discuss the enclosed document if the Committee so wishes. Ms. Morgan will arrive at the meeting at 1.30 p.m. which will allow time for preliminary discussion.

I have enclosed the "Spending Pattern" for 1982/83 and comments from Mrs. Sue Rawlyk also for discussion.

Adrienne J. Holzer
Secretary to the Council

Enc:

EM

Key key questions are:

1. What staff does appoint
2. What are their objectives
3. How much money does give them.
4. How much space do they need.
5. Which are our jobs & which are the governments - I think our objectives have split out in the Policy proposals e.g.,

PROCESS TO DEVELOP A FORWARD PLAN

**ANTI-CANCER COUNCIL OF VICTORIA
WELFARE SERVICE**

comprehensive care
Planning & Development
Professional Development
Information

ERYL MORGAN
18TH JULY 1983

1. INTRODUCTION

- 1.1 A three part policy development process was commissioned by the ACCV - Welfare Committee in June 1982. Four broad, long term policies, which were developed through that process, are presented in the Phase III Policy Proposals Report (April 1983). This paper proposes a process which is designed to translate the broad, long term policies, as adopted by the Council, into detailed program and operating plans.
- 1.2 The objective of this final phase of the planning process is to develop a Forward Plan for the ACCV - Welfare Section. The Forward Plan will provide the framework for the operation of the Welfare Section for the next five years. It will provide the means through which the Council can continuously plan, control and review its welfare programs as a whole, taking account of the community within which it operates.
- 1.3 The term "welfare services" has been defined as all non-medical services which may be required by both persons suffering from cancer and their families in order to assist them to achieve optimal levels of functioning and enhance their quality of life. (Refer Situation Audit Report, December 1982 p.4). The policies developed through the planning process implemented between September 1982 and May 1983 reflect this broad concept of welfare. The process to develop the Forward Plan will include an assessment of the adequacy of the present organizational relationships between the Welfare Section and the Council as a whole in terms of this broad concept of welfare.

2. COMPONENTS OF THE FORWARD PLAN

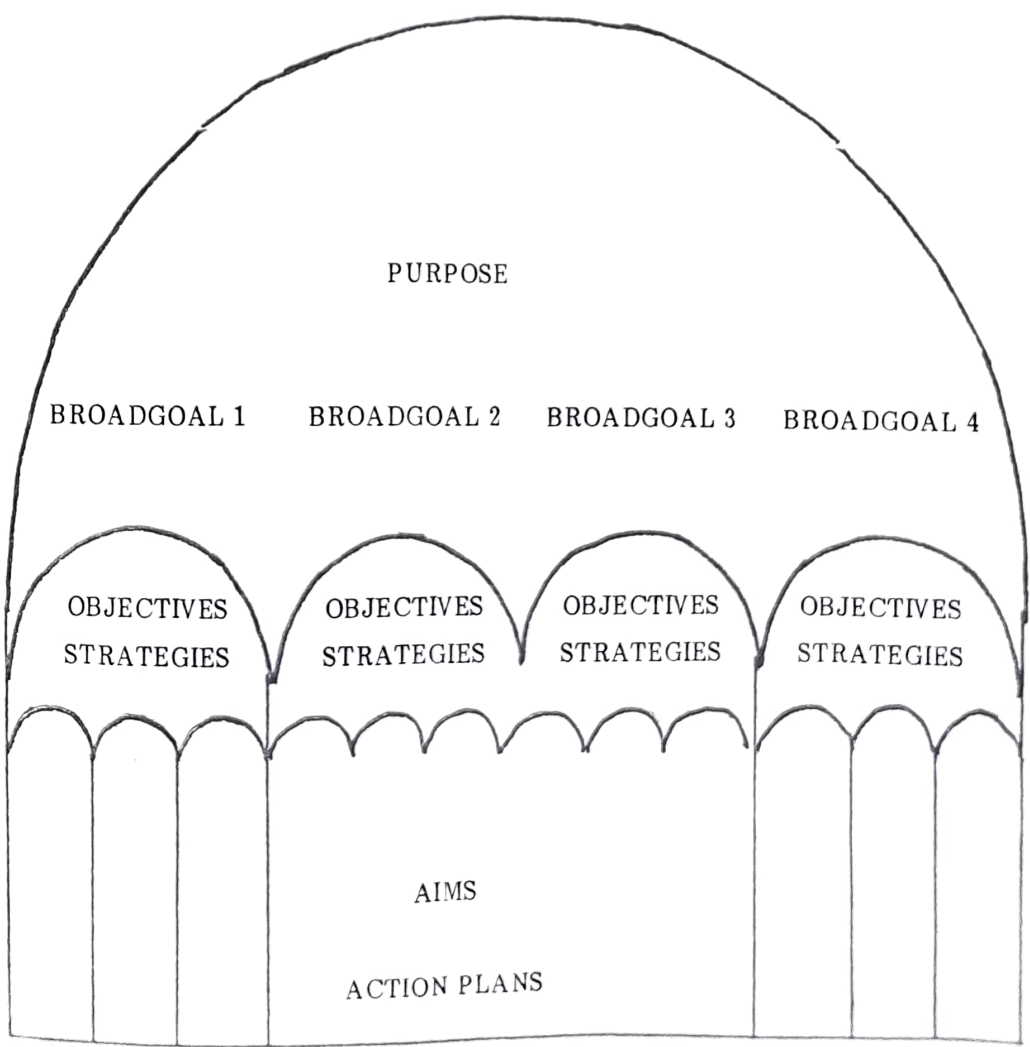
- 2.1 A three level pyramid of policies was defined in the Policy Proposals Report (p.p 1 & 2). First, broad, long term policies concerned with the organizations overall purpose and mission. Secondly, medium term program policies which detail how the organisation intends to move towards achieving its long term purpose within a given time frame. And, thirdly, detailed short term operating plans which indicate how the organization intends to move towards achieving its medium term program policies within a one year time frame.

2.2 The terms which will be used in the development of the Forward Plan to clearly differentiate between the three levels of policy outlined above are:

- purpose and broad goals,
- objectives and strategies, and
- aims and action plans.

These components of the Forward Plan are presented in Diagram 1 and are defined below.

DIAGRAM 1 COMPONENTS OF THE FORWARD PLAN



2.3

The **Purpose and Broad Goals** are statements of direction or ideals. The broad goals are four separate but interdependent statements of direction, which together with the stated purpose, establish the position toward which the Council desires to move in respect of its welfare programs.

The **Objectives** are specific and achievable in the 5 year planning period.

The **Strategies** indicate how the Council intends to work towards achieving the objectives over the 5 year period.

The **Aims** are specific and achievable in Year 1 of implementation of the Forward Plan.

The **Action Plans** indicate how the Council intends to achieve its aims in Year 1.

3. **PLANNING PROCESS OPTIONS**

3.1 Three alternative planning processes were considered as part of the development of this proposal. First, the consultant would work independently to prepare the Forward Plan. This option was considered because of the importance, in the development of a Forward Plan, of a detailed knowledge of the organization for which the plan is being prepared. The consultant's experience of working with the Council, in the previous three phases of the project, and particularly her on going contact with the Secretary to the Council, has provided the opportunity for the development of such a knowledge base. However, the strategic options generated through this process would be likely to be more limited than those developed through a process which involved a range of personnel with experience of working in the cancer field.

3.2 The second ^{process} ~~proposal~~ considered required the establishment of planning panels to focus on each of the broad goals, adopted by the Council. The planning panels would be comprised of personnel with experience of

working in the cancer field together with persons with expertise relevant to the particular broad goal. The consultant would work with each planning panel to develop objectives and strategies in respect of each broad goal. This process has been used by the consultant in contract work with other organizations. In these projects staff of the organization, who are responsible for the implementation of the Forward Plan, have formed the planning panels. The time commitment required of members of the planning panels is estimated, on the basis of previous work, to be one day per week over a period of six to eight weeks. It is considered that persons, with relevant expertise could find this time commitment prohibitive to their involvement.

- 3.3 The third proposal, which is detailed in schedule form below, is designed to counter the limitations of the first two proposals. This recommended process includes a one day brainstorming workshop (Refer Step 2) which would focus on the development of objectives and alternative broad brush strategies designed to work towards achieving the purpose and broad goals adopted by the Council. The third step of the planning process provides for an analysis of the broad brush strategies and the development of a Forward Plan which takes account of the organizational context of the Council as a whole. Through this process the creative input of a range of personnel can be achieved within a limited time frame. The assumption is made in this proposed process that the Consultant would continue to be accountable to the Council through the Secretary to the Council.

Have not developed the objectives.

4. PROPOSED PLANNING PROCESS

PROCESS STEPS AND TIME SCHEDULE	AIMS	PARTICIPANTS AND RESPONSIBILITIES
<p>STEP 1 ORGANIZATIONAL CONTEXT OF ACCV WELFARE SECTION. AUG - SEPT</p>	<ul style="list-style-type: none"> • To define the organizational interrelationships between the Welfare Section and the ACCV as a whole. • To define the <u>components of the Purpose and Broad Goals</u> which extend beyond the terms of reference of the Welfare Committee as defined under the ACCV committee charter. • To identify current ACCV programs relevant to the Purpose & Broad Goals, which are the responsibility of other sections of the Council. 	<p>Consultant working with the Secretary to the Council (and other staff or Committee members as required) to prepare a working document. This document will provide</p> <p>(1) the basis for developing the structural/organizational relationships between the Welfare Section and the Council as a whole.</p> <p>(2) the organizational context for the development of the objectives strategies, aims and action plans.</p>
<p>STEP 2 BRAIN-STORMING WORK-SHOP MID SEPT</p>	<ul style="list-style-type: none"> • <u>To develop objectives and alternative broad brush strategies</u> designed to work towards achieving the Broad Goals. 	<p>One day workshop to be conducted by Consultant.</p> <p>ACCV to convene workshop with the following participants-</p> <ul style="list-style-type: none"> - 4 country and 4 city persons who provide non-medical services for cancer patients. - persons with expertise relevant to the broad goals. - <u>ACCV staff members</u> nominated by the Council.

PROCESS STEPS AND TIME SCHEDULE	AIMS	PARTICIPANTS AND RESPONSIBILITIES
STEP 3 FORWARD PLAN ALTERNATIVE STRATEGIES OCTOBER - NOVEMBER	<ul style="list-style-type: none"> . To develop and document a Forward Plan for the ACCV Welfare Service detailing alternative strategies including budget and personnel requirements. . To rank the alternative strategies and make recommendations to ACCV Welfare Committee. 	Consultant to prepare report to ACCV Welfare Committee. Workshop participants to be contacted as resource people as required during report preparation and invited to review draft report prior to submission to ACCV.
STEP 4 ADOPT FORWARD PLAN END NOVEMBER	ACCV to receive Forward Plan, assess alternative strategies and select the preferred option. ACCV to adopt Forward Plan to be implemented 1984.	
STEP 5 DETAILED YEAR 1 OPERATING PLAN DECEMBER - JANUARY 1984	To develop a detailed operating plan for Year 1 in line with approved Forward Plan.	Consultant to prepare document which details for Year 1: <ul style="list-style-type: none"> . aims . action plans . operating schedule . budget . management structure . personnel

5. COSTING

- 5.1 The consultancy fee to implement the proposed planning process is \$11,200.
- 5.2 In line with the previous contract, the fee does not include typing and administration costs.

6. CONCLUSION

- 6.1 The planning process proposed in this paper is designed to develop a Forward Plan for the ACCV Welfare Service taking account of the organizational and community context in which it will operate.
- 6.2 The broad long term policies, as adopted by the Council, will establish the purpose and broad goals of the service and thus define the parameters for the development of program and operating plans. The program plans will detail objectives and strategies which indicate how the Council intends to move towards achieving its long term purpose within a five year time frame. The operating plans will detail aims and action plans which indicate how the Council intends to move towards achieving its medium term program objectives within a one year time frame.
- 6.3 The Forward Plan adopted by the Council will provide for the systematic development and promotion or implementation of programs which are designed to build on the strengths of the current services available to cancer patients and their families and to address the broad issues detailed in the Issues Report (April 1983).

ANTI-CANCER COUNCIL OF VICTORIA

Date: 2/8/83

To..... Adrienne.....

- | | |
|---|---|
| <input type="checkbox"/> For your information | <input type="checkbox"/> Pass on to..... |
| <input type="checkbox"/> For your Signature | <input type="checkbox"/> Return to me |
| <input type="checkbox"/> For you to handle | <input type="checkbox"/> Return to Central File |
| <input type="checkbox"/> Discuss with me | <input type="checkbox"/> Keep if you wish |

Remarks: re: Welfare Service

Herewith Spending Pattern for 1982/83 -- plus a few comments. Have given a copy to Dr. Gray also.

Sue

*Ag - Sue's
comments plus
for Welfare
& Sue.*

2nd August, 1983.

WELFARE GRANT SYSTEM:

During the last twelve months many more enquiries regarding financial assistance for cancer patients have come through local agencies and private citizens (friends or relatives). Where possible we have directed these patients to social workers in the treating hospital for assessment, but in many cases - particularly private patients - we have dealt direct with a welfare worker in the community or with the family themselves if they have no access to a social worker or other suitable professional.

An increasing number of families need help with household expenses such as electricity and gas, particularly over the winter months for heating purposes. Charges are escalating rapidly and it is impossible to reduce fuel bills when nursing a cancer patient at home - they are often extremely susceptible to cold, particularly in the terminal stage of their illness.

Over \$11,000 was spent this year in emergency living allowances - almost double expenditure in this area for the previous year. Unfortunately there is still often excessive delay in processing applications for Social Security Benefits, and many families whose income has been drastically reduced just cannot manage. Families with dependent children are usually hardest hit as many have limited, if any, savings. Our funds are often used to keep a family afloat during the adjustment period while commitments such as Mortgage and Personal Loan repayments are renegotiated to enable them to manage on their reduced income. Where the patient was under 40 years of age, average expenditure from our welfare fund was approximately \$350 per family - against \$250 for those in the over-40 group.

Travel costs are a big worry for many families, not only those coming from the country for treatment, but for many in the metropolitan area when they have to attend the hospital on a daily out-patient basis for many weeks. Although some country patients are covered for travel costs through the Government scheme (I.P.T.A.A.S.), many miss out because of the unrealistic 'distance' criteria, and the scheme makes no allowance for costs incurred by relatives in visiting hospitalized patients over a long period of time. Petrol subsidies amounted to over \$9,000, representing almost a 50% increase on the previous year. Total expenditure for transport expenses was \$29,000 and this included Registration/Insurance, Repairs, Tyres, etc.

There have been problems associated with health insurance when families are ineligible for free medical/hospital care but have not been adequately insured privately. The new Government Medicare scheme which will commence in February next year will ensure everyone is covered for basic hospital care and medical expenses, but it will not solve the problem of patients being admitted to private hospitals with inadequate insurance, resulting in enormous debts.

BREAST PROSTHESIS SERVICE:

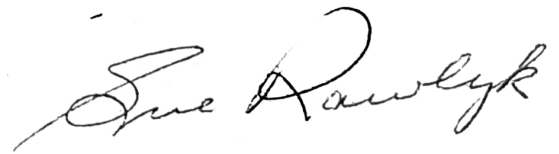
This service has continued satisfactorily and the system of using liaison nurses in the private hospitals is working particularly well. We have had a very good attendance at each of the meetings held during the year and all the B.P.S. Sisters are to be commended on their willing co-operation and dedication to the service. Currently an 'anonymous' survey is being undertaken of the rehabilitation services for mastectomy patients in each State and so far the questionnaire forms from Victorian patients confirm our view that the nurses are doing their job extremely well.

Shortly we will have a fresh intake of volunteer mastectomees for the metropolitan area and they will work in conjunction with the nurses by providing extra reassurance for women unsure of being able to overcome their fears and return to their normal lifestyle.

Many women nowadays are having reconstructive surgery shortly after, or even at the same time as the breast is removed, so are not interested in the sample prosthesis "kits", however the liaison nurses in hospitals are still able to play a supportive counselling role.

Provision of external breast forms through hospitals, private health funds and the Program of Aids for Disabled People is complicated, but wherever possible we make sure each patient gets her first prosthesis at least, free of charge.

Manufacturers have again been generous and we have collected an attractive range of swimwear for the coming summer - it would be unlikely any mastectomee could not obtain a suitable swimsuit.



Sue Rawlyk (Mrs.)
B.P.S. Co-ordinator.

Ms. Executive
and Director
W. A. Dick,
nt. Professor B.
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Medical & S.
Appeals C
Publ

Anti-Cancer Council of Victoria



S.P. 288

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 TELEPHONE: 654 2411
 Cables: ACCOVIC MELBOURNE
 Telex: VCCG AA 34158
 Director: Dr. Nigel Gray A.M.
 MB, BS, FRACP, FRACMA.

1981
 His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria.
 Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjab (Hon.)
 Mr. W. A. Dick, B.Com., FCA
 Hon. Professor B. W. Holloway, D.Sc., F.A.A.
 Executive Committee: Dr. T. H. Hurley, OBE, MD, FRACP
 Finance Committee: Mr. D. H. Hume, B.Com.
 Publicity & Scientific Committee: Professor B. W. Holloway, D.Sc., F.A.A.
 Medical Committee: Mr. J. T. Ralph, F.A.S.A.
 Public Education Committee: Mr. W. A. Dick, B.Com., FCA
 Patients' Welfare Committee: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjab (Hon.)

WELFARE SERVICE

SPENDING PATTERN - 1982/83

	<u>AMOUNT</u>
1. <u>INDIVIDUAL GRANT PROGRAM:</u>	\$100,788
- to stabilize families 'at risk' financially	
- to facilitate medical treatment	
2. <u>SUBSIDIZED SUPPORT SYSTEMS:</u>	\$23,526
Breast Prosthesis Service	\$2,603
Sessional Consultant at Caritas Christi Hospice	\$4,423
Hospice Grant - Geelong	\$5,000
Visiting Nurse Services -	
R.D.N.S. - \$8,000	
Ballarat \$500	
Geelong <u>\$1,500</u>	\$10,000
Special Transport Grant to Royal Children's Hospital	\$1,500
3. <u>SALARIES & SUPERANNUATION:</u>	\$32,396
4. <u>ADMINISTRATIVE SERVICES:</u>	\$27,122
Includes Travelling Expenses, Telephone, Printing & Computer, Stationery, etc. - plus 5% Redistributed Expenses.	
	<u>\$183,832</u>
<u>ADDITIONAL ITEMS IN 1982/83 BUDGET:</u>	
Special Grant to Rev. J. Paver	\$6,500
Welfare Review by Eryl Morgan	<u>\$12,315</u>
	<u>\$202,647</u>

BREAKDOWN OF WELFARE GRANTS by HOSPITALS/AGENCIES - Metro./Country

<u>HOSPITAL/AGENCY</u>	<u>AMOUNT</u>	<u>Number of Patients</u>		<u>TOTAL</u>
		<u>Metro.</u>	<u>Country</u>	
<u>Metropolitan Hospitals</u>				
Peter MacCallum Hospital	\$31,541	61	62	123
Royal Children's Hospital	\$18,066	37	26	63
Royal Melbourne Hospital	\$11,320	28	6	34
Alfred Hospital	\$6,527	15	4	19
Austin Hospital	\$5,466	14	4	18
Prince Henry's Hospital	\$2,526	4	2	6
Western General Hospital	\$1,410	3	-	3
Royal Women's Hospital	\$1,079	2	3	5
St. Vincent's Hospital	\$1,074	4	-	4
Sandringham Hospital	\$769	2	-	2
Royal Southern Memorial - Caulfield Community Care	\$766	2	-	2
Queen Victoria Medical Centre	\$763	1	2	3
Frankston Hospital	\$280	1	-	1
P.A.N.C.H.	\$276	1	-	1
Moorabbin Hospital	\$187	1	-	1
<u>Country Hospitals</u>				
Geelong Hospital	\$557	-	2	2
Wonthaggi Hospital	\$470	-	2	2
Ballarat Base Hospital	\$432	-	3	3
Gippsland Base Hospital - SALE	\$360	-	1	1
Wimmera Base Hospital - HORSHAM	\$189	-	1	1
Bendigo Base Hospital	\$100	-	1	1
Nhill District Hospital	\$62	-	1	1
<u>Community Health Centres</u>				
Chadstone, Corio, Doveton, E.Bentleigh, Kyneton, Torquay	\$6,144	5	9	14
<u>Municipal Councils</u>				
Flinders, Portland, St. Kilda Sherbrooke	\$570	1	4	5
<u>Social Security/Welfare Services</u>				
Ballarat, Moonee Ponds, Sunshine	\$940	2	1	3
<u>Visiting Nurse Services</u>				
R.D.N.S. and Geelong	\$336	2	1	3
<u>Other Agencies</u>				
Early Childhood Development Centre	\$1,047	1	-	1
Melton Resource Centre	\$557	-	1	1
Moorabbin Citizens' Advice Bureau	\$350	1	-	1
Family Aid - Castlemaine	\$250	-	1	1
Australian-Greek Welfare Society	\$244	1	-	1
Australian-Turkish Child Care Centre	\$154	1	-	1
Dempster Park Day Centre (W.G.H.)	\$108	1	1	1
Carry-On	\$100	-	-	1
South-Eastern Child & Family Centre	\$85	1	-	1
Southern Family Life	\$23	1	-	1
		15	5	20
<u>A.C.C.V. SOCIAL WORK DEPARTMENT</u>	\$5,660	15	5	20
		202	139	341 *
TOTAL WELFARE GRANTS:	\$100,788			

* Adjustment in total number of patients as ten families received assistance through more than one agency.

"AGE" Breakdown of Recipients of Welfare Grants

	<u>AGE GROUP</u>	<u>Number of Patients</u>	<u>Expenditure</u>
*	Under 10	42	\$14,482
	10 - 19	30	\$8,094
	20 - 29	25	\$9,615
	30 - 39	59	\$21,963
	40 - 49	74	\$23,820
	50 - 59	64	\$14,898
	60 - 69	30	\$5,445
	70 & over	17	\$2,471
		<u>341</u>	<u>\$100,788</u>

* In the Under 10 group one family have 2 children with cancer (identical twins) so the total number of patients in this group is actually 43.

BREAKDOWN OF EXPENDITURE INTO AREAS OF ASSISTANCE

<u>Code No.</u>		<u>EXPENDITURE</u>	
1 & 2	Terminal Care/Nursing Home Subsidies:	Nil	(Phased out)
3	<u>INSURANCES:</u>		
	Medical/Hospital	\$147	
	Life	<u>\$404</u>	\$551
4	<u>LIVING ALLOWANCES etc:</u>		
	Emergency Allowances - pending Pensions, etc.	\$11,616	
	Household Expenses	\$5,758	
	Home Help	<u>\$1,432</u>	\$18,806
5	<u>HOUSING:</u>		
	Rent	\$7,902	
	Mortgage	\$6,132	
	Insurance	\$1,456	
	Maintenance	\$270	
	Bonds	\$1,059	
	Moving Expenses	<u>\$448</u>	\$17,267
6	<u>RATES:</u>		
	Council	\$8,534	
	Water/Sewerage	<u>\$8,000</u>	\$16,534
7	<u>TRANSPORT:</u>		
	Fares	\$2,627	
	Petrol	\$9,142	
	Car Registration	\$9,797	
	Insurance	\$1,673	
	Repairs	\$1,715	
	Car Payments	\$2,728	
	Tyres	\$1,277	
	Other - Licence/ Ambulance/RACV	<u>\$179</u>	\$29,138
8	<u>HIRE PURCHASE, etc:</u>		
	Hire Purchase Payments	\$1,414	
	Finance Payments	<u>\$2,219</u>	\$3,633
9	<u>TELEPHONE:</u>		
	Installation/Rental		\$5,348
10	<u>ACCOMMODATION/PER DIEM:</u> (Country patients)		\$3,296
11	<u>MEDICAL EXPENSES:</u> Breast Forms, Hire of equipment, etc.		\$2,447
12	<u>FUNERAL:</u>		Nil (Phased out)
13	<u>OTHER:</u> Clothing, washing machines etc., school excursions, child care		\$3,768
	TOTAL:		<u>\$100,788</u>

28th April, 1983

MEMO TO: MEMBERS OF PATIENT WELFARE COMMITTEE
MEMO FROM: ADRIENNE HOLZER, SECRETARY TO THE COUNCIL
RE: REVIEW OF WELFARE RESOURCES

The review undertaken by Eryl Morgan has been completed on schedule.

You have already received a copy of Phase I - Situation Audit Report. I now enclose a copy of Phase II - Issues Report - and Phase III - Policy Options.

The major agenda item for discussion at the meeting on THURSDAY, 19th May, 1983 will be the Report, which will be presented by Eryl Morgan. The meeting is at 4.00 p.m.

The Committee might also like to consider the possibility of broadening its base to include representation from:

- (a) the nursing profession
- (b) Royal District Nursing Service
- (c) Social Worker
- (d) VCOG
- (e) Community Health Centres
- (f) Hospice Movement
- (g) Geelong area
- (h) an interested GP
- (i) David Hill - to provide link with Education Committee

Adrienne J. Holzer
Secretary to the Council

Patron-in-Chief: His Excellency, the Governor of Victoria.
Patron: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)
President: Mr. W. A. Dick, B.Com., FCA.
Vice-President: Professor B. W. Holloway, D.Sc., F.A.A.
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Anti-Cancer Council of Victoria



a.H
KEOGH HOUSE
90 JOLIMONT STREET
EAST MELBOURNE
AUSTRALIA, 3002

TELEPHONE: 654 2411
Cables: ACCOVIC MELBOURNE

Telex: VCCG AA 34158

Director: Dr. Nigel Gray A.M.
MB, BS, FRACP, FRACMA.

28th April, 1983

MEMO TO: MEMBERS OF PATIENT WELFARE COMMITTEE
MEMO FROM: ADRIENNE HOLZER, SECRETARY TO THE COUNCIL
RE: REVIEW OF WELFARE RESOURCES

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- (h) an interested GP
- (i) David Hill - to provide link with Education Committee

Adrienne J. Holzer
Secretary to the Council

21st February, 1983

MEMO TO: MEMBERS OF PATIENT WELFARE COMMITTEE

MEMO FROM: MISS ADRIENNE HOLZER, SECRETARY TO THE COUNCIL

RE: MEETING - WEDNESDAY, 2nd MARCH, 1983

After discussion with the Acting Chairman, it has been agreed to cancel the meeting on Wednesday, 2nd March, 1983.

A copy of the Phase I Audit Report is enclosed for your information. This is purely a discussion document for the nine consultations being held throughout the State by Eryl Morgan.

A progress report of the review is also attached.

PLEASE NOTE that the next meeting will be held in May on a date to be advised and NOT on the 25th May as scheduled.

At that meeting Eryl Morgan will present her final report.

Adrienne J. Holzer (Miss)
Secretary to the Council

Enc:

ANTI-CANCER COUNCIL OF VICTORIA

REVIEW OF WELFARE SERVICES

PROGRESS REPORT

Phase I of the Review has been completed on schedule. This is a 110-page "Situation Audit Report" which will be used as a discussion document for a series of consultations to be held throughout Victoria.

The one-day consultations are being conducted by Eryl Morgan throughout February as follows:

Thursday, 3rd February	:	Gippsland Base Hospital, Sale
Monday, 7th February	:	Ballarat Base Hospital
Thursday, 8th February	:	Hamilton Base Hospital
Wednesday, 9th February	:	Wimmera Base Hospital, Horsham
Friday, 11th February	:	Metropolitan Area at ACCV
Tuesday, 15th February	:	Geelong Hospital
Friday, 18th February	:	Bendigo Base Hospital
Monday, 21st February	:	Wangaratta Base Hospital
Friday, 25th February	:	Mildura Base Hospital

In each case the Base Hospitals have agreed to provide accommodation for the meetings which will be attended by welfare personnel in the region.

The project team is meeting on Tuesday, 22nd March to review the "Draft Issues Report" and again on Tuesday, 29th March to review the final issues report. Policy options open to the Council will be discussed at that meeting and finalised on Tuesday, 12th April. The report to the Welfare Committee is scheduled for completion the week beginning 18th April, 1983.

Adrienne J. Holzer
Secretary to the Council

ANTI-CANCER COUNCIL OF VICTORIA

PATIENT WELFARE COMMITTEE

SITUATION PAPER

As no formal committee meetings have been held since late June, I thought I should bring members up-to-date with activities in the Patient Welfare Section.

1. WELFARE REVIEW:

The Project Team was appointed in July and consists of :-

- | | | | |
|-----|----------------------|---|--|
| (1) | Miss Louise Bowen | - | Social Worker
Austin Hospital |
| (2) | Mr. Tony Cole | - | Senior Social Worker
Peter Mac Callum Hospital |
| (3) | Ms Kathy Sanders | - | Former Oncology Social Worker
St. Vincent's Hospital, now
Higher Degree Student/Tutor
University of Melbourne |
| (4) | Miss Adrienne Holzer | - | Anti-Cancer Council of Victoria |
| (5) | Mrs. Sue Rawlyk | - | Anti-Cancer Council of Victoria
Patient Welfare Department |

The Project Team met three times over a six-week period to discuss the content and format of the questionnaire and the groups of people to receive it.

Victoria was divided into nine regions based on the most recent Health Commission divisional map. These regions will be subsequently visited by Eryl Morgan in the New Year.

Seven categories of agencies/organisations were circulated including a random sample of general practitioners based on population statistics per region. The following table shows the total number of questionnaires sent to each region and category:

	Barwon	Glenselg	Wimmera	Mallee	Central Highlands	Loddon	North-East & Goulburn Valley	Gippsland	Metropolitan	TOTAL
HOSPITALS	27	9	11	5	20	18	29	30	75	225
BUSH NURSING	2	4	5	2	1	7	8	11	-	39
COMMUNITY HEALTH	7	1	1	1	3	4	7	12	27	63
MUNICIPAL G.P.'s	23	9	11	3	28	24	36	35	35	204
NURSING SERVICES	54	11	10	9	36	31	61	202	362	755
CANCER INTEREST GROUPS	1	-	-	-	2	1	-	1	25	30
	2	1	1	2	1	2	2	5	6	22
INCLUDING GPs	116	35	39	22	91	87	142	296	530	1358
EXCLUDING GPs	62	24	29	13	55	56	81	94	180	594

Replies were not received on schedule and therefore the date for completion of the first phase was brought back to 14th December. This information/report will be circulated to members in January. Eryl Morgan will hold her regional consultations in February/March, the "Issues" report should be available in April, and the final report with recommended options available in May.

2. WELFARE SECTION:

Whilst the Review is being conducted the Council has appointed a sessional social worker to ease the load on Mrs. Rawlyk and also to provide professional advice/counselling if required.

The Spending Pattern for the year-ended 30th June, 1982 is enclosed for information. (Attachment 1)

3. REPORT RE CARITAS CHRISTI HOSPICE:

Mr. Paul Steedman's report concerning the Caritas Christi Hospice for the year-ended 30th June, 1982 is also enclosed. (Attachment 2)

4. AUSTRALIAN CANCER SOCIETY SERVICE COMMITTEE:

The Secretary attended the Australian Cancer Society Service Committee meeting during the Society's bi-annual meetings in Melbourne in October. A report on items of interest is attached. (Attachment 3)

Patron-in-Chief: His Excellency the Governor of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVO, OBE, K St J, QC.
 President: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc, Punjab (Hon.)
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S.P. 261

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Anti-Cancer Council of Victoria



ATTACHMENT 1

WELFARE SERVICE

SPENDING PATTERN - 1981/82

	<u>AMOUNT</u>	<u>Previous year</u> 1980/81
1. <u>INDIVIDUAL GRANT PROGRAM:</u>	\$103,777	\$88,340
- to enable/facilitate medical treatment		
- to stabilize families 'at risk' financially		
NUMBER OF PATIENTS - 336		
AVERAGE COST PER PATIENT - \$309		
2. <u>SUBSIDIZED SUPPORT SYSTEMS:</u>	\$22,500	\$13,471
Breast Prosthesis Service	\$1,481	
Sessional Consultant at Caritas Christi Hospice	\$4,519	
Hospice Grant - Geelong	\$5,000	
Visiting Nurse Services -		
R.D.N.S. - \$8,000		
Ballarat - \$500		
Geelong - <u>\$1,500</u>	\$10,000	
Special Transport Grant - R.C.H.	\$1,500	
3. <u>SALARIES & SUPERANNUATION:</u>	\$41,782	\$42,134
4. <u>ADMINISTRATIVE SERVICES:</u>	\$26,894	\$20,956
(Includes Travelling, Telephone, Printing & Computer Expenses, Stationery, etc.)		
TOTAL EXPENDITURE:	<u>\$194,953</u>	<u>\$164,901</u>

BREAKDOWN OF WELFARE GRANTS by - Hospitals/Agencies - Metro./ Country

<u>HOSPITAL/AGENCY</u>	<u>AMOUNT</u>	<u>Number of Patients</u>		<u>TOTAL</u>
		<u>Metro.</u>	<u>Country</u>	
<u>Metropolitan Hospitals:</u>				
Peter MacCallum Hospital	\$31,399	78	42	120
Royal Children's Hospital	\$24,457	34	35	69
Austin Hospital	\$6,916	16	4	20
Royal Melbourne Hospital	\$6,257	15	8	23
Alfred Hospital	\$5,365	15	3	18
Royal Women's Hospital	\$3,917	6	5	11
Prince Henry's Hospital	\$2,622	7	1	8
Western General Hospital	\$2,161	4	1	5
Queen Victoria Medical Centre	\$1,280	4	2	6
St. Vincent's Hospital	\$1,131	3	1	4
Sandringham & District Hospital	\$582	1	-	1
Southern Memorial/Community Care	\$440	2	-	2
Dandenong & District Hospital	\$353	1	-	1
Repatriation General Hospital	\$166	1	-	1
Royal Eye & Ear Hospital	\$70	1	-	1
<u>Country Hospitals:</u>				
Gippsland Base Hospital - Sale	\$326	-	1	1
Geelong Hospital	\$191	-	1	1
Benalla Hospital	\$152	-	1	1
Seymour Hospital	\$129	-	1	1
<u>Community Health Centres:</u>				
Corio, Eaglehawk, Fawkner Park, Portland	\$1,844	1	5	6
<u>Social Security/Welfare Services:</u>				
Ballarat, Sunshine, Wangaratta	\$1,178	1	3	4
<u>R.D.N.S. Centres:</u>				
Essendon, Frankston, Knox	\$490	2	2	4
<u>Other Agencies:</u>				
Northcote Council	\$441	1	-	1
Southern Family Life	\$389	1	-	1
Melbourne City Mission	\$320	2	-	1
Outreach	\$300	1	-	1
Dandenong Psychiatric Centre	\$260	-	1	1
Frankston Community Resource Centre	\$249	1	-	1
Carry On	\$129	1	-	1
<u>A.C.C.V. SOCIAL WORKER:</u>	\$10,263	17	15	32
<hr/>				
TOTAL WELFARE GRANTS -	\$103,777	209	127	336 *

* Adjustment in total number of patients
as several families received grants through
more than one agency

AVERAGE COST PER PATIENT - \$309

"AGE" Breakdown of Recipients of Welfare Grants

	<u>AGE GROUP</u>	<u>No. of Patients</u>	<u>Expenditure</u>
*	Under 10	58	\$21,320
	10 - 19	22	\$7,999
	20 - 29	10	\$2,651
	30 - 39	45	\$18,064
	40 - 49	70	\$22,127
	50 - 59	81	\$23,123
	60 - 69	38	\$6,366
	70 and over	9	\$1,499
	Unknown	3	\$628
		—	—
		336	\$103,777
		—	—

* In the Under 10 group one family have 2 children with cancer (identical twins) so total number of patients in this group is actually 59.

Breakdown of Expenditure into Areas of Assistance

<u>Code No.</u>			<u>EXPENDITURE</u>	
1 & 2	TERMINAL CARE/NURSING HOME SUBSIDIES:		-	(Phased out)
3	<u>INSURANCES:</u>			
	Medical/Hospital	\$196		
	Life	\$978	\$1,174	
4	<u>LIVING ALLOWANCES etc:</u>			
	Pending Statutory Benefits, etc.	\$5,943		
	Household Expenses	\$6,075		
	Home Help	\$2,180	\$14,198	
5	<u>HOUSING:</u>			
	Rent	\$10,523		
	Mortgage	\$7,057		
	Insurance	\$1,662		
	Maintenance/Modifications	\$656		
	Bonds	\$1,012		
	Moving Expenses	\$63	\$20,973	
6	<u>RATES:</u>			
	Council	\$11,132		
	Water/Sewerage	\$9,620	\$20,752	
7	<u>TRANSPORT:</u>			
	Fares	\$2,180		
	Petrol	\$6,440		
	Car Registration & Transfer Fees	\$10,441		
	Insurance	\$1,909		
	Repairs	\$1,783		
	Car Payments	\$1,773		
	Tyres	\$1,962		
	Other - Licences/ Ambulance/RACV	\$208	\$26,696	
8	<u>HIRE PURCHASE, etc:</u>			
	Hire Purchases	\$2,831		
	Finance Payments	\$2,477	\$5,308	
9	<u>TELEPHONE:</u>			
	Installation/Rental		\$7,837	
10	<u>ACCOMMODATION/PER DIEM:</u>		\$1,829	
	(Country Patients)			
11	<u>MEDICAL EXPENSES:</u>		\$1,987	
	Breast forms, etc.			
12	<u>FUNERAL:</u>		-	(Phased out)
13	<u>OTHER:</u>		\$3,023	
	Clothing, heaters, etc.			
	TOTAL:		\$103,777	

"CLARENDAL"
206 ALBERT STREET
EAST MELBOURNE, 3002

12th August 1982

REPORT TO ANTI-CANCER COUNCIL
CARITAS CHRISTI HOSPICE - JULY 1981 - JUNE 1982

The following are the statistics of the cancer patients at Caritas Christi Hospice for the past 12 months:

Patients carried forward as at 1/7/1981	Male	38
	Female	32
Patients admitted July 1981 - June 1982	Male	131
	Female	126
Patients who died July 1981 - June 1982	Male	105
	Female	102
Patients discharged July 1981 - June 1982	Male	6
	Female	8

Caritas Christi continues to be as busy as ever; a new wing has been added in the past couple of months and is now beginning to be occupied. The new wing has been **enthusiastically** received by all the staff and the opening ceremony was impressive when Archbishop Little performed the opening ceremony and Mr. Tom Roper, State Minister for Health, was the Guest of Honour.

I have continued to conduct the same number of ward rounds as usual, and I have been able to arrange 6 or 8 student ward rounds during the past year for medical students from St. Vincent's in the 4th and final year of their medical course. They continue to be impressed by the quality of care at Caritas Christi and by the interesting amount of gross pathology able to be seen at Caritas Christi.

We continue to be helped enormously by a rotating intern from St. Vincent's who continues to work 6 solid mornings per week, and then return to St. Vincent's for his afternoon and evening activities in the Casualty Department of St. Vincent's.

Increasing attention is being paid to the hospice concept with further development of the Caritas Day Centre and with domiciliary visiting. The Day Centre has physiotherapy and occupational therapy and meeting rooms and is attended by both patients in the Hospice and by outpatients transported each day in a Caritas vehicle.

The Hospice continues to maintain high bed occupancy. The same types of malignancies continue to predominate and the same types of severe and end-stage diseases are encountered.

We continue to perform minor procedures as indicated. We maintain links with Oncology Departments of the parent hospitals from where the patients came.

Dr. Keane, Dr. Rutter and Dr. Pisasale continue to contribute greatly in the management of a terminal care patients. The nursing staff continue to give their excellent high standard of nursing and care to these very ill patients.

I would like to record my continued appreciation for the fine work done by the trained nurses and training nurses at Caritas Christi, with special reference to Sister Dorothea, Sister Bridget and to Sister Loretto and Sister Margaret Mary, not forgetting Sister Ferguson, Sister Taylor, Sister Gardiner, Sister Kelly, Sister Sassella and Sister Carboon.

I wish to record my continued appreciation of the help given by the Anti-Cancer Council.

Paul K. Steedman
Paul K. Steedman. F.R.C.S. F.R.A.C.S.
P.S.H

11th July, 1983

MEMO TO: MEMBERS OF PATIENT WELFARE SUB-COMMITTEE

MEMO FROM: ADRIENNE J. HOLZER, SECRETARY TO THE COUNCIL

RE: MEETING DATE

Members of the Patient Welfare Sub-Committee are advised that the next meeting will be held at the Anti-Cancer Council of Victoria on WEDNESDAY, 10th AUGUST, 1983 at 12.45 p.m. Luncheon will be served.

The topic for discussion will be Eryl Morgan's report.

(Adrienne J. Holzer)

9th August, 1982

MEMO TO: MEMBERS OF PATIENT WELFARE COMMITTEE

MEMO FROM: ADRIENNE J. HOLZER, SECRETARY TO THE COUNCIL

RE: CANCELLATION OF MEETING

The Patient Welfare meeting scheduled for the 17th August, 1982 has been cancelled.

It is proposed to hold the next meeting in late September or early October. My secretary will be in touch with you shortly to arrange a suitable date.

(Adrienne J. Holzer)

Original

ANTI-CANCER COUNCIL OF VICTORIA

NOTES on PATIENT WELFARE COMMITTEE MEETING

Wednesday, 23rd June, 1982

PRESENT: Sir Edward Dunlop (In the Chair)
Mrs. Francesca Bass
Mr. W. A. Dick
Dr. T. H. Hurley
Dr. R. D. Snyder

IN ATTENDANCE: Dr. Nigel Gray, Director
Mr. David Hill, Education Director
Miss Adrienne Holzer, Secretary

BY INVITATION: Ms. Eryl Morgan

The subject of the meeting was to discuss a planning proposal reviewing the Council's welfare program submitted by Ms. Eryl Morgan.

As background, Dr. Gray stated that the Council's current program was proceeding as usual although the Council was not providing a counselling service. Tony Cole, Head Social Worker at Peter MacCallum Hospital, had expressed his concern at this gap in service.

The Committee then discussed the planning document prior to seeing Ms. Morgan, who had been invited to speak to her proposal. Three or four major concerns arose:

- (1) that the document did not mention policy options or give the welfare committee a chance to decide with which option(s) it should proceed;
- (2) there seemed to be a dependence upon questionnaires, without the support of field visits;
- (3) doubts were expressed that the review would necessarily identify the gaps in the system;
- (4) no account seemed to be taken of environmental change.

Ms. Morgan was then invited into the meeting and she spoke to her proposals. The Committee's misgivings as previously outlined were expressed. Ms. Morgan stated that the document was a preliminary brief only and agreed that phase 2 could be enlarged to include a series of policy options for discussion by the Welfare Committee. Phases 1 and 2 should be seen as an integral part of one another, and therefore interviews and visits would complement the questionnaires. Ms. Morgan felt that professionals working in the field would recognise the gaps, e.g. problems faced by patients in the private stream. She also agreed that changes or potential changes in government policies and their effects would be part of the review.

When asked, Ms. Morgan agreed that she would be agreeable to undertake phases 1 and 2 as a first step in the review.

After Ms. Morgan departed, the Committee agreed that she be commissioned to undertake phases 1 and 2 initially. It was also agreed that there was a need for a continuing overview - a focal point or interface staff member at the Council who would take this responsibility. Dr. Gray agreed to consider this point further and the Chairman was given the power to act.

Adrienne J. Holzer (Miss)

24/6/1982

MEMO TO:

MEMBERS OF PATIENT WELFARE SUB-COMMITTEE

MEMO FROM:

MISS ADRIENNE HOLZER, SECRETARY TO THE COUNCIL

SUBJECT:

MEETING DATE

Members of the Patient Welfare Sub-Committee are reminded that the next meeting will be held at the Anti-Cancer Council of Victoria on WEDNESDAY, 23rd June, 1982 at 4.00 p.m.

Following the suggestion of the last Committee meeting, David Hill and I spent some time with Miss Eryl Morgan outlining the Council's welfare service program and the current situation. As a result she has submitted a planning proposal for discussion by the Committee.

I have invited Miss Morgan to attend the meeting for a brief period so that she can present her proposal and answer any questions. She will be arriving at 4.15 p.m.

(Adrienne J. Holzer)

19th May, 1982

Patients Welfare Meeting

Wed.
23 June
4.00pm.

Bring back

Pass
520-3026.

✓

Dunlop.
63-1214.

✓

Hurley *
63-3746.

✓

Snyder *
41-0221; X.N. 609.

✓

Stetson
41-5948.

✓

Dick. *
653-5555.

✓

Gray.

✓

Holzer

26/2/82

Re involvement with Patient Welfare Section - Sue Rawlyk

Handle most aspects of the program - distribution of welfare funds (including book-keeping etc.) - Breast Prosthesis Service and Volunteer Visiting Service (arrange visits after checking with surgeon, etc., when social worker not available).

Advisory Service - try to keep up with latest Social Security benefits, Private Health Fund rulings, etc. and advise patients/relatives etc. regarding their entitlements. DO NOT advise on medical matters - these calls directed to social worker or doctor.

Counselling - apart from some telephone counselling regarding coping after a mastectomy - prefer to stay out of this area as not trained for this work.

General - Although I have attended the odd social work meeting, do not see this as part of my job.

Work only 3½ days - limit to how much one can cover - do not want to increase working time, - have commitments on the home front which prevent me working a 5-day week, although I am prepared to stay overtime when necessary.

Sue Rawlyk

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23rd February, 1982

MEMO TO: MEMBERS OF CANCER PATIENT WELFARE COMMITTEE

MEMO FROM: ADRIENNE HOLZER, SECRETARY TO THE COUNCIL

SUBJECT: NOTICE OF MEETING:

The next meeting of the Cancer Patient Welfare Committee will be held on TUESDAY, 2nd MARCH, 1982 at 12.30 p.m. in the Boardroom of the Anti-Cancer Council of Victoria.

ADRIENNE J. HOLZER

SECRETARY TO THE COUNCIL

Excellency the Governor of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVO, OBE, K.S.J., QC.
Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)
Mr. W. A. Dick, B.Com., FCA.

Committee: Dr. T. H. Hurley, OBE, MD, FRACP.
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CONFIDENTIAL

23rd February, 1982

MEMO TO: MEMBERS OF CANCER PATIENT WELFARE COMMITTEE
MEMO FROM: MISS ADRIENNE HOLZER, SECRETARY TO THE COUNCIL

Barbara has confidentially indicated that she wishes to resign her position as Social Worker with the Council and will be leaving us within the next two to three months.

The opportunity now arises to review our welfare policies, and it will probably be necessary to have more than one meeting to discuss alternatives and come to a decision.

A few thoughts come to mind which we could consider at the next meeting:-

- (1) Should the Council continue to have a patient counselling service?
- (2) Should we be more active in the analysis of the Health Scheme and its effects on cancer patients?
- (3) Should we be looking for sessional social workers with differing interests rather than one full-time social worker?
- (4) Should we consider a part-time social worker and another part-time worker such as a sociologist?

I would ask you to keep Barbara's decision in the strictest confidence at this time.

Adrienne J. Holzer
Secretary to the Council

23rd February, 1982

MEMO TO: MEMBERS OF CANCER PATIENT WELFARE COMMITTEE

MEMO FROM: ADRIENNE HOLZER, SECRETARY TO THE COUNCIL

SUBJECT: NOTICE OF MEETING:

The next meeting of the Cancer Patient Welfare Committee will be held on TUESDAY, 2nd MARCH, 1982 at 12.30 p.m. in the Boardroom of the Anti-Cancer Council of Victoria.

ADRIENNE J. HOLZER
SECRETARY TO THE COUNCIL

CONFIDENTIAL

23rd February, 1982

MEMO TO: MEMBERS OF CANCER PATIENT WELFARE COMMITTEE
MEMO FROM: MISS ADRIENNE HOLZER, SECRETARY TO THE COUNCIL

Barbara has confidentially indicated that she wishes to resign her position as Social Worker with the Council and will be leaving us within the next two to three months.

The opportunity now arises to review our welfare policies, and it will probably be necessary to have more than one meeting to discuss alternatives and come to a decision.

A few thoughts come to mind which we could consider at the next meeting:-

- (1) Should the Council continue to have a patient counselling service?
- (2) Should we be more active in the analysis of the Health Scheme and its effects on cancer patients?
- (3) Should we be looking for sessional social workers with differing interests rather than one full-time social worker?
- (4) Should we consider a part-time social worker and another part-time worker such as a sociologist?

I would ask you to keep Barbara's decision in the strictest confidence at this time.

Adrienne J. Holzer
Secretary to the Council

ANTI-CANCER COUNCIL OF VICTORIA

NOTES ON PATIENT WELFARE COMMITTEE MEETING

TUESDAY, 6th APRIL, 1982

1. It was agreed that notes circulated after the meeting held on 2nd March, 1982 were an accurate record of that meeting.
2. After some discussion, the Committee agreed that:
 - (a) The Anti-Cancer Council should not appoint social workers to oncology units in hospitals.
 - (b) It was not the Anti-Cancer Council of Victoria's role to provide a counselling service as hospital and community resource centres were available for this need.
 - (c) The Anti-Cancer Council does need to concentrate on policy and political/social areas.
3. Welfare funding could continue and either be administered by present staff under supervision or revert to our previous practice of providing funds to hospitals; requesting accountability for the grants they disperse.
4. Concern was expressed for persons in the private stream as a pool of people exists in this area who need help which is unavailable in the private hospitals.

Dr. Snyder suggested that thought could be given to putting pressure on the Health Commission to allow patients to be referred directly to oncology social workers in hospitals.

Other social work resources also exist, e.g. community health centres. We would probably need to develop a referral system for patients who present to us.

5. The Anti-Cancer Council needs to have an overview of the present situation in this State before being able to solve the cancer problem. To this end discussions should be held with Tony Moore - Health Commission - and Eryl Morgan, a management consultant, who investigates social work practice.

Consideration should also be given to the organising of a workshop on social work facilities in the community.

A job description should be written by Dr. Gray and Miss Holzer for a "Welfare, Planning and Development Administrator" and circulated to the Committee for comment.

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ANTI-CANCER COUNCIL OF VICTORIA

NOTES ON PATIENT WELFARE COMMITTEE MEETING

TUESDAY, 2nd MARCH, 1982

The Committee received notice of Miss Donnelly's intention to resign and agreed that a review of the welfare programme should take place.

There was general agreement by the Committee that our objective was to try and make sure that cancer patients receive suitable welfare services. It was not to deliver all or even the majority of those services ourselves. Nevertheless we need some involvement at the coalface in order to inform ourselves; we need some experience in order to be aware of current trends; we need a "human face" as well as a human intention; we need to make sure that goodwill engendered by our activities is channelled towards us.

The Council's needs were defined variously :-

1. Policy
2. Evaluation
3. Operational
4. Executive

Policy -

If our objective is laid down as above, our current policy could continue to serve us although we must consider that we have failed to implement it in the area of evaluation.

However, we may need to consider a new structure to meet our policy needs:-

- (i) For management purposes we might need a part-time or full-time social worker to act as organiser of our activities but not necessarily to deliver any of them.
- (ii) In order to deliver some services and provide feedback information we could consider appointing part-time or full-time social workers to major oncology centres (initially in the city but eventually in the country) who would conceivably:
 - a. Be paid by us.
 - b. Wear our badge or uniform.
 - c. Receive referrals from within the hospital and from outside it.
 - d. Be mobile in order to provide a visiting service.
 - e. Would come to head office for regular meetings.
 - f. Could administer all of our budget through their peripheral unit or at least oversee what part is channelled through their unit.

We could start by appointing three social workers to work half-time at six hospitals; or six half-time social workers. These people could have, say, \$100,000 in welfare funds.

After six months' trial period we could review the situation. Options might include doubling the number of social worker sessions available; soliciting funds from outside to support them (HBA?); write a review relating to the delivery of cancer welfare services which would highlight the deficiencies of cancer welfare services (this would require someone well trained).

We would need an appropriate committee to oversee these activities (which could be achieved by making some additions to the present committee) to include people with knowledge of the needs and problems, people with evaluation skills, people with managerial skills. A written brief would be needed for this committee.

We seemed to define a need to know what is happening in the private sector in relation to psychological counselling of cancer patients and provision of statutory benefits. We could consider asking people like Lou Opit and Tony Moore, or the Sydney School of Hospital Administration to assist us with our enquiries.

The next meeting, which will be held at the Anti-Cancer Council on TUESDAY, 6th APRIL, 1982 at 12.30 p.m. could consider :-

1. A broad policy statement of objectives.
2. The people we might appoint as a committee to supervise our programme.
3. The people we might ask to comment on the ideas.

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17.3.1982