

23rd March, 1983

Miss Eryl Morgan  
Eryl Morgan & Associates  
Social Planning & Management Consultants  
32 McLachlan Street  
NORTHCOTE 3070

Dear Eryl,

Enclosed are my very hurried thoughts of what I see are the four major objectives. I think I have managed to link Phase I (Table II) and Phase II reports.

As mentioned over the telephone the VCOG executive have recommended the establishment of a working party to review Palliative Care with special reference to:

- (a) the principles that should govern palliative care
- (b) the identification of the problems which exist, particularly with co-ordination.
- (c) low cost readily applicable solutions to these problems.

and, if thought desirable -

- (d) establish the terms of reference for an ongoing working party (same one or modified or maybe even welfare committee) to -
  - \* develop the precise questions which need to be answered
  - \* recommend ways of answering these questions
  - \* find out how much the work would cost
  - \* commission the appropriate study and advise the VCOG to fund it.

Ms. Eryl Morgan

23rd March, 1983

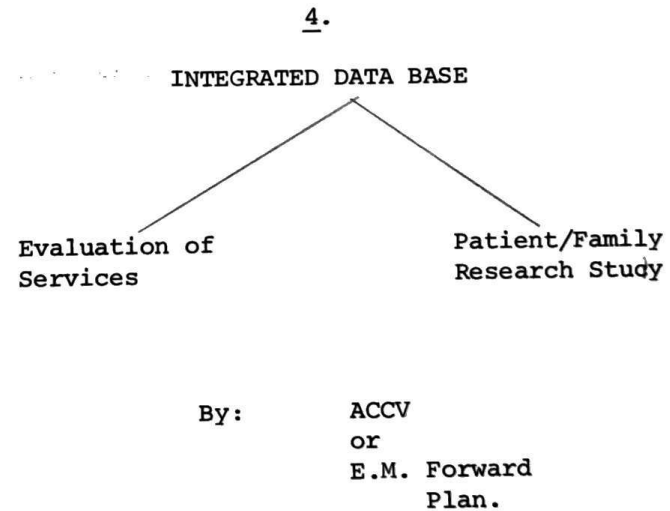
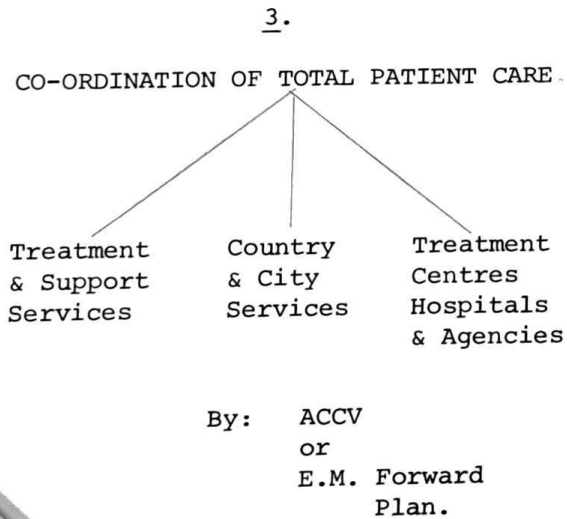
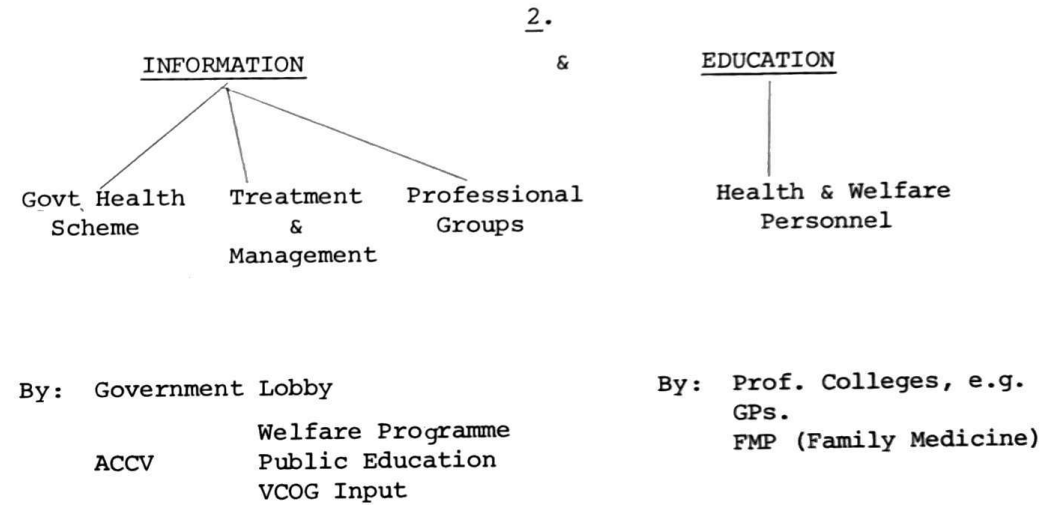
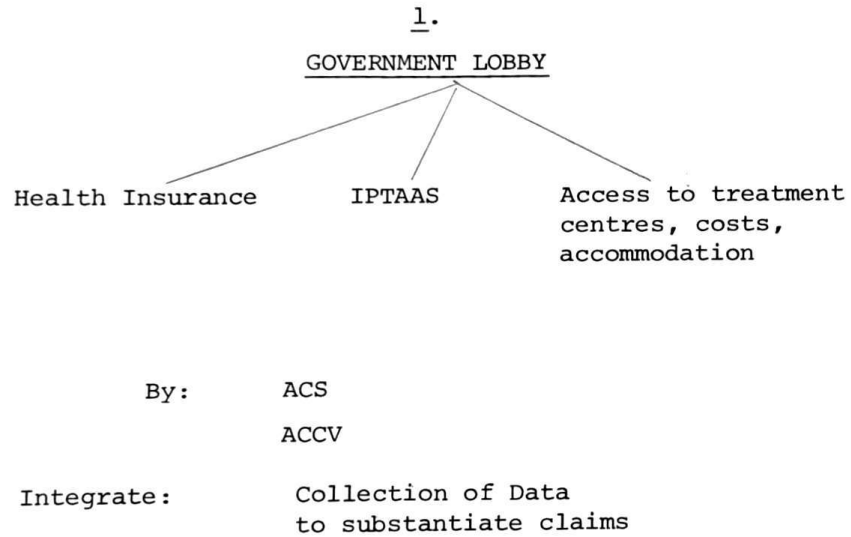
All that, of course, is confidential at present, but I think you should be aware of its existence. I will be happy to speak to it if it appears appropriate next Tuesday.

Cheers,

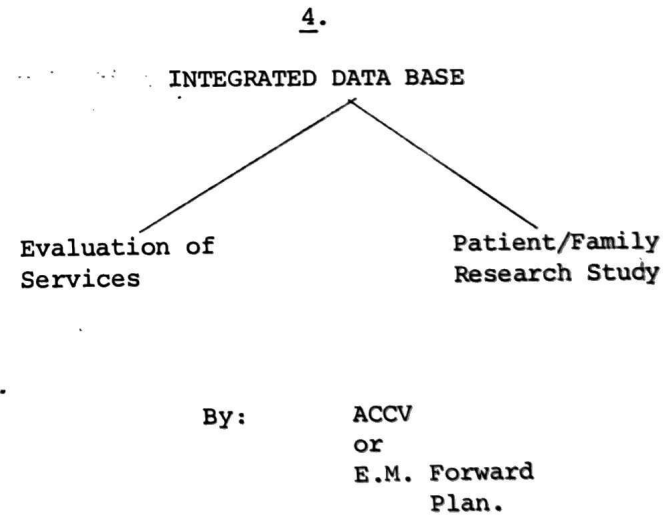
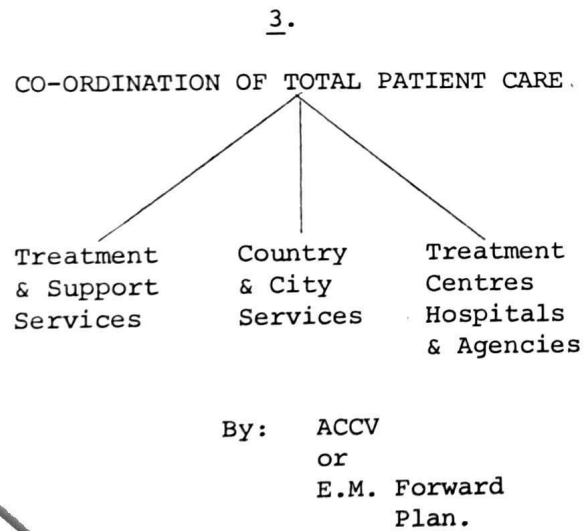
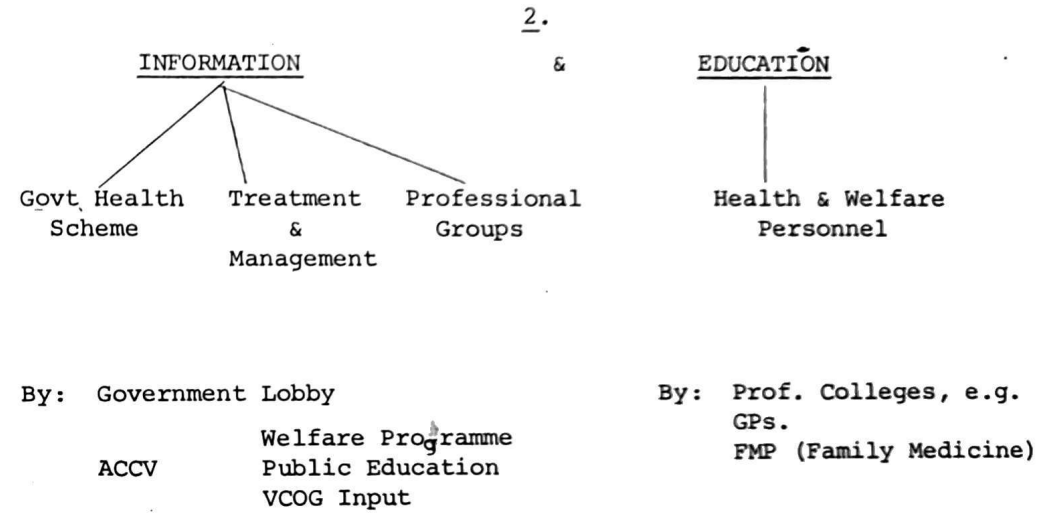
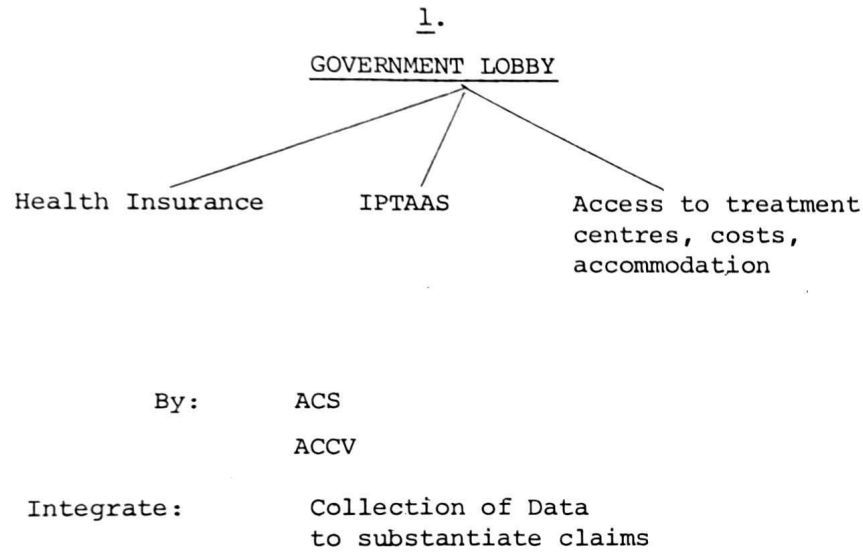
Yours sincerely,

Adrienne J. Holzer (Miss)  
Secretary to the Council

ANTI-CANCER COUNCIL OF VICTORIA



ANTI-CANCER COUNCIL OF VICTORIA



1983  
W. A. Dixon  
St. Edward's Hospital, St. Albans, VIC 3185  
Cancer Council of Victoria



February 24, 1983

34-34

Mr. Stephen Gold  
10 Dawson Avenue  
BRIGHTON 3186

Dear Mr. Gold,

Thanks very much for your thoughtful note.

We have often seen the need for a booklet which can be given to patients suffering from cancer. Our problem in writing it is that patients and their diseases differ so greatly, that statements which are helpful to one patient may be harmful to another.

Nevertheless I think we should take note of your thought again and I will ask our Public Education group to look at it.

Yours sincerely,

Nigel Gray  
Director

10 Dawson Street  
Burlington, 3186  
E. 15. 2. 83

The Director,  
Anti Cancer Council  
90 Jolimont Street,  
E. Melbourne. 3002

Dear Sir,

I have been a cancer patient  
at the Peter Ab' Ballum institute  
for the past 3 years & have had  
numerous treatments to eradicate  
Hodgkin's Disease.

I believe that a lot of  
unnecessary apprehension is caused  
to patients because of the uncertainty  
surrounding the type of cancer &  
their symptoms & treatment. I believe  
that a lot of this could be minimised  
through the production of a booklet  
to be given to patients the first

time they present themselves for treatment).

The cost of this could be borne by the Health funds or sponsored by a major institution.

Yours sincerely  
Stephen Salt

9th July, 1982

Miss Eryl Morgan,  
Eryl Morgan & Associates  
Social Planning & Management Consultants,  
32 McLachlan Street,  
NORTHCOTE, 3070

Dear Miss Morgan,

Following our meeting on the 23rd June, 1982 it was agreed that you be invited to undertake a review of our welfare program up to and including Phase 2 of your Planning Process Schedule.

The consultancy fee has yet to be agreed upon depending on the amount of administrative and clerical work that the Council is able to undertake.

We look forward to working with you.

With best wishes,

Yours sincerely,

Adrienne J. Holzer (Miss)  
Secretary to the Council

RECEIVED

17 MAY 1982

12 May 1982

Miss Adrienne J. Holzer  
Secretary to the Council  
Anti-Cancer Council of Victoria  
90 Jolimont Street  
EAST MELBOURNE VIC 3002

Dear Miss Holzer

Thank you for your letter of 27th April, 1982  
and for the opportunity to discuss the proposed  
review of the Councils' Welfare Service with  
you and David Hill on 6th May, 1982.

I am pleased to submit a planning process proposal  
for consideration by the Welfare Committee.

I would be happy to attend a meeting of the  
Committee to speak to this proposal and to  
discuss any matters which the Committee may wish  
to raise in respect of it.

Yours sincerely



ERYL MORGAN

enc:

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PROPOSED PLANNING PROCESS

ANTI-CANCER COUNCIL of VICTORIA - WELFARE SERVICE.

1. INTRODUCTION

- 1.1 The planning process proposed in this paper is designed to develop a forward plan for the Anti-Cancer Council of Victoria Welfare Service. There are four major phases in the process. First, a review of welfare services available in Victoria to persons suffering from cancer. Secondly, the identification of the key issues facing agencies in the provision of services to persons suffering from cancer. Thirdly, the development of a Forward Plan for the Anti-Cancer Council of Victoria Welfare Service in the context of the Council as a whole and the environment in which the service operates. And finally the adoption of the Forward Plan.
- 1.2 The Forward Plan will establish the position the Anti-Cancer Council of Victoria Welfare Service desires to work towards. Every issue facing the Council will not be resolved through the preparation of a plan. The Forward Plan will provide a framework through which programs, designed to counter issues identified can be systematically developed implemented and reviewed by the Council. Thus the Forward Plan is not an end in itself. It is the first step in an ongoing process.
- 1.3 The proposed planning process is presented in outline form in this paper. Detailed design of the steps in the process will be finalized in consultation with representatives of the Council after the broad planning framework has been accepted.

2. THE PROPOSED PLANNING PROCESS

- 2.1 The proposed planning process is designed to focus on the Anti-Cancer Council of Victoria

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Welfare Service in the context of the range of welfare services provided in Victoria for persons suffering from cancer. It is a participatory process which involves the Councils' Welfare Committee, its staff and personnel from other relevant agencies in the identification and analysis of issues and the development of a Forward Plan. The decision to adopt and implement the Forward Plan developed through this process rests with the Anti-Cancer Council Welfare Committee.

- 2.2 The process is presented in the schedule below. The interdependence of the steps outlined in the schedule is illustrated in the flow chart which follows.

PROPOSED PLANNING PROCESS SCHEDULE

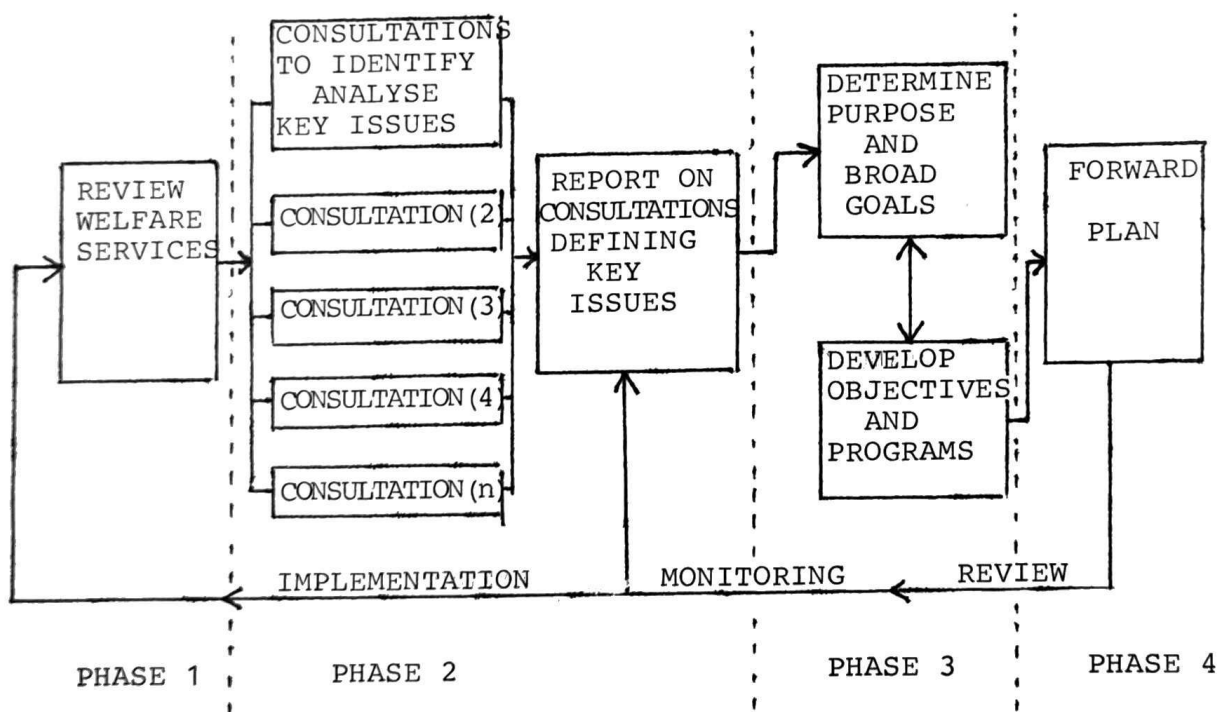
PROCESS AND ESTIMATED TIME SCHEDULE	AIMS	PARTICIPANTS AND RESPONSIBILITIES
<p><u>PHASE 1.</u> REVIEW OF WELFARE SERVICES</p> <p>WEEK 1 to WEEK 8</p>	<p>(1) To prepare a profile of welfare resources available in Victoria to persons suffering from cancer.</p> <p>(2) To identify the problems facing persons suffering from cancer in respect of availability and access to Welfare services.</p> <p>(3) To identify the gaps and/or overlaps in welfare services available in Victoria to persons suffering from cancer.</p>	<p>Questionnaire designed analysed and reported on by Consultant.</p> <p>Questionnaire mailed by Anti-Cancer Council of Victoria to all agencies in Victoria whose primary role is to provide services to persons suffering from cancer.</p> <p>Questionnaire completed by agency staff on the basis of their knowledge of resources and perception of problems experienced by persons they work with.</p>

PROCESS AND ESTIMATED TIME SCHEDULE	AIMS	PARTICIPANTS AND RESPONSIBILITIES
		Examination of services provided by Anti-Cancer Council of Victoria Welfare Service over the previous 5 years.
<p>PHASE 2. IDENTIFICATION AND ANALYSIS of KEY ISSUES</p> <p>WEEK 9 to WEEK 17</p>	<p>(1) To identify the key issues facing agencies in the provision of welfare services to persons suffering from cancer in defined geographical areas in Victoria.</p> <p>(2) To analyse and rank the key issues identified in each geographical area.</p>	<p>Series of one day consultations convened by Anti-Cancer Council of Victoria in each of the defined geographical areas.</p> <p>Anti-Cancer Council of Victoria to invite Staff from agencies in the area whose primary role is the provision of services to persons suffering from cancer.</p> <p>Consultations to be conducted and reported on by Consultant.</p>
<p>PHASE 3. DEVELOPMENT of FORWARD PLAN</p> <p>WEEK 18 to WEEK 30</p>	<p>To develop a forward plan for the Anti-Cancer Council of Victoria Welfare Service in the context of the Council as a whole and the environment in which it operates.</p>	<p>Anti-Cancer Council of Victoria Welfare Committee workshop meeting conducted by Consultant to determine the purpose and broad goals of the Welfare Service.</p>

PROCESS AND ESTIMATED TIME SCHEDULE	AIMS	PARTICIPANTS AND RESPONSIBILITIES
		<p>Establish a Planning Panel comprising selected welfare personnel involved in the provision of services to persons suffering from cancer together with a representative of the Anti-Cancer Council of Victoria Welfare Committee and a staff member.</p> <p>Planning Panel to determine objectives and develop programs designed to work towards achieving the purpose and broad goals of the Anti-Cancer Council of Victoria Welfare Service.</p> <p>Consultant to work with the Planning Panel throughout this process.</p> <p>Anti-Cancer Council of Victoria Welfare Committee representative on Planning Panel to provide regular reports to Welfare Committee Chairman.</p>
<p><u>PHASE 4.</u> THE FORWARD PLAN</p>	<p>To adopt the Anti-Cancer Council of Victoria Welfare</p>	<p>Forward Plan documented by consultant on the basis of input from</p>

PROCESS AND ESTIMATED TIME CHANGE	AIMS	PARTICIPANTS AND RESPONSIBILITIES
WEEK 31 to WEEK 35	Services Forward Plan.	Planning Panel submitted to Anti-Cancer Council of Victoria Welfare Committee for approval and implementation.

PROPOSED PLANNING PROCESS - FLOW CHART



3. CO-ORDINATING PROCESS IMPLEMENTATION

3.1 It is recommended that a small project team be established to co-ordinate the planning process. This project team should have

the following membership:

- 1 representative Anti-Cancer Council Welfare Committee
- 1 staff member
- 2 - 3 representatives of Welfare Agencies providing services to persons suffering from cancer.

3.2 The Project Team would provide knowledge and expertise in respect of services to persons suffering from cancer and input to the final design of the planning process as well as monitoring and co-ordinating its implementation.

3.3 The Project Team, through its Welfare Committee representative, would report regularly to the Welfare Committee Chairman.

3.4 Overall responsibility for ensuring that the planning process is implemented to achieve the stated objective rests with the Consultant.

#### 4. TIME SCHEDULE AND COSTING

4.1 The time schedule and costings cannot be finally fixed until the detailed design of the planning process is completed. The estimated time schedule from the commencement of Phase 1 to the completion of Phase 4 is 9 months. A period of approximately 1 month would be required to finalize the design after the broad planning framework is accepted.

4.2 The consultancy fee is estimated in the range \$12,000 to \$15,000. Two major variables are accounted for in this range. First, the actual number of questionnaires to be analysed (Phase 1) and consultations to be conducted (Phase 2) are not determined at this stage. Secondly, the administrative and clerical support provided by the Council can be negotiated. The final fee will be submitted when the planning process is finalized.

#### 5. CONCLUSION

This proposed planning process is designed to focus on the Anti-Cancer Council of Victoria

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Welfare Service as a whole, taking account of the environment in which it operates. It is a participatory process which involves a range of personnel from the Council and from Agencies in Victoria which provide welfare services to persons suffering from cancer in a review of the service and the development of a Forward Plan.

ERYL MORGAN  
12th MAY 1982.

27th April, 1982

Miss Eryl Morgan,  
13 Westgarth Street,  
NORTHCOTE, 3070

Dear Miss Morgan,

I am writing to confirm our appointment at 2.30 p.m. on Thursday, 6th May, 1982.

Our last Annual Report is enclosed, together with the last two Welfare Service Reports.

The Anti-Cancer Council is a statutory body with its own Act of Parliament. Our terms of reference under the Act are:

- (a) to co-ordinate in Victoria all activities in relation to research and investigations with respect to cancer and allied conditions and with respect to the causation prevention and treatment thereof;
- (b) to promote and subsidize such research and investigations;
- (c) to provide maintenance and travelling expenses to persons in need who are suffering from cancer to enable them to become inmates of or to attend a public general hospital or special cancer clinic for treatment;
- (d) to investigate the advisability of the establishment of special cancer clinics and, if thought advisable, to establish such clinics; and
- (e) to facilitate the improvement of the treatment of persons suffering from cancer.

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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. Consideration should be given to the organising of a "workshop or social work facilities in the community" either before or soon after any appointment is made.

Action:

1. 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.
2. Discussions should be held with -
  - (a) Tony Moore - Health Commission and
  - (b) Eryl Morgan (a management consultant who investigates social work practice), and any other such persons who may be able to help the Council in their deliberations.

4814230  
 15 weeks  
 1/1/82

The Committee then briefly discussed a letter from John Paver, Chaplain Supervisor, Pastoral Care Unit, Cancer Institute, who is requesting financial assistance to undertake a Doctorate of Ministry. The Committee requested Dr. Gray to explore the application further, with interview if necessary, with particular attention being given to the appropriateness of the Anti-Cancer Council of Victoria's charter, and the Lexington Theological Seminary in Kentucky, U.S.A.

analysis of curricula  
 make  
 report

6th April, 1982

D.H. & R.S.  
 ✓  
 to see Paver  
 with 1986  
 away

# Patient Welfare.

## Departmental Structure.

Head of Department — ? Sociologist

Assistant — Sue Rawlyk  $\frac{3.75}{5}$ 's (i.e. 3 $\frac{1}{2}$  pw)

? P/T (presently  $\frac{3}{5}$ 's i.e. 3 days p.w.)

## Functions -

B.P.S. retained

V.V.S. retained

Welfare grant money — consider bulk grants to hospitals, giving staff more free time for other duties.

## Advisory/Referral service

Write to hospitals  $\left\{ \begin{array}{l} \text{charging} \\ \text{giving may back} \\ \text{spend accordingly to} \\ \text{guidelines} \\ \text{refer} \\ \text{— have well-problems on} \end{array} \right.$   
if we get stuck — provide referral service, as demand.

Vol. other — (Tom Cadden) <sup>max</sup> 40  $\frac{1}{2}$  surgeon, nurse, <sup>16PS</sup> ~~with~~ <sup>VVS</sup> patients

REVIEW OF WELFARE SERVICES

Following the Patient Welfare Committee meeting in June, Miss Eryl Morgan, a Management Consultant with social work background, was commissioned to undertake Phases 1 & 2 of her proposal to that Committee in the first instance.

Phase 1. Involves the development of a questionnaire to all agencies in Victoria which have a role to provide services to persons suffering from cancer.

Phase 2. Involves a series of one day consultations in defined geographical areas in Victoria.

A Project team of 5 people will be involved in both these phases and will develop policy options to be submitted to the Patient Welfare Committee. The project team has been appointed and consists of :-

Miss Louise Bowen, Social Worker at the Austin Hospital.

Ms. Kathy Sanders, former Social Worker in the oncology unit at St. Vincent's Hospital now doing a masters degree at the University of Melbourne.

Mr. Tony Cole, head of the Social Work Department at Peter MacCallum Hospital.

In addition the Secretary will be the Council's representative on the committee and the Director or Deputy Director will attend as many meetings as possible.

The first meeting of this committee is taking place on Friday August 13, 1982. The Secretary has agreed to undertake the administrative work involved and the review, and organise in-house typing of reports. This will cut costs and, more importantly, involve the Secretary in an area of which up until now she has only had limited knowledge.

As mentioned at the last meeting, the Council's Welfare Program is continuing on the same basis as before although it is possible that a sessional social worker may be appointed to some future date.

Adrienne J. Holzer  
Secretary to the Council

August 3, 1982

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Adrienne J. Holzer  
Secretary to the Council

August 3, 1982

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9th. August, 1982.

Miss Adrienne J. Holzer,  
Secretary,  
Anti-Cancer Council of Victoria,  
90 Jolimont St.,  
EAST MELBOURNE, 3002.

Dear Miss Holzer,

Further to your letter of 9th. July and our meetings on 14th. and 26th. July, I am now in a position to submit my consultancy fee.

My fee for the detailed design and implementation of the Planning Process is \$10,800. A copy of that Planning Process and schedule for implementation (9th. July, 1982) has been submitted previously. The consultancy fee is based on the Council undertaking all administrative and clerical work associated with implementing the process.

I should appreciate it if the total fee could be paid in four equal parts of \$2,700, as follows:

- (i) Upon finalization of the Planning Process
- (ii) Upon completion of Phase 1 of the Process
- (iii) Upon completion of Phase 2 of the Process
- (iv) Upon completion of Phase 3 of the Process.

If the consultancy fee and the schedule of payment is acceptable to the Council, invoices to this effect will be submitted in due course.

I look forward to continuing to work with you and other members of the Council on this project.

Yours sincerely,



ERYL MORGAN.

ERYL MORGAN and ASSOCIATES. Social Planning and Management Consultants.

32 McLACHLAN ST. NORTHCOTE. VIC. 3070. Telephone: 481 4230

*Originally - \$12,500 - 15,000  
depending on how much  
we do*

1-3  
D Cooper please #1 Pat. Wufau 16 Blair St,  
Eugl Morgan. 3204. Bantleigh

22 JUL 1982

Sir or Madam,

May I commend your organization for the fine work they are doing.

My father died of Lymphthoma this January after being diagnosed the previous March 1981. Looking back on this now I feel again the sense of inadequacy that overcomes the family. - the deep need to help and assist fettered by the lack of information. Information on what to expect in the form of treatment. We went to the library for Medical books, personally spoke to the local doctors and the hospital specialists and Oncologists. And sifted through what my father was told. We wasted the time of the hospital staff asking for explanations of statements that went over our heads and yet what else could we do? Our father was dying, we wanted to know everything so we could help him and make his time with us loving and filled with dignity. Finally Dad was sent a book by the hospital social worker. This explained the Cytotoxic drugs used to fight different cancers and the side effects caused by them. This little book served among family and friends became the anchor when the days darkened. When our time with Dad became shorter and shorter and the times when he lay in pain lengthened we returned to the book - pre warned we functioned better. This book helped to dispell many myths kind Sarah told us - the cold facts were our solace against this disease.

I feel that your organization could fill this gap with a booklet - possibly along the lines of the one published by the heart foundation - for heart attack victims and their families. To many people facing a doctor in a major hospital is an ordeal and they cannot remember all that was said after the interview - a booklet read in the quiet of ones home, can be a great aid to handling the illness and imminent death of a special person. We found out too late that the Peter MacCallum hospital offered at home services - possibly these services could also be listed. And the book would need to be published in many languages. and freely available at clinics and the local doctors surgery. If I or my family could assist you and your organization in compiling such a booklet we would be delighted.

Yours Sincerely

Sorraine Apakian (Mrs.)

22 JUL 1982