

Patron: His Excellency Rear Admiral Sir Brian Murray, KCMG, AO, GOVERNOR OF VICTORIA
President: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc., F.R.S. (Hon.)
Vice-President: Mr. W. A. Dick, B. Com., FCA
Chairmen: Vice-President 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.
Medical & Scientific Committee: Professor B. W. Holloway, D.Sc., F.A.A.
Appeals Committee: Mr. J. T. Ralph, F.A.S.A.
Public Education Committee: Mr. W. A. Dick, B. Com., FCA.
Patients' Welfare Committee: Acting Chairman: Dr. T. H. Hurley, OBE, MD, FRACP.

Pt. Welfare file
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.

Anti-Cancer Council of Victoria



February 15, 1984

139X03D

MEMORANDUM TO: Members of Patient Welfare Committee

Re: Patient Welfare Committee Meeting

Please note that the first meeting of the Patient Welfare Committee scheduled for Wednesday, 22nd February 1984 has been postponed to a date to be fixed.

The response to the advertised position of Coordinator of Social Service Policy with the Council has been good, but the selection process will take some time.

We shall be in touch with you again as soon as possible.

Adrienne J. Holzer (Miss)
Secretary to the Council

ANTI-CANCER COUNCIL OF VICTORIA

MINUTES of PATIENT WELFARE SUB-COMMITTEE MEETING held at the Anti-Cancer Council of Victoria, 90 Jolimont Street, East Melbourne, on Wednesday, 14th December, 1983 at 12.30 p.m.

PRESENT:

Dr. T.H. Hurley (In the Chair)
Mr. W.A. Dick
Sir Edward Dunlop
Dr. R.D. Snyder
Mr. Paul K. Steedman

IN ATTENDANCE:

Dr. Nigel Gray, Director
Miss Adrienne Holzer, Secretary.

The Minutes of the previous Meeting, having been circulated to members, were approved and signed by the Chairman as a correct record.

Dr. Gray informed members of his discussions with Canon Peter Hollingworth of the Brotherhood of St. Laurence and also with Professor Peter Boss, Professor of Social Work at Monash University, regarding the nature of the Council's Social Work position. As a result of those discussions, Professor Boss had written a draft job description for discussion by this Committee. Both the job description and draft advertisement were discussed in some detail and several suggestions made. The final job description and advertisement are attached to these minutes.

The committee agreed that the advertisement should be placed before Christmas and again in January with the closing date for applications taking place in mid-February. The advertisement and the job description should also be circulated to the Universities' Social Work Departments.

Dr. Gray then spoke about the Executive Committee's decision to disband the Public Education Committee, replacing it with a number of special purpose committees. The possibility also exists for the Welfare Committee to be restructured in the same way.

REPORT ON CARITAS CHRISTI HOSPICE

Dr. Steedman reported on activities at the Caritas Christi Hospice during the last financial year. Included in his previously circulated report was a Table showing cancer admission and discharge rates from Caritas Christi over the last eight years. The figures showed a marked increase in activity both in numbers admitted and numbers discharged from the Hospice which highlighted the increasing care undertaken by Caritas and

also the changing circumstances with home care and back-up help. Dr. Steedman told the committee that Dr. Bill Keane had taken over as a part-time Medical Director and was co-ordinating medical services at the Hospice. A medical staff structure has been established and increasing use is being made of the Caritas Day Centre. This has been very popular, with physiotherapy and occupational therapy being in great demand.

The Committee thanked Dr. Steedman for his report and for the excellent work undertaken at Caritas Christi.

.....

CHAIRMAN

DATE:.....

CONFIRMED

Anti-Cancer Council of Victoria**CO-ORDINATOR OF SOCIAL SERVICE POLICY**

The Anti-Cancer Council of Victoria is a charitable body, set up by Act of Parliament, which receives 95% of its funds from public donation. It has broad objectives in the field of cancer control and has for many years supported a Patient Welfare Program. This program has included the provision of welfare advice, disbursement of welfare funds, the maintenance of a breast prosthesis service and a volunteer visiting service for cancer patients.

The Council now wishes to extend the scope of its activities in the field of Patient Welfare and is seeking to appoint a senior person to organise its existing program, to analyse the effects of changes in hospital and health care services on the welfare of cancer patients, and to play an active role in making policy within the Council and in influencing state and federal governments.

Candidates must be able to initiate and maintain good working relationships with professional colleagues in the medical and para-medical field. The possession of a degree or a diploma in social work is desirable but other qualifications could be acceptable. Experience covering hospital or community patient welfare work and an interest in policy formation and organisation, is essential.

The importance of the appointment is reflected in the salary and conditions of service which the Council is offering to suitable candidates. Salary is to be negotiated, but is expected to be in the range of \$25,000 to \$29,000

A detailed job description and information about the Council and its welfare activities is available from the Secretary to the Council. Tel: (03)654-2411.

Applications, including names of referees, close on February 10, 1984 and should be addressed to the Secretary, Anti-Cancer Council of Victoria, 90 Jolimont Street, East Melbourne, 3002.

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The appointment presents an excellent opportunity for a social worker to be involved in developing welfare policy in a major Australian voluntary health organisation.

The person appointed will be directly responsible to the Director of the Council.

THE COUNCIL

The Anti-Cancer Council of Victoria is a major organisation in the State dedicated to the fight against cancer. The Council's primary services include :

- cancer research, which consists of funding of various research projects in Victorian hospitals, universities and research institutes, as well as carrying out research itself;
- maintenance of the Central Cancer Registry, which includes the records of every case since cancer became a notifiable disease;
- a cancer information service, available to all persons enquiring via mail or phone;

- a cancer education service, both for medical and other professionals, and for the general public;
- financial assistance to cancer patients and their families;
- a volunteer visiting service for mastectomy patients on referral from surgeons, for those patients who want to talk to another patient.

THE WELFARE COMMITTEE

The Council maintains a number of committees and subcommittees, (currently including a Welfare Committee). This administrative structure is currently under review.

THE WELFARE BUDGET

There is a welfare budget of about \$150,000 p.a. The Council would, however, be quite prepared to expand this budget considerably, even to twice its present size if appropriate welfare directions are advised. Although a part of the budget would no doubt continue to be expended on financial benefits to patients and their families, it would still leave the bulk of funds to be expended in other welfare directions.

THE MORGAN REVIEW REPORT

In 1982 the Council commissioned Eryl Morgan and Associates to undertake a review of its welfare services to cancer patients, in order to guide its welfare policies over the next few years.

Candidates may like to familiarise themselves with the Morgan Report, which is available at the offices of the Council.

THE ANTICIPATED SOCIAL WORK FUNCTIONS

1. Make recommendations to the Director and the Executive Committee generally on policy and practice changes at Commonwealth and State levels in the health and welfare area, in particular to ensure that the Council is made aware of how its policies fit in with those of government so as to avoid overlap, duplication or gaps in service provision.
2. Advise and participate in the Council's development work on palliative care, associated with, amongst other things, the hospice movement.
3. Assume a primary responsibility for disseminating information to patients and their families on developments in the health scheme, and the various pensions, benefits, allowances and other services available to patients and their families, and to disseminate other such information useful to them.

4. Assisting with the development and coordination of the growing number of volunteer groups which are springing up through Melbourne and Victoria, in particular, prepare them through education and drawing-up of guidelines for effective functioning in their various activities relating to the Council's work.
5. Disbursing of a limited amount of funds to cancer patients and their families.
6. Framing submissions for administrative and political purposes.

Adrienne J. Holzer (Miss)
Secretary to the Council.

December, 1983

A J H.

ANTI-CANCER COUNCIL OF VICTORIA

PATIENT WELFARE COMMITTEE

WEDNESDAY, 14TH DECEMBER, 1983

Luncheon at 12.30 p.m.

Enclosed is a draft advertisement to be discussed at the meeting together with the document previously circulated by Dr. Gray.

Dr. Steedman's report concerning Caritas Christi Hospice from July 1982 - June 1983 is also enclosed, together with statistics from the Council's program for the first three months of the 1983/84 financial year.

Adrienne J. Holzer
Secretary to the Council.

Encls:

ANTI-CANCER COUNCIL OF VICTORIA

Co-ordinator
Director of

Social Worker

Service Policy

The Council

for my yes, disband
funds & other comm. U. C.
to soc. welfare advice.
It now wastes the effort
the nature of
the job of

The Council wishes to appoint a social worker with some years of experience in social work, management and practice, and policy making.

The position would be attractive to social workers with a background in a medical or para-medical setting, and who have developed an interest in policy formulation and implementation in the area of social welfare.

Job
= 2 pages

Candidates must be able to initiate and maintain good working relationships with professional colleagues in the medical and para-medical field.

The possession of a degree or diploma in social work is ^{desirable} necessary and candidates should be eligible for membership of the Australian Association of Social Workers.

Salary, according to ^{to be negotiable qualifications &} experience, but ~~within the range of Classes 3 & 4.~~

A detailed job description and information about the Council and its welfare activities is available on request from the Secretary to the Council.

Applications should be in writing, ^{including qualifications} addressed to the Secretary, including names of referees, no later than ^{mid Feb}

Age / Band -
Univ's degree.
Sex - work - publication?

over
Lippert
Christina
and
mid Feb
mid Jan

THE SOCIAL WORKER

policy making

The Council is looking to appoint a social worker with a good track record in social work practice, including preferably some years of experience at senior level which should have included management experience.

The position would be attractive to social workers whose background includes the medical social work setting, probably in a hospital or a community health centre or such like, and who have developed an interest in policy formulation and implementation in the area of social welfare.

Candidates should be able to initiate and maintain good working relationships with social work and kindred professional colleagues in hospital and other medical settings.

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The appointment presents an excellent opportunity for a social worker to be involved in developing welfare policy in a major Australian voluntary health organisation. *is a direct*

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- a cancer information service, available to all persons enquiring via mail or phone;
- a cancer education service, both for medical and other professionals, and for the general public;
- financial assistance to cancer patients and their families;
- a ~~volunteer~~ visiting service for mastectomy patients ^{who use} on referral from surgeons, and a ~~visiting~~ ^{visiting} service for those patients who want to talk to another patient.
- ^{co-ordinates} a visiting nursing service for mastectomy patients ^{who wish advice on problems} and a volunteer visiting service for mastectomy patients, on referral from surgeons, for those patients wishing to talk to another patient.

THE WELFARE COMMITTEE

The Council maintains a number of committees and sub-committees, and currently includes a welfare committee. The Council is not however committed to having a welfare committee either in its present form or at all, and would welcome the social worker's advice as to what the committee's future might be.

THE WELFARE BUDGET

There is currently a welfare budget of about \$¹⁷⁰~~150~~,000 p.a. The Council would however be quite prepared to expand this budget considerably, ~~even to twice its present size~~ if appropriate welfare directions are advised. Although a part of the budget would no doubt continue to be expended on financial benefits to patients and their families, it would still leave the bulk of funds to be expended in other welfare directions.

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Candidates may like to familiarise themselves with the Morgan Report, which is available at the offices of the Council.

THE ANTICIPATED SOCIAL WORK FUNCTIONS

① disbursing of a limited amount of funds to cancer patients and their families;

- developing the growing number of volunteer groups which are springing up through Melbourne and Victoria, in particular prepare them through education and drawing-up of guidelines for effective functioning in their various activities relating to the Council's work;

② *Advise on and participate in the Council's development work on palliative care, associated with, amongst other things, the hospice movement;*

③ *assume a primary responsibility for disseminating information to patients and their families on developments in the 'health and welfare' field, and the various pensions, benefits, allowances and other services available to patients and their families; and to disseminate other information useful to them;*

④ *advise the Director and Executive Committee of the Council on palliative care and the hospice movement*

⑤ *be prepared to offer advice and assistance to the growing number of volunteer support / after care groups in Victoria, particularly in their relationships with the Council.*

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The Anticipated Social Work Functions .. contd.

④ - monitor and advise the Council generally on policy and practice changes at Commonwealth and State levels in the health and welfare area, in particular to ensure that the Council is made aware of how its policies fit in with those of government so as to avoid overlap, duplication or gaps in service provision.

submissions
help to frame changes,
adv. prog. for
remedying gaps

PRESENT STAFF
SALARY AND CONDITIONS OF SERVICE

art 6 -

Salary, office hours, superannuation and like benefits, annual leave, etc.

at administrative +
policy level.

APPLICATIONS

format, c.v., referees, closing date, etc.

④

monitor policy & practice changes at Commonwealth & State levels in the health & welfare area, in particular to advise the Council if duplication of services occur, and to assist with the framing of submissions at an administrative and political level.

PRESENT STAFF.

- ~~Assistant~~ administrative secretary at present administering the welfare funds to cancer patients & their families.
- a typist/clerk who also runs the breast prosthesis program.

TELEPHONES: 41 5948
41 5984
40 6385

"CLARENDAL"
206 ALBERT STREET
EAST MELBOURNE, 3002

2nd December 1983

REPORT TO ANTI-CANCER COUNCIL

CARITAS CHRISTI HOSPICE - JULY 1982 - JUNE 1983

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

Patients carried forward as at 1/7/1982	Male	11
	Female	13
Patients admitted July 1982 - June 1983	Male	183
	Female	144
Patients discharged July 1982 - June 1983	Male	17
	Female	24
Patients who died July 1982 - June 1983	Male	155
	Female	114
Patients remaining as at 30/6/83	Male	22
	Female	18

These patients represented 81% of the people who were admitted to Caritas Christi for care during that period.

Enclosed please find comparative figures for cancer patients at Caritas Christi in the last 8 years.

From this chart it can be seen that on the whole there has been a gradual increase in the number of patients admitted, the number who have died and the number who have been able to be discharged, the latter figures increasing markedly over the past year.

Caritas Christi from a medical point of view has become much busier over the past year, mainly with the increasing involvement of Dr. W.M.C. Keane as a part-time Medical Director. Dr. John Rutter and Dr. Maria Pisasale continue to attend the Hospice on a regular visiting basis. A medical staff structure has been established and we have had regular staff meetings. It is anticipated in the new year that there will be regular medical/nursing lunchtime meetings at which topics of general interest will be discussed.

I have continued to conduct the same number of ward rounds as usual and I was able to arrange 4-6 medical student ward rounds during the year for students from St. Vincent's Hospital in either the 4th or final year of their medical course. These have been successful. The students enjoy them. They have been conducted

MR. PAUL K. STEEDMAN F.R.C.S., F.R.A.C.S.

either as a formal ward round or on a trial clinical examination basis, especially at that part of the year just before their examinations. They have appreciated this.

A rotating Intern from St. Vincent's continues to work 6 mornings per week at Caritas Christi and then return to Casualty duties at St. Vincent's for the rest of the day. The Intern is a great help in the day to day management of patients and in the writing up of the increasingly sophisticated medical records, especially the admission history.

During the year up to 20 beds at Caritas have been set aside for convalescent patients from St. Vincent's. These patients are of all types, mainly convalescent orthopaedic patients who require 1-2 weeks extra care before going home, but they do include, from time to time, people with malignancies who were not quite ready to go straight home from St. Vincent's or their parent hospital.

The Hospice concept has continued to develop with the increasing use of the Caritas Day Centre and with domiciliary visiting. The Day Centre has been very popular. Physiotherapy and Occupational therapy have been in great demand. The meeting rooms are used a lot and many of the ambulant patients at Caritas have the midday meal in the Day Centre.


The Hospice continues to maintain high bed occupancy. The main types of malignancies continue to predominate, especially amongst the males - cancer of the lung, brain, colon and prostate; and amongst the females - cancer of the breast, lung, brain and colon.

Minor procedures continue to be carried out from time to time, including the passage of indwelling catheters, bladder washouts for infection and retention and haemorrhage. Tapping of ascites and pleural effusions, removal of skin lesions under local anaesthetic, and simple management of uncomplicated fractures which might occur.

Strong links with Oncology Departments of the parent hospitals are maintained.

I would like to record my continuing appreciation for the fine work done by the nursing staff at Caritas Christi, with special reference to Sister Dorothea, Sister Agatha, Sister Bernadette, Sister Loreto and Sister Margaret Mary, and to Sister Taylor and Sister Macauley and Sister O'Connell and Sister O'Keefe and so many others trained and training, too numerous to mention. During the past year Caritas suffered greatly when Sister Ferguson, Sister Gardiner and Sister Kelly retired. They had given long and devoted service to Caritas Christi.

I wish to record my continuing appreciation to the Anti-Cancer Council.



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

CANCER PATIENTS

		75/76	76/77	77/78	78/79	79/80	80/81	81/82	82/83
Admitted	Male	91	143	99	149	122	137	131	183
	Female	83	106	96	98	71	109	126	144
<hr/>									
Died	Male	79) 150	125) 219	86) 163	121) 204	129) 205	107) 195	105) 207	155) 269
	Female	71) 150	94) 219	77) 163	83) 204	76) 205	88) 195	102) 207	114) 269
<hr/>									
Discharged	Male	7	5	7	7	4	5	6	17
	Female	4	6	7	2	2	5	8	24
<hr/>									

WELFARE SERVICE - SPENDING PATTERN

3 MONTHS - JULY 1983 to SEPT. 1983

1. <u>INDIVIDUAL GRANT PROGRAM:</u>		\$33,088
(see attached list)		
2. <u>SUBSIDIZED SUPPORT SYSTEMS:</u>		
Breast Prosthesis Service	\$751	
Sessional Consultant at Caritas Christi Hospice	\$1,125	
Visiting Nurse Services	\$2,500	
Hospice Grant - Geelong	\$1,125	
R.C.H. Special Transport Grant	<u>\$375</u>	\$5,876
3. <u>SALARIES & SUPERANNUATION:</u>		\$7,706
4. <u>ADMINISTRATIVE SERVICES:</u>		\$6,103
(Travelling, Printing, Computer Programming Expenses, etc. - including 7% Redistributed Expenses)		
		<u>\$52,773</u>

N.B.

Some expenditure listed above will not have gone through A.C.C.V. Accounts Department before the end of September, however welfare grants etc. authorized during the 3-month period have been included to give a more accurate figure of overall expenditure for the quarter.



Sue Rawlyk (Mrs.)
Social Work Department

METROPOLITAN HOSPITALS

Royal Children's Hospital	\$10,225
Peter MacCallum Hospital	8,230
Royal Melbourne Hospital	2,853
Alfred Hospital	1,680
Austin Hospital	930
St. Vincent's Hospital	882
Queen Victoria Medical Centre	856
Prince Henry's Hospital	600
Royal Women's Hospital	530
Western General Hospital	495
Dandenong & District Hospital	300
Bethlehem Hospital	185
Royal Eye & Ear Hospital	167

COUNTRY HOSPITALS

Geelong Hospital	713
Colac & District Hospital	420
Bendigo Base Hospital	410
Ballarat Base Hospital	291

COMMUNITY HEALTH CENTRES

(Corio)

472

MUNICIPAL/SHIRE COUNCILS

(Maryborough, Portland)

348

OTHER AGENCIES

Brighton Family Care	367
Care Force Family Support	144
Southern Family Life	37

A.C.C.V. DIRECT GRANTS

1,953

TOTAL:

 \$33,088

ANTI-CANCER COUNCIL OF VICTORIA

Date: 9/9/83

To..... Adrienne Holzer.....

- | | |
|--|---|
| <input checked="" 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 |

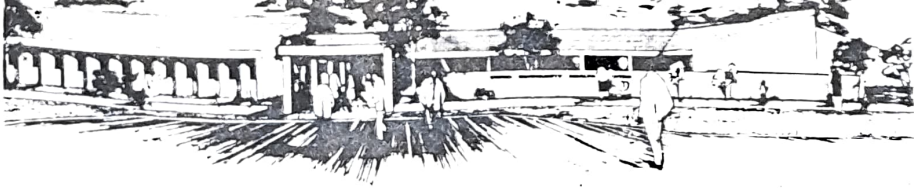
Remarks:

Thought you'd be interested - Marianne Duplain asks to pass on their thanks for help given.

This appears to be an extremely efficient and well-run Community Health Centre - Marianne sent me their Annual Report via Eryl, and its quite

impressive. They provide a wide range of services.





7th September, 1983.

Ms. Sue Rawlyk,
Social Work Department,
Anti-Cancer Council of Victoria,
Keogh House,
90 Jolimont Street,
EAST MELBOURNE. 3002

Dear Sue,

Many thanks for your recent report on spending patterns, 1982/83. I am glad that the welfare grant system at this stage is continuing unaltered and I do hope that you will be able to continue to assist financially those most in need, who have cancer.

I can only speak on behalf of those families whom I know and I would like to say that the financial assistance given to them by the Anti-Cancer Council of Victoria has proved to be really invaluable. There can be so many stresses on a family when a member has cancer and I find that the overwhelming stress can be enormous financial problems - these literally can be the "last straw". Like you, we are finding that the huge increases in gas and electricity bills have had a very devastating effect on many families who are in receipt of low income. Like other welfare agencies in Geelong, we are finding that a large amount of our emergency aid (in fact, the majority of it) is going to pay S.E.C. and gas bills or otherwise, it is purchasing food for families who have no money after paying fuel bills (our Centre has assisted over 1,000 families financially in the past year). We are now in the throes of trying to form a branch of the Melbourne-based Energy Action Group.

I would like to wish all those at the Anti-Cancer Council all the very best in their work. Please pass on our appreciation of all your good work to those concerned. Many thanks, indeed, and kind regards.

Yours sincerely,

Marianne .

Marianne Duplain.
(SOCIAL WORKER).

P.S. You may have seen from the death notices that Stan Lewis died on 22nd August. Thank you once again for your assistance to Stan and his family.

MD:sb.

CORIO COMUNITY HEALTH CENTRE
Corio Village Shopping centre,
Corio. 3214. Phone 75 2891.
P.O. Box 145, Corio. 3214.

PART 1.

This Part applies to Social Workers.

3. (a) (i)

WAGES

Classification	Wage per week
	\$
Class I—	
1st year	306.00
2nd year	329.00
3rd year	339.00
4th year	356.00
5th year	371.00
6th year	390.00
7th year and thereafter	405.00
Class II—	
1st year	423.00
2nd year	441.00
3rd year and thereafter	457.00
Class III—	
1st year	471.00
2nd year	488.00
3rd year and thereafter	503.00
Class IV—	
1st year	518.00
2nd year and thereafter	537.00

The above wages shall be calculated to the nearest \$1, 50c or less in a result to be disregarded.

Provided that the commencing wage for a "Social Worker—Class I" who is a graduate (other than in social work) of an Australian University shall be the rate prescribed for the 2nd year of the classification of "Social Worker—Class I" and provided further that the commencing wage for a "Social Worker—Class I" who holds a Bachelor of Social Work Qualification which requires four years study at an Australian University or College of Advanced Education or who holds the University of Melbourne combined Degree which includes its Diploma of Social Studies shall be the rate prescribed for 3rd year of the classification of "Social Worker—Class I".

- (ii) the yearly increments in the case of Class I are based on years of full-time practical experience as a Social Worker from date of qualification, and, in the case of Classes II, III and IV are based on years of full-time experience or service in those classes respectively.
- (iii) where the employment is for a period not exceeding the equivalent of 3 months' full-time and for a specific purpose the salary payable within the incremental range may be mutually agreed between employer and employee, provided that the provisions of clause 7 shall also apply in the case of Part Time Workers.
- (iv) in the case of a social worker who has not worked as such for a period of 4 years or more and then seeks re-employment as such, without having undertaken special refresher training or experience agreed by the employer to constitute adequate preparation for return to employment, the salary payable shall be—
- (A) during the first 6 months of re-employment—the first year rate of the appropriate class or the yearly rate which is three years lower than the workers' previous full-time years of experience, whichever is the higher.
- (B) during the second 6 months of re-employment—the rate to which the worker would have been entitled under this Award during the worker's last period of full-time employment.
- (C) during the second year of re-employment and thereafter, the worker shall be paid according to paragraph (i) of sub-clause (a) of this clause.
- (v) subject to "(iv)" above and for the purposes of determining "years of full-time practical experience" in the case of part-time workers periods of continuous service equal to 6 months' full-time practical experience or more whether worked full or part time shall be taken into account. Where service is not continuous for a 6 months' period, half the total time worked shall be taken into account.
- (b) The salary rates as set out in sub-clause (a) of this clause, shall apply as set out hereunder :—
- Class I** .. means and includes all qualified persons who are appointed to work under the direction and supervision of more experienced Social Workers.
- Class II** .. means and includes all qualified persons who are appointed to work as such, who are not working under direct supervision and who have some administrative responsibility, including :—
- (a) Social Worker in charge of an Agency or Department with a staff of up to 3 Social Workers or with a staff of Social Workers plus other employees totalling at least 6 in number ; or
- (b) The only Social Worker employed ; or
- (c) Social Worker responsible to Senior Social Worker for a major activity or group of activities within an Agency or Department ; or
- (d) Social Worker appointed as assistant to a Social Worker in Class III ; or
- (e) Case Work Supervisor.
- Class III** .. means and includes all qualified persons who are appointed as such to positions including :—
- (a) Social Worker in charge of an Agency or Department with a staff of more than 3 and up to 7 Social Workers, or with a staff of more than 3 Social Workers plus other employees totalling at least 13 in number ; or
- (b) Senior Social Worker specifically appointed as follows :—
- (i) in charge of a designated Training Unit for Social Work Students ; or
- (ii) assistant to Class IV ; or

(c) Any Social Worker in any position which requires special skill and experience and where the responsibilities are mutually agreed by employer and employee to be equal to those of a Social Worker appointed under (a) hereof.

Class IV .. means and includes all qualified persons appointed as such who have senior administrative responsibility, including:—

- (a) Social Worker in charge of an Agency or Department with a staff of 8 or more Social Workers, or with a staff of Social Workers plus other employees totalling at least 14 in number; or
- (b) Any Social Worker employed in a position the responsibilities of which are mutually agreed by employer and employee to be equal to those of a Social Worker employed under (a) hereof.

For the purpose of determining the number of Social Workers and/or the total number of employees, as the case may be, in the charge and under the control and supervision of a Social Worker Class II, III or IV, the number for the purposes of those classifications shall be calculated by adding together all the ordinary hours worked per week by all such persons employed in the Agency or Department and every 40 hours or part thereof shall equal one Social Worker or Other Employee.

HIGHER DUTIES ALLOWANCES.

4. Any social worker who is called upon to perform the duties of another employee on a higher classification under this Award for a period of 5 consecutive working days or more shall be paid for the period for which duties are assumed at a rate not less than the minimum rate prescribed for the classification applying to the social worker so relieved.

WORKING WEEK.

5. The ordinary hours for a week's work shall be 40 spread over 5 days.

OVERTIME.

6. (a) Only authorized overtime shall be paid and the following rates shall apply for all such work undertaken—

- (i) For overtime worked outside of the 40 hours spread from Monday to Friday inclusive—time and one-half;
- (ii) For overtime worked on Saturdays, Sundays or Public Holidays—double time.

(b) By agreement with the employer an employee may take proportionate time off in lieu of payment of such overtime at time and one-half.

PART TIME.

7. Social workers employed on a part-time basis shall be paid for hours worked, either—

- (1) at an hourly rate equal to one-fortieth of the appropriate weekly rate and with entitlement to proportionate sick leave and recreational leave; or
- (2) at an hourly rate equal to one-fortieth of the appropriate weekly rate plus 25 per cent. of such hourly rate, without any entitlement to sick leave or recreational leave.

The conditions of part-time work shall be agreed upon between employer and employee and shall be confirmed in writing between the two parties.

TIME RECORD.

8. Social workers subject to this Award shall be subject to the same time recording procedures as are other professional disciplines in the employ of the employer.

PAYMENT OF WAGES.

9. (a) All wages shall be paid weekly or fortnightly.

(b) Wages shall be paid during working hours on a week day being not more than five days following the end of the pay period. Provided that this sub-clause shall not apply if an employer makes a practice of allowing advances to his employees approximating wages due.

(c) Upon termination of employment, wages due to an employee shall be paid on the date of such termination or forwarded by post on the next working day of the clerical staff.

(d) An employer may deduct from amounts due to an employee such amounts as is authorised in writing by such employee.

(e) On or prior to pay day an employer shall state to the employee in writing the total amount of wages to which he or she is entitled, the amount of overtime therein, details of any deductions made therefrom and the net amount being paid to him.

PUBLIC HOLIDAYS.

10. (a) An employee shall be entitled to the following holidays without deduction of pay—New Year's Day, Australia Day, Labour Day, Good Friday, Easter Monday, Anzac Day, Queen's Birthday, Melbourne Cup Day, Christmas Day and Boxing Day or such other day or days as may be proclaimed as a general public holiday within the area within which the Social Worker's place of work is situated but if any other day be by Act of Parliament or Proclamation substituted for any of these holidays, the employee shall be entitled to the day so substituted.

(b) An employee who is rostered to work and works on any day specified in sub-clause (a) hereof shall—

- (i) be paid for the time so worked, with a minimum of 4 hours' wages, at the rate of time and one-half in addition to the weekly wage prescribed by this Award; or
- (ii) be entitled to equivalent time off (with a minimum of 4 hours) without loss of pay; such time off shall be taken at a time mutually convenient to the employer and the employee within one month of the day on which the employee worked, provided that where an employee is entitled to a full working day off such time off may be added to the employee's annual leave by mutual consent.

(c) Where such a holiday occurs on the employee's rostered day off, the employee shall be entitled to receive 1 day's pay in addition to the weekly wage or one week day off at a time convenient to the employer without loss of pay in lieu thereof.

(d) Where an employee, who is rostered to work on any day specified in sub-clause (a) thereof, requests and is granted any such day off, the employee shall not be entitled to holiday pay for that day unless the request was made by the employee at least 3 clear working days prior to the date of that day.

(e) Where an employee is rostered to work on any day specified in sub-clause (a) hereof and fails to do so the employee shall not be entitled to holiday pay for that day.

ANNUAL LEAVE.

Period of Leave.

11. (a) Employees shall be entitled to Annual Leave on full pay for a period equal to 4 working weeks for each continuous 12 months service with an employer.

Annual Leave Exclusive of Public Holidays.

(b) The annual leave prescribed in sub-clause (a) hereof, shall be exclusive of any of the holidays prescribed in clause 9 hereof and if any such holiday falls within an employee's period of annual leave and is observed on a day on which in the case of that employee would have been an ordinary working day there shall be added to the period of annual leave time equivalent to the ordinary time which the employee would have worked if such day had not been a holiday.

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Public Education Committee: Mr. W. A. Dick, B. Com., FCA.
Patients' Welfare Committee: Acting Chairman: Dr. T. H. Hurley, OBE, MD, FRACP.

Anti-Cancer Council of Victoria



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

November 17, 1983

127X12C

Memorandum to: Patient Welfare Committee

From: Nigel Gray

Social Welfare Appointment

After the Patient Welfare Committee meeting on August 10 I consulted Peter Hollingworth at the Brotherhood of St. Laurence and, on his advice, went to Peter Boss, Professor of Social Work at Monash, to discuss the sort of job we were proposing.

Attached is a copy of the written brief I sent him to serve as a basis for follow up discussions.

I have now seen him again and am very grateful for the amount of time he has been willing to put in, trying to analyse the position we are offering and the best way in which we might fill it.

I expect to have the complete document within a fortnight. It is therefore suggested that we meet at the Anti-Cancer Council for lunch at 12.30 pm on -

WEDNESDAY, DECEMBER 14

The main agenda item will be the detailed job description and advertisement for the post plus a preliminary discussion about the way in which we might suggest the Patient Welfare activities are supervised and accounted for in future.

Encl: 89D11C

Anti-Cancer Council of Victoria



November 2, 1983

89D11C

Professor Peter Boss
Department of Social Work
Monash University
CLAYTON 3168

Dear Peter,

Thank you very much for your kindness in offering to help with my difficulty in defining precisely the job description we wish to establish for our Patient Welfare program. To give you a little background -

1. Attached is a copy of our annual report in which there is a summary of what's happened over the past year and a breakdown of the expenditure.

I have been very dissatisfied for a long time over our inability to do in patient welfare what we do in the areas of public education and treatment, i.e. make a contribution towards public health policy, both government and non government.

We have always had one social worker who has disbursed the welfare grants both directly and indirectly through the social work departments of the major public hospitals. We have usually handled some patients directly, particularly over the last 5 years when our social worker was deeply interested in counselling and patients who would previously have been treated by public hospitals found themselves in the private sector simply because they were insured.

From a policy point of view, I expect that we would continue with the welfare grant program, although it could be modified in many ways. There would be two reasons for this -

- (a) There is a need (which appears financially finite) for some unbureaucratic money.
 - (b) It gives us a working relationship with the social work departments of the public hospitals and exposes us to the real world of patient welfare.
2. We run a Breast Prosthesis Service by which information and demonstration of breast prostheses are presented by trained volunteer nurses to about 3/4 of the patients experiencing breast cancer, in the State. We also run a volunteer visiting service for those patients who want to talk to another patient.

All the above is relatively straightforward.

3. I am anxious that we appoint someone who will take the Council into a position where we make a contribution to welfare policy in the State of Victoria. This necessarily means some analysis of what the Federal Government does. If we want to alter things in that sphere, we work through the Australian Cancer Society Welfare Committee.

Obvious opportunities exist for us in 3 fields at the moment:-

- (a) Volunteer support groups are springing up here and there. They have potential to do both harm and good. We could reasonably lecture to them, help develop guidelines for their modus operandi and coordinate them.
- (b) Palliative Care. You will be familiar with the "hospice" movement which is spreading through Victoria. This is another topical and important area where policy, both government and ours, is vague. We currently have Professor Ross Webster chairing a committee of enquiry into palliative care. It will make recommendations to the government via our Executive Committee when they have finished.
- (c) The effects of the health scheme on cancer patients' welfare needs to be looked at. Every time they move the money around in Canberra there is a possibility that cancer patients, particularly terminal patients, have their accommodation moved around at the other end of the pipeline. Hence we need to understand what's happening in the field and sometimes react to it more or less as a representative of cancer patients.

As you will see from the annual report we are a charity living 95% on voluntary donation. The patient welfare budget could easily be expanded upon to \$200,000 or \$300,000 per year. We currently have a secretary and a clerk who are organising the distribution of the welfare grants through the hospital social workers, without great difficulty.

A new appointee will need to relate well to the social workers in the hospital fields; to administer the welfare grant program (pretty simple); to think about the problems defined above and propose ways of tackling them; to work with our patient welfare committee (which can be re-structured); and to administer projects and programs which arise from all this activity.

A final comment: We are not the government and philosophically we try to do only those things they won't do, or can't do, and have frequently tried to push them into doing things we think they ought to do.

Attached is a review of welfare services in Victoria done for us by Eryl Morgan. We all liked her situation audit and thought there was a great deal of value in her issues report. We had, however, asked her for policy options whereas she delivered us policy proposals on the grounds that there really were no options. At this stage we differ with her to the degree that we felt that the time

had come to appoint a person and start work on the problem which is fairly well defined in Eryl's situation audit. For this reason we did not accept the forward plan which she presented to us dated July 18.

Having written this long letter I am conscious that I am asking quite a lot of you. It is, however, clear that a lot of the things we need to do are fairly obvious and our prime need is to appoint a competent person to do the job. Personally I regard it as a very attractive opportunity for the right person. We are happy to pay whatever salary is appropriate.

Thanks very much for your willingness to help.

Yours sincerely,

A handwritten signature in cursive script, appearing to read "Nigel Gray". The signature is written in dark ink and is positioned above a horizontal line that extends across the width of the signature.

Nigel Gray
Director

Encl: Eryl Morgan's review
Annual Report

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 (In the Chair)
Mrs. Francesca Bass
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

CONFIRMED

DATE

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Anti-Cancer Council of Victoria



2nd August, 1983

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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

PROCESS TO DEVELOP A FORWARD PLAN

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

**ERYL MORGAN
18TH JULY 1983**

ERYL MORGAN and ASSOCIATES. Social Planning and Management Consultants.

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

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.

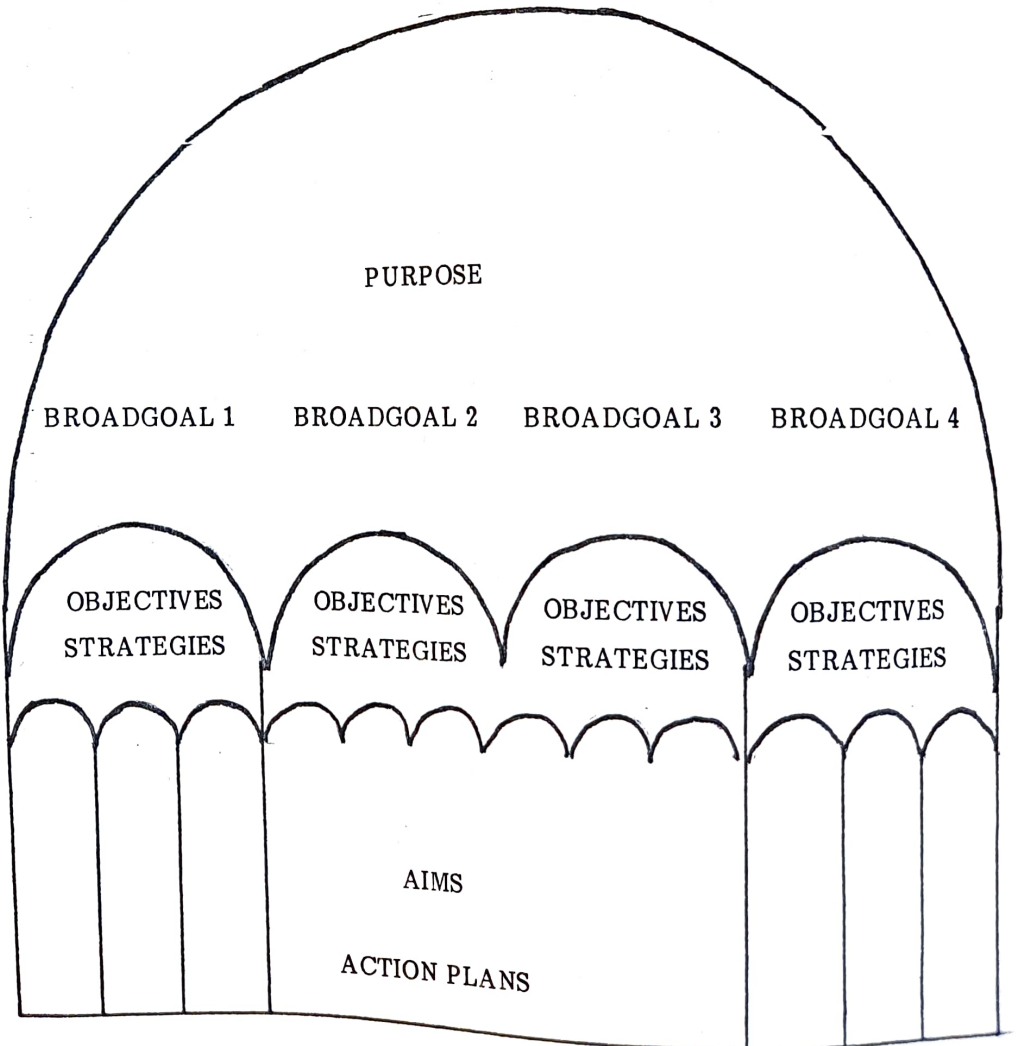
2.2

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 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.

4. PROPOSED PLANNING PROCESS

PROCESS STEPS AND TIME SCHEDULE	AIMS	PARTICIPANTS AND RESPONSIBILITIES
<p>STEP 1</p> <p>ORGANIZATIONAL CONTEXT OF ACCV WELFARE SECTION.</p> <p>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 components of the Purpose and Broad Goals 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</p> <p>BRAIN-STORMING WORK-SHOP</p> <p>MID SEPT</p>	<ul style="list-style-type: none"> • To develop objectives and alternative broad brush strategies 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. - ACCV staff members nominated by the Council.

PROCESS STEPS AND TIME SCHEDULE	AIMS	PARTICIPANTS AND RESPONSIBILITIES
STEP 3		
FORWARD PLAN ALTERNATIVE STRATEGIES	<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.
OCTOBER - NOVEMBER		
STEP 4		
ADOPT FORWARD PLAN	ACCV to receive Forward Plan, assess alternative strategies and select the preferred option.	
END NOVEMBER	ACCV to adopt Forward Plan to be implemented 1984.	
STEP 5		
DETAILED YEAR 1 OPERATING PLAN	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
DECEMBER - JANUARY 1984		

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.

CONCLUSION

6.

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).

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Anti-Cancer Council of Victoria



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.	
	<hr/>
	\$183,832
<u>ADDITIONAL ITEMS IN 1982/83 BUDGET:</u>	
Special Grant to Rev. J. Paver	\$6,500
Welfare Review by Eryl Morgan	\$12,315
	<hr/>
	\$202,647
	<hr/>

HOSPITAL/AGENCY	AMOUNT	Number of Patients		TOTAL
		Metro.	Country	
<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
Carry-On	\$100	-	1	1
South-Eastern Child & Family Centre	\$85	1	-	1
Southern Family Life	\$23	1	-	1
<u>A.C.C.V. SOCIAL WORK DEPARTMENT</u>				
	\$5,660	15	5	20
TOTAL WELFARE GRANTS:				
	\$100,788	202	139	341 *

* 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>

2nd August, 1983.

COMMENTS on WELFARE SERVICE - 1982/83

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.

Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, 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.

Chairmen:

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

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Anti-Cancer Council of Victoria



A.J.11
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.

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)

His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria.
Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)
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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 Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria.
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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

1st February, 1983

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	Gleneleg	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)

16.11.82

Adrienne J. Holzer
Secretary to the Council

Patron: His Excellency the Governor of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVO, OBE, K.S.I.J., QC.
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Anti-Cancer Council of Victoria



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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 - \$1,500	\$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:	\$194,953	\$164,901

HOSPITAL/AGENCY	AMOUNT	Number of Patients		TOTAL
		Metro.	Country	
<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
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	<u>TERMINAL CARE/NURSING HOME SUBSIDIES:</u>		- (Phased out)
3	<u>INSURANCES:</u>		
	Medical/Hospital	\$196	
	Life	<u>\$978</u>	\$1,174
4	<u>LIVING ALLOWANCES etc:</u>		
	Pending Statutory Benefits, etc.	\$5,943	
	Household Expenses	\$6,075	
	Home Help	<u>\$2,180</u>	\$14,198
5	<u>HOUSING:</u>		
	Rent	\$10,523	
	Mortgage	\$7,057	
	Insurance	\$1,662	
	Maintenance/Modifications	\$656	
	Bonds	\$1,012	
	Moving Expenses	<u>\$63</u>	\$20,973
6	<u>RATES:</u>		
	Council	\$11,132	
	Water/Sewerage	<u>\$9,620</u>	\$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	<u>\$208</u>	\$26,696
8	<u>HIRE PURCHASE, etc:</u>		
	Hire Purchases	\$2,831	
	Finance Payments	<u>\$2,477</u>	\$5,308
9	<u>TELEPHONE:</u>		
	Installation/Rental		\$7,837
10	<u>ACCOMMODATION/PER DIEM:</u> (Country Patients)		\$1,829
11	<u>MEDICAL EXPENSES:</u> Breast forms, etc.		\$1,987
12	<u>FUNERAL:</u>		- (Phased out)
13	<u>OTHER:</u> Clothing, heaters, etc.		\$3,023
	TOTAL:		<u>\$103,777</u>

TELEPHONES: 41 5948
41 5984
49 8385

"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.

MR. PAUL K. STEEDMAN F.R.C.S. F.R.A.C.S.

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.

ANTI-CANCER COUNCIL OF VICTORIAREPORT ON ITEMS OF INTEREST FROM SERVICE COMMITTEE OFAUSTRALIAN CANCER SOCIETY1. IPTAAS:

A study has been completed by the Anti-Cancer Foundation of the Universities of South Australia as a follow up to the original study in October, 1979 on the subject of Isolated Patients Transport & Accommodation Assistance Scheme.

A questionnaire was sent to 135 people and 61.4% responded (i.e. 83 replied). As the number who participated is small, no firm statistical conclusions can be made. However, the major problems identified were the same in both studies:

- (1) Lack of knowledge about the scheme
- (2) Excessive length and content of the form itself
- (3) 200 Km. qualifying distance
- (4) Reimbursement period far too long
- (5) The patient having to pay the first \$20-00

The Service Committee recommended that member organisations examine the possibility of including a member of their Health Department on their Service Committee to establish a liaison and line of communication.

The Anti-Cancer Council of Victoria could perhaps host a meeting with representative of hospital social workers and the head of the State IPTAAS to try and iron out the current problems. Our own survey included a couple of questions on the scheme and preliminary results indicate the same problems as the South Australian study.

2. REVIEW OF PROVISION OF DRUGS FOR TERMINALLY ILL:

At the request of the Western Australian delegates, the following motion is to be discussed at the next meeting of the Society and State Councils are asked to investigate the matter over the next few months:

"It is recommended that the Australian Cancer Society approach the Federal Department of Health to seek a review of the current system of providing drugs for

terminally ill cancer patients especially those being cared for at home".

Since 1st June, 1982 the Cancer Council of Western Australia's Hospice Palliative Care Service has established that the average pharmacy account for a terminally ill patient is \$47-00 per week. In numerous cases this amount is critical to the family.

3. ANALGESIA IN TERMINAL CARE:

State health departments were approached for advice on the prescribing of Schedule 8 drugs to terminal cancer patients. State councils were requested to consider their own health department reply and, if necessary, circulate the reply to doctors. (Health Commission of Victoria reply attached).

4. REPATRIATION OF TERMINALLY ILL CANCER PATIENTS:

There was brief reference to this matter at the last ACS meeting in April, 1982. As a result of enquiries made with various airlines and government offices, it appears there is no provision under the Qantas Empire Airways Act of 1946 for the repatriation of Australians overseas classified as terminally ill. However, Qantas will carry patients in this category following instructions from the Department of Foreign Affairs. It has been suggested by Qantas that, should any member of the Australian Cancer Society be approached for assistance, immediate application be made to the Department of Foreign Affairs, who have authority to issue the necessary instruction to the local Qantas office.

Of the internal airlines approached, only Ansett has been prepared to discuss the matter. Ansett recommends that, should a request be received for "repatriation" within Australia, the local State Manager be approached who will deal with each request "to the best of the company's ability". Ansett will work on the basis of issuing standby tickets and using off peak flights. In each application it has been requested that the family or patient's contribution be identified. Ansett has also referred the matter to their new company committee, who are responsible for reviewing services provided by the airline for handicapped persons.

5. FUTURE ACTIVITIES:

Two major items for discussion next year are:

- (a) Support Groups
- (b) Hospices (October 1983)

8.11.1982

Adrienne J. Holzer
Secretary to the Council



ADDRESS ALL MAIL TO
P.O. BOX 4003 G.P.O.
MELBOURNE, VICTORIA
AUSTRALIA, 3001

PUBLIC HEALTH DIVISION
555 COLLINS STREET
MELBOURNE
TELEPHONE (03) 616 7777

REFERENCE NO. JEA:DJ

22nd June, 1982.

Mr. L. A. Wright,
Executive Director,
Australian Cancer Society Inc.,
Box 4708, G.P.O.,
SYDNEY. N.S.W. 2001.

Dear Sir,

Your letter of the 27th May, 1982 addressed to the Alcohol and Drug Service relating to the use of dangerous drugs in quantities larger than usual for terminally ill patients, has been passed to me for reply.

The contingency you cite is recognised and provision is made for it in Victoria within the framework of the Drugs of Addiction and Restricted Substances Regulations made under the existing Poisons Act, 1962.

Practitioners in this State who have cancer patients with such needs should contact the Drugs of Dependence Unit of the Food and Drugs Section, Public Health Division of this Commission on 616 7197 for advice regarding their particular situation. Where applicable, authorities can then be arranged within the framework of the law.

Yours sincerely,

J. E. ALDRED.

COPY TO : DR. T. B. STEPHENS,
CHIEF PSYCHIATRIST,
ALCOHOL, DRUGS & FORENSIC BRANCH.

Handwritten initials

Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria.

President: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)

Vice-President: Mr. W. A. Dick, B.Com., FCA.

Chairmen:

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

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Patients' Welfare Committee: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)

KEOGH HOUSE
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AUSTRALIA, 3002

TELEPHONE: 654 2411
Cables: ACCOVIC MELBOURNE

Telex: VCCG AA 34158

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

Anti-Cancer Council of Victoria



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)

A54

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

Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria.

President: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)

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Patients' Welfare Committee: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)

Anti-Cancer Council of Victoria



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

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

EM

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:

EM

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

....2/

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>PHASE 1. 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>

① people who to find the gaps

② We review necessary allowing all gaps of print patients

③ dependence of questionnaire supported by field visits

What is happening in environment what is going on - physical trends - govt plan for better services public health dept - wanted to make projections

PROCESS AND ESTIMATED TIME SCHEDULE	AIMS	PARTICIPANTS AND RESPONSIBILITIES
		<p>Examination of services provided by Anti-Cancer Council of Victoria Welfare Service over the previous 5 years.</p>
<p>PHASE 2. IDENTIFICATION AND ANALYSIS of KEY ISSUES</p> <p>WEEK 9 to WEEK 17</p> <p><i>Cancer Support Group</i></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><i>by Project C'hee</i></p> <p>(2) To analyse and rank the key issues identified in each geographical area.</p>	<p>Series of one day consultations covered 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><i>Enlarge as merge to Phase 3</i></p> <p><i>getting responses as well.</i></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> <p><i>Project C'hee to</i></p> <p><i>State of consultation options available</i></p>

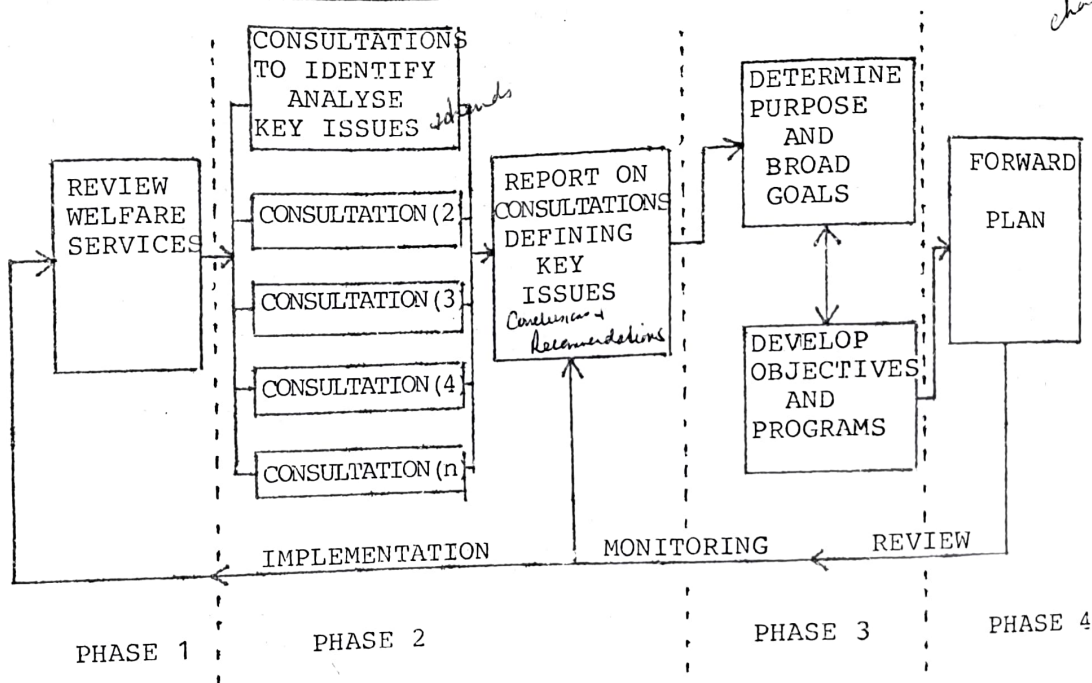
Project C'hee placed some rep with options in consultation with C'hee.

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.

Environmental demands changes not have by impact.

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

7.

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.

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.

* * * * *

April, 1982

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 (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.

* * * * *

17.3.1982

ANTI-CANCER COUNCIL OF VICTORIA

MEMO

FROM: BARBARA DONNELLY (SOCIAL WORKER)

TO: ADRIENNE HOLZER (SECRETARY)

DATE: 1st March, 1982.

Re the beleaguered Cancer Directory - we have again run into brick walls. You may recall I drew up an outline for a proposed Directory and presented it to the Oncology Group of Social Workers who were initially enthusiastic - each agreeing to do a section of the Directory. However time passed (8 months), staff changed, enthusiasm flagged and support was delicately withdrawn. I then turned to Peter MacCallum for help. However their Social Work department is grossly overworked and the two Welfare Officers allocated to the task are also updating the Peter MacCallum resource index. They were enthusiastic to change our original format to yet another based on an amalgamation of what both Box Hill Hospital and Peter MacCallum use. This would involve virtually scrapping all that had been organized before at our end. Thus at the moment work is at a standstill. Within the next two weeks I plan to visit Peter MacCallum to investigate their new card index system and see if this has any application for our needs. Very disappointing all round! The construction of a directory is an extremely large project and cannot be done by a single worker - particularly one who has many other responsibilities and is constantly interrupted by phone calls.

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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Anti-Cancer Council of Victoria



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Telex: VCCG AA 34158.

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

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

Patron-in-Chief: His Excellency the Governor of Victoria, The Hon. Sir Henry Winneke, KCMG, KCVO, OBE, K.S.I.J., OC.
President: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjabi (Hon.)
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Anti-Cancer Council of Victoria



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

Chairmen:

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

Finance Committee: Mr. D. H. Hume, B.Com.

Medical & Scientific Committee: Professor B. W. Holloway, D.Sc., F.A.A.

Appeals 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.)

TELEPHONE: 654 2411
Cables: ACCOVIC MELBOURNE

Telex: VCCG AA 34158.

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

Anti-Cancer Council of Victoria



WELFARE SERVICES

HALF YEARLY REPORT - JULY TO DECEMBER, 1981

INTRODUCTION:

Since the last Patient Welfare Committee meeting in August, 1981, activities in the Welfare Section have again been many and varied. The Spending Pattern for the period July to December, 1981, is attached (Attachment 1). Welfare Grants amounting to \$51,935 were made up to 31st December, averaging \$305 for each of 170 patients/families, and 320 patients had become known to us at this stage. Demands on our budget continue at a high rate and impressionistically there has been - particularly in latter months - a gradual increase in the number of requests made. This is a reflection of the steadily increasing cost of living and the loss of real income experienced by most families. Expenditure is running slightly above the welfare budget figures and one can anticipate budget constraints occurring in the latter part of the current financial year. In the last financial year 345 patients or their families received aid and the average amount expended per family was \$256.

A. VOLUNTEER VISITING SERVICE

Some years ago a group of women who had had mastectomies and were disease free were recruited as Volunteer Visitors to visit new mastectomy patients - offering support and someone to identify with positively. However the service, for various reasons, was not actively used and we were left in 1981 with only two of our original volunteers. Because of an increasing number of requests for this type of service, it appeared timely to re-vitalize the scheme. The V.V.S. objective is for a well adjusted, healthy post-mastectomy patient to visit a new mastectomy patient who is in the process of recuperating from the trauma of breast surgery. Recruits for this program were obtained by surgeon referral and through the Mastectomy Association. All volunteers had to have a medical certificate stating they had been two years free of disease - this is the standard period used by other States in their respective Mastectomy Rehabilitation services. The Victorian volunteers were selected on interview by a 3 member panel and attended an intensive training session on 25th November, 1981. Surgeon's approval is always obtained before a visit is arranged. The 16 volunteer visitors are now actively involved in this service and respond promptly to requests for visits. They are proving to be a valuable adjunct to the Breast Prosthesis Service. Regular refresher programs are to be implemented to ensure that a high standard of care is provided by the V.V.S.

B. RYDER CHESHIRE HOMES COMMITTEE

The A.C.C.V. Social Worker continues to be a member of the committee which has as its aim the establishment of a hostel for country patients not requiring acute hospital admission but who must remain in Melbourne for varying periods in order to have medical treatment. The Foundation has leased a former R.S.L. War Widows Home - Donarth, 12 Donaldson Street, Ivanhoe. After a long process this home is now partially habitable - some of the 34 rooms are currently available for occupancy. Fees are low - \$5 a night with patients providing their own meals, using the facilities available. Funding, as usual, remains a major problem and Committee activities at the moment have two objectives:- firstly, raising funds to enable essential activities and secondly, upgrading as rapidly as possible the unoccupied rooms. It is anticipated that the majority of patients requiring accommodation will have cancer and be in Melbourne for either radiotherapy or chemotherapy.

C. VICTORIAN ASSOCIATION OF HOSPICE CARE PROGRAMS

This Association has now had its first Annual Meeting (11th February, 1982) approximately eight months after the first Public Inaugural Meeting of this Victorian Association (16th June, 1981). The A.C.C.V. Social Worker has been Secretary since its inception and is likely to remain in this position following the First Annual Meeting as it appears likely that there will be no "willing hands to take over". The Constitution drawn up by the Interim Committee was approved at the Annual Meeting and it was agreed committee membership should include members of the three relevant caring groups - namely institutions, organizers and interested individuals. The committee will ultimately have 16 members representing these groups and a balance between these delegates will be struck. Work will now proceed on determining the viability of a National Organization of Hospices and, if approved, its structure and functions. The V.A.H.C.P. has been a diligent, active committee and its members should be commended for their unflagging interest and active input.

D. BALLARAT BRANCH REGIONAL CANCER COMMITTEE

As agreed at the last Patient Welfare Committee meeting, a letter (Attachment 2) was forwarded to the Chairman, Councillor King, on 28th September, 1981, requesting closure of their funding activities and centralization of all monies at the A.C.C.V. There was some delay in response, however eventually, on the invitation of the committee, Mr. John Nankervis and the Social Worker visited Ballarat on 13th November, 1981, and had a meeting with the committee. This was superficially amicable but at various points resentment of their loss of responsibility was evidenced. As a group they showed little interest in forming a Crusade Unit. In early February a letter was received (Attachment 3) which indicated the Ballarat Committee had closed their bank account and forwarded the balance of \$660 to the A.C.C.V. Thus in fact the Ballarat Branch Regional Cancer Committee is no longer a viable entity.

E. TERMINAL CARE CONFERENCE : CARE OF THE DYING IN AUSTRALIA & THE THIRD WORLD - WHOSE RESPONSIBILITY? - Venue: University of Western Australia.

This conference covered the period of January 31st to February 5th, 1982, and was an extremely informative and stimulating conference. There were ten major speakers five of whom were "imported" experts in the field of terminal illness, the other speakers were drawn from their Australian counterparts. Each day had a separate theme related to care of the dying. Possibly the most interesting themes were on "Care of the Dying: A Privilege or a Responsibility", which introduced the different models of care found in the various countries represented, and another particularly attention evoking theme was "Care of the Dying: A Team Responsibility". In this latter presentation different perspectives of caring for the terminally ill patient were described, e.g.:- A Patient's Perspective, An Oncologist's Perspective, A Nurse's Perspective, etc. Two minor criticisms of the conference were that more time could have been allocated to small group discussions and that the Third World was sadly lacking representation - only Dr. De Souza from Bombay carried the torch for this vast area of the world.

F. PROGRAMS OF AIDS FOR DISABLED PEOPLE (PADP)

In September, 1981, the Commonwealth Government introduced a program (in recognition of the Year Of The Disabled) to provide aids for disabled persons who are not covered by existing Government-funded programs or private health funds. The main aim was to increase the level of independence of disabled people. It was believed the prescribed aids, appliances, home modifications, etc. would reduce the need for in-patient care in hospitals, nursing homes and hostels. The largest group of patients for this program were those not covered by any existing arrangements - particularly patients "being discharged from private hospitals, non-government nursing homes and hostels; those referred by home help services, district nurses, municipal welfare officers, etc."

The functioning of this system was cumbersome. Selected hospitals and other centres throughout Victoria were provided with authority and funds to administer the scheme. A special prescription book had to be used by a Doctor ordering a device and the patient had to present this at one of the designated hospitals, etc. Initially this created confusion as there was varied interpretation of the scheme by agencies operating the system. However funds have now almost run out - this was confirmed by a telephone call to the Health Commission on Monday, 22nd February, 1982. These funds will not be replenished until the next financial year. When operating, the scheme saved expenditure of some welfare monies as we had an alternative scheme to which the patients could be referred - costs for many of the aids provided, such as breast prostheses, minor home modifications, etc. were formerly met by our Patient Welfare Fund.

It was suggested to Dr. Gray that a letter of protest should be directed to the appropriate Minister, drawing his attention to the glaring faults which have characterised this scheme and simultaneously requesting that the funding problem should be immediately rectified. Dr. Gray has agreed that such action is appropriate and he will act on behalf of the Patient Welfare Section.

G. VOLUNTEER TRANSPORT SYSTEM

After circulation at the last Welfare Meeting of a document summarizing the current status of the metropolitan volunteer hospital transport service, it was suggested that the A.C.C.V. Social Worker should survey the Silver Top Cab usage for patient transport to and from hospitals. Both Dr. Snyder and Mrs. Bass also agreed to survey patients in cancer units for one month to see what modes of transport they used and what problems exist. Unfortunately Silver Top Cabs, although willing to be co-operative, were unable to provide the information required as the major metropolitan hospitals do not differentiate between vouchers supplied to staff and patients. For this reason - and whilst awaiting the studies by Dr. Snyder and Mrs. Bass - it was impossible to carry the transport analysis further and so provide discussion points for the next V.C.O.G. meeting.



Barbara Donnelly (Miss)
Social Worker
Anti-Cancer Council of Victoria.

WELFARE SERVICE - SPENDING PATTERN

*Handwritten signature/initials*6 MONTHS - JULY to DEC. 1981

1.	<u>INDIVIDUAL GRANT PROGRAM:</u>		\$51,935
	(See attached list hospitals/agencies)		
2.	<u>SUBSIDIZED SUPPORT SYSTEMS:</u>		
	Breast Prosthesis Service	\$1,353	
	Sessional Consultant at Caritas Christi Hospice	\$1,500	
	Visiting Nurse Services	\$4,850	
	Hospice Grant - Geelong Hospital	\$2,500	
	R.C.H. Special Transport Grant	<u>\$750</u>	\$10,953
3.	<u>SALARIES & SUPERANNUATION:</u>		\$24,285
4.	<u>ADMINISTRATIVE SERVICES:</u>		\$1,236
	(Includes Travelling, Printing, Computer Programming, etc.)		

		TOTAL EXPENDITURE:	\$88,409

		BUDGET (6 Months):	\$85,250

N.B. Some of the above expenditure will not have gone through A.C.C.V. Accounts Department before the end of December, however welfare grants etc. authorized during the six months have been included to give a more accurate figure of Patient Aid expenditure.

28th September, 1981.

Councillor R. King,
Chairman,
Ballarat Branch Regional Cancer Committee,
406 Dawson Street,
SOUTH BALLARAT, 3350, VIC.

Dear Councillor King,

At the last meeting of the Patient Welfare Sub-Committee held on 18th August, 1981, procedures for dispensing of funds were reviewed. After considerable discussion it was agreed that procedures should be centralized - meaning that all requests for funding must now be made via the A.C.C.V. Social Worker.

As our policies about welfare spending have not changed, I would anticipate that this transfer of processing will be uncomplicated.

The delay in notifying you regards this policy change was caused by my leave for annual holidays.

Yours sincerely,

Barbara Donnelly (Miss)
Social Worker
ANTI-CANCER COUNCIL OF VICTORIA.

REGIONAL CANCER COMMITTEE BALLARAT

19 FEB 1982

3

C/- 203 Skipton St.,
BALLARAT, Vic., 3350

President: Cr. R.A. King B.E.M.
Secretary: Max Beaumont.
Treasurer: Peter Washington.

18th February, 1982

Attention: Mr. J. Nankervis

The Treasurer,
Anti-Cancer Council of Victoria,
90 Jolimont St.,
EAST MELBOURNE, Vic., 3002

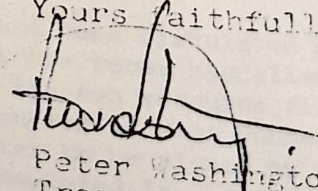
Dear Sir,

We enclose the following items:-

1. Our cheque for \$660.68.
2. Statement of Funds held.
3. Statement of expenses incurred since last application for re-imbusement which was made 12/5/81.

We trust that the information contained in the enclosures is sufficient for your purposes. Please contact us should you require further explanation.

Yours faithfully,


Peter Washington
Treasurer

Phone
(053) 313200 (Work)

ANTI-CANCER COUNCIL OF VICTORIA

MINUTES of MEETING of PATIENT WELFARE
SUB-COMMITTEE held at Anti-Cancer Council
of Victoria, 90 Jolimont Street, East
Melbourne, on Tuesday, 18th August, 1981
at 12.45 p.m.

PRESENT:

Sir Edward Dunlop (In the Chair)
Mrs. Francesca Bass
Mr. W. A. Dick
Dr. R. Snyder
Mr. P. Steedman

IN ATTENDANCE:

Dr. Nigel Gray, Director
Miss Barbara Donnelly, Social Worker
Miss Adrienne Holzer, Secretary to the Council

APOLOGIES:

Dr. T. H. Hurley

Mr. P. K. Steedman was elected acting chairman
until the arrival of Sir Edward Dunlop.

CONFIRMATION OF MINUTES:

Minutes of the previous meeting having been circulated to members
were taken as read and confirmed and signed by the Chairman as a
correct record.

BUSINESS ARISING FROM MINUTES:

Cancer Directory;

The progress report on the Cancer Directory had been circulated by
the Social Worker. The Committee noted that the Peter MacCallum
Social Work Department is currently updating its own resource file
which will add to the information already gathered by Miss Donnelly.
It was agreed that Miss Donnelly draft a letter to be signed by the
Chairman to see whether this file could be completed in a short space
of time. It was agreed that Miss Donnelly should speak to Mr. Monty
Jaboor, Council's Computer Software Consultant, to see if the computer
could be utilised by storing resource information, updating data and
indexing and cross-indexing. This information could then be made
available to social workers in print-out form and could also be
utilized in doctors' rooms.

Volunteer Transport Service:

A summary of services from 11 hospitals out of 23 had been circulated.
The Committee noted in particular that the Preston & Northcote Community
Hospital ran its own volunteer transport system last year costing PANCH
\$5,095 in addition to taxi transport of \$1,219. The Committee requested
the Social Worker to investigate the source of these funds. It was
generally agreed that a centralised transport system for cancer patients
would be extremely difficult to organize on a volunteer basis. Miss
Donnelly was requested to survey Silver Top Taxis Cab Charge System to
see to what extent they are used by hospitals. Miss
Miss Bass agreed to survey patients in the cancer units for one month to
see what transport they use and what problems exist. Miss Donnelly was

also requested to write a short document for the next VCCG meeting to be discussed by the oncologists. The item is to be brought forward to the next meeting carrying the existing analyses further, defining the magnitude of the problems and suggestions for solutions.

Geelong Hospice:

Dr. Snyder reported that he had attended the first public meeting held in Geelong where about 200 people were present. In addition, the first meeting of the executive committee had been held. Funding seems to be sufficient and they hope to start the programme from February, 1982.

REPORTS:

From Mr. P. K. Steedman:

Mr. Steedman reported that the statistics of cancer patients at Caritas Christi Hospice were very similar to previous years including a high bed occupancy and a death rate of approximately four patients per week. More student rounds have been conducted and a St. Vincent's Hospital intern continues to work at Caritas Christi six mornings a week. The Committee wished to express its appreciation to the sisters at the Hospice for the fine work that they undertake. Mr. Steedman was also thanked for his efforts on the Council's behalf.

From Miss B. Donnelly:

Miss Donnelly's report had been previously circulated and was noted by the Committee. In particular questions were asked regarding the Volunteer Visiting Service. Melbourne surgeons have been requested to refer suitable patients who will then be interviewed before an internal panel of Mr. David Hill (Education Director), Dr. J. Colebatch (W.J. Kilpatrick Fellow), and Miss Donnelly. The criteria sought for being a volunteer visitor are their orientation towards life in general; their personality; and their ability to communicate and establish rapport with people. A two-day training session will be held later this year and the service will be complementary to the already well-established BPS.

The Committee discussed Miss Donnelly's letter to Councillor King, Chairman of the Regional Cancer Service and Education Committee, established in 1958. The Committee agreed that a letter should be written to Councillor King informing him that the Patient Welfare Committee had reviewed its procedures for dispensing of funds and had agreed that the procedure will be centralised, meaning that requests for funding should be made direct to Miss Donnelly and not through the Regional Committee.

ANY OTHER BUSINESS:

Miss Donnelly tabled a document detailing data extracted from patient profiles of 832 women who had breast surgery during 1980. The Committee noted the document and was informed that the data would be circulated to other interested committees.

DATE OF NEXT MEETING:

The next meeting will be held at the Anti-Cancer Council on a date to be advised.

.....
CHAIRMAN

DATE

WELFARE SERVICE - SPENDING PATTERN
 9 MONTHS - JULY 1982 to MARCH 1983

		\$71,751
1.	<u>INDIVIDUAL GRANT PROGRAM:</u> (see attached list)	
2.	<u>SUBSIDIZED SUPPORT SYSTEMS:</u>	
	Breast Prosthesis Service	\$2,508
	Sessional Consultant at Caritas Christi Hospice	\$2,885
	Visiting Nurse Services	\$7,500
	Hospice Grant - Geelong	\$3,750
	R.C.H. Special Transport Grant	<u>\$1,125</u>
		\$17,768
3.	<u>SALARIES & SUPERANNUATION:</u>	\$24,717
4.	<u>ADMINISTRATIVE SERVICES:</u> (Travelling, Printing, Computer Programming Expenses, etc. - including 5% Redistributed Expenses)	\$20,012
		<hr/>
	TOTAL EXPENDITURE:	\$134,248

ITEMS IN 1982/83 BUDGET NOT INCLUDED ABOVE:

Grant to Rev. J. Paver	\$6,500
Welfare Review	\$12,000

N.B. Some expenditure listed above will not have gone through A.C.C.V. Accounts Department before the end of March, however welfare grants etc. authorized during the 9-month period have been included to give a more accurate figure of Patient Aid expenditure.

Sue Rawlyk
 Sue Rawlyk (Mrs.)
 Social Work Department

<u>METROPOLITAN HOSPITALS</u>		
Peter MacCallum Hospital		\$18,740
Royal Children's Hospital		14,393
Royal Melbourne Hospital		8,963
Alfred Hospital		4,517
Austin Hospital		3,762
Prince Henry's Hospital		2,526
St. Vincent's Hospital		955
Western General Hospital		866
Sandringham & District Hospital		770
Royal Women's Hospital		745
Queen Victoria Medical Centre		642
Royal Southern Memorial - Community Care Centre		443
Frankston Community Hospital		280
P.A.N.C.H. (Preston & Northcote)		276
Moorabbin Hospital		187
<u>COUNTRY HOSPITALS</u>		
Ballarat Base Hospital		363
Geelong Hospital		306
Wimmera Base Hospital - Horsham		189
Wonthaggi Hospital		150
Nhill Hospital		62
<u>NURSING SERVICES:</u>		
Royal District Nursing Service		200
Geelong District Nursing Service		100
<u>COMMUNITY HEALTH CENTRES</u>		4,952
(Corio, Chadstone, Kyneton, Doveton, East Bentleigh, Torquay)		
<u>DEPARTMENT OF SOCIAL SECURITY/WELFARE SERVICES</u>		940
(Sunshine, Moonee Ponds, Ballarat)		
<u>MUNICIPAL/SHIRE COUNCILS</u>		723
(St. Kilda, Moorabbin, Portland, Sherbrooke, Flinders)		
<u>OTHER AGENCIES</u>		
Early Childhood Development Program (Health Comm.)		655
Family Aid - Castlemaine		250
Australian-Greek Welfare Society		244
Australian-Turkish Child Care Centre		154
Dempster Park Day Centre		108
Carry-On		100
South Eastern Child & Family Centre		42
Southern Family Life		6
<u>A.C.C.V. DIRECT GRANTS</u>		4,142
TOTAL:		\$71,751

COMMENTS on WELFARE SERVICE - 1982/83

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.

Reflexology
Chandigarh, India
C. D. K. & Co.
Professor B. W. H.
ive Committee Dr. T. H.
ive Committee Mr. D. H. H.
Medical & Scientific Committee
Appeals Committee Mr. J. T. T.
Public

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.

WELFARE SERVICE

- 2 -

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
Carry-On	\$100	-	1	1
South-Eastern Child & Family Centre	\$85	1	-	1
Southern Family Life	\$23	1	-	1
<u>A.C.C.V. SOCIAL WORK DEPARTMENT</u>	\$5,660	15	5	20
TOTAL WELFARE GRANTS:	\$100,788	202	139	341 *

* 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>	

KEOGH HOUSE
90 JOLIMONT STREET
EAST MELBOURNE
AUSTRALIA, 3002

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Cables: ACCOVIC MELBOURNE

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

Patron-in-Chief: His Excellency Rear-Admiral Sir Brian Murray, KCMG, AO, Governor of Victoria.

Patron: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjab (Hon.)

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Appeals Committee: Mr. J. T. Ralph, F.A.S.A.

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Patients' Welfare Committee: Sir Edward Dunlop, CMG, OBE, MS, FRCS, FRACS, FACS, D.Sc. Punjab (Hon.)

Anti-Cancer Council of Victoria



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 \$1,500	\$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.	_____
	\$183,832
<u>ADDITIONAL ITEMS IN 1982/83 BUDGET:</u>	
Special Grant to Rev. J. Paver	\$6,500
Welfare Review by Eryl Morgan	\$12,315

	\$202,647

<u>HOSPITAL/AGENCY</u>	<u>AMOUNT</u>	<u>Number of Patients</u>		
		<u>Metro.</u>	<u>Country</u>	<u>TOTAL</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
Carry-On	\$100	-	1	1
South-Eastern Child & Family Centre	\$85	1	-	1
Southern Family Life	\$23	1	-	1
<u>A.C.C.V. SOCIAL WORK DEPARTMENT</u>	\$5,660	15	5	20
TOTAL WELFARE GRANTS:	\$100,788	202	139	341 *

* 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>	\$147	
	Medical/Hospital		\$551
	Life	\$404	
4	<u>LIVING ALLOWANCES etc:</u>		
	Emergency Allowances - pending Pensions, etc.	\$11,616	
	Household Expenses	\$5,758	
	Home Help	\$1,432	\$18,806
5	<u>HOUSING:</u>		
	Rent	\$7,902	
	Mortgage	\$6,132	
	Insurance	\$1,456	
	Maintenance	\$270	
	Bonds	\$1,059	
	Moving Expenses	\$448	\$17,267
6	<u>RATES:</u>		
	Council	\$8,534	
	Water/Sewerage	\$8,000	\$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	\$179	\$29,138
8	<u>HIRE PURCHASE, etc:</u>		
	Hire Purchase Payments	\$1,414	
	Finance Payments	\$2,219	\$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:		\$100,788

COMMENTS on WELFARE SERVICE - 1982/83WELFARE 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:

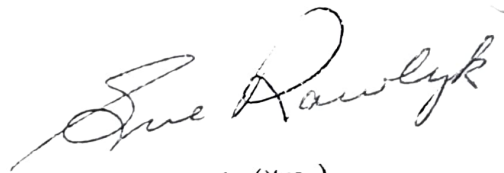
This service has continued satisfactorily and the system of using liaison nurses in the private hospitals is working particularly well. We have had a very good attendance at each of the meetings held during the year and all the B.P.S. Sisters are to be commended on their willing co-operation and dedication 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.

ANTI-CANCER COUNCIL OF VICTORIA

Date: 5/10/82

To..... Adrienne Holzer.....

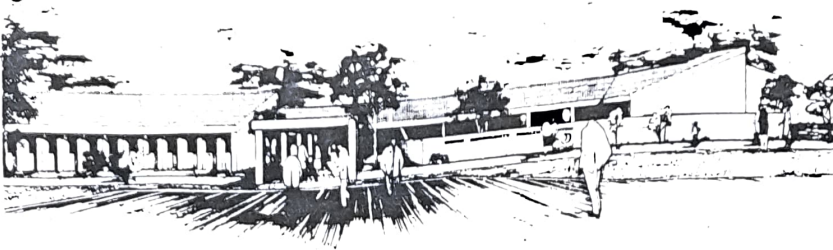
- | | |
|---|---|
| <input type="checkbox"/> For your information | <input type="checkbox"/> Pass on to..... |
| <input type="checkbox"/> For your Signature | <input type="checkbox"/> Return to me |
| <input type="checkbox"/> For you to handle | <input type="checkbox"/> Return to Central File |
| <input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

Remarks:

Thought you might be interested in the attached letter from Corio Community Health Centres, which is one where the social worker etc. are very good and have been applying for grants on behalf of cancer patients for quite a long time now.

June

P. Welfare Order



23rd September, 1982.

Ms. Sue Rawlyk,
Social Work Department,
Anti-Cancer Council of Victoria,
90 Jolimont Street,
EAST MELBOURNE. 3002

Dear Sue,

Thank you once again for your most valuable assistance, in this case to Peter Dyer, Michael McKenzie and Melinda Ryrie and their respective families. I am enclosing a receipt for your recent cheque in regard to Peter Dyer and Michael McKenzie. Could you please pass on our appreciation to all concerned?

I understand that the Anti-Cancer Council is currently undertaking research on its role in the community. We would be very happy to participate in this survey.

I would like to mention how very beneficial has been your direct financial assistance to families at times of crisis. Without doubt, this help has played a big role in assisting families to stay together and cope with almost insurmountable problems. To give one example, you probably remember Dot Jones who died in May, 1981, after a very courageous and long struggle with cancer. She left six young children aged 10 to 16 years and at least some "outsiders" were predicting that the family could not stay together. It is now almost eighteen months since Dot's death and the family are still living together and managing all right - a big factor, I feel, was the direct financial aid the Anti-Cancer Council gave during her illness and just on her death. As some measure of how Dot felt about the Anti-Cancer Council, she requested that at her funeral donations be made to your organization.

In our annual report, mention is made of your ongoing help to us. I will send you a copy when it is printed at the end of September. Our report mentions that much of our work is related to the fact that many people are living in severe poverty in the Corio Shire.

Thank you once again, Sue, and many thanks to everyone at the Anti-Cancer Council.

Kind regards,

Yours sincerely,

Marianne

Marianne Duplain.
SOCIAL WORKER.

PS. Would you be able to forward some more Anti-Cancer Council grant confirmation forms please.

CORIO COMMUNITY HEALTH CENTRE

Corio Village Shopping centre,
Corio. 3214. Phone: 75 2891.
P.O. Box 145, Corio. 3214.

Thank you,