

Social and Community Outreach Annual Report 2013-14



About Cabrini Health

OUR MISSION

Who we are: We are a Catholic healthcare service inspired by the spirit and vision of Saint Frances Xavier Cabrini and the Missionary Sisters of the Sacred Heart of Jesus.

What we believe: We are a community of care, reaching out with compassion, integrity, courage and respect to all we serve.

What we do: We provide excellence in all of our services and work to identify and meet unmet needs.

OUR VALUES

Our values form the base of our mission, are built around what we believe and drive how we act. They are drawn from Saint Frances Xavier Cabrini's life and reflect her heart, her spirit, her conviction and her approach.

They are:

- Compassion
- Integrity
- Courage
- Respect

ACKNOWLEDGEMENT OF COUNTRY

We acknowledge the Boon Wurrung People, the traditional custodians of the land on which Cabrini's facilities stand. We recognise the Boon Wurrung Elders and the Elders of all Australia's First People, for they hold the memories, traditions, culture and hopes of Aboriginal Australia.

ABOUT THE COVER

Margareta Ornai, a medical evacuee from Timor-Leste, is the picture of good health following her successful surgery and treatment at Cabrini Malvern. Read about Margareta on page 25 of this report. Photo by Tony Gough courtesy of *Herald Sun*.

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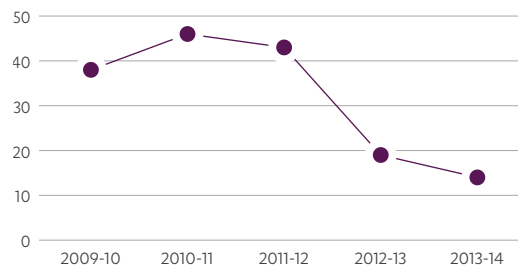
30 Social and community outreach partners

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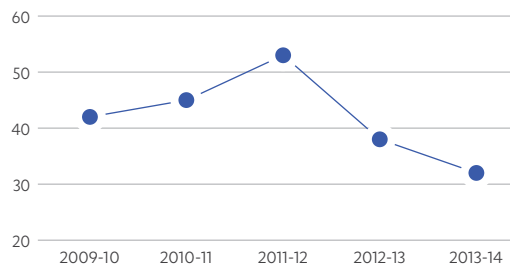
30 Friends and associates

Fast facts

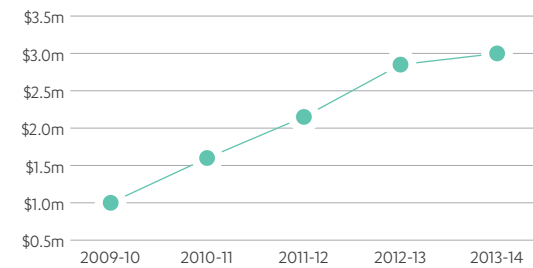
Number of partnerships



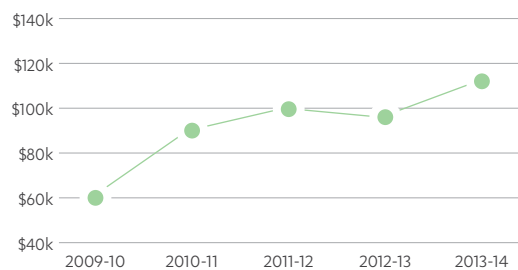
Number of projects



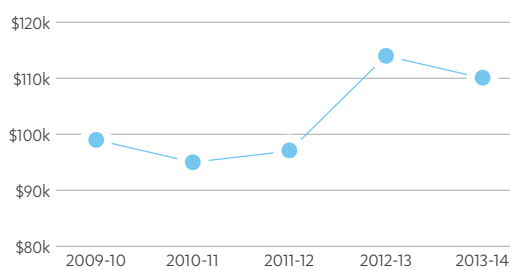
Cabrini contribution



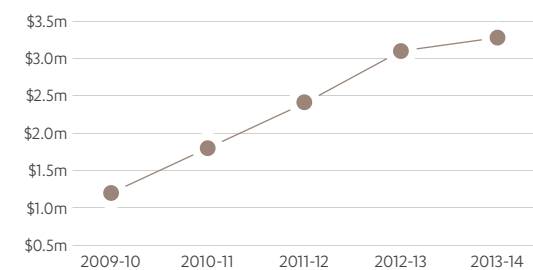
Gift Shop donation



Staff contribution



Total program expenditure



About Cabrini's social and community outreach program

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The first step taken toward our social and community outreach program was in 1992 and at the request of our owners and sponsors, the Missionary Sisters of the Sacred Heart of Jesus (the Cabrini Sisters). While they were proud of our achievements in healthcare, they challenged us to more closely align our organisation with their vision to reach out to people in the community who are marginalised and under-served. Twenty-two years later, our social and community outreach program is a core part of the mission and identity of Cabrini Health Limited.

Early in our experience, we learned that we could be most effective by partnering with organisations that had expertise in our areas of concern. During the first decade, our involvement in social and community outreach grew organically as we developed strong relationships with organisations that had values and goals similar to our own. An important element of each new partnership was

the opportunity for our staff to become actively involved. This enabled us to add value to relationships by donating material resources, contributing our knowledge and skills and leveraging our services.

With continued support and investment in Cabrini's social and community outreach program, we reached \$1m in expenditure in 2005-06. Funding continued at this level until 2009 and a review in preparation for the *Cabrini Strategic Plan 2010-12*. We decided to treble investment in social and community outreach and in 2013-14, we reached this important milestone.

While expanding our social and community outreach program, we committed to reducing the number of relationships, consolidating around our four major priorities:

- 1) Refugee and asylum seeker support
- 2) Aboriginal health and wellbeing

3) International health

4) Community engagement

Initially, the number of relationships increased but through strategic decision-making and careful implementation, during the past four years we have reduced them by more than two-thirds.

Today our social and community outreach program is underpinned by seven principles that reflect Catholic social teaching and embody our values:

- 1) Mutual respect and trust are the foundation of good partnerships. Mutuality involves listening to one another, transparency, probity, flexibility, joint planning and accountability, as well as working through potential conflict situations.
- 2) Projects must be people-centred with empowerment at their heart.

- 3) We give priority to projects which involve collaboration with all relevant sectors of the community to promote the common good.
- 4) Stakeholders in the community must be involved in consultation, planning, implementation and evaluation of the project.
- 5) A commitment to long-term engagement and sustainability is preferred.
- 6) Collaboration with others, including all levels of government and social institutions, must be based on a shared unified vision.
- 7) Where advocacy is an element of the partnership, projects should be initiated with local communities so that they can lobby the appropriate layer of government for the implementation of their rights.

KEY FINANCIAL PERFORMANCE INDICATORS	TARGET	2013-14 RESULT	
		\$	%
Expenditure on top three partners	\$1m	1,082,722	
Expenditure on Catholic partners	50%	1,317,352	40%
Expenditure on asylum seekers and refugees	20%	581,000	18%
Expenditure on Aboriginal health and wellbeing	20%	462,991	14%
Expenditure on international health	20%	788,749	24%
Expenditure on community engagement	15%	598,479	18%
Expenditure on partnerships versus philanthropy	75% : 25%		66% : 34%
Funds transferred overseas	Less than 25%	964,668	30%
Expenditure on program administration	Less than 5%	151,000	5%

Please note the total exceeds \$3.2m as the indicators are not mutually exclusive categories.

A year of renewal



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The *Cabrini Strategic Plan 2013-15* highlights the priority of invigorating relationships with our local communities and investing in services to meet community needs. We have focused our attention on the City of Stonnington, particularly Malvern where our original and largest hospital is located.

From January to June 2013, we partnered with the Inner South East Partnership in Community and Health, a primary care partnership of more than 50 primary health and community services, in order to conduct a community needs analysis. The resulting *Population Health Atlas* confirmed anecdotal evidence that Malvern is home to many older residents. Of them, a higher proportion of people, especially women, live alone compared to other geographic areas. By the year 2020, the 75-79 age group is forecast to increase by 66 per cent.

Given single-person households will continue to be the dominant kind of household in Malvern, we chose to focus our needs analysis on older people who either live alone or care for a partner who has a chronic disease. An analysis of gaps in services led us to develop two major new initiatives.

- 1) **Improve access to community transport** – we have partnered with Bentleigh Bayside Community Health's TransAccess Mobility Support Service to expand its service in the Malvern area. Over three years, we aim to increase the number of trips tenfold. We have an agreed project plan and milestones to help us meet this goal.
- 2) **Establish a community bereavement service** – as we have 15 years of experience in the provision of

bereavement services through Cabrini's palliative care service, we have chosen to auspice this service. We believe this is the first service of its kind in Victoria. For at least the first year, our new bereavement service will be co-located with CatholicCare's family counselling service in Valetta Street, Malvern. This will help establish a community profile for the new service. We have made a three-year commitment to the initiative and will monitor the utilisation and impact of the service to ascertain its effectiveness in meeting community need.

In 2013-14, we developed an evaluation framework for our social and community outreach program to help us continue to consolidate and strengthen our program around our four priority areas. The framework comprises financial and quality measures.

I would like to acknowledge Cabrini's Board, management and staff whose support and involvement, I believe, sets our program apart.

We undertook a range of program improvements over the year such as:

- Identifying key financial performance indicators to reflect our program goals
- Establishing a baseline and setting targets to help us develop the program more strategically
- Identifying objective measures for the quality of our partnerships

We believe these developments will provide a good foundation for planning and changing the program from year to year.

Another major initiative has been to develop social policy position statements, in order to provide a context for our involvement in the areas we have identified as priorities.

We have been invited to launch our first statement *Australia's First People* at Bunjilaka Aboriginal Cultural Centre, Museum Victoria. Work is in progress on our second statement on the topic of refugees and asylum seekers.

Other highlights during the year included:

- Receipt of a NAB grant of \$50,000 to support the Cabrini Lighthouse in Richmond
- An invitation to hold a workshop on our partnership with Cabrini Ministries Swaziland at the International AIDS Catholic Pre-conference
- Nomination of the Cabrini Child Health Outreach in Swaziland for a Catholic Health Australia Health Outreach Award

Details of our activity during 2013-14 are included in this report. As ever, I would like to acknowledge the passion, dedication and commitment of our project partners and the other agencies with which we have been associated during the year. I would also like to acknowledge Cabrini's Board, management and staff whose support and involvement, I believe, sets our program apart. Finally, I would like to thank Kate Barker and Ruth Knight who manage the program and who have been instrumental in the great achievements outlined in this report.

Cath Garner

Executive Director, Mission and Strategy

Our partners

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Our experience demonstrates that partnerships are an effective way of addressing social disadvantage. We endeavour to work with organisations that have similar values to our own and operate in our priority areas of concern.

In our view, the fundamental principles for an effective partnership are a commitment to collaboration; mutual respect and trust; long-term engagement; and sustainability.

We believe evidence of a good partnership is being able to pick up the telephone to seek advice or ask for assistance from one another; you want to share good news stories with each other; relationships on each side are characterised by warmth, trust and respect; and when each partner is proud to acknowledge the other both privately and publicly.

Our three most significant partnerships are with:

- Cabrini Ministries in Swaziland
- CatholicCare (formerly Centacare Catholic Family Services) based in Melbourne
- Jesuit Social Services based in Melbourne

During the past three years, we have increased funding to these organisations by 57 per cent, thereby reaching our goal of spending \$1m with our top three partners. Although important, funding is only one dimension of our partnerships.

We think of Cabrini Ministries Swaziland as our 'sister organisation', as it is also sponsored by the Cabrini Sisters. Its mission is to respond to the HIV-AIDS pandemic in Swaziland, the country that has both the highest incidence and highest prevalence of the disease in the world. Although we have supported the Sisters' work in Swaziland since the mid-1970s, our partnership was cemented in 2002 when Henk Bos (a past employee) and his wife relocated to Swaziland and, in a voluntary capacity, established a response to the crisis.



Sister Barbara Staley MSC is pictured at Cabrini Ministries Swaziland with a film crew from Cabrini College, USA.

Since 2002, Cabrini Health Limited has financially supported Cabrini Ministries' HIV and tuberculosis health outreach service to the Swazi community and our staff have sponsored orphaned and other vulnerable children supported by the childcare program. In 2009, we established an infrastructure support program. Since then, each year we have sent volunteers to supervise and support building programs. In 2012, we partnered with Cabrini Ministries in a primary health outreach service to its local community. It has since become an annual fixture of our calendar. Recently we established a partnership between Cabrini Ministries' healthcare team and our palliative care service.

In 1992, our partnership with CatholicCare was established and it is our longest-standing relationship. This partnership began as a joint initiative to establish a family counselling service in Malvern. In 2007, we began to talk about expanding the partnership beyond the counselling service and have progressed this. In the past 12 months, most of our financial support has been directed to asylum



Kate Barker, Cabrini Social Outreach Program Manager, at work in the Sacred Heart Mission dining hall in St Kilda.

We are proud of all of our partners, the work we do together and the achievements we have made.

seeker support, as well as refugee and resettlement programs, in the eastern part of Melbourne. We have added value to the partnership by donating material aid and co-locating our new community bereavement service with the Malvern counselling service, in order to reduce costs. Together we are exploring innovative ways to fund social services into the future.

Jesuit Social Services is a more recent partner. In 2011, we began to support its capacity building project with Central and Eastern Arrente people in Northern Territory. This was a natural fit for us: since the mid-1990s, we have been active in the Eastern Arrente region at various times. In the past 12 months, we have begun an asylum seeker solidarity project: a new joint initiative aimed at better engaging the Catholic community in the plight of asylum seekers and refugees.

We have long-standing partnerships with ten other organisations and these continued to flourish. In 2013-14, we invested approximately \$750,000 in these partnerships.

We leveraged our internal services and resources to support some partnerships, for example by providing:

- A pro bono linen service to Sacred Heart Mission in Melbourne
- A pro bono linen service, IT helpdesk service and biomedical engineering service to Very Special Kids in Melbourne
- A pro bono pathology service to Modilon Hospital in Madang, Papua New Guinea

Cabrini staff continued to volunteer their time and expertise to support our partner organisations' programs. During 2013-14, our staff have:

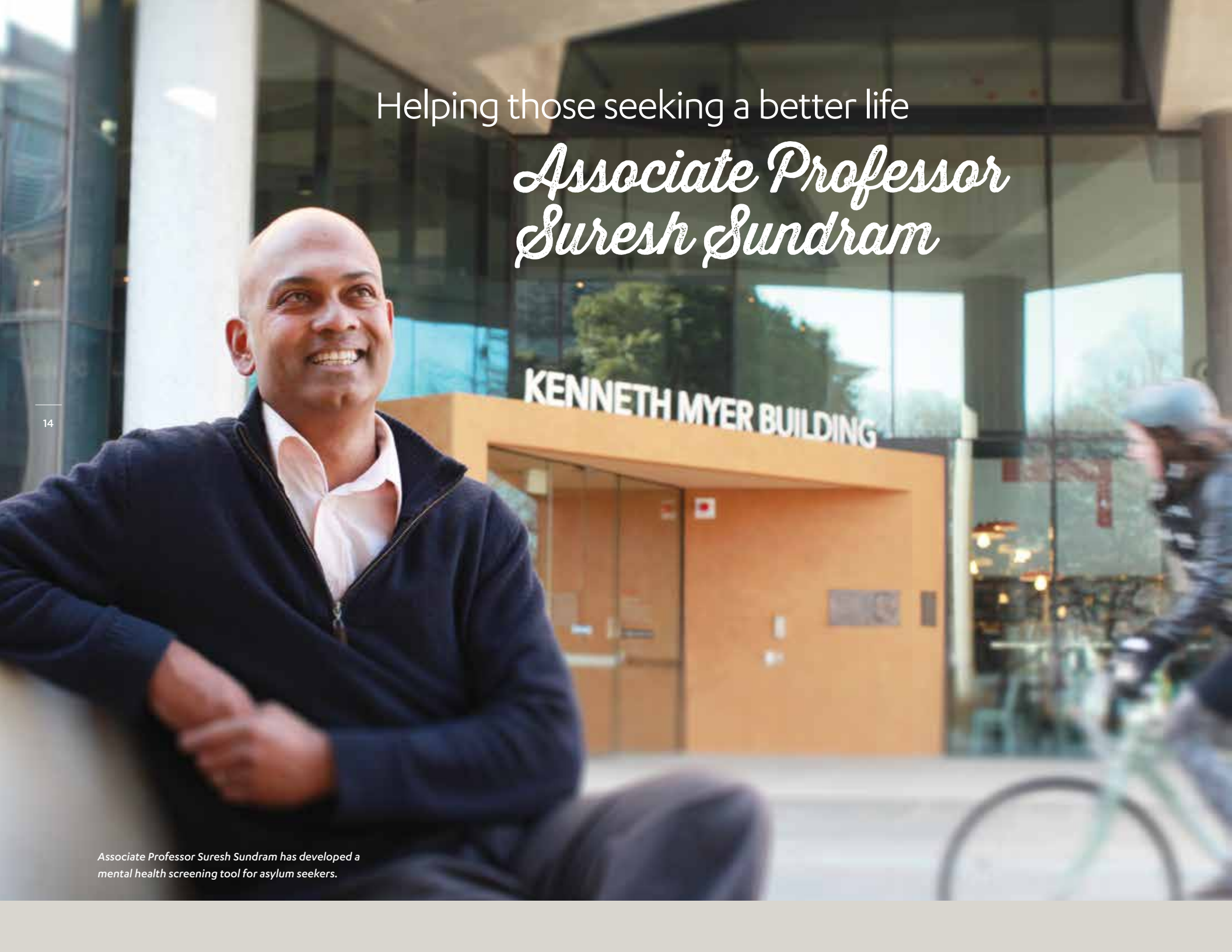
- Served on the management committees for Afghan Australian Development Organisation and Cabrini Lighthouse
- Participated in an orthopaedic service and education program to Modilon Hospital

- Regularly volunteered at Sacred Heart Mission's dining hall and Women's House
- Raised funds and donated food items for the Indigenous Hospitality House
- Donated Christmas gifts and food for clients at St Kilda UnitingCare Drop In Centre, Sacred Heart Mission and The Way Community

It was sad to see our partnership with Cape York Hospital and Health Service, Queensland Health, end during the year. Since October 2012, we had provided a pro bono echocardiography service to people living in remote communities on Cape York Peninsula. However, the program was suspended during a restructure of Queensland Health and at present, our involvement is not required.

We are proud of all of our partners, the work we do together and the achievements we have made. A full listing of our partnerships is included in this report.

Our priorities

A photograph of Associate Professor Suresh Sundram, a bald man with a warm smile, wearing a dark blue zip-up jacket over a light pink shirt. He is sitting on a ledge in front of the Kenneth Myer Building, which has large glass windows and an orange-colored entrance. The building's name is visible in white letters above the entrance. In the background, a person on a bicycle is blurred, suggesting movement. The overall scene is bright and professional.

Helping those seeking a better life

*Associate Professor
Suresh Sundram*

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Associate Professor Suresh Sundram has developed a mental health screening tool for asylum seekers.

Sixty per cent of asylum seekers will suffer from major depression and almost 40 per cent from post-traumatic stress disorder.

Cabrini's social and community outreach program has made a valuable contribution towards the health and wellbeing of asylum seekers, whether they enter the country by plane (as most do) or as 'irregular maritime arrivals'. Imagine that you have fled your own country in fear. You arrive in a foreign land that was going to be your saviour but you are put in detention together with your children. You must stay there until you are either sent home or released into the community, possibly without access to employment or Medicare.

Associate Professor of Psychiatry Suresh Sundram does not have to imagine this scenario, as he works with such people and sees their mental health deteriorate significantly after about six months in detention. Most will remain in detention for at least 18 months, so for the next 12 they are on a downward curve to major depression or post-traumatic stress disorder (PTSD).

For those fortunate enough to be released into the community, there will be a brief upturn but with no work and no Medicare, release offers less than they dreamed. Associate Professor Sundram and others working in the field of asylum seeker mental health believe up to 60 per cent of asylum seekers will suffer from major depression and almost 40 per cent from PTSD. It is expected that there are more of this group who suffer from unrecognised psychiatric morbidity because many do not access mental healthcare. Associate Professor Sundram and his postdoctoral fellow Dr Deborah Hocking decided that they needed a screening tool that would allow a broader range of workers such as social and welfare workers to assess mental illness in this group.

With Saint Frances Xavier Cabrini, founder of the Cabrini Sisters, having gathered displaced people and migrants to her heart and instructing her followers to do the same, there was a natural fit for Cabrini's social and community outreach program to work towards greater wellbeing among asylum seekers. Through the program, Cabrini funded and supported development of the tool. The initial pilot testing established the tool's effectiveness, demonstrating that non-healthcare workers can use it to accurately screen a client's psychiatric state. This means that a person at risk can be identified at many more points of contact, so fewer who have mental health problems need go without intervention. Associate Professor Sundram believes that "the project wouldn't have gone anywhere" without Cabrini's help and hopes that the partnership will continue into the future.

Helping those seeking a better life

Asylum seeker and refugee programs

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We are proud of the fact that the successive waves of Australian immigrants are evident in our workforce. In 1994, when the United Nations General Assembly declared the Year of the Family we celebrated the diversity of our workforce by cross-stitching a quilt with squares depicting the 39 different countries represented in our Cabrini family. In 2014, we marked the twentieth anniversary of the Year of the Family, by adding



Above: Cabrini staff celebrate Cultural Diversity Week.

32 new squares to show the 71 countries reflected in our workforce.

Since 2005, support for asylum seekers and refugees has been a feature of our social and community outreach program. In the context of Australia's current policies, we have actively sought to increase our involvement and have developed several new initiatives.

According to the literature, for the many people who are fleeing persecution, Australia's current approach compounds the trauma they have already suffered, increasing the likelihood of long-term psychological consequences. In 2013-14, we responded to this issue by funding the development of a mental health assessment tool that can be administered by non-professional staff at the first point of contact. Initial validation of the screening tool has been completed. This process demonstrated a high prevalence of major depressive disorders and post-traumatic stress disorders in asylum seekers, which is under-diagnosed and untreated.

This led to the development of a second phase to the project where the tool will be tested in a range of settings. Concurrently, scoping of a specialist mental health service for asylum seekers will be undertaken. The Victorian Government has recently released a refugee and asylum seeker health action plan for 2014-18. We are confident that this project will make a positive contribution to strengthening Victoria's approach to refugee and asylum seeker healthcare.

Published polls show that most ordinary Australians are supportive of a hard-line approach to protecting our borders. We believe that this is often the result of fear of people who look, speak and act differently to themselves. In 2013-14, we partnered with Jesuit Social Services in an asylum seeker advocacy project, which is intended to influence the hearts and minds of Catholic communities and the broader Australian society. This partnership is being undertaken in association with CatholicCare and MacKillop Family Services, with which we deliver



refugee and asylum seeker services. We have established a steering group to oversee the project and a reference group of other Catholic agencies with a shared interest in this area. Our first step has been to identify all of the organisations that are already advocating on this issue, so as not to duplicate their efforts. Although this project is in its early stages, we think it is a critical step in living our mission authentically.

As well as these exciting initiatives, we have continued to support CatholicCare with refugee settlement and community-based detention for asylum seekers. Our support complements the funding CatholicCare receives from the Federal Government. Following election of the current Federal Government in 2013, the responsibility for funding these programs moved from the Federal Department of Immigration and Citizenship to the Federal Department of Social Services. As at mid-April 2014, the process for applying for grants for the 2014-15 financial year had not been announced. We agreed to underwrite



CatholicCare's refugee settlement program for 2014-15 should the grants not be made available. This was done to provide certainty for the refugees being supported and the staff employed in the program.

We began discussions with Baptcare, which has provided supported accommodation for asylum seekers living in the community since 2008. Its program Baptcare Sanctuary was reviewed in October 2013 through a community consultation forum and resulted in a change



from a welfare orientation to an empowerment model. While Baptcare has always operated independently, it has made a commitment to develop partnerships to enhance its capacity for service delivery. It has developed a pilot project to support the change of approach. The pilot is designed to develop a coordinated range of tenancy and support services for homeless asylum seekers who have no income and need affordable housing in the greater Melbourne area. Baptcare plans to expand its accommodation capacity with suburban houses. Asylum seekers who live in these homes will have access to the programs and services provided by the Baptcare Sanctuary. Cabrini has agreed to fund a part-time pilot project worker for a three-year period to oversee the implementation of the new model. Funding for this new initiative will begin in 2014-15.

We expended approximately \$580,000 on this priority in 2013-14.

From left: Tomasa Morales, Team Leader (South Eastern Cluster), CatholicCare's refugee and settlement program, with colleague Gula Bezhan, Settlement Support Worker. Judy Nancarrow and Kerry O'Dwyer are pictured with the Cabrini staff quilt, which represents Cabrini's many cultural groups. Gulsoom, an Afghan community elder and client of CatholicCare's refugee and settlement program.

Our reconciliation story

Mark Williams

“The aim was always to send each man back into the community better: better for himself, better for his family, and better for society.”

Cabrini’s social outreach partnership with Authentic Community Training (ACT) helps Aboriginal people who, in straddling the divide between their own culture and the wider Australian society, have lost something vital.

ACT began when Mark Williams and his friend Colin Moore recognised a void in the lives of Aboriginal men they knew – men whose ties to country and culture were weakening and who had largely lost their identity and sense of belonging. ACT helps these men to find what they had lost.

Initially in their spare time, Mark and Colin took small groups of men on camps where they did what Aboriginal people have done for thousands of years – they formed circles and talked about their journeys. The circle is a

place of safety where only the truth can be told; so here, men are able to open up about their struggles and receive the support of their peers. In the process, the wisdom of the Elders is entwined with western therapeutic models to lead them towards a greater sense of identity and belonging.

Soon, ACT developed Way Up: a program for teenage boys that not only addressed the reality of living as a teenager but of living as an Aboriginal teenager within the wider community. In these rites of passage weekends, the participants learned about life. As the Elders taught them how to craft traditional artefacts, they listened to the stories old and new, which brought them greater understanding of their identity. They learned practical life skills too, such as sexual health and responsibility.

“The aim was always to send each man back into the community better: better for himself, better for his family, and better for society,” said Mark. With the later addition of teenage girls the purpose remained unchanged: learning and growing as people, gaining life skills, and creating connection to country.

Cabrini recognises great value in this work and supports ACT by providing financial help, donated goods and expertise such as IT support.

“I am impressed with Cabrini’s social conscience: they want to make a difference close to home and all they have given ACT really has helped us to give better lives and wellbeing to almost 500 men and 75 kids,” said Mark.

Our reconciliation story

Aboriginal health and wellbeing

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We want to make a real difference to the lives of Aboriginal people. We have been working towards this aim through our social and community outreach program since 2000.

We believe that indigenous disadvantage cannot be eliminated without changing the hearts and minds of non-Aboriginal Australians. Early on, we discovered that when you stand alongside and get to know one another both of you can be changed for the better. We are committed to providing opportunities for our staff to experience and learn about Aboriginal culture to offset prevailing negative perceptions. Ninety staff have participated in our Northern Territory Indigenous cultural experience since this program began. These staff represent a diverse range of work roles (such as clinicians, engineers, IT specialists, administrative staff, managers and Board Directors) and come from all over our healthcare service including our campuses at Ashwood, Brighton, Elsternwick, Hawthorn,

Malvern and Prahran. As well as building strong relationships across staff groups and campuses, we have built a constituency of support within the organisation for Australia's first people.

Through a long held partnership between Cabrini and Injartnama Aboriginal Corporation, we make our Aboriginal cultural experience available to staff once



or twice a year. It takes place at Injartnama, a family-operated outstation in the Western Arrente region, 125 km south-west of Alice Springs. Cabrini became involved with Injartnama in 2000. It was then operated as a therapeutic community established by Elva Cook, an Aboriginal Elder whose ancestors lived on the same land. The large property has become more difficult for Elva to maintain as she has grown older and her health has declined. During staff trips, Cabrini supports the upkeep of Injartnama, performing basic maintenance on the property, buildings and facilities. However, the primary purpose is to allow staff to experience outback Australia with its palpable geographical isolation and feel the strong community ties. Through visiting Injartnama, our staff have a unique opportunity to connect with, experience and learn about the culture and spirituality of Aboriginal people. Many participants find the experience life changing. This is our reconciliation project.

From left: Cabrini's annual trips to Injartnama enable Cabrini staff and the local Aboriginal community to develop strong ties – staff member Maddie Kingham is pictured centre. Colin Moore from Authentic Community Training and Cabrini Chief Executive Dr Michael Walsh are pictured at Cabrini's annual project partners' event.



We continued to develop our relationship with representatives of the Boonwurrung people, the traditional owners of the land on which Cabrini's healthcare facilities stand. Although it is difficult to point to any tangible outcomes in the 2013-14 period, the investment of the time it takes to get to know and trust one another has laid a strong foundation for some exciting projects that are planned for 2014-15.

Other recent achievements in the area of Aboriginal health and wellbeing include:

- Building on our relationship with Eastern Arrente people in Alice Springs and Santa Teresa, Northern Territory through Jesuit Social Services' capacity building project. Our financial support has enabled Jesuit Social Services to develop an effective relationship with the people, enabling them to become culturally strong and confident in identifying their own



needs and developing appropriate responses. We hope that through this work, we will be able to re-establish a relationship with Santa Teresa primary health service, with which we have worked in the past.

- Providing the third year of funding to ACT for capacity building. ACT was established in 2005 to develop and



hold healing programs for Aboriginal men, young men and children. It is the only Aboriginal-owned and Aboriginal-run organisation of its kind in Victoria. As well as holding programs and camps to engage Aboriginal people in a culturally appropriate way, in 2013-14 ACT provided cultural expertise to RMIT University, Tennis Australia, Whittlesea Council and Thornbury Primary School.

In 2013-14, approximately \$463,000 was directed to Aboriginal health and wellbeing programs. This represents a trebling of expenditure since 2010-11.

Clockwise from top: Caroline Malbunka visits the 'Cabrini mob' at Injartnama, Northern Territory. Sharing stories around the campfire is a tradition at Injartnama. Cabrini staff from the May 2014 trip explore the Injartnama property. Nurse Jane Ryan farewells Aboriginal Elder Elva Cooke. David Calli with Injartnama trip coordinator Tim Cordner.

Sharing our resources

Emma Daly & Michelle Hooke

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Palliative Care nurses Emma Daly and Michelle Hooke travel annually to Cabrini Ministries Swaziland to provide their help and expertise.

“This is bare bones nursing. What they do and the scenarios in which they do it – it’s amazing”.

Cabrini Health in Australia has long partnered with Cabrini Ministries Swaziland, providing financial, clinical and social services support. Cabrini clinicians travel there to conduct annual child health checks for orphans who live at St Phillips Mission and children of the broader community. Moved by the stories from Swaziland, Cabrini staff have worked as individuals or groups to donate and raise funds, in order to support the mission.

Swaziland is a country in crisis. It has the greatest incidence of HIV-AIDS in the world; tuberculosis and malaria are rife. Working in concert with poverty, hunger and an overwhelmed healthcare system, these diseases reduced life expectancy in the country from 61 to 32 in the decade 2000-10.

Recently Cabrini in Australia offered to help in establishing palliative care services through staff mentoring; development of an African-appropriate palliative care model and delivery of care. Because determination

of the point at which end-of-life care should begin is complicated by conflicting tribal/western approaches, great cultural sensitivity was required.

In April 2014, specialist palliative care nurses Emma Daly and Michelle Hooke travelled to Swaziland to establish palliative links with the three services already supported by Cabrini Health: childcare, social services and general healthcare. At the same time, they began conversations about staff wellness. Often staff must care for dying members of their own families. Emma and Michelle encouraged regular meetings where staff can find peer support.

Emma and Michelle learned a great deal from their experiences with Cabrini Ministries Swaziland. According to Michelle, “This is bare bones nursing. What they do and the scenarios in which they do it – it’s amazing”. When they left, a Swazi nurse said “You honoured us by including us in your team” but our

nurses felt just as honoured. “We walked away with friends as well as colleagues.”

The relationships they formed there have led to ongoing email conversations and were strengthened when six clinicians from Cabrini Ministries Swaziland visited Melbourne for the 20th International AIDS Conference (20-25 July 2014). The expenses were funded under Cabrini’s social and community benefit program. Various staff members treated the visitors to Australian experiences such as an AFL match, the Penguin Parade at Phillip Island, touring the Great Ocean Road and special meals prepared by staff.

Cabrini Ministries Swaziland lead nurse Sarah Tshuma stayed on to work with palliative care specialists at Cabrini Palliative Care in Prahran and its homecare service. In April 2015, Emma and Michelle will travel to Swaziland again together with a palliative care doctor to continue the work.

Sharing our resources

International health

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Australians benefit from a world class health system. As healthcare is our core business at Cabrini, we have expert knowledge and skills, as well as resources we can share with others in our region and further afield.

Some of our neighbours in the Asia Pacific region do not have the same good fortune. Sub-standard equipment and infrastructure, chronic shortage of medical supplies and problems with counterfeit pharmaceuticals are ongoing issues. The health system in Papua New Guinea (PNG), a country of more than 7 million people and our nearest international neighbour, is faced with all of these challenges. Over the years, we have partnered with Modilon Hospital in Madang Province, supported Catholic Health Services in the Gulf Province and provided financial support for Wapenamanda Centre for Primary Health in Enga Province.

Our partnership with Modilon Hospital is multifaceted: we provide financial support and material aid; we share our

knowledge and skills; we leverage our services/resources; and our staff volunteer their help.

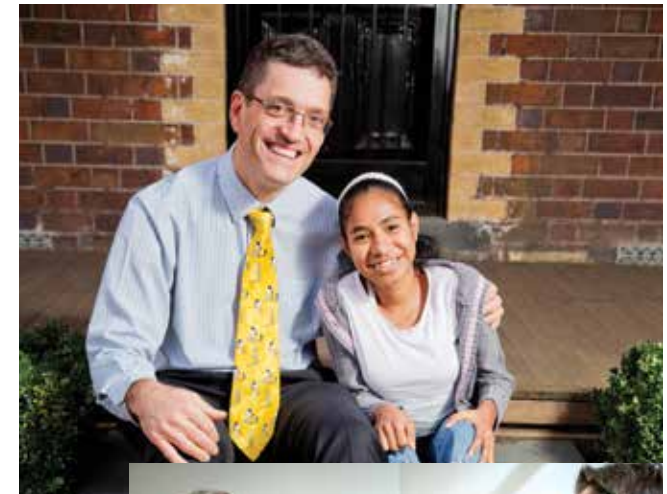
In May 2013, we established a pro bono pathology service which has grown. We performed tests on 160 specimens, 121 histopathology specimens and 39 serology specimens. The mean turnaround time on reporting was 13 days. This is a great improvement on its former service, which could take up to a year. Accurate diagnosis has resulted



in better outcomes for patients, such as avoiding extensive and mutilating surgery, starting appropriate chemotherapy and having confidence that resection margins are cancer-free.

An exciting milestone is that redevelopment of Modilon Hospital's surgical theatre has begun. The plans were drawn up by Cabrini's architects Jacobs Thomas & Associates and delivered in 2009. They were well received and adopted as a blueprint for the redevelopment of all surgical theatre complexes in PNG. Despite this, delays in funding stymied the project but it is now underway.

During 2013-14, we expanded our partnership with Cabrini Ministries in Swaziland to include palliative care. We supported two Cabrini nurses to visit Swaziland in April 2014. A Cabrini Ministries' nurse will undertake a palliative care work attachment with us in July 2014. A doctor and three nurses from Cabrini participated in the second primary health outreach activity to the communities



around St Philip's Mission, where Cabrini Ministries is based. While this program has direct benefits to children in the local community, many of whom have never had a health check before, it has had unforeseen benefits of developing strong relationships between our two groups of staff.

Three patients benefited from our medical evacuation program:

- Kingsford Guri (27) from rural PNG had lived with a colostomy since he was three months old. There are no stoma supplies in PNG and his life had been difficult. Following three surgeries in 2013-14, he returned home with normal function.
- Margaret Ormai (16) who is an orphan from remote Timor-Leste had a 10.5 hour operation in March 2014 to correct a spinal deformity. Although she suffered some post-operative complications, she is recovering well and almost on her way home, standing tall.

- Andrew Natau (41) from PNG was injured in the Black Cat Track attack in September 2013. He suffered multiple machete wounds to both legs, requiring tendon repairs and nerve grafts. His case was featured on ABC's 'Australian Story' program in April 2014.

In each of these cases, the surgery was performed by a volunteer team of surgeons, anaesthetists, nurses and technicians on a weekend day when the theatre would have otherwise been unoccupied. Cabrini is grateful to these staff who are fundamental to the success of the program. We are also grateful to the following companies that donated equipment for patients treated under our medical evacuation program:

- Able Living
- DoAbility
- KCI Medical Australia
- Statewide Home Health Care

In 2013-14, we continued to fund and support Afghan Australian Volunteer Organisation's efforts in rural Afghanistan; we funded Interplast's service program in the Philippines; and we hosted six staff from Sir Run Run Shaw Hospital in China through our overseas clinician training program. We built on our relationship with St Mary's Primary Hospital in Dubbo, rural Ethiopia, in which the Cabrini Sisters are involved.

We spent approximately \$790,000 on our international health efforts in 2013-14. This represents a 33 per cent increase in expenditure since 2010-11.

Clockwise from top: Associate Professor Paul McMurrick farewells medical evacuee Kingsford Guri (PNG) following successful surgery and treatment at Cabrini Malvern (photo by Janine Eastgate, courtesy Leader Community Newspapers). Surgeon Mr Michael Johnson and medical evacuee Margaret Ormai (Timor-Leste) following her successful surgery at Cabrini Malvern (photo by Mark Stewart, courtesy of Herald Sun). Surgeons Mr John Griffiths and Mr Nick Houseman assess medical evacuee Andrew Natau (PNG) for surgery.

Reaching out

Flora Gomes

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*Flora Gomes, CatholicCare Family Relations Manager, Eastern Region,
is pictured at the original site in Valetta Street, Malvern.*

“Our walls are filled with sad, beautiful and courageous stories,” says Flora. Cabrini is glad to be part of those narratives.

Cabrini’s first social outreach partnership began in 1992. Cabrini provided funding to assist with establishment of Centacare Malvern (now CatholicCare) as well as leasing and refurbishing the premises. CentaCare was established to provide an affordable counselling service in this part of Melbourne, which still has pockets of hidden poor. The building was old and ramshackle, so Geoff Fazakerley (then Cabrini’s Director of Support Services) and his team worked their magic, turning it into an attractive place for clients and staff.

“I don’t think we could have really established ourselves without Cabrini,” says Flora Gomes, CatholicCare’s Family Relations Manager, Eastern Region. “Cabrini did all the rebuilding work and furnished it – it was marvellous.”

The partnership between Cabrini and CatholicCare remains strong and has evolved to meet emerging and more complex needs. When CatholicCare identified

serious social problems on the Horace Petty high rise public housing estate in Prahran, Cabrini responded. The families at the estate experience intergenerational poverty and unemployment, some suffering the interrelated problems of alcohol/drug abuse and illiteracy. Cabrini has funded a full-time family and education support worker based at the estate.

CatholicCare has gradually built residents’ trust by providing a range of services in partnership with the City of Stonnington and Ardoch Youth, including a parent drop-in every Thursday and tutoring for the school-aged children. Volunteers teach literacy, maths and other learning experiences such as music, which has had a dramatic and positive effect on school attendance. The parent drop-in provides an opportunity for the residents to form friendships and supports with a common goal: to educate their children. Literacy skills for adults are

supported through their commitment to work in the best interests of their children. CatholicCare holds regular barbeques with support from other agencies. This has helped engender a sense of belonging in this once fractured community.

A team of five family counsellors continues to provide relationship counselling; family violence and trauma; parenting children and adolescents; dealing with life transitions including separations; dispute resolutions for those at the end of a relationship and a program for couples that are just setting out. The potential for positive change is open to all. There are no religious or socioeconomic barriers to those who come to CatholicCare for help.

“Our walls are filled with sad, beautiful and courageous stories,” says Flora. Cabrini is glad to be part of those narratives.

Reaching out

Community engagement

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We recognise that we are a member of a community and as such, we have a responsibility to contribute to the development of community capacity and sustainability. This led to the establishment of a counselling service in Malvern in partnership with CatholicCare more than 20 years ago. Since this time we have sought and developed relationships in our local community to help us meet our obligations to be a good corporate citizen beyond the general expectations of a private healthcare service.

During the past 12 months, our focus has been on the Malvern community. In this community, we have:

- Continued to enhance our partnership with Very Special Kids. As well as providing financial support for its family support and emergency respite programs, we have continued to provide a pro bono linen service

and a pro bono IT helpdesk service. In March 2013, we committed to fund a part-time Occupational Health and Safety Officer for a three-year period. Also, Cabrini's occupational health and safety team is offering support and mentorship and we have provided funding towards replacement of equipment.

- Continued financial support for CatholicCare's counselling service.



From left: Artworks by clients of the St Kilda UnitingCare Drop In Centre were exhibited at Cabrini Hawthorn.



- Contributed to the development and establishment of JoCare, an initiative of St Joseph's Parish Malvern. As well as a three-year funding commitment, we have participated on the steering committee for service development and assisted in the recruitment of the coordinator. We funded Micah Conversations, held in the Parish during Lent.
- Funded Bentleigh Bayside Community Health to expand its transport service in the City of Stonnington Malvern.
- Laid the groundwork to establish a community bereavement service. We have appointed a Bereavement Program Coordinator, who commenced work with us in July, 2014.

In other projects and initiatives in the area of community engagement, we have:

- Continued support for CatholicCare's family support program operating on the Horace Petty Estate in Prahran.
- Continued our partnership with Family Life in Bayside. We added funding for evaluation of its Community Bubs program, as well as continuing our financial support for this program and for its Community House.

During 2013-14, we spent approximately \$600,000 on community engagement activities. This is a similar level of expenditure to 2011-12 and exceeds our goal of 15 per cent of total expenditure.



Clockwise from top: Artwork by a client of the St Kilda UnitingCare Drop In Centre exhibited at Cabrini Hawthorn. Client Marleene Foster and assistant art teacher Shirley Lancaster. Art teacher Alastair Nicholas and client Kevin Moses. Client Vincent O'Neil and Shane Lawlor (former Executive Officer, St Kilda UnitingCare).

SOCIAL AND COMMUNITY OUTREACH PARTNERS

Australian Based

Afghan Australian Development Organisation
CatholicCare
Cape York Hospital and Health Service,
Queensland Health
Family Life
Indigenous Hospitality House
Jesuit Social Services
Lighthouse Foundation
Sacred Heart Mission
St Kilda UnitingCare Drop In Centre
The Way Community
Very Special Kids

International

Cabrini Ministries Swaziland
Catholic Health Services, Diocese of Kerema,
Papua New Guinea
Modilon Hospital, Madang, Papua New Guinea

PHILANTHROPIC GRANT RECIPIENTS

Australian Based

Australian Catholic University
Authentic Community Training
Bentleigh Bayside Community Health
Big Issue Magazine
Inner South Community Health
Interplast Australia and New Zealand
John Pierce Centre
Jesuit Mission Office
Knoxbrooke Inc
Malvern Emergency Food Program
Mannix College
Mental Health Research Institute
Newman College
Opening the Doors Foundation
Project Respect
Salvation Army (Kingston)
St Joseph's Parish Malvern
St Mary's College
Stonnington Primary School

International

Cabrini Immigrant Services, New York
Dubbo Hospital, Ethiopia
Missionary Sisters of the Sacred Heart of
Jesus Stella Maris Province, USA
Save Our School Children Foundation Inc, Philippines
Sir Run Run Shaw Hospital, China
Wapenamanda Centre for Primary Health,
Papua New Guinea

FRIENDS AND ASSOCIATES

Children First Foundation
Injartnama Aboriginal Corporation
Kogo (Knit One Give One)
Sir Run Run Shaw Hospital, China



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CABRINI

ph (03) 9508 1455

feedback@cabrini.com.au

www.cabrini.com.au

