

**SOCIAL OUTREACH AND COMMUNITY ENGAGEMENT ANNUAL REPORT 2015-16**

CLAIMING OUR HERITAGE







REFUGEES

---

70

---

We helped support the settlement of 70 new refugees and four families

SWAZILAND

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410

---

One doctor and four nurses assessed 410 children over four days

ABORIGINAL HEALTH

---

\$250k

---

We spent more than \$250,000 on Aboriginal health and wellbeing





ETHIOPIA

100

The Cabrini sisters operate a 100-bed hospital in Dubbo, Ethiopia

CABRINI BIG DAY OUT

24

24 staff participated in three outings with children from a rainbow of nations

MEDICAL EVACUATION PROGRAM

2

Two children were treated under our medical evacuation program

## 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 most of 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.

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# Called to our missionary roots

By Catherine Garner  
Executive Director  
Mission and Strategy



In 1948, the Missionary Sisters of the Sacred Heart of Jesus (Cabrini Sisters) arrived in Australia. They had been invited to Melbourne by the late Archbishop Daniel Mannix to take over St Benedict's, a small Catholic community hospital in Malvern previously operated by the Mercy Sisters, and to care for the Italian immigrants arriving in Melbourne after the Second World War.

The invitation had been issued in 1946, at the time of the canonisation of their founder, Saint Frances Xavier Cabrini – or Mother Cabrini as she is more commonly known. Mother Cabrini had spent her missionary life initially caring for Italian immigrants in New York and later for immigrants more broadly throughout the USA and Latin America. The Sisters welcomed this opportunity to respond to the needs of a new wave of Italian migrants seeking a better life in Australia as a continuing expression of their missionary identity.

Being migrants themselves, the Sisters' experience in their early years in Melbourne echoed that of the people they had come to serve. They found it difficult to learn a new language, adjust to local customs and integrate into the community. With dedication, hard work and support from the Italian community, over the next half century the small hospital grew into a large, modern, in-demand facility serving Melbourne's inner south-east.

The early 1990s marked the beginning of a new era. The hospital was flourishing under lay leadership.

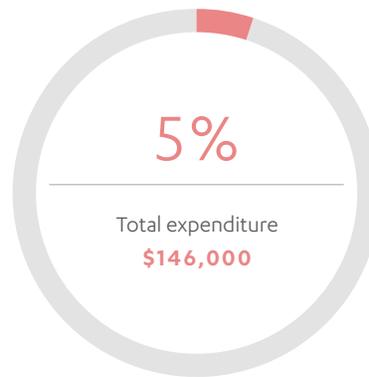
Social outreach emerged as a new expression of missionary identity. This involved partnering with social service agencies, enhancing their capacity through philanthropic grants and in-kind support. By 2006, our annual expenditure on social outreach had reached \$1 million.

In 2010, Cabrini committed to increase its investment in social outreach and community engagement to \$6m over the next ten years. At the same time, a decision was made to focus efforts on priority areas and reduce the number of organisations with which we worked. These goals have led to a significant reshaping of the program over the past five years. As we enter the second half of the decade, we are looking forward to three significant anniversaries:

- 2016 marks the seventieth anniversary of Mother Cabrini being canonised and being declared Universal Patroness of Immigrants
- 2017 marks the centenary since Mother Cabrini's death
- 2018 marks the seventieth anniversary of the arrival of the first ten Cabrini Sisters in Australia

These events call us back to our missionary roots. They challenge us to take up a leadership role as we enter a new Cabrinian era. Accordingly, our new corporate strategy sets out a goal that by 2020, charitable services will be positioned as a separate and significant expression of our Catholic and Cabrinian identity. Our achievements towards this goal in 2015-16 are outlined in this report.

#### EXPENDITURE ON PROGRAM ADMINISTRATION



*Top: Ten Cabrini Sisters arrive from Italy in 1948 to take over St Benedict's Hospital in Malvern.*

*Bottom: The Cabrini Asylum Seeker and Refugee Health Hub was opened and blessed in April 2016. From left: Chief Executive Dr Michael Walsh, Episcopal Vicar for Health, Aged and Disability Care Monsignor Anthony Ireland, Centre Manager Tracey Cabrié, Executive Director of Mission and Strategy Catherine Garner, General Superior Sister Barbara Staley MSC and Chairman Richard Rogers.*

AT A GLANCE

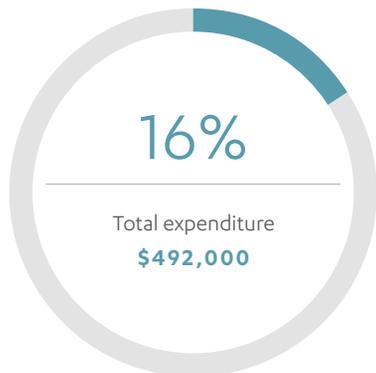


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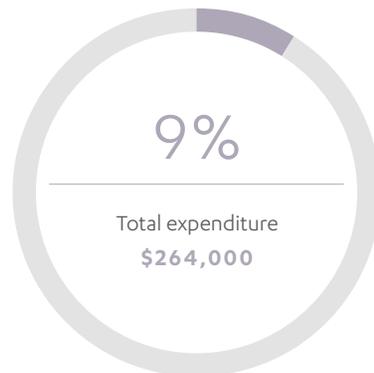
A new four-theatre surgical block under construction at Modilon Hospital in Madang, Papua New Guinea. The architects were Peter Jacobs and Dennis Martin and local builders constructed the facility.

INVESTMENT IN SOCIAL OUTREACH IN 2015-16

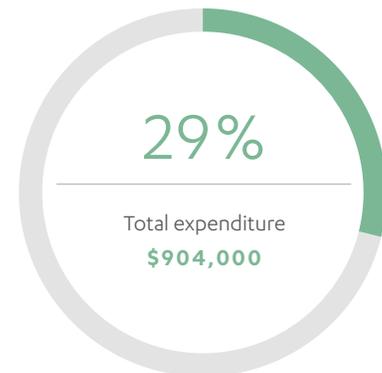
ASYLUM SEEKERS AND REFUGEES



ABORIGINAL HEALTH AND WELLBEING



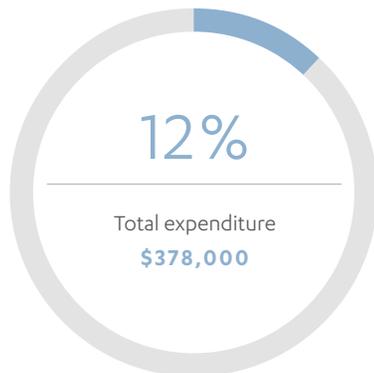
INTERNATIONAL HEALTH



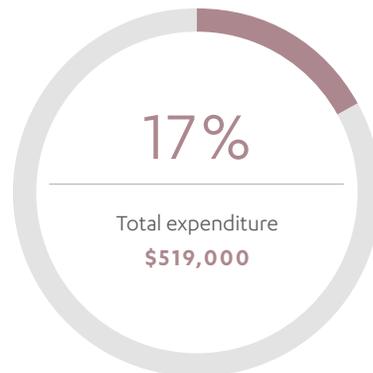


### INVESTMENT IN COMMUNITY ENGAGEMENT IN 2015-16

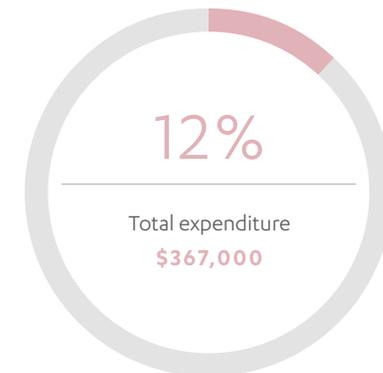
#### LOCAL COMMUNITY



#### COMMUNITIES OF DISADVANTAGE



#### INVOLVING OUR CABRINI COMMUNITY







## SOCIAL OUTREACH PRIORITIES

We have three key social outreach priorities:

- Asylum seekers and refugees
- Aboriginal health and wellbeing
- International health



*Pharmacy Assistant Thobile Ngcamphalala  
with Sister Etegegn Franso MSC at  
Cabrini Ministries Swaziland.*

## → Asylum seekers and refugees

By law, all people who arrive in Australia without a valid visa are subject to mandatory detention. People classified as maritime arrivals are mainly held in offshore detention centres. Those who arrive legally and later claim asylum are placed in onshore detention, either in a detention facility or in community detention. Many onshore detention facilities have recently been closed and the asylum seekers released into the community on bridging visas. Currently, an application for refugee status may take many months or even years to be determined. During this time, many asylum seekers do not have access to essential services such as work, housing and primary healthcare and so rely entirely on the charity and goodwill of others.

Saint Frances Xavier Cabrini was declared the Universal Patron Saint of Immigrants by Pope Pius XII in acknowledgement of her life's work caring for immigrant populations in the USA and Latin America. This priority demonstrates our ongoing commitment to the most vulnerable of today's immigrants: asylum seekers and refugees. Since 2011, we have been working with CatholicCare to support vulnerable individuals and families released into community detention, and others who are living in the community on bridging visas with little support. We contribute funding towards case management for up to six families at a time. Further, we work with CatholicCare to support the settlement of new refugees. Our funding helped to support the arrival of 70 new refugees and four families who needed complex-case support.

In 2013, we began a conversation with Jesuit Social Services about what we could do together to respond to Australia's increasingly harsh asylum-seeker policies. This resulted in the formation of the Catholic Alliance for People Seeking Asylum. Its goal is to turn hearts and minds towards compassion, so as to create a country that welcomes and respects people seeking asylum.



*General Superior Sister Barbara Staley MSC addresses guests at the opening and blessing of the Cabrini Asylum Seeker and Refugee Health Hub in April 2016.*

Building on the groundswell of support from Australian Catholics, it links people together, creating a collective Catholic voice for change. In April 2014, we extended our commitment by providing funding for Baptcare's sanctuary program. Sanctuary provides transitional accommodation and support to asylum seekers. More recently, we entered into a three-year funding agreement with Baptcare, supporting its houses of hope program. This program is designed to increase the availability of community housing for asylum seekers.

It is well known that there is a high burden of mental health disease among asylum seekers and refugees. Many are fleeing torture and trauma experienced in their home country. This is compounded by Australia's harsh immigration policies and the lengthy delays in the processing of claims. Over the past three years, we have funded the development of a mental health screening tool sensitive to the needs of asylum seekers. The goal of the project was to develop a short instrument with a high degree of sensitivity and specificity, which is able to be administered by a non-health professional. The tool is in the final stages of validation and, on completion, will be made widely available.

In April 2016, we took a significant step in our own right by opening the Cabrini Asylum Seeker and Refugee Health Hub. Located in the Melbourne suburb of Brunswick, this facility serves people in Melbourne's northern corridor, complementing the Asylum Seeker Resource Centre's program in the west and Monash Health's service in the south. Our current priority is asylum seekers who are either ineligible for Medicare or who have health and work rights but no income. Initial services comprise a psychiatry outpatient clinic and general practice, with a specialist mental health service to be established before the end of the 2016 calendar year.

## Aboriginal health and wellbeing

Australia's First People experience the worst health outcomes of any Australians. Therefore we believe they have a special call on our resources. In 2010, we named Aboriginal health and wellbeing as one of our priority areas and we have sought to strengthen our contributions each year. We have learnt that a key to success is forming long-term partnerships with Aboriginal people and agencies, building relationships based on mutual respect and mutual obligation. In 2015-16, we invested more than \$250,000 in Aboriginal health and wellbeing programs.

In September 2014, St Vincent's Health Australia invited us to partner with them and Caritas Australia to support the development of a community-based dialysis centre in Santa Teresa, near Alice Springs in the Northern Territory. Through our long-term relationship with the Santa Teresa community, we recognised the positive impact the service would make. We provided a grant to establish the service and signed a three-year agreement to fund the service until 30 June 2018. The service is operated by Western Desert Nganampa Walytja Palyantjaku Tjutaku Aboriginal Corporation (also known as Western Desert Dialysis). There have been 589 treatments on six patients since the service was established. Having dialysis available in the Santa Teresa community enables continuing family

## SOCIAL OUTREACH PRIORITIES

support and connection, which is beneficial for the patients and educational for the next generation who see first-hand the results of lifestyle choices.

We have continued to work with Jesuit Social Services to build capacity among Eastern and Central Arrente Elders. The goal of the program is to improve management and governance skills to counteract the feelings of powerlessness, lack of authority and uncertainty about the future. Our support for this program began in 2011 and will continue to 2018.

In 2015, we funded a Boon Wurrung cultural revival program. As the name implies, the program acknowledges the direct link between cultural identity and wellbeing. The program has two goals:

- To conduct genealogy work, language reclamation and connection to country with the family groups who are descendants of Louisa Briggs, a Yalukit Wilam, one of the six clans of the Boon Wurrung. She played a major role in the history and politics of all Victorian Aboriginal people from the 1850s until her death in 1925. Ms Briggs provides a direct link between pre-settlement Melbourne and the history of post-settlement for this clan.
- To share cultural insights with the community at large as sharing is an enduring cultural value of the Boon Wurrung. This is being achieved through teaching the importance of country and how to maintain a respectful relationship with it, so we all prosper through cultural awareness work within existing and new communities.

We are developing a relationship with Apunipima Cape York Health Council. Apunipima is a membership-based, community-controlled Aboriginal health organisation responsible for delivering high quality, culturally appropriate, comprehensive primary healthcare to 11 Cape York communities. In 2015, Apunipima approached Catholic Health Australia (CHA) seeking support. Cabrini



*Exterior of the new four-theatre surgical block (left) at Modilon Hospital in Madang, Papua New Guinea. The facility was built on a greenfield site and links to the original hospital (right).*



*The new theatre block comprises four theatres for general surgery, pre-surgical holding area, a recovery area and central sterile supply department.*

expressed interest in being part of the Catholic response. We were invited to participate in a CHA-led working party to spearhead and coordinate the development of the relationships. This culminated in a visit to Arukun and Weipa followed by a meeting in Cairns in July 2016.

### International health

Australia is the lucky country when it comes to healthcare. Unfortunately, many of our near neighbours and others in more distant countries do not enjoy the same good fortune. In this dimension of our social outreach program, we seek to leverage our knowledge, skills and resources to enable people beyond our borders to access better healthcare. In 2015-16, we invested almost \$1m in international health programs.

We have had a long-term commitment to improve access to high quality healthcare in Papua New Guinea. Our primary relationships are with:

- Modilon Hospital, a public hospital serving Madang Province in the north
- Wapenamanda Centre for Primary Health Care, a private clinic in the Enga Province in the highland

- Kerema Catholic Health Services in the Gulf Province in the south

During 2015-16, we assisted Divine Word University in Madang, Papua New Guinea, in the development of a curriculum for a new course to train doctors to work in the remote regions of the country.

A key achievement in 2015-16 was the completion and official opening of a new surgical theatre complex at Modilon Hospital. We had been working towards this end since 2008 when, with the support of our architects, we had delivered the plans for the building. This new facility incorporates modern theatre design and infection control principles, delivered in a way that is consistent with the constraints of local resources. Our nurse clinicians have supported the successful transition of services to the new facility, working alongside local staff to develop the new procedures and protocols.

In this dimension of our program, we partner with our sister ministries in Ethiopia and Swaziland, Africa. Working alongside Cabrini staff from realities so different to our own strengthens our missionary identity and sense of purpose.

Swaziland has the highest prevalence of HIV-AIDS in the world with nearly 28 per cent of the adult population afflicted. Cabrini Ministries operates in the Lubombo region in the Lowveld, the most disadvantaged part of the country which, in addition to the burden of disease, has been in the grip of drought for more than 20 years. For many years, we have supported Cabrini Ministries' health outreach to people who have HIV-AIDS and its programs for the most vulnerable and at-risk children. More recently, we have partnered in primary health outreach to children in the local area who do not have access to healthcare. In February 2016, one doctor and four nurses participated in the annual program, assessing 410 children over four days. As well as identifying and treating the usual skin and gastrointestinal problems encountered, most children underwent an HIV test. Two tested positive and were placed on treatment.

While Australia has one of the best healthcare systems in the world, Ethiopia ranks behind Swaziland (at number 180 of 190 countries). The Cabrini Sisters are in Dubbo, a poor rural area in the southern part of Ethiopia, where they operate a 100-bed Catholic hospital called St Mary's that provides healthcare to a population of 100,000 people. In January 2014, we were invited into a partnership with St Mary's. In February 2015, three Cabrini staff undertook a review of the hospital to inform a decision about its future. Since then, we have engaged in a monthly teleconference to provide support and advice to hospital management. In December 2015, we co-facilitated a strategic planning meeting for the region. As a result of the meeting, the Cabrini Sisters agreed to take over full responsibility for the hospital for three years and invest resources to improve the standard of care and patient experience. In February 2016, two staff from Cabrini in Australia spent a week on the ground in Ethiopia, assisting in the preparation of an operating budget for the hospital. These exchanges of staff form a solid base on which to build our relationship over the next three years.



Staff of Cabrini Ministries Swaziland provide home-based care: nurse David Hlophe (right) with a nursing student.

## COMMUNITY ENGAGEMENT PRIORITIES

We have three key community engagement priorities:

- Our local community
- Communities experiencing disadvantage
- Our Cabrini community



*Plastic surgeon Mr Andrew Greensmith performed life-changing surgery on Papa OO, who was treated pro bono under Cabrini's medical evacuation program.*

## → Our local community

Our healthcare services are concentrated in the south-eastern suburbs of Melbourne. We have a significant impact on these suburbs, particularly Malvern, where our original and largest hospital is located. Many of our staff and doctors live in the local community. Many shop at the local shopping centres on their way to or from work. As well as providing these more intangible benefits, we want to actively contribute to the development of strong and resilient local communities. We do this through initiatives that build community capacity and sustainability.

In 1992, we began a partnership with CatholicCare (then Centacare Catholic Family Services) to establish a family counselling service in Malvern. This service operated for nearly 25 years offering individual, couple and family counselling, family dispute resolution and a school refusal program. As the service was subsidised by Cabrini, fees could be charged on a means-tested basis, providing affordable access to professional counselling. In the first decade of operation, more than one-third of clients were recipients of social security. In April 2016, the service was relocated to Dandenong, as the number of clients requiring subsidised fees had been declining each year.

In 2014, we collaborated with St Joseph's Parish Malvern to establish JoCare, a community outreach based at the parish. JoCare involves volunteers providing non-professional acts of service to people who live independently in the area and are experiencing social isolation. The goal is to create a neighbourhood where people know and look out for one another.

In July 2014, we began work on a new community bereavement service in Malvern. The service is designed to support residents who are facing bereavement or have been recently bereaved, particularly those who are elderly and have minimal social connections either because of the restrictions of caring for a spouse with a progressive terminal illness or through the death of their spouse.



*Group-based programs have been conducted as part of Vale, Cabrini's community bereavement service.*

Research shows that sharing or listening to narratives and participating in group activities helps to normalise the grief process, identify personal strengths and resilience, and build social connections. This, in turn, helps to reduce feelings of social isolation. As well as one-on-one bereavement counselling, we have offered a range of group-based programs since the service called Vale (the Latin word for goodbye) was launched in April 2015.

At the same time, we funded Bentleigh Bayside Community Health to increase the availability of

community transport in the City of Stonnington. Funding from Cabrini enables less restrictive assessment criteria to be applied to people who wish to access the service. The most recent report shows a five-fold increase in trips for Stonnington residents in 2015-16 compared to the previous financial year.

In May 2016, we partnered with both the City of Stonnington and the Australian Centre for Health Research (ACHR) to encourage conversations about end-of-life choices. Through our relationship with ACHR, we were able to negotiate for Stonnington to host one



*Executive Director of Cabrini Malvern Dr Simon Woods with Olywn and Ron Syle at the Stonnington event held as part of the Australian launch of Death Over Dinner in May 2016.*

of the events to celebrate the national launch of the Australian version of Death Over Dinner. The event was well attended by representatives from local clubs and agencies, and has generated significant interest. We will continue to work with the City of Stonnington to support, enable and encourage these kinds of conversations.

### **Communities experiencing disadvantage**

There is increasing evidence that personal, social, economic and environmental factors affect the health outcomes of individuals and communities. Research shows that children who are born into poor, dysfunctional families with little education and poor job prospects will experience worse health outcomes than their counterparts born to well-off, stable families.<sup>1</sup> According to the NATSEM report<sup>2</sup>, up to 65 per cent of people who live in public rental accommodation have long-term health problems compared with 15 per cent of homeowners. The most discriminating socio-economic factors for smoking are education, housing tenure and income. Education and housing tenure are consistently

related to rates of obesity. Younger adults who left high school early are twice as likely to become high-risk drinkers compared with those who gained a tertiary education.

Studies have consistently demonstrated a spatial distribution of disadvantage. In Victoria, eight of the 12 communities experiencing the most disadvantage in 1999 remained among the top 12 in 2014.<sup>3</sup> Disadvantage is often intergenerational and difficult to escape. We are committed to working with communities experiencing disadvantage over the long haul to help them improve their health outcomes.

This year marks the twentieth anniversary of our partnership with both Sacred Heart Mission and Lighthouse Foundation. We have a long-term partnership with The Way Community and more recently have engaged with Family Life. All of these organisations work with marginalised groups in our community.

Sacred Heart Mission assists people who are homeless or living in poverty. Engagement with the service usually begins with the meals program, women's house or resource room. Clients can access individualised, planned support such as case management, health or wellbeing activities, as well as longer term support and accommodation. As well as providing essential services such as linen and food, we co-funded the 'Journey to Social Inclusion', a pilot program that demonstrated that a three-year engagement with clients costs less and is much more effective at ending disadvantage compared with the current policy approach.

Lighthouse Foundation focuses on at-risk and homeless youth, providing a home, a family and a program of therapeutic care that is trauma-informed and individually-tailored. Young people have life membership of the Lighthouse Foundation, which means that even when they move out of a Lighthouse home, they may remain connected to the Lighthouse family and community

through the aftercare and outreach programs. Since 1996, we have provided a house rent-free and supported the infrastructure and operating costs of the program.

The Way Community is a home and outreach centre for older men who are homeless or at risk of becoming homeless. It is one of the few services that caters for men who have an active alcohol addiction. Some men live there long-term and some – particularly those who have been living on the street – are only able to cope in this kind of environment for a short time. Some outreach clients drop in regularly and others are visited where they are living, be it a boarding house, squat or on the street.

Our other main partner in this area is Family Life. We have worked together since 2010. Family Life takes a whole of family approach and is working to build capable communities. Part of the integrated strategy includes provision of programs through community houses. We provide financial support for the Sandringham Community House. Further we support the organisation's Community Bubs program, which assists families in the community to ensure babies thrive and develop in a safe and supportive environment.

### **Our Cabrini community**

We believe that if we want to build a better world, we need to start in our own backyard. We therefore provide opportunities for staff to contribute to our charitable services program beyond their day-to-day roles. This both increases our capacity to make a difference in other people's lives and cultivates a sense of gratitude

<sup>1</sup> Martin Lavery and Liz Callaghan (Eds) *Determining the Future* (Ballan, Connor Court, 2011) p.2

<sup>2</sup> National Centre for Social and Economic Modelling (NATSEM) *Health Lies in Wealth cited in Determining the Future* p.5

<sup>3</sup> Tony Vinson and Margaret Rawsthorne *Dropping off the Edge 2015* (Jesuit Social Services/Catholic Social Services Australia, 2015) p.10

and curiosity in staff, enriching and transforming our own community.

We have long provided *pro bono* access to medical care for children who are victims of war or otherwise unable to access the level of healthcare that many Australians take for granted. During 2015-16, two children were treated under our medical evacuation program:

- Papa OO from Myanmar (formerly Burma) who had been born with severe hearing and vision impairment due to a congenital syndrome. She had a scheduled second operation to construct ears and ear canals. Six staff volunteered to assist in the ten-hour operation.
- Angela De Silva from Timor-Leste (also known as East Timor) had surgery to correct a severe deformity of her spine. Four Cabrini staff volunteered to assist in her operation, which also lasted for ten hours.

A third child, Theresa Rosales from the Philippines, accessed our medical imaging service as the preliminary stage to surgery.

Our staff become close to the children during their stay with us and are invested in their full recovery, not just in their surgical procedure. In 2004, this prompted the establishment of the Cabrini Big Day Out. Most of the children we care for are brought to Australia by the Children First Foundation (CFF). Each year, we organise regular social activities for the children. During the year, 24 staff participated in three outings with children from a rainbow of nations. A highlight each year is the annual crazy sports day held at the CFF retreat in Kilmore.

Over the years we have been able to offer training to overseas clinicians. The program is usually structured as a four-week clinical observation period with support from mentors in the chosen speciality. Four staff from Sir Run Run Shaw Hospital in China participated in the program during the year – one vascular surgeon, one pharmacist and two senior nurses. We provide orientation



*Papa OO (left) was treated under Cabrini's medical evacuation program. She is pictured with nurse Lee Holt prior to her surgery at Cabrini Malvern.*

to the Australian healthcare setting and to the City of Melbourne. We also arrange a social program so participants have a chance to practise their English in a variety of settings.

Fourteen staff participated in an international service program with one of our partner organisations. We also encourage staff to participate in international programs run by other organisations, offering grants to part-fund their time away. During the year, grants were awarded to five staff. Two staff provided service in Vietnam, two in Papua New Guinea and one used the grant to participate in the Cabrini-sponsored trip to Swaziland.

During the year, 22 staff visited Intjartnama, the Cook family's outstation in the Western Arrente region, 125 km west of Alice Springs. The opportunity to leave the eastern seaboard to spend time in the red centre is one benefit of Cabrini's long term, intergenerational relationship with the Cook family. The purpose of the visit is to experience the majesty of the land and learn about Aboriginal culture. Spending time in the desert, seeing the landscape through Aboriginal eyes, hearing the dreaming stories and learning about each other has the power to change the stereotypical perceptions of what it means to be Australian.

## HOW WE RESPOND

We are responding to identified priorities for social outreach and community engagement through direct involvement in the provision of social services.



*Surgical registrar Dr Scholastica Ecarl examines a patient at Modilon Hospital in Madang, Papua New Guinea.*

## → Cabrini-led programs

Although historically our preference has been to partner with or fund other agencies to deliver social services, over the past five years we have come to understand that we have our own story to tell. The following programs represent our direct involvement in the provision of social services. We anticipate the number of Cabrini-led programs will grow over the next five years in line with our new corporate strategy.

### **Cabrini Asylum Seeker and Refugee Health Hub**

Development of a health hub dedicated to asylum seekers and refugees was proposed in January 2015. At that time, we were responding to a call for expressions of interest for Casa Elda Vaccari, a small residential aged-care facility in the Melbourne suburb of Fitzroy North. We proposed to use the accommodation as transitional housing for asylum seekers and refugees, complemented with a health service operating on the ground floor of the building. When our expression of interest was unsuccessful, we set out to find another property for the health service.

In November 2015, we signed a lease for the ground floor of a property in the Melbourne suburb of Brunswick. This property is owned by the Baptist Church. We then began a refurbishment program to make the premises fit for purpose. Costs were minimised with *pro bono* support from architects Jacobs Thomas & Associates. The refurbishment was completed in mid-April 2016 and we celebrated with a blessing and official opening on 28 April 2016. Sister Barbara Staley MSC, General Superior of the Missionary Sisters of the Sacred Heart of Jesus, travelled from Rome and Sisters Catherine Garry MSC and Arlene Van Dusen MSC travelled from New York for the occasion.

Tracey Cabrié commenced as the Centre Manager in May 2016 and has recruited an excellent team. St Vincent's Hospital Melbourne, a public healthcare



*Psychiatrist Professor Suresh Sundram at the Cabrini Asylum Seeker and Refugee Health Hub in Brunswick.*

service, has come onboard as a partner in the project. It has provided a project officer to support establishment of the general practice. Further, it has offered *pro bono* access to pathology and medical imaging to the value of \$10,000 each year.

With help from Professor Suresh Sundram, our special advisor to the project, we began recruiting *pro bono* general practitioners and psychiatrists. We have been encouraged by the number of people willing to volunteer their time. Dr Katherine Sevar was appointed to the position of Director of the Specialist Mental Health Service/Medical Director and her first responsibility was to process the credentialing of medical staff. This enabled us to see our first patient on 20 June 2016, World Refugee Day. Strong relationships with Lentara UnitingCare's asylum seeker program (which operates from the first floor of the building), Bapcare's sanctuary program and other local refugee and asylum seeker agencies will provide a ready referral mechanism for our general practice. Medicare-ineligible asylum seekers and those with access to Medicare but no income will be given priority access to services, at no cost to them.

Once full operations commence, the Cabrini Asylum Seeker and Refugee Health Hub will provide a broader range of services including general practice and a specialist mental health service, as well as social, emotional and spiritual support. We hope to partner with local hospitals in chronic disease management, maternal and child health and infectious disease management.

### **Encouraging community conversations about end-of-life choices**

The idea for this program was long in gestation and is based on our desire to deliver the best possible end-of-life care. In our experience, many patients faced with end-of-life care choices have not had a conversation with their family about where they hope to be when they die, who they want to have with them and what would



*A monthly men's luncheon is a feature of Vale, Cabrini's community bereavement service.*

give them comfort. Difficult at the best of times, these conversations are made harder when they take place in an intensive care unit or emergency department when the patient is not able to voice their values and preferences. We believe these conversations need to take place in the community, before any terminal illness or other unexpected health crisis occurs. We were motivated to action by the Australian Centre for Health Research's publication *Conversations: Creating Choice in End-of-Life Care*. The simple statement that end-of-life care is everyone's responsibility struck a chord. We realised that

we needed to be part of the change we wanted to create. We approached the City of Stonnington, which agreed to work with us to encourage conversations about end-of-life choices within our local community.

Due to our relationship with the Australian Centre for Health Research, we were able to arrange for the City of Stonnington to host one of the events celebrating the national launch of the Australian version of Death Over Dinner. It was well attended by representatives from local clubs and agencies. This provides a springboard for a local

program of activities that we will undertake together in the coming year, in order to raise awareness of the need for and encourage local residents to have conversations about their future healthcare wishes.

### **Cabrini Vale**

Cabrini Vale was established in July 2014 to support the residents of Stonnington and those of neighbouring local government areas who had been recently bereaved. The service was set up as a three-year pilot program to ascertain the demand for group-based bereavement support. The proposal for the service arose from a community needs analysis undertaken in 2013. The analysis showed that:

- 12.4 per cent of women and 10.7 per cent of men 65 years and older in the City of Stonnington are providing unpaid assistance to a person with a disability.
- There are significant pockets of ageing residents and a higher percentage of older people who live alone in the suburb of Malvern.

Cabrini Vale was one of two community initiatives developed to address this demographic. The second involved partnering with Bentleigh Bayside Community Health to improve access to transport for older residents in the City of Stonnington.

Bereavement Service Coordinator Jacqueline Taylor has led the development of the service. As it was a start-up service and with no similar services in existence, it took time to establish the infrastructure and identify group offerings that would be most appealing to the community. Over the course of 2015, various groups were trialled such as a walking group, relaxation group and a conversation group. Ultimately these were unsuccessful in attracting enough regular participants to enable a group experience. The current service model and suite of programs gradually emerged. We now offer twice

monthly drop-in morning teas, a monthly men's luncheon group, ceremonies of remembrance held three times a year and regular social outings.

A bereaved person's first point of contact with the service may be through a community education session, attending one of the drop-in morning teas, by direct enquiry or referral from another service or agency, or attendance at a ceremony of remembrance. Those who wish to engage in the service are offered an assessment to enable their needs to be understood and a program tailored for them. This may comprise one-on-one counselling, participation in one or more Cabrini Vale groups or, where appropriate, referral to another specialist bereavement service. We are grateful for the support we received from the Australian Centre for Grief and Bereavement to establish the service. Anecdotal feedback assures us that those who have become part of the Vale community value the program and the support it provides. However, two years into the pilot program participation rates remain low, which has prompted a review of the service earlier than planned.

### **Aboriginal cultural experience**

This program began in 2004, when Aboriginal Elder Elva Cook invited us to spend time with her and her family at Intjartnama, an outstation located some 125 km west of Alice Springs. Eleven staff plus a several family members signed up for the experience. Participants slept in the schoolroom, cooked meals over an open fire and were introduced to the country and culture of the Western Arrernte people. It was such a powerful and positive experience that Cabrini made an ongoing commitment to the program. Seventeen trips have now been conducted. Between ten and 15 staff have participated in each trip, usually comprising a mixture of newcomers to the experience plus a few staff who have been before.

Following Elva's death in April 2015, we have been embraced by her daughters Samantha and Ruth and



*Members of the Cabrini mob explore the Intjartnama property, an Aboriginal outstation 125 km west of Alice Springs in the Northern Territory.*

their families, and invited to continue the relationship. This intergenerational connection is important both to them and to Cabrini. Over the years, we have become part of each other's family, welcoming children and grandchildren and mourning the death of the older generation, standing shoulder to shoulder, sharing troubles and celebrating success. We have come to understand Elva's early wisdom in describing her desire for a partnership built on mutual respect and mutual obligation.

Two trips were conducted during 2015-16, in which 22 staff were involved. All found the experience moving. They returned with a new appreciation for the majestic land in which we live and a greater sense of the impact of our pre-settlement history on our understanding of ourselves and our unique culture. The shared experience

helps to build relationships of trust and cooperation across staff groups, improving communication and opportunities for collaboration.

### Children First Foundation Big Day Out

We were first introduced to Children First Foundation (CFF) in 1996 when approached to undertake surgery on a child from Laos. We assembled a team of volunteers to support the surgery, which was lengthy and all were invested in its success. Over the years that followed, we accepted more complex cases with the children often needing two or three surgeries, months or sometimes years apart. Staff wanted to maintain contact with the children during their recovery period, and so the Big Day Out was born.

At the beginning of each year, we negotiate dates with CFF. We take responsibility for planning appropriate activities and call for volunteers from our staff. All staff who wish to volunteer need to undergo a Working with Children check prior to the event. At any one time, there are up to eight children able to participate. In the past 12 months, we organised three events:

- Bowling in August 2015, in which ten staff were involved
- Puffing Billy (a century-old steam train that still runs on its original mountain track in the Dandenong Ranges) in November 2015, in which eight staff participated
- Our annual crazy sports day in April 2016, in which six staff participated

Partners and family members are invited to join in these activities, which adds to the sense of fun and adventure. Staff and their families enjoy engaging with children from other parts of the world whose life and experience is so different to their own. It is inspiring to witness the courage of the children as they cope with the lengthy dislocation from their own families in the face of their treatment regime.

### Medical evacuations

Since 1996, we have provided *pro bono* access to medical care for children who are victims of war or otherwise unable to access the healthcare they need. We accept cases from Children First Foundation, Romac and Moira Kelly OAM. They identify appropriate cases, organise the visas, travel and care for the child before and after surgery. In the past 12 months, two children have been treated under our medical evacuation program.

Papa OO is a teenage girl from Myanmar. She was born with severe hearing and vision impairment due to a congenital syndrome. She was left at an orphanage when she was four years of age as her mother could no longer care for her. As she grew up, she dreamed of being able to go to school like other children. Her disabilities prevented her dream from being realised. She was brought to Australia for bilateral ear reconstruction by Moira Kelly OAM. The first part of the surgery was undertaken in December 2014 and she had the second part in October 2015. Six staff volunteered to assist in the ten-hour operation.

Angela De Silva is a teenage girl from East Timor, the youngest of six children. She required surgery to correct a severe deformity of her spine. Left untreated, she would continue to have decreased lung capacity and pain. She was brought to Australia by Children First Foundation. Four staff volunteered to assist in her operation, which lasted for ten hours. Angela's simple dream was to be able to walk straight and upright, not on a slant and to be able to jump and play. Through this surgery, her dream has been realised.

We acknowledge the support of the following companies, which donated prosthetics or equipment for these cases:

- B Braun Australia
- LifeHealthcare
- Medtronic
- Neuro-Monitoring Services Australia

- Spectrum Surgical, Spectrum Ophthalmics
- Zimmer

### Overseas visiting clinician program

We have provided periods of training for visiting clinicians from other countries for many years. In 2007, we formalised the program offering a four-week placement, with the experience based on objectives set by the participant prior to arrival. We provide a meet and greet service, free accommodation at our hospitality apartments, orientation to Australia's healthcare system and to the City of Melbourne, a mentor for the duration of the experience and a social program, so the participants can experience Australian hospitality and practise their English conversational skills in a social setting. Since 2007, we have hosted 31 clinicians from six countries. In the past 12 months, we hosted four staff from Sir Run Run Shaw Hospital in Hangzhou, China.

We have had a formal relationship with Sir Run Run Shaw Hospital since 2009 and have regularly hosted groups of clinical staff since 2011. The four staff who participated in the program in 2015-16 were Dr Hui Fan, a pharmacist, Feimin Yang, the nurse manager of a general surgical department, Yiting Zhum, a team leader from intensive care and Dr Yuefeng Zhu, a vascular surgeon. We are grateful for the staff who agreed to mentor them during their visit, which added to the quality of their experience. While the focus is on achieving their learning objectives, participants often report how they are struck by the culture of compassion and respect they observe at Cabrini.

### International service programs

Since 2009, we have enabled staff to participate in service programs through our international relationships. We recruit staff who have the skills and experience required for the program, organise the travel, provide insurance and fund travel, accommodation and incidental costs. We provide a pre-program briefing to orient them to the



*Plastic surgeon Mr Andrew Greensmith, Mr Rory Mahr and a team of Cabrini staff gave their time and expertise in caring for Papa OO, who was treated pro bono under Cabrini's medical evacuation program.*

country, language and conditions, as well as the goals and objectives of the program. We then debrief with them on their return. Six service programs were conducted during the year, involving 14 staff.

- Dr Adam Janson, registered nurses Vianney Allison, Ngaire Diamond, Amelia O'Shaugnessy and Social Outreach Program Manager Kate Barker travelled to Swaziland to participate in the annual primary health outreach to children.
- Executive Director of Nursing and the Cabrini Institute Professor Lee Boyd, Director of Clinical Education Matt Johnson and Academic Coordinator Geoff White spent time at Divine Word University in Madang, Papua New Guinea to review the curriculum for a new medical program to be offered by the university and advise on the setup of the university's simulation centre.
- Dr Malcolm Altson completed his sixth annual visit to Kanabea, a small village in the Papua New Guinea highlands. The Kanabea hospital now has a resident doctor, so this was perhaps his final trip.
- There were two trips to the Cabrini Sisters' mission in Dubbo, Ethiopia. In January 2016, Executive Director of Mission and Strategy Catherine Garner co-facilitated a strategic planning meeting for the new region and St Mary's Hospital. In February 2016, General Manager Cabrini Brighton Sue Hewat and Management Accountant Niamh Corkery spent a week at St Mary's Hospital assisting in the development of an operating budget.
- In May 2016, Kate Barker and Nurse Managers Caz Derby and Louise Bramich went to Modilon Hospital in Madang, Papua New Guinea to assist in the opening of the new theatre complex. They were able to help the staff to develop new workflows, protocols and procedures to maximise the opportunities the new facility creates.





## OUR PARTNERSHIPS

We are proud to have partnerships with ten like-minded organisations, which do work that overlaps with our priority areas. As well as providing funding, our human, intellectual and organisational resources are harnessed in support of their efforts.



*Traditional dance was performed during celebrations at the opening of new surgical theatres at Modilon Hospital in Madang Papua New Guinea in April 2016.*

## → CatholicCare Melbourne

### Partner since 1992

CatholicCare Melbourne operates under a charter from the Archbishop of Melbourne and the Diocese of Sale for the purposes of carrying on the welfare, non-profit, educational and charitable activities of the Roman Catholic Church in the Archdiocese of Melbourne and Diocese of Sale with respect to the welfare of families.

### What we do

- Since 1992, we have provided an annual grant of \$140,000 to CatholicCare's family counselling service in Malvern, providing affordable access to individual, couple and family counselling, family dispute resolution and a school refusal program. Cabrini Vale was co-located with the counselling service from July 2014 until CatholicCare relocated to Dandenong in April 2016. This minimised overhead costs for both organisations.
- Since 2011, we have provided grants to support CatholicCare's work with asylum seekers in community detention and refugees wishing to settle in Melbourne's outer south-eastern suburbs.
- In October 2015, we participated in the collection of material aid in preparation for the arrival of the Syrian refugees.
- We work with Hoban Recruitment and Cabrini Linen Service to provide pathways to employment for refugees in CatholicCare's programs.

### PARTNER SINCE 1992

Funding in 2015-16: \$273,000

Total funding over the life of the partnership: \$4.46 million

## Cabrini Ministries Swaziland

Cabrini Ministries is a faith-based community care organisation providing comprehensive integrated healthcare, childcare, education and social services to the most poor and vulnerable in the Lubombo Lowveld area of Swaziland in southern Africa.

### What we do

- We provide an annual grant of \$175,000 towards infrastructure and operating costs.
- Recently we have reviewed the buildings and facilities, assisted in the development of a site master plan and participated in the building redevelopment program.
- Nearly 100 children in the highest level of care are sponsored by our staff. Some staff donate through the workplace giving program and others pledge to generate the funds each year through social and other fundraising activities.
- We participate in a primary health outreach to the local community working alongside Cabrini Ministries' health and childcare staff. Five staff (one doctor and four nurses) participated in the most recent program in February 2016. Primary health checks were conducted on 410 children during the four-day program.

## Family Life

Family Life is an independent, community service organisation operating in the south-eastern suburbs of Melbourne. Family Life's goal is to enable children, young people and families to thrive in caring communities.

### What we do

- We provide philanthropic grants to Family Life's Community Bubs program and the Community House in Sandringham.
- We collect and donate secondhand goods from across the organisation for sale in Family Life's opportunity shops.
- Cabrini Brighton's Click Clack knitting group donated more than 40 scarves and baby mittens for clients of Family Life's programs.
- Cabrini Brighton conducts special-purpose drives (such as for winter coats, household items and non-perishable food items) throughout the year.

## JoCare

JoCare is a volunteer-based community service sponsored by St Joseph's Parish offering friendship and support in the local Malvern area.

### What we do

- We supported the development of the service, helping with recruitment of the service coordinator and sharing our experience to facilitate the establishment of the volunteer program. We hold ongoing membership of the service's steering committee.
- We provide an annual philanthropic grant of \$15,000 equating to approximately 40 per cent of the service's operating costs.

PARTNER SINCE 2002	
Funding in 2015-16:	\$204,000
Total funding over the life of the partnership:	\$2.98 million

PARTNER SINCE 2010	
Funding in 2015-16:	\$100,000
Total funding over the life of the partnership:	\$665,000

PARTNER SINCE 2014	
Funding in 2015-16:	\$15,000
Total funding over the life of the partnership:	\$43,000

(these figures exclude proceeds of staff fundraising and workplace giving for the childcare program)

### Lighthouse Foundation

Lighthouse Foundation provides homeless young people from backgrounds of long-term neglect and abuse with a home, a sense of family and around-the-clock therapeutic care that is individually tailored, trauma-informed and proven to work.

#### What we do

- Since 1996, we have made a house available rent-free to the Foundation. Known as the Cabrini Lighthouse, it has traditionally provided accommodation for up to five young people. In 2015-16, it became a home to young mothers and their babies.
- We provide philanthropic support, covering the costs of Cabrini Lighthouse’s primary carer and offsetting food, general supplies and maintenance costs.
- Two staff serve on the Cabrini Lighthouse management committee.

### Modilon General Hospital, Papua New Guinea

Modilon is a regional general hospital in Madang Province in the north of Papua New Guinea. Although primarily established to serve the 500,000 people living in the province, Madang draws from a wider area as it is connected by road to Mt Hagen in the Western Highlands and Lae in Morobe Province.

#### What we do

- For 15 years, we have supported orthopaedic surgeon Mr John Griffiths to conduct an annual orthopaedic service and education program at the hospital. Eighty patients were assessed and 23 procedures performed during the program conducted in August 2015.
- Since 2014, we have been providing a *pro bono* pathology service to the hospital. Specimens are couriered to Melbourne for testing and the results are reported within 13 days on average. This is vastly improved from the six months to two-year turnaround they had experienced from the local service. More than 270 tests were performed in 2015-16, an increase of 62 per cent increase on last year.
- In 2008, with support from our architects and planners Jacobs Thomas & Associates and Dennis Martin and Associates, we developed plans for a new theatre suite. In 2015, government funding for the project was finally made available and the new theatre suite was formally opened in April 2016. Two Cabrini staff worked with Modilon Hospital staff to develop new procedures and protocols for the new facility.

### Sacred Heart Mission

Sacred Heart Mission assists people who are homeless or living in poverty to find shelter, food, care and support.

#### What we do

- We provide a *pro bono* linen service for the residential hostels, which costs \$60,000 per year, and budget a further \$30,000 towards the food costs in the dining hall.
- We have been strong supporters of the ‘Journey to Social Inclusion’ pilot and supported both the program and its evaluation. We contributed a further \$50,000 in the past financial year.
- 11 staff volunteered regularly in the dining hall in 2015-16
- Cabrini sponsors the Christmas Day lunch and staff donate gifts so the clients can receive a present. More than 400 gifts were donated for Christmas in 2015.

PARTNER SINCE 1996	
Funding in 2015-16:	\$80,000
Total funding over the life of the partnership:	\$861,000

PARTNER SINCE 2007	
Funding in 2015-16:	\$31,000
Total funding over the life of the partnership:	\$772,000

PARTNER SINCE 1996	
Funding in 2015-16:	\$87,000
Total funding over the life of the partnership:	\$1,385,000

## St Marys Hospital, Ethiopia

St Mary's is a 100-bed Catholic hospital in Dubbo owned by the Vicariate and operated by the Cabrini Sisters. It provides medical, surgical, paediatric and maternity care to the local community of 100,000 people.

### What we do

- We contribute funds annually to offset operating and capital costs. In addition, the Cabrini Foundation donated \$25,000 to fund the repair of the x-ray building.
- We have conducted monthly teleconferences to provide management support and advice.
- Executive Director of Mission and Strategy Catherine Garner co-facilitated the regional planning meeting in January 2016.
- General Manager and Director of Nursing at Cabrini Brighton Sue Hewat and Management Accountant Niamh Corkery visited in February 2016 to assist with the establishment of an annual operating budget.

## The Way Community

The Way Community is a home and outreach centre for older men who are homeless or at risk of becoming homeless. It offers a home in which residents are valued and supported. The organisation seeks out people in local boarding houses, squats or on the street who are at the same time the neediest, and hardest to reach.

### What we do

- We provide annual funding towards the infrastructure and operating costs of the service.
- In-kind support of donations by staff continued, through towel drives and Christmas presents organised by staff at Cabrini Rehabilitation.
- The Christmas meal was provided by Cabrini for the residents at The Way Community and surrounding community at an estimated cost of \$800.

## Very Special Kids

Very Special Kids is a children's charity that helps more than 900 families across Victoria who have a child with a life-threatening condition with ongoing support from diagnosis all the way through to recovery or bereavement.

### What we do

- We contributed funding of \$48,000 towards the employment of a Human Resources and Occupational Health Safety Manager, \$40,000 to the bereavement support program and \$6000 for emergency respite support.
- We provided a *pro bono* linen service (estimated value \$13,000), a *pro bono* IT help-desk service (estimated value \$18,000) and *pro bono* biomedical engineering support (estimated value \$1500).
- In preparation for accreditation against the *National Safety and Quality Health Service Standards*, we provided advice on cleaning standards and patients and families engagement in care.

PARTNER SINCE 2012	
Funding in 2015-16:	\$386,000
Total funding over the life of the partnership:	\$804,000

PARTNER SINCE 2005	
Funding in 2015-16:	\$75,000
Total funding over the life of the partnership:	\$644,000

PARTNER SINCE 1995	
Funding in 2015-16:	\$98,000
Total funding over the life of the partnership:	\$482,000

### Philanthropic grants program

During 2015-16, philanthropic grants were made to programs run by the following organisations:

#### Australia

Afghan Australian Development Organisation

Baptcare

Bentleigh Bayside Community Health

Father Bob Maguire Foundation

Indigenous Hospitality House

Inner South Community Health

Interplast Australia and New Zealand

Jesuit Mission Office

Jesuit Social Services

Malvern Bowling Club

Malvern Emergency Food Program

Opening the Doors Foundation

Wapenamanda Centre for Primary Health Care,  
Papua New Guinea

Western Desert Nganampa Walytja Palyantjaku  
Tjutaku Aboriginal Corporation

Yulukit Marnang

#### Overseas

Cabrini Sisters, Stella Maris Province

Cabrini Immigrant Services, New York, USA

Catholic Health Association of India

Save Our School Children Foundation Incorporated,  
Philippines

### Friends and associates

We are proud to work alongside the following organisations:

Australian Centre for Health Research

Australian Centre for Grief and Bereavement

B Braun Australia

The Big Issue

Catholic Diocese of Kerema, Papua New Guinea

Children First Foundation

City of Stonnington

deathoverdinner.org.au

Dennis Martin and Associates

Divine Word University, Papua New Guinea

Intjartnama Aboriginal Corporation, Northern Territory

Jacobs Thomas & Associates

KOGO (Knit One Give One)

Lentara UnitingCare

LifeHealthcare

Medtronic

Neuro-Monitoring Services Australia

Sir Run Run Shaw Hospital, China

Spectrum Surgical, Spectrum Ophthalmics

St Vincent's Health Australia

St Vincent's Hospital Melbourne

Zimmer

### Memberships

Cabrini holds memberships of the following organisations:

Catholic Social Services Australia

Catholic Social Services Victoria

Refugee Council of Australia

Social Determinants of Health Alliance

Supply Nation



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