

FROM RURAL HEALTH TO COMMUNITY STRENGTHENING:

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The  story 
of the Mirboo  North &
District  Community
Foundation

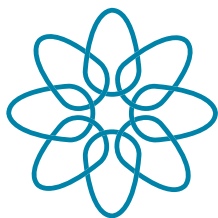
“Throughout this 90 year history there has been a continual theme around building community.

This does not mean that this community is seamless. Across time there have been moments of disagreement and hesitation about change. This is not unique to this organisation or this locality – but can be a feature of all communities in whatever form they take.”

FROM RURAL HEALTH TO COMMUNITY STRENGTHENING:

*The story of the Mirboo
North & District
Community Foundation*

Dr. Julie Fenwick



Mirboo North & District
Community Foundation

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Published in Australia by the Mirboo North & District Community Foundation
Email: info@mirboodistrictfoundation.org.au
Text and interviews: Julie Fenwick
Interview transcripts: On Time Typing
Videography: Brian Doherty
Photography: Elana Kovac
Copy editing by: Peter Symons
Graphic Design: The View From Here (tvfh.com.au)
ISBN: 978-0-6456306-0-2
ISBN eBook: 978-0-6456306-1-9

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All communities have the potential to be really special. When something changes – through fortune or misfortune – how those communities come together, what resources are made available to them, how they're able to seize opportunities is key. The ventures that emerged from really challenging times – like the sale of an aged care centre that led to the creation of the Community Foundation – have contributed to this wonderful tapestry that is our district.

All of those elements, or threads if you like, have woven this community into a really unique tapestry. All communities have those threads there; it's whether or not they are able to weave them together. It helps if someone provides the loom. — Kate Buxton¹

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About the author

Julie Fenwick is an historian and curator at the Alexander Turnbull Library in Aotearoa New Zealand. She was born in Aotearoa and moved to Gippsland as a child, where she lived on Brayakaulung land. She is committed to the study and



development of social history and community heritage and has worked as a lecturer at Monash University (later Federation University), as the acting director of the university's Centre for Gippsland Studies regional library and repository, and as a heritage and museum consultant with Gippsland-based heritage organisations. Julie has more than seventeen years' experience working towards the preservation of stories of identity, diversity and community, including as a research archivist at the Indigenous-controlled Aboriginal History Archive at Victoria University. She recently moved back to Aotearoa but continues to visit Gunaikurnai country, which holds a special place in her heart.

Acknowledgements

Thank you to all the community members and history colleagues and friends who have assisted with researching and writing this book. In 2019 the project began in earnest with a series of recorded interviews with those involved in the community-owned organisations discussed in this book. I worked collaboratively alongside videographer Brian Doherty on these interviews and appreciate the expertly produced recordings he created while also valuing the rapport he immediately established with each interviewee, some of whom had not been in front of a camera before. I am grateful to each interviewee for sharing what they remembered of events in the past, some dating as far back as the 1960s and others from only five or so years ago. Thank you to Marg Harrison, Geoff Harrison, Mike Sellings, Sue Kerr, Ken Bruhn, Les Horsfield, Derrick Ehmke, Judy Speedy, Marion Thiele, Lyn Skinner, Sandra Rickards, Rhonda Evans, Lindsay Oates, Rob Kiddell, Bernice Snell, Norman Walker, Jeanette White, Margaret Peters, Kate Atkins, Shirley Watt, Kate Buxton, Margaret Stollery, Joyce Briscoe, Deb Williams, Paul Pratt, Dennis Boyd, Grace Adamo, Sandy Maxwell and Ruth Rogan. This book would not have been possible without your contribution. I also wish to acknowledge Sally-Anne Watson Kane and her colleagues at On Time Typing for transcription work.

I am also obliged to Elana Kovac for photographing each interviewee, to The View from Here for graphic design, and to Peter Symons for copy editing and research.

This work would not have been published without the support of the Mirboo North and District Community Foundation. A working group chaired by Ruth Rogan and including Rob Kiddell, Derrick Ehmke, Sandra Rickards, Kate Reiske, and Geoff Williamson guided this project, while Viv Williams and Dani Calafiore provided administrative support. For expert knowledge of the history of Mirboo North and the surrounding region and generous support in locating historical materials held at the Mirboo and District Historical Society, I am indebted to Sandra Rickards. For her comprehensive feedback on each draft of the book and able management at each stage of this project, I am grateful to Ruth Rogan.

Last, I want to thank my family, friends and colleagues for their support. To Simone Sharpe, Kathy Lothian, Liz Fenwick, Jacqui Theobald, Deborah Lee Talbot, Fiona Gatt, Chris Johnstone and Megan Warren my thanks for many conversations about various stages of this project. I worked towards writing a first draft in the company of Dr Louise Blake in 2019 and as part of a larger professional writing group in 2020 and am deeply appreciative of her friendship and collegial support. I also owe a debt of gratitude to Keith and Anne Wilson for reading over the book and urging me to delve into the ways in which the organisation which is now the Mirboo North and District Community Foundation expresses the strength and resilience of the communities of which it is a part.

“I am grateful to each interviewee for sharing what they remembered of events in the past, some dating as far back as the 1960s and others from only five or so years ago.”

Preface

I stepped out the door, jumped in my car, and headed up the winding roads of the Strzelecki Ranges. Passing cypress-lined farms, rolling red-soiled paddocks and pockets of remnant mixed forest, I reached my destination on the higher slopes near Mirboo North in Victoria's south-east. After parking my car, I set off on a pathway which climbed amongst tall eucalypts and blackwood trees and past the fern gullies and heathy understorey of the Lyrebird Forest Walk. The community had rallied to reopen this walk with local sponsorship and the support of local and state governments after the park fell into disrepair in 2002. This work had to start over after the devastating bushfires of 2009. But back in 2008 when my close proximity to the park allowed for more regular visits, I wasn't aware I would one day come to write about the successes and failures of some of these community-led activities in and around Mirboo North.

This deep love for the undulating Strzelecki Ranges, as well as an interest in community history and Gippsland's past, meant that I was immediately intrigued by an email I received in 2018: 'Would I be interested in submitting a tender to write the history of a community-run philanthropic organisation in the small town of Mirboo North in Gippsland?' At that time, I was living in a small settlement of farms and lifestyle blocks at Tanjil South in the Latrobe Valley – which is north of the picturesque South Gippsland hill country where Mirboo North is located – and working part of the week at a First Nations-controlled archive at Victoria University in Melbourne's west. I understood many of the challenges facing rural towns across Australia, partly from living and working in what might be seen as marginal Latrobe Valley towns. Like many others, in order to find employment, I was now working away from my beloved Gippsland. I was also aware of the factors which allow for community innovation or decline after teaching a community history unit at Monash University's and later Federation University's Gippsland campus where I had worked for 9 years.

I had also seen first-hand the dedication of those working to preserve Gippsland's past. I had a firm grounding in the history of the region after being engaged as a consultant for local museums and heritage organisations and advocating for these groups in my former role as the acting director of Monash (later Federation)

University's Centre for Gippsland Studies' specialist regional library and repository.

As I started investigating the Mirboo North and District Community Foundation and successfully interviewed for the position, I realised that this story would encompass more than a history of the organisation. It would involve reflecting on self-sufficiency and cohesion as well as the divisions and feared collapse of the community of which the Community Foundation is a part. Telling the story of the Community Foundation was to not only write the history of the community-run health and, later, aged care services that started in 1931 and now operates as a philanthropic or 'giving' body, it was to also reflect on what makes communities viable. On a personal level, it allowed me to maintain and find new connections in the region at a time when work opportunities were taking me elsewhere, including to New Zealand in 2021. And, by happy coincidence, it was to involve the discovery a few months after I started that one of the small grants provided by the Community Foundation was to support the voluntary efforts of a small group of local residents to maintain the Lyrebird Forest Walk.

The telling of this story has been slowed by the Coronavirus pandemic and by the Community Foundation's plan to build a general medical clinic in Mirboo North. Sadly, the Community Foundation also lost two of its supporters during this time. Les Horsfield died peacefully at home in 2021 and his dedication to the community is told in the pages of this book. Bernice Snell passed away in 2022 and we are grateful to share part of her and her family's story as well as a professional photograph of her. By building the new clinic in the town, the Community Foundation returned to its roots in community health, although this story also shows that investment in bricks-and-mortar services had been strongly resisted when the organisation came into being in 2010. Had larger concerns about healthcare caused this shift or were local factors at play? How has this patch of Victoria been influenced by outside events? Asking these questions is to also go beyond a history of a single organisation. It is to tell a rich story about what makes a community thrive and the internal and external events which give it shape.



PREFACE

The beautiful setting of the
Lyrebird Forest Walk, Photograph
Nicky Cawood, 2020. Courtesy Mirboo
North and District Community
Foundation



Foreword

The communities of Mirboo North and the surrounding district are very active and engaged. Whether people have lived in this area from when they were born or have spent a portion of their lives here, it seems the commonly shared value is one of giving to benefit and strengthen this wonderful place. I use the term ‘giving’ in the broader sense; giving time as volunteers, giving to support community fundraisers or donating to causes.

I am reminded of this when I meet people from other parts of Gippsland who often say to me, ‘Mirboo North is incredibly lucky to have a Community Foundation’. I generally reply ‘it is not down to luck, it comes down to the energy, commitment and foresight of local people over decades’.

The Board of the Mirboo North & District Community Foundation has always been conscious that our organisation stands on the shoulders of its forebears. It therefore decided in 2018 that the almost 80 year story of how it came into existence should be documented and shared. There were a few objectives in addition to telling this unusual story. We wanted to raise awareness within our local community of the Community Foundation, what we do and what our potential is. We wanted to encourage on-going giving within the community and to encourage other places to develop similar structures. And we wanted to record the story while those that were directly involved were around to tell the tale. Very sadly, two of the interviewees for this book have passed away since the project commenced; there is some solace in knowing we will tell part of their stories in their absence.

The Board appointed professional historian, Julie Fenwick after considering submissions and interviewing a number of historians. Julie’s enthusiasm for the story, her connection to Gippsland and the way in which she encouraged us to consider that the basis of the story was the underlying theme of community, led to her appointment four years ago. We appreciate and acknowledge her efforts, her commitment to this project, and her patience in weathering the impact of the pandemic, which delayed the completion of this book by a number of years.

Julie has reviewed over 90 years’ worth of historical records and interviewed almost thirty individuals to gain an in depth understanding of our story. She has turned that research into

an engaging and accessible read and we are extremely pleased with the outcome.

I would like to acknowledge the Mirboo and District Historical Society Inc, in particular Sandra Rickards, who has supported the research for this book at every step along the way with many hours of voluntary effort. The resource that this Society provides to the local community and many others who are further afield is absolutely invaluable and we thank them for their significant contribution to bringing this project to completion.

We have been honoured throughout this process by the participation of the interviewees, each involved in the broader story in some way. The interview process was not always easy for them, as this story included times of significant challenge and pressure as well as times of pleasure and pride, but they gave their time willingly.

I would like to thank Brian Doherty, videographer, for his skills and experience in recording the interviews on video, Elana Kovac, photographer, for her beautiful photos, and The View From Here for the engaging design of this publication. Finally, I would like to thank the history project working group for their guidance on every aspect of this project. This group was made up of Rob Kiddell (Chair), Kate Reiske, Derrick Ehmke, Sandra Rickards and Geoff Williamson; the project would not have come together without their commitment.

Having told the story of our first 90 years, we now look forward with anticipation. As a perpetual charitable organisation, we know we will continue to enable our community to dream big dreams for the next 90 years.

We hope you enjoy our story.

Ruth Rogan — Executive Officer

Introduction: creating community

Located in a converted weatherboard on the main shopping strip in the centre of Mirboo North, the Mirboo North and District Community Foundation is a short five hundred or so metres from the site of what once was a community-operated hospital and then aged care facility on Brennan and Giles Streets. It is easy to find what is now Calvary Strzelecki House, one merely searches for the palm fronds arching above the roof tops of the town. These trees were planted at the Brennan Street entrance more than 80 years ago and are a reminder of the period when the hospital was first built.

It was an online search of this palm-lined street which I turned to from the comfort of my own home in 2020. In that year, the coronavirus pandemic restricted travel outside people's immediate vicinity and the decision was made to put a hold on this history publication for the time-being. What a search of an online map did not capture was the ways in which these physical surrounds and the broader history of the region affected the formation of the hospital and aged care centre. And I was also curious to see whether these or other factors had helped unite people within the region. It is the fabric of this region, then, and the character of its people that is a starting point for this story.



Setting

This story begins by focusing on the town of Mirboo North, where Calvary Strzelecki House and the Mirboo North and District Community Foundation are located. Today, although now privately owned, the aged care facility still serves as the key employer and aged care provider in town. And the community based charitable organisation continues in its mission to build a stronger community through giving, facilitating and investing. The Community Foundation sits opposite Mirboo North's Baromi Park, where a train terminus was once located and around which the town formed in the 1880s. The main road runs alongside the park, with shop fronts mostly being established on the other side of the road. Like many rural towns with a population over 2,000 people, there is also a post office, police station, a pub and small independent grocer, churches, a library and childcare centre, primary and secondary schools, and a new medical centre built by the Community Foundation.

There are a few historic buildings but others have been altered or destroyed. And later developments, as a 2004 South Gippsland heritage study pointed out, have 'disrupted the historic expression of the Mirboo North Street as a whole'.² But the rich history of the region continues. It is not only embodied in buildings, it has evolved from the broader physical landscape.

Dotted around this region are other smaller settlements such as Allambee Reserve and Allambee South, Berrys Creek, Boolarra and Boolarra South, Budgeree, Childers, Darlimurla, Delburn, Dumbalk, Hallston, Jumbuk, Mardan, Mirboo, Narracan, Thorpdale, Yinnar and Yinnar South. These townships contributed to the strength of the region and today make up the geographical footprint of the Mirboo North and District Community Foundation.

Travellers often pass through Mirboo North and these other settlements as they drive over the hilltop country dividing south Gippsland from the land to the north. The nearest large commercial centre is around 25 kilometres away at Leongatha, while in the Latrobe Valley, approximately 35 kilometres to the north of Mirboo North, is the large town of Morwell. Others linger in the region, walking or cycling through local bushland and over the disused rail line, visiting the monthly Mirboo North country market, or heritage, food and music festivals,



or driving along local roads with sweeping views across the green paddocks and freshly-ploughed red friable soils of cattle, dairy and potato farms. It is this topography, as we will see, which has partly shaped the region's sense of community.

History

This region is part of the territory of the Brataualung and Brayakaulung peoples of the Gunaikurnai nation, who see the land (Wurruk), waters (Yarnda), air (Watpootjan) as spiritual life-giving resources which nourish people and are the basis of Gunaikurnai cultural practices.³ To the west is the land of the Bunorong people of the Kulin nation, although the area serviced by the Mirboo North and District Community Foundation mainly falls within Gunaikurnai territory. European colonisation had and continues to have a marked impact on the Gunaikurnai and Kulin nations, but the First Peoples have adopted a range of techniques in order to resist and adapt to these incursions, and have ensured the continuity of cultural practices and beliefs.⁴ The Gunaikurnai claims to country were legally recognised with the passing of native title legislation in 2010 and the *Traditional*

Attempts were made to overcome the inaccessible terrain with the construction of a rail line from 1883. Today the abandoned rail line is used for recreation. 'Rail Bridge near Darlimurla', c. pre-1886. Courtesy Mirboo and District Historical Society Incorporated



The attractions of the winding terrain around Mirboo North in south-eastern Australia are shown in the pamphlet 'Mirboo Country: Top of the Ridge'. This includes Tarra-Bulga National Park. 'Mirboo Country: Top of the Ridge', sponsored by the Shire of Mirboo and Members of Mirboo Community Association Economic Development Group, [undated]. Courtesy Mirboo and District Historical Society Incorporated

Owner Settlement Act (2010) allowed for settlement agreements with the Victorian Government, including recognition of native title over the Tarra-Bulga National Park to the east of Mirboo North.⁵ By 2015 around 3,000 Gunaikurnai people were living in Gippsland.⁶ The exact numbers of Gunaikurnai or Kulin members living along the Strzelecki hills is not known, but the 2016 census showed that Aboriginal and/or Torres Strait Islander people made up almost three per cent of the region's population.⁷

By the 1870s colonisers who were mostly from England, Scotland and Ireland, started selecting blocks on the northern reaches of Brataualung territory and southern section of Brayakaulung lands, as well as the easternmost stretches of Bunorong land. In 1840 Polish explorer Paul Edmund de Strzelecki traversed these ranges and, with the coming of Europeans, the dense forests of the region were cleared for cropping, dairying and cattle production, logged for timber, or destroyed by the bushfires of 1898 and 1939 (and again in 2009).⁸ Construction began in 1883 on a rail line from Morwell to what was then a terminus, now Mirboo North, and a branch line was also set up between Moe and Thorpdale.

Mirboo North was surveyed in 1884 and would later develop into the principal town of the region. In 1894 the Shire

of Mirboo was created out of parts of the Woorayl Shire and Narracan Shire. But as one of the smallest shires in Victoria at 24,624 hectares (95 square miles), it may not have been able to afford the assistance offered by more densely populated and affluent council regions.⁹ Outside this shire were other towns, including Dumbalk, Hallston, Narracan, Thorpdale and Yinnar, and these towns also had limited services when compared with larger centres.

In the first half of the twentieth century population growth steadied or began to decline in some smaller towns in the area.¹⁰ Separate schemes were introduced from the early 1890s until after the Second World War to provide employment or encourage farming through the parcelling up of large estates, with more arduous clearing and farming activities taking place. These schemes were not a wholesale success. In some cases, the allocation of unfeasibly small or steep blocks caused farmers to abandon their properties.

But improved technologies in the 1920s led to more intensive dairy farming, a new plantation timber industry was forged from the 1930s on aggressively logged land, and a road system eventually developed.¹¹ The Great Depression and World Wars were also a period in which people were required to make do, while the wartime loss of life is reflected in the memorials erected across the region. There were also some newcomers joining the predominately northern European population with Italian migrants moving to the area during the interwar and post-war years.

Prosperity gradually increased in the second half of the twentieth century. Industrial development in the Latrobe Valley to the north and the 1972 opening of the Gippsland Institute of Advanced Education (later Monash and Federation University) at Churchill benefitted the area as workers set up rural properties at Mirboo North, Boolarra and Yinnar.¹² In some towns, water treatment systems were introduced from the 1950s to the 1970s,



'At "Riverdale", Yinnar South', Photograph Martin Walker, c. 1910. Source State Library of Victoria, accession no. H42670/7

improvements were made to swimming pools, and infant or child care centres were opened, but the 1970s also saw the closure of the Mirboo North railway line, butter factory and sale yards. And similar closures occurred in surrounding towns or had taken place in the previous decades. The centralisation of health and local government services in the 1990s also affected the region. The local bush nursing hospital completed the transition to an aged care facility in 1993 and the Mirboo Shire Council was amalgamated into the South Gippsland Shire Council in 1994.

Mirboo North has gradually grown over the past decades and this rate will continue, although a recent forecast of growth for small townships to the south of Mirboo North indicates that growth will plateau between 2022 and 2036.¹³ This then, is an account of a number of small rural communities and their experience of prosperity and decline. This history shows the impact of external forces and the efforts of residents to thrive, as well as to foster a sense of community. This is echoed in the experiences of what would become the Mirboo North and District Community Foundation.



People

It was this history of a rural community which informed the stories I heard when I interviewed locals and supporters living elsewhere in Victoria in 2019. Between March and September of that year, I carried out a series of interviews with people who were connected with the health, aged care and giving organisations based in Mirboo North, while written interviews with Ruth Rogan and Sandy Maxwell (nee Smith) took place in 2022. These people had a temporary or longer-term association as hospital patients, family members of aged-care residents, domestic or kitchen staff, nurses, and committee or board members.

As we sat in the Mirboo North and District Community Foundation offices being filmed by videographer Brian Doherty, these people shared their stories of the community-owned bush nursing hospital which operated between 1931 and 1993 and the aged care facility which opened in 1990 on the same site. This aged care facility continued to run as a community-based organisation following the closure of the hospital before being sold in 2008. An interview with then 94-year-old Les Horsfield, for instance, took place after he had already spent the morning checking and feeding his cattle in Thorpdale. A tall man with a devilish sense of humour, Les's concern was not so much to tell me the story of this one facility but to reflect on a lifetime of service across various organisations. In another recorded conversation with a recently retired Dennis Boyd, the health and aged care consultant warmly reflected that his involvement across a difficult period of transition was one of the great accomplishments of his working life. And I shared a tear with Marion Thiele as she talked about her worry for those taking part in the governance of the facility in 2007 and 2008.

The people who were interviewed explained that the funds from the sale had been used to set up a community-run foundation which provides grants and opportunities for giving within the region. As I listened to these people, a complex story started to emerge. Was it possible to tell the story of these three phases of operation from hospital to aged care provider to a community giving body? How could these different threads of involvement be woven together? It struck me that the common thread across these stories was community. The story which was waiting to be told was about shared values and the bonds

that were established between people. It was this sense of community which led to the establishment and long-term operation of this community-owned organisation in all its guises.

A number of writers have stated that it is impossible to reach a satisfactory definition of community. But sociologist Amitai Etzioni has argued that communities take shape through interwoven relationships and a measure of commitment to a shared culture. What are these bonds for those living in and around Mirboo North? Is there a shared culture – which Etzioni defines as a mix of values, meanings, history, identity and ways of being – that is visible in

Mirboo North and its surrounding towns?¹⁴

I needed to figure out how the community in this region was forged. I wanted to learn whether these crisscrossing ties were formed by its location, history, ethnic ties or cultural practices, identity or values. My task was to understand how these bonds helped the community-based hospital, aged care facility and charitable organisation survive. As I looked at the history of the Mirboo North and District Community Foundation it dawned on me that this body not only meets the needs of the community, it also reflects a community in operation.

Shaping community

A sense of community seems to have been shaped by the *topography* of Mirboo North. As in other regions around Australia, the distance from larger towns has historically prevented ties being forged outside the vicinity – but the steep inclines and deep gullies of the Strzelecki Ranges compounded the isolation of towns around Mirboo North. When I interviewed Sue Kerr, for instance, she observed that the community was initially shaped by its geographical isolation. She said, ‘from the day I came to Mirboo North [in 1952], I realised that the town might have been



Julie Fenwick interviews
Ken Bruhn with Brian
Doherty filming, 12 March
2019. Photograph Vivian
Williams. Courtesy Mirboo
North and District Community
Foundation



on the ridge ... [but] there was only the Boolarra road [with] all the bends and everything'. I realised when listening to Sue Kerr that she was describing a connection that continued today, even though the horse-drawn vehicles she spoke of have been replaced and improvements to the road system has reduced the time taken to travel between towns. In Sue Kerr's opinion, the shaping of community in terms of location remains: 'It is still the same as when I first came [here]; it looks after itself'.

A historical *lack of access to public amenities* also seems to have shaped the community around Mirboo North. Without the ability to rely on local, state or federal support – due in part to the size and affluence of the local shire but also because of a lack of uniformity in government provision – a self-reliant approach had formed in the community across time.¹⁵ As Ken Bruhn said, 'we can't depend on the shire to do it, or the government to do it' – although he also noted that there was still a place for lobbying government to ensure the area was not neglected.

With governments primarily concentrating on infrastructure and educational services – at least until the second half of the twentieth century – it was up to individuals and groups to provide other services.

One of the formal structures people set up to serve the community was the hospital that was formed in 1931. A total of 108 single members and families joined this subscription-based bush nursing hospital, which was first proposed by local general practitioner Dr George Bennett in 1930. This is a startling figure when we remember that unemployment was high during the Great Depression, and only around 1,600 people were recorded as living in the Shire of Mirboo in the 1933 census.¹⁶ Without adequate facilities in the region, banding together to establish a well-equipped service to cater for all people would have been appealing.

Those who intended to be members of the Bush Nursing Hospital in 1931 were mainly men, although some women were listed, but it is likely the list refers to entire households. These would-be members came from Mardan, Berrys Creek, Mirboo North, Boolarra and Allambee Reserve, although other towns such as Limonite, Mirboo and Delburn appear elsewhere. Courtesy Mirboo and District Historical Society Incorporated

Intending Members		14
1 P D Alexander Mardan N	A. Dwyer M N	
2 A Armstrong Berrys Cr	J. Dwyer	
3 L G Austin Mirda Nth	M. Dwyer	
4 V G Austin Natural Rk	J. E. Dwyer	
5 Mrs M Baxter Mirda Nth	J. H. Douglas	
6 A W Barnes Berrys Cr	J. R. Entwistle A. Reserve	
7 Mr J Beecroft Mirda N		

In some cases, community might also be formed around a *shared identity*. In the past, most residents had a common experience of colonial selection or were the descendants of northern European selectors – and their shared stories largely ignored the Brataualung, Brayakaulung and Bunurong peoples who owned the land.¹⁷

'Crowd gathered around Mirboo North Swimming Pool 1918', 1918. Courtesy Mirboo and District Historical Society Incorporated

By the middle of the twentieth century the profile of the region had changed: the area was



made up of those people who were the descendants of the original colonial selectors as well as more recent newcomers who moved into the area from other parts of Australia or abroad, including from England, Scotland, Ireland, New Zealand, Italy, and the Netherlands.¹⁸ Perhaps these newcomers also took on parts of this colonial identity. In farming the land or forging a living in country settlements, some people may feel an affinity with the 'pioneers', even if they are not related to them. This is a distinct possibility.

But a stronger sense of identity might be found elsewhere – in a set of *common values*; a long history of resourcefulness that could connect long term as well as recently arrived residents. The establishment of the Bush Nursing Hospital in 1931 is illustrative of this ‘can-do’ identity. Other subscription-based and cooperative services benefitting the entire community were also set up in Mirboo North and the surrounding towns. Under these models, regular fees were paid for a service that was shared by all.

This intermingling of values and identity continues today, as an interview with Paul Pratt hinted: ‘The whole district’s got lots of voluntary organisations; people are still doing things for themselves. They’re not expecting the government to do it.’ Paul linked the creation of community to the self-reliant attitude of rural regions which do not have access to the same infrastructure as large cities. These values of self-sufficiency had created a sense of community in ways that a northern European colonial identity could not.

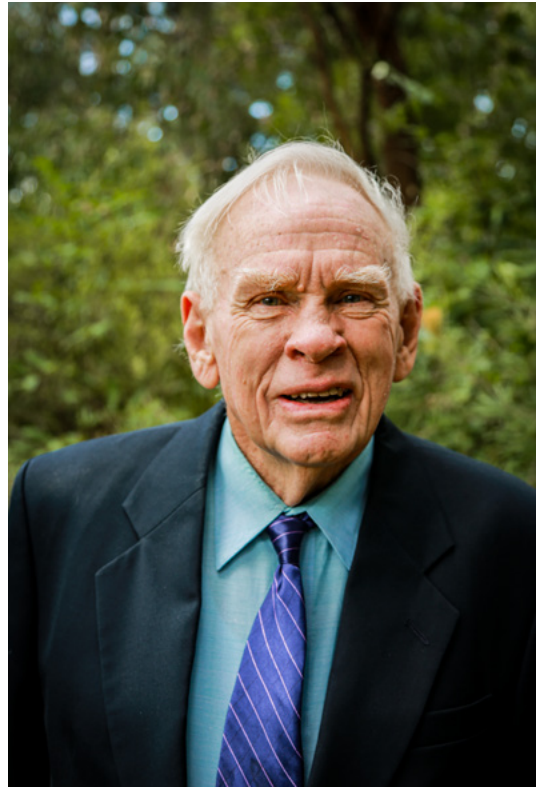
Mirboo North Dairy Company, 1893. This photo points to the inclusion of women in these activities, with Elizabeth ‘Eliza’ Peters (nee Higgs) shown waiting on the cart. Other butter factories and cooperative projects were set up in surrounding towns. Courtesy Mirboo and District Historical Society Incorporated



Ken Bruhn is a member of the Mirboo North and District Community Foundation. He was the president of the hospital committee from 1974 to 1976 and again from 1980 to 1983.¹⁹ He joined the hospital committee in June 1972 and served until 1984.²⁰ He was born in the old hospital building on Main Street (now Ridgway).

Mum and Dad both served many roles, particularly in the town and on school committees, fire brigades, local organisations ... I suppose my life as a student and in later years with the young farmer movement, [also] set me up to do some of these roles and people who had been around during that period as advisors to the young farmers recognised that I had contributed there and perhaps felt that I could contribute on the [Bush Nursing Hospital committee].

— **Ken Bruhn**



In 1975 **Marg Harrison** moved to Mirboo North with her husband Geoff and a small son. One of her daughters was born at the local hospital and she became involved in the Ladies' Auxiliary and Meals on Wheels. The couple left the area with their family in 1986, coming back on weekends from 2004 and returning permanently in 2012. They now live between Mirboo North and Phillip Island.

[The benefits of community involvement] were immense for me. Being out on the farm, at one stage I didn't have a car, so I was isolated and it became my lifeline. I met members of the community and we are still friends, I am still involved with them. Even when we left to go to Melbourne when the children were at university, we still kept in contact. We always knew we would come back to Mirboo North.

— **Marg Harrison**

Inclusion and belonging

The community that formed around geography, history, and a combined mix of identity and shared values was not necessarily seamless. There was conflict between locals, but people often felt they belonged and newcomers were made to feel welcome.

The inclusive nature of this rural community was commented on by Paul Pratt, who said that ‘the reason this is a great place to live is that people are welcome to join a lot of these organisations. It’s not like a closed shop ... they’re very open for people to join in and volunteer’. In contrast to traditional communities, which can at times feel closed to those people who do not share the same attitude or who are newcomers to the region, many residents in the district consciously worked towards including all groups.

The community around Mirboo North, like communities elsewhere, also consists of people who are part of a larger group as well as having connections with smaller sub-groups. These groups might form ties around gender, ethnicity, cultural heritage, religious belief or other qualities. Members of the Italian community, for instance, could relate to the broader community while also taking pride in their Italian heritage. Grace Adamo spoke with me about identifying as an Italian person and connecting to her parents’ hometowns in Sicily. In 1966 her father, Gaetano (Tony) Adamo, her mother’s uncle, Sam Germano, and Joe Bordonaro purchased a statue of St Paul from Solarino in east Sicily to start a religious procession in Mirboo North that has expanded recently as the Mirboo North Italian Festa with a focus on Italian cultural heritage.²¹

At times there could still be some resistance to perceived outsiders – no matter whether they are newcomers or long-established residents.



The Mirboo North procession echoed the Sicilian festival in Solarino by honouring the patron saint of St Paul, while an Italian social club also operated on and off for around fifty years in the town. ‘St. Paul’s Festival 1986, the statue of St. Paul, Patron Saint of Solarino, Italy’, being carried in the festival’s parade, 1986. Courtesy of Paula Calafiore.

There may also be people who do not have a sense that they belong, Paul observed: 'I'm sure there are people who are isolated for various reasons – mental health is a big issue – or isolated because they don't fit in, in the sense that they're different'.

This reluctance to bond with people who are different might be seen to be one of the downsides of community. But as Paul told me, the strength of the community was in finding ways to not just tolerate difference but to see this as providing benefits to the community. This view seems to be shared by author Tony Ballantyne, who writes in relation to a small town in New Zealand, that conflict was 'integral' to community formation. It is only when people clashed over different visions about development and about the operation of authority, and as those with differing views found a measure of acceptance, that a set of broad aims and values could be reached.²²



Paul Pratt moved to Mirboo North with his wife and young family in 1995 and was appointed to the Mirboo North Aged Care committee in September 2001.²³ After a year overseas he re-joined the board in 2007 and assisted with the sale of the facility.²⁴ He continues to serve on the board of what became the Mirboo North and District Community Foundation and, after a period as vice-chair, was chair from 2015 to 2021.²⁵

The strength of small communities too is that [we] should be able to embrace the difference and be able to be respectful and disagree respectfully. That's such an important thing for social cohesiveness: we can all differ, but it's how we differ that's really important. If I can differ respectfully with somebody, we'll still be able to be friends, even though we don't agree.

— **Paul Pratt**

Conclusion

There is no single thread linking those living in and around Mirboo North. They are not just tied together by geographical distance from other large centres. They are not solely linked by their shared experience of being under-represented by government and other services. They are not only united by their resourcefulness. Instead, there are a number of threads which weave people from this district together into the tapestry referred to by Kate Buxton at the start of this book. Some people might feel more strongly connected than others, while some may feel like outsiders. And there may be smaller groups which people are part of as well as being members of the larger community. There might be ties around initial colonial settlement or more recent arrival in the region. Some people might unite around their Anglo-Celtic ethnicity, and others might feel strongly connected to their Italian background.

There are multiple ways in which people feel connected to one another. The people of Mirboo North and outlying towns had a shared interest. Residents united around concerns relating to poor service delivery and sought to take responsibility for their own social programs in this region through giving their time, skills and often money. They created a social network and community of interest in which, as HJ Rubin and IS Rubin have defined it, people 'recognize a range of shared problems and work together to resolve them'.²⁶ It was this community that shaped the formation of the Mirboo North and District Bush Nursing Hospital which evolved into the Mirboo North and District Community Foundation that operates today.

Local stories:
Grace Adamo



In this story Grace Adamo discusses her Italian heritage and reflects on relations with the wider community.

My name is Angela Grace Adamo. Mum and Dad are both from Sicily, from different areas. My father, Gaetano Adamo, was known as Tony. He came out in 1925, when he was seventeen. Mum was Maria Germano and her father, Sebastiano Germano, came out in 1937. He left his young family back in Sicily until he had enough money gathered together to send tickets over. Mum and her two brothers joined him in 1939, about six months before the Second World War started.

Mum met Dad at a wedding in 1942 and they were married three months later in Gembrook. They lived there a while and then moved to Mirboo North in 1945. They had to report in [to authorities] daily [during the war]. They weren't interned because Dad was growing produce for local businesses. Dad purchased a property near Mirboo North in 1947, where they grew potatoes and had sheep and cattle. I'm actually not sure [what made them move to this area]; there were other Italian families here from Dad's hometown ...

Once a family was here, they would bring out other family members. They congregated where they knew their own community and felt supported. It was very tight. I think they had to be sponsored to migrate; Dad would provide a guarantee that they would have work here.

My siblings, Connie, Mary and my brother Carmelo (Charlie) and me – we were all born in Mirboo North hospital. Mum had three children at home and she had a big rest when she had me, she finished off embroidering a pink tablecloth in hospital. Dorothy Lane did the crochet embroidery for her. That was always a connection between those two ladies, a real acceptance into the community. Even after Mum died we continued to have a good connection.

I remember going with Mum to the old doctor's clinic to see Doctor Rickarby. I can't remember what she spoke to him about, but I was the interpreter. I would have been six or seven ... Mum's English was okay, but if she needed something explained, she would take one of us children with her.

After she had finished she said to me, "now tell him to give you something to make you eat". I went, 'no', and he said, 'what did she say?' She said, 'tell him!' and I said, 'no, no!' Eventually I did tell him; I was very embarrassed.

Local stories:

Grace Adamo

Dad was a member of the hospital board. Les Horsfield encouraged him to join and they would go off to the meetings together ... [He was] probably with farming groups too; I think for a short time he might have been a member of the Country Party.

As a child I would hear [offensive terms], but I would never hear it referred to myself. Now I think the Italians refer to themselves as wogs with affection. I still find that difficult because I remember the connection way back then. I could see that not everyone was accepted and I was aware that I was different. As time has gone on, the Italian residents have intermarried with other cultures, and a lot of the children don't speak Italian at all. The annual Italian festival in the town is fantastic for our culture. It is great for our Italian kids to embrace their culture and show other people their background.

My brother's youngest daughter was the last baby born at the hospital in 1985. I remember going to see them and I've got a recollection, and I could be wrong, that Melanie was the only baby in the nursery at the time. Mum was a patient there and I've been a patient there myself. I loved walking in there and peeking in the staff room; there was always a white linen tablecloth in the staff room – the tables would be nicely set. There was always a good smell of home cooking wafting through the hospital. It was just very welcoming, a very homely atmosphere. It wasn't overly clinical. When I was a patient, I felt like I knew everyone; the staff made a bit of a fuss of me.

Dorothy Lane was there again, looking after me, many years later.



Dorothy Lane served as a nurse at the hospital from 1964 to 1990. Courtesy Mirboo and District Historical Society Incorporated

Notices re. the hospital fees have now gone into Drs. waiting rooms and Thorpdal & Dumbalk & we are in the process of having notices printed in Italian for the same purpose.

Local stories: Grace Adamo

In 1981, in recognition of the needs of the Italian community, notices were translated into Italian.

[Untitled, Matron's report], 16 January 1981 in Matron's report, [January 1981 - March 1983]. Courtesy Mirboo and District Historical Society Incorporated

Community health: Mirboo North & District Bush Nursing Hospital

The community which had taken shape in Mirboo North and its environs in the 1870s created the conditions for the establishment of a hospital for the region in 1931. It allowed for the adoption of a membership-driven model which was in operation between 1931 and 2008 in the form of a community-owned hospital and an aged-care facility, and that continues to function as a charitable organisation today. Across this period the health and aged-care service faced the same kinds of changes being experienced elsewhere in Australia. Changing economic conditions, transformations in health and aged care, and the introduction of new legislation affected the services at Mirboo North, as they did elsewhere. This was a period of growth and of adaptation. What measures were taken to maintain the presence of the facility? How did ‘community’ – those interwoven ties between people – help the service face change? And in what ways did people give back to the community or work together to solve shared problems?

To answer these questions, I went to the former shire offices, a solidly built red-brick building on a slight rise heading out of town that is now home to the volunteer-run local newspaper as well as to Mirboo and District Historical Society Incorporated.²⁷ The treasurer and research officer of the historical society, Sandra Rickards, opened the second-floor rooms and showed me newspapers and photographs, as well as minute book, reports and correspondence of those community members and employees who served at the facility. Along with these records – some of which dated back to the 1930s – interviews with people involved in the facility suggested that a creative approach led

to the development and growth of health services in Mirboo North. It was this flexible approach which carried through to the establishment of a place-based charitable organisation around 80 years later.

A community-run Bush Nursing Hospital

In 1930, faced with unaffordable private care in the vicinity and aware that local doctors and private at-home nurses could not treat serious cases, newly arrived doctor, George Bennett – who had taken up the practice with occasional assistance and anaesthetic care provided by his wife Doctor Frances Cruickshank – suggested the setting up of a hospital in Mirboo North.²⁸ The Bush Nursing scheme had been implemented in Victoria in 1911 and enabled subscribers to pay an annual fee in return for reduced hospital fees, and non-subscribers could also receive treatment at a higher rate.

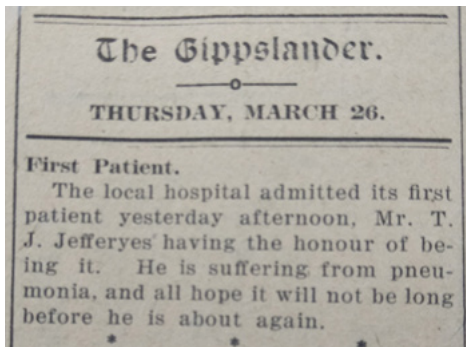
Extract from speech by Her Excellency, the Countess of Dudley,
before the National Women's Council at Brisbane.

“ Two suggestions have come to me from what I have seen in the country districts of Queensland and elsewhere, and I mention them tonight because if they commend themselves to you it seems to me they are peculiarly part of the work which women do best and for which they are most fitted. The first of these is district nursing, not only town district nursing, but country district nursing as well. I know this whole question of country district nursing in Australia is surrounded by many and great difficulties, and even were a practical scheme formulated it would not be easy to carry it out. But few reforms which need a widespread organisation are easy of accomplishment, and with courage, common sense, and perseverance, difficulties which appear insuperable are eventually overcome. The question I would desire to see considered by the women of Australia is that of the hardship entailed upon women and children in times of accident or illness, who, living in remote bush districts, are far removed from medical or skilled assistance; if it were an established fact that to such as these the ministrations of a trained nurse resident in the district would be a boon and an assistance, then we need only concern ourselves with the recognition of this fact and set to work to meet the need regardless of all difficulties in the way.”

The residents in and around Mirboo North were inspired by the idea of a bush-operated service. The thinking behind the campaign for district health care had been outlined in 1909 in Brisbane by one of the principal founders of the scheme, Lady Rachel Dudley. From RWC Dudley and D Macdonald, *Australian Bush Nursing Scheme*, Melbourne, Melbourne Atlas Press, 1910. Courtesy State Library Victoria

Local butter factory cooperative secretary, Hughie Stuart, was first approached by Dr Bennett about the idea to form a community-owned hospital. He recommended that Bennett speak with Rose Hipwell, who was involved in the local Red Cross Society as well as the committee managing a women's rest room in town.²⁹ The involvement of these people in other cooperative and locally-run ventures may have meant that they were more receptive to the idea. The local papers show that Hipwell took the idea to a women's rest room meeting; they were supportive of the scheme and decided to approach the local council which canvassed the district and received a commitment from around 150 locals that they would subscribe to the service.³⁰ When a committee was established to oversee what was to become the local hospital, Rose Hipwell became one its first members.

Plans for the hospital continued apace. In the second half of 1930 and the first months of 1931 a loan was received from the Victorian Bush Nursing Association (VBNA) and there were fundraising events, individual donations and contributions from local groups, and goods supplied by local storekeepers at wholesale rates. This established a pattern of giving in relation to this organisation which is still in place today. A weatherboard house was rented on the corner of Main (now Ridgway) and Balook Streets in Mirboo North and the first hospital patient was admitted in March 1931.



The first hospital patient was admitted before the official opening on 1 April 1931. 'First Patient', *The Gippslander and Mirboo Times*, 26 March 1931.

Without a local hospital residents had to travel to private or public hospitals in Morwell, Warragul or Sale, or pay for costly private treatment. *Mirboo Herald*, 1 June 1894

A PAINFUL accident happened to an infant daughter of Mrs White, at her residence, Baromi, on Tuesday last. The little thing, which is only some eighteen months old, was playing about the verandah when she slipped off on to the ground, a distance of about two feet, fracturing her arm. Dr. Anderson was sent for and speedily reduced the fracture, and the little one is now on the road to recovery.

The annual meeting of the Bush Nursing Hospital considered motions to help secure its future. Minutes of the Mirboo North and District Bush Nursing Hospital, 9 August 1932 in 'Mirboo North & District BNH Jan. 1931-June 1961'. Courtesy Mirboo and District Historical Society Incorporated

The opening of the hospital was attended by Lady Irvine with Victorian Bush Nursing Association secretary Sir James Barrett. 'Lady Irvine the patroness of the Bush Nursing Association accompanied by Sir James Barrett officially opened the Hospital', 1931. Courtesy Mirboo and District Historical Society Incorporated

Minutes of the Annual Meeting of the Mirboo North District Bush Nursing Hospital held in the Mechanics Hall on August 9th 1932.

The Meeting was called, to:-

- (1) Received & Adopted the Balance Sheet
- (2) To consider the future position of the Hospital
- (3) To consider alteration of Rules
 - (a) as per Notice of Motion by Mr A. Inglis:-
"That the Nursing fees for Members be reduced from £2/10/- per week to £2/5/- per week, and that for Non-Members from £4/1/- per week to £3/10/- per week"
 - (b) Notice of Motion by Mr E. LaChabery:-
"That Members must be financial for 15 days instead of for two months to obtain the benefit of Nursing fees, as specified under Rule No 12."
"That Membership fees must be paid either yearly, half-yearly or quarterly in advance to the Secretary or authorized Collector."
- (4) To receive a Deputation from the District Workers re the question of helping or subsidizing patients who cannot pay the full Hospital fees, and also the question of representation of Workers on the Hospital Committee
Mr Inglis the Chairman gave a long speech re the past workings of the Hospital & the prospect of it continuing.



In May 1932, a public meeting was organised to consider the position of the hospital with warnings the hospital could close if it did not receive further public support.³³ The number of subscribers had dropped in that period from 108 members to 45 subscribers.³⁴ It seems that additional problems, apart from worsening economic conditions, were affecting the hospital with a range of complaints being received about Dr Bennett, the scale of fees, and the fact the facility was not a public hospital.³⁵ These problems continued throughout 1932. On 9 August the hospital committee met once again to discuss the crisis. At this annual meeting the committee considered options including allowing membership fees to be paid in instalments, subsidising workers who could not afford hospital fees and receiving representatives from a district workers' committee. A decision was reached to allow instalments and reduce the fees for those admitted to hospital, and with the renewal of subscriptions and the signing up of 21 new members after a recruitment drive, the hospital was able to stay open.³⁶ These initiatives showed the committee's responsiveness to community concerns and helped the hospital to weather the financial crisis.

Another closure of the hospital took place in 1956 as shown in the Minutes of Emergency Meeting of General Committee of the MN&DBNH on 17 November. See 'Mirboo North & District BNH Jan. 1931-June 1961'. Courtesy Mirboo and District Historical Society Incorporated

Motion: "That in view of the financial and staffing position at the Hospital, the Hospital be temporarily closed as from the close of this meeting tonight, until circumstances permit re-opening."
 Moved: Mr. Morkinich
 Seconded: Mr. Aspley. Cd..

After a local Italian farmer, Eugenio Stremio, bequeathed £500 to the hospital the decision was reached in 1937 to build a new hospital.³⁷ It is interesting to note that bequests feature many times in this story, assisting the hospital, aged care and Mirboo North & District Community to expand or build new premises. A similar bequest was made around 85 years later by Joze (Joe) Zadnick and this time monies were used to help establish the Mirboo North Medical Centre. But returning for now to 1937– and following an appeal for additional funds and with a loan from the VBNA – land was purchased on Mardan



Left to right: (back) President Walter Tuck, Vice-president Les Austin, L. Iny Austin, secretary and treasurer W. Bryson, assistant secretary and treasurer Mrs Bryson, Rose Hipwell, (front) Sister Grace Langley, Matron Eileen Sheeran and Sister B Fitton, 27 June 1951. Courtesy Mirboo and District Historical Society Incorporated

Street and Church Street, now Brennan and Giles Street.³⁸ A new 6 bed brick veneer facility was built the following year, while an infant welfare centre was also opened and the old hospital became the doctors' quarters.³⁹ Mirboo North resident Margaret Peters remembers going to the hospital for a tonsillectomy, 'I can't remember what age I was, but I can remember being in a ward. There were 3 beds, I think, in the ward. One of the beds was occupied by a woman who was pregnant and about to give birth and [who] went into labour. My mother was horrified at the time and made sure her complaints were heard. I think Miss Sheeran was in charge of the hospital at that stage and Sheery was told forcibly what mother thought of that!'

By 1941, after Dr George Bennett and his family moved to Leongatha, the hospital was forced to close for a period of 5 months while the hospital searched for a permanent replacement. The difficulty in locating staff was shared by a small number of other bush nursing centres and hospitals during the war and some closed permanently while others shut on a temporary basis or carried on with the support of visiting doctors.⁴⁰ Locum doctors continued to provide support during the closure at Mirboo North until Dr Robert Wallace was appointed in January 1942.

Separate pressures were experienced in 1956. In that year Dr Wallace made a complaint about nursing staff which led to an inquiry and resignations. That same year, a new wing with an operating theatre, labour ward and x-ray room started being constructed (a sunroom had previously been added in 1953).⁴¹

A bald line in the local paper stated: 'Actually the meeting accomplished nothing.' 'Hospital Closed: No Solution from Public Meeting', *Gippslander and Mirboo Times*, 29 November 1956. Courtesy Mirboo and District Historical Society Incorporated

Actually the meeting accomplished nothing, although no doubt many of the general public went away more enlightened as to the alleged faults and shortcomings of some of the committee members, and the local doctor.

Reports: Mr. Tuck said that although some parts of the President's Hospital year had been difficult, the Committee had done all in its power to secure progress. Deepest thanks was due to the nursing domestic and out-door staff for their loyal and efficient service. Mr. Maister, who had retired as Secretary-Treasurer, had rendered outstanding service, and his work was very much appreciated. The financial position of the Hospital was not as strong as in the previous year but much new equipment had been bought, and the extension to the Hospital had received priority in financial considerations. The Hospital had treated 347 patients, of whom 86 were members. 47 beds were occupied daily.

These extensions placed a financial strain on the hospital, although a shortage of staff and a lack of hospital patients also contributed to the closure of the hospital on 17 November 1956.⁴²

A public meeting was called and the *Gippslander* and *Mirboo Times* reported that 'speakers were heckled and interjections and accusations were hurled [into the] discussions. Some of the speakers themselves indulged in what could only be termed as "mud-slinging"'. But the paper also pointed out that 'these accusations also served to emphasise the many good points of these men and women in the public eye, which is unusual, as such people usually only get post-humous bouquets'. We may never know the exact nature of the issue as the minutes of the hospital committee are somewhat opaque and the local newspaper refused to record further information 'because of the libelous [*sic*] nature of some of this discussion'.⁴³

The minutes do observe that a second public meeting at the local shire hall on Monday 10 December was attended by President Walter Tuck and VBNA representative, Edith Francis, as well as around 250 subscribers. A call for the committee to immediately resign was put forward at the meeting but the motion was lost.

The local newspaper later reported that the hospital was unofficially reopened on that same date – although this is not clear from the hospital minutes.⁴⁴ While permitted to treat emergency cases, the ongoing treatment of other cases forced the hospital committee to threaten legal action and the hospital was vacated.⁴⁵

On 11 February 1957 the hospital reopened and in mid-May Tuck was able to report that ‘the committee had done all in its power to secure progress’. The president noted that the ‘financial position of the hospital was not as strong as in the previous year but much new equipment had been bought and the extension to the hospital had received priority in financial considerations’.⁴⁶

These financial and staffing problems continued through the late 1950s. In 1958 Dr Geoff Rickarby – who bought Dr Wallace’s practice in 1958 – passed on reports of nursing staff neglecting patients which led to an employee transfer. In 1959 a writ issued against the hospital for alleged neglect was settled out of court.⁴⁷ A reduction of benefits for returned service people helped alleviate some of these financial concerns.⁴⁸

**OUR
HOSPITAL
CLOSED**

ALL PATIENTS AND STAFF EVACUATE

The Mirboo North Bush Nursing Hospital is now officially closed; and the nursing staff and patients have vacated the premises. It looks now that the hospital will not reopen until Miss Francis, controller of Nurses in Victoria, sends up staff.

The Mirboo North Bush Nursing Hospital was officially closed last Monday for the second time.

This was done because a firm of solicitors, acting on behalf of the hospital committee, had threatened to apply for an injunction.

The local doctor, with an emergency staff of local qualified nursing sisters, have been operating the hospital since the committee closed the hospital on November 17, 1956.

The hospital was unofficially re-opened on December 10 to receive emergency cases, with the permission of the hospital committee.

Since then the local doctor and his staff have cared for nine midwifery cases, seven medical, three surgical and 22 outpatients.

The gross takings, if collected, would have been £400/9/, which exceeded nurses’ fees and general accounts by £58/7/3.

It was understood that had the local doctor not vacated, the hospital on the advice of his solicitor. Supreme Court action may have been taken to evict him on the grounds of trespassing.

The closing of the hospital could add further work for the staff at the Leongatha Hospital.

A report in the *Gippslander and Mirboo Times* on 24 January 1957 provided additional details not included in the hospital committee minutes. Courtesy Mirboo and District Historical Society Incorporated

As we will see later, bequests and fundraising efforts, particularly of the voluntary Ladies' Auxiliary which provided assistance to the hospital, were crucial in surviving these financial difficulties as well.

It was the newly built labour ward, completed in 1957, which Bernice Snell (nee Morrisy) would have visited following the birth of two of her sisters, with another sister born in 1956, but her memory is less about these extensions than the strict conditions in place at the time: 'Dad would bring us in to visit mum, but we were never allowed to go into the hospital. We had to wave through the window and mum would wave back. I can't remember her actually nursing one of the babies at that time.' The practice of segregating newborns in a nursery continued until at least the 1970s in Mirboo North, as former nurse and local Margaret Peters explains when discussing her role at the hospital in the early to mid-1960s: 'In those days it [the baby] tended to be placed in a nursery. Rooming a mother and a child together came back in fashion – it had used to be an old-fashioned



Bernice Snell moved to the region in 1955 and her three younger sisters were born at the Bush Nursing Hospital. Family members were also admitted to the hospital and Bernice gave birth to four children in the maternity ward. Alan (Pud) Snell, Bernice's husband, was admitted to the aged care facility and passed away in August 2013. Sadly, Bernice died in September 2022.

concept and had gone out because of cross infection and all those things.’

Other stories about the benefits provided by a locally-based hospital, as well as the care of Dr Reginald Berkley who worked in Mirboo North from 1967 to 1972, were also shared by Bernice.

My next memory is – I’d only just got my driver’s license, and I had a little blue Vauxhall Viva and took my sisters fishing off Watts Bridge, just out of Mirboo North. Denise happened to jump off the bridge into the water, landing on a broken beer bottle and we took her into the hospital. Dr Berkley came and she required 56 stitches in her foot, which was very painful. She still suffers a little bit with that now, still has the ache. I can remember she was sitting in the back seat of the car, with her towel wrapped around her foot, so that the blood wouldn’t go everywhere and then taking her into the hospital.

Healthcare provision

Ideas about the best way to provide care and run a hospital in those days were quite different to today: from daily operations, to the configuration of the wards, to the uniforms of staff. One of the responsibilities of nurses was to give people a daily bed bath. Patients were washed with a flannel and a bowl of hot water, with each part dried and re-covered to preserve modesty as the nurse worked from top to bottom. Margaret observes that although it took some time it allowed nurses to do some clinical observation: ‘I think that is the difference in nursing today and then; because there were some procedures which really took time so you did get to know who you were caring for.’

Nurses were also required to supply their own uniforms and a triangular shaped veil, and Margaret explains, ‘we had to don the veil – terrible things veils! Have you ever put a veil together? It is an art form in itself. Veils of the era signified your training skill’. ‘Its real reason in the good old days,’ she states, ‘was for hygiene and cross contamination and all those sorts of things. But by the time my era came around it was just for decoration’.

The uniforms also made an impression on Bernice, who reports, ‘I just remember their starched white uniforms that

they used to have to wear and their peaked hats on their heads that were starched'. A photograph appearing in *The Mirboo North Times* of acting matron Amy Burr indicates that as late as 1981 nurses were still wearing veils.⁴⁹

Margaret also recalls that the beds were not changed on a daily basis, with sheets being rotated from top to bottom: 'The real aim of the game was to make sure you had no wrinkles, because wrinkles caused bed sores, or could if people were lying static and not moving.' A neat, mitre corner was folded at the ends of the bed which meant that patients were firmly tucked in and were barely able to move their toes. A wool blanket and coverlet were placed on top.

Staff were required to work rostered shifts, including night duty and evening shifts. With small staff numbers it was essential that a midwife was on duty if a patient was about to go into labour. The building of nurses' quarters, which were opened in March 1963, made it easy to complete shift work.⁵⁰ This was where Margaret moved after finishing her nursing and midwifery training elsewhere, then returning home following an overseas trip and getting a job at the hospital. 'At that time', she says, 'they'd also just finished building the nurses home, which I think had 4 or 6 beds in it, or single rooms. They weren't ensuite, but that was fairly common in those days ... It was a lovely facility and was built to try to attract staff into the town'.

Strict rules were also put in place for visitors at the hospital. Margaret notes that 'in those days no one sat on the hospital bed. No, that was frowned upon. [Visitors] would have a chair to sit on or they would stand'. Mirboo North local, Rhonda Evans, also recounts that 'they were quite regimental' in the early 1970s. Her husband was not allowed to remain with her in the final stages of giving birth: 'He did come into the labour ward with me and held my hand and I cursed him and all that stuff as things started to progress. When things really did start to happen they said, "you can go now Mr Evans" ... He would tootle off until he got a phone call to come back'. By the time Rhonda's second child was born in 1975 the rules had relaxed somewhat, allowing more time for mothers and babies and letting more visitors in (although men were still not allowed to remain for the birth of their children). Some of these rules might have reflected the more conservative values of country Victoria at that stage, as well as some of the

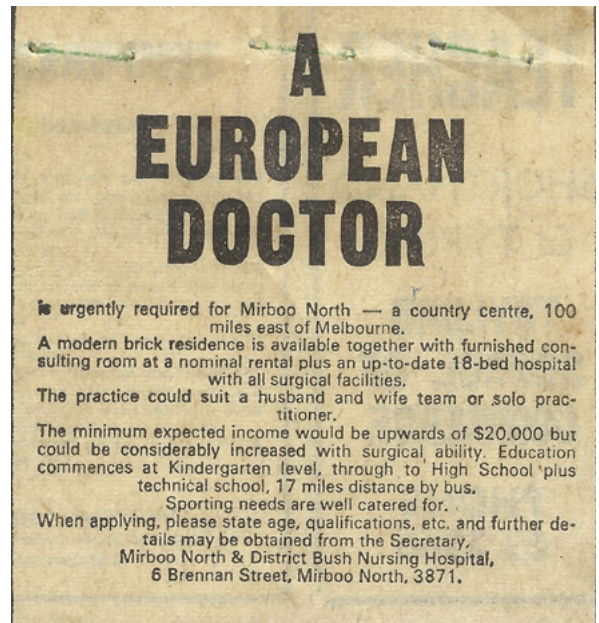
pitfalls of living within a more isolated community. For Margaret the social mores differed markedly from her experience training in midwifery at the Women's Hospital in Melbourne:

There was an expectation that women would get on with the birthing and the partners – well, we didn't have anything like partners in those days, only husbands – there was an expectation in a community like this, it was assumed that they were married ... They would go off, back to the farming, or up to the pub, or go play football or whatever, while the woman got on with the labour and the birth, attended by the midwife and the doctor.

This advertisement from *The Age*, 1972 for a doctor in Mirboo North was considered racist by some.

As a well-known community member, Margaret had to treat patients whom she had known all her life. She recounts one story about a patient who was staying in a bed on the verandah and was keeping an eye on the front door to see those arriving with queries, those being admitted and those visiting people in hospital. She notes that 'he wanted to know what this certain person had come up for and I said, "it's none of your business" ... He got very upset about that. Some weeks later – long after he'd been discharged, fit and well again – he ran into my mother down the street and told her what he thought of her daughter, which is probably best not mentioned. Stuck up piece of goods he thought!' For Margaret this was illustrative of the difficulties in working in a local community: 'It was not unique to Mirboo North; people wanted to know more than you were free to tell them.'

A further problem occurred in February 1972 when an advertisement seeking a 'European doctor' led to negative publicity and claims about racism in Mirboo North. It seems that some of the problems associated with community – the stifling



Sisters Dorothy Lane and Jenny Wright with Sarah 'Nan' Galvin, 26 February 1970. Courtesy Mirboo and District Historical Society Incorporated



The new nurses' home was opened in 1963. 'Opening of new Nursing quarters at MN BNH by Sir Herbert Hyland MLA (left), Hospital President Jim Scott (right) March 1963, Builder Mr. Wicks', 1963. Courtesy Mirboo and District Historical Society Incorporated

A Truly Noble Profession

More reminiscences about the Bush Nursing Hospital

Sister Doreen Bollard (or Doreen McKinnon, as some might remember her before her marriage to Michael.) was trained at Sale Hospital and began her duties at Mirboo North in 1946, staying on there till some time in the 1980's.

When starting her career the pay rate for a double certificated nurse was the equivalent of \$5 a week, with no penalty rates (in a profession where it was impossible to work to fixed hours), and no public holidays. Indeed a noble profession - but with quite ignoble remuneration.

An example of what the absence of penalty rates meant was demonstrated when Sister Sheehan, who married Joe Pincini's father Ernie, took leave, Doreen and Beati Buckland worked for three months without a single day off. That work included all the menial tasks around the place, keeping the hospital records, as well as the normal nursing duties of patient care.

And there were operating sessions twice weekly - Wednesdays for major surgery, and Fridays for what was known as 'lumps, bumps, and tonsils'. During that hectic three months, they had three deliveries to attend with only two midwifery beds. The third mother to be had to be accommodated on a trolley, and of course, she was the first

to deliver.

Midwifery cases were always booked well in advance, but almost always seemed to turn up at the last moment. On one occasion they rushed to the front door on hearing the screeching of brakes only to be greeted by Bluey Reiter from Berrys Creek delivering a box of lemons. Donations of food in one form or another were commonplace, with the whole community supporting their hospital.

The hospital's milk was supplied by Dawes Dairy, and Doreen remembers that when asked, the two delivery men said their names were 'Shut' and 'Slam'. One day a substitute delivery man appeared, and introduced himself as 'Slightly Ajar'. We will probably never know how they arrived at those names.

Doreen had an interesting story to tell of penicillin, something we now take for granted, even perhaps as 'old hat'. She was first introduced to it at the Queen Victoria Hospital, where they were forced to don gown, gloves, and mask before mixing the powdered penicillin with sterile water and heating over a bunsen burner. She recounts how impressed she was when she saw the first example of the penicillin capsule, which merely had to be snapped open.

She of course has plenty of

memories of Doctors and Pharmacists. She remembers Frank Prowse as a great pharmacist, always ready to help in an emergency, and delivering medicines to the hospital himself.

'Old Bob' was how they knew Doctor Wallace, even though he wasn't much older than they were. A forthright but congenial medico, he got on well with his staff and patients. He developed a practice of always making and serving a cup of tea to mothers after the delivery. The good doctor was always on call, and at night would simply slip his trousers on over his pyjamas and come at the double. The sound of his footsteps coming through the door meant, as Doreen puts it, 'Thank God, We'll be alright now'.

He drove a Daimler, and wearing glasses with his hat pulled down over his head, he drove straight ahead without looking either left or right. It sounds as if he could have been something out of "Wind in the Willows".

He lived in a house at the back of the Primary School with his surgery at the rear. He took regular trips to Merimbula, which seemed to be for the sole purpose of buying a bag of oysters, to which he was extremely partial. Most of the people to

whom he offered a taste, had absolutely no idea what they were.

Doctor Wallace's successor was an Englishman with a wife and six children. Because of the size of his family the hospital had to build a house for them in Peacock Street.

In an earlier piece Margaret Peters spoke of the workers from the Prison Farm. Doreen claims they had an array of talents ranging from electricians, plumbers, gardeners, and even a forger. They all dedicated their respective skills to the benefit of the hospital, although the forger was persuaded to restrict his particular skill to a mural for the nursery.

Like Margaret, Doreen speaks fondly of her time at the Mirboo North Bush Hospital. As she describes it, 'nobody measured it in terms of the bottom line' (Given the rotten rates of pay, perhaps just as well). Their bottom line was a safe community trusting and caring for each other.

We have no doubt that all the people we have written about as well as many others will be at next week's anniversary celebrations. Please go along and learn what a wonderful organisation we can boast here.

**Doreen Bollard
spoke with Marion Thiele**

An article based on an interview between Marion Thiele and Sister Doreen Bollard, who worked at Mirboo North from 1946, referred to nursing as a noble professional with ignoble remuneration. 'A Truly Noble Profession: More Reminiscences about the Bush Nursing Hospital', *The Mirboo North Times*, 29 March 2006. Courtesy Mirboo and District Historical Society Incorporated

expectations and capacity to exclude non-members – were also at play in Mirboo North. But the situation eased over the coming months and the local newspaper reported in May 1972 that Dr MM Jabbar, who had an Indian background, had been appointed as the local doctor.⁵¹

Although there were some issues of concern on occasion, the serious problems which had led to the closure of the hospital in 1956 seem to have been dealt with effectively. A high standard of care was experienced by patients, and community support was evidenced by volunteering, fundraising and donations. In 1967, after receiving a bequest from the William Dietrich estate and with other financial support, extensions to the 13 bed hospital began, and 6 beds, a sitting room, new nurses' section, toilets and bathrooms and outpatients' room were added to the facility.⁵²

The fully financed building was opened in 1968, and *The Mirboo North Times* proudly declared that 'such a situation is comparatively rare in an age of spiralling costs'.⁵³ Resident Sandra Rickards recounts a story about becoming unwell when moving into her and her husband's first home in the early 1970s.

This undated photo shows the roofline of the hospital extensions to the right. Courtesy Mirboo and District Historical Society Incorporated





Sandra Rickards is the treasurer and research officer of the Mirboo and District Historical Society. Her two children were born in the maternity ward and she spent a memorable Christmas in hospital in 1971 after experiencing a severe asthma attack.

During the move I ended up in Mirboo North Bush Nursing Hospital with asthma from all the boxes – packing and unpacking. That was only a few days before Christmas 1971, I think it would have been. I stayed there for about a week. But being Christmas Day I wanted to go home because I had a two-year-old, who had been born in that hospital as well.

They wouldn't let me come home; I had to stay until after lunch [on Christmas day]. They evacuated one of the rooms [in] the ward of all beds and equipment. They set it up with a great big table and the patients and the nursing staff all sat around and the kitchen staff came as well, along with my husband and daughter. We all had Christmas dinner together ... And it was beautiful. The staff there all the time were just fantastic. It was a really good day. After lunch I was allowed to go home.

Rhonda Evans also tells a story about the hospital atmosphere in the 1970s: 'When I went in to have one of the children it was all

very strict: “you get on [this wheelchair] here and we’ll push you. You don’t walk!” I got on and the nurse bumped into something and then she swore and it was really quite hilarious. I felt quite relaxed then’. In Rhonda’s opinion,

It was very, very nice – very professional, I would say. The nurses were all ‘sister’ back then. You would always address them as sister. I can remember one dear nurse, a night duty nurse. She would come around on her round to check on you and her flashlight would be going all over the place and would wake you up. “Oh, you’re awake! Would you like a cup of tea, dear?” she’d say. She would rustle off to the kitchen to get a cup of tea at goodness knows what hour. She was a sweetheart and nursed there for a long, long time. Just beautiful.

There were still points of contention, however. In May 1980 Les Horsfield was replaced as president at the annual meeting, and Matron Marj Stephens announced that she would retire at the end of the year. Reporting in sensationalist style, *The Mirboo North Times* wrote about a ‘campaign reminiscent of the power struggle that in the mid-’50s tore the committee and staff apart and threatened the hospital with closure and deregistration’. This was not to eventuate. But in reporting on these problems *The Mirboo North Times* also pointed to the possible sexism of some hospital supporters. One of the doctors, Pam MacLeod, was a woman practitioner and this was seen by some as a reason for the decline in bed numbers.⁵⁴ However, as we will see, there were wider issues at play that were affecting patient numbers.

The continued operation of the hospital through these decades and its ability to survive financial crises was due to a number of initiatives. At a local level this could range from the support of individuals making donations or leaving bequests to the sustained efforts of community organisations such as the voluntary Ladies’ Auxiliary which was formed in 1931.

The annual income for the hospital was supplemented by the Auxiliary which engaged in fundraising efforts, with money being largely directed towards purchasing medical equipment as well as kitchenware, manchester and furniture for the hospital.⁵⁵ There were also some one-off events, such as the parade float

which was entered in the 1978 celebrations of settlement of the area.

The benefits of these activities are referred to by long-term resident, Sue Kerr, when discussing a 1974 appeal, as well as other endeavours:

In those days, to keep the hospital going, the town used to have egg appeals. That's how they brought the costs down of running the hospital. We had to go up once and preserve 200 dozen eggs – putting eggs in Ovo or KeepEgg to save them ...⁵⁶ We used to have garden parties, fetes and street stalls. You can't do these things now because of rules and regulations.

Likewise, Marg Harrison recalls that 'we'd spend the afternoon and sometimes the whole day just peeling and talking, and cooking and talking. We bottled the fruit which then supplied the hospital for the next twelve months'. As Marg hints, the further benefit of these efforts was the comradery established between volunteers, and it is also likely to have increased a sense of community ownership of the hospital.

A local newspaper article in 1980 referred to the loss of the hospital president and matron, but also revealed that some saw Dr MacLeod as being responsible for a drop in patient numbers. 'Hosp. President out - Matron Resigns', *The Mirboo North Times*, 28 May 1980. Courtesy Mirboo and District Historical Society Incorporated

Two fields of thought

A source of contention among conflicting fields of thought in hospital circles is the arrival here and establishment of a practice by Dr. Rod Anderson, M.B., B.S., D.R.C.O.G.

Some committee members resent this on the grounds that it has undermined the practice of Dr Pam Macleod.

They see it as a move devoid of principle and in every way underhanded.

Defenders of the advocates of a second doctor here declare that they could produce figures revealing a steady decline in the daily bed average, partly because Dr Macleod was a woman practitioner.

Furthermore, they maintain, the hospital seemed to be in danger of becoming almost exclusively geriatric.

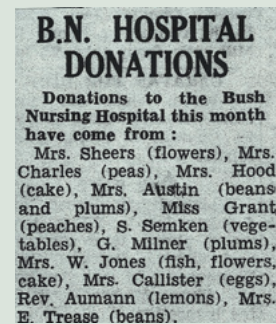
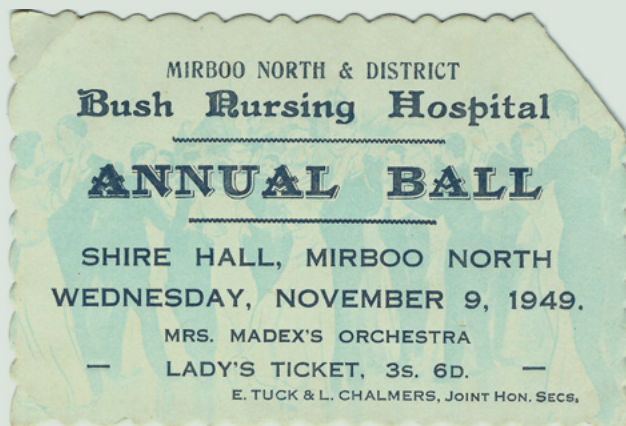
The presence of Dr Anderson would help remove this threat, it is argued.

CONTINUED PAGE 10.

A further interview corroborated these stories and pointed to other voluntary efforts, as well as to the vital support of local businesses and suppliers.⁵⁷ Les Horsfield, who served on the committee across a number of decades, remembered that Volunteers were easily obtainable.

The girls did the bottled fruit and the bottled vegetables. I kept them in spuds for over 50 years – they used to use about two bags a month. My favourite thing to do was – with those people who would never contribute to anything – I would say “I want a bag of spuds for the hospital, mate”. And they couldn’t refuse me because [as an Australia-wide supplier] we were buying more than two thirds of the total crops for the whole of the hills.

Les also spoke about his involvement in raising funds that were initially used to support Melbourne hospitals, but which over time were directed to local projects. This included old time dance clubs with raffle prizes being held with money going to local charities. He notes that ‘we gave 17 and a half thousand away one year, just a little Monday night dance club!’



Popular fund-raising activities included the annual balls and the Moe dance. [Annual Ball ticket], 9 November 1949. Courtesy Mirboo and District Historical Society Incorporated

Newspaper report *Gippslander and Mirboo Times*, 21 February 1963. Courtesy Mirboo and District Historical Society Incorporated

Margaret Stollery is a long-serving member of the Ladies' Auxiliary – now known as the Friends of the Mirboo North Aged and Community Services – having joined in 1984. She came to the region in 1968 when she and her husband purchased a dairy farm. Her youngest child was born at the hospital. She has also taken on the roles of president and assistant secretary.



I found out that the Ladies' Auxiliary were bottling apples. I had all these apples, so I bottled apples at home and said, "right, here they are!" ... The next year I was still doing apples. We had two, 3 including the Granny Smith, apple trees – they started in January and kept going until May, they used to be loaded. We started doing the apples after hours; we were allowed into the kitchen. Then that got to be a little bit of a hassle [and] I think freezers must have come in, so I started freezing them.

– **Margaret Stollery**

Gloria Dowler is pictured making a hospital bed, around 1974. The linen was supplied by the Ladies' Auxiliary, while curtains were also sewn by these volunteers. Courtesy Mirboo and District Historical Society Incorporated



Another initiative was the partly federally funded government Meals on Wheels scheme. Starting in the area in the early 1980s, Meals on Wheels provided meals to community members who were unable to cook regular meals at home. Recipients paid around one dollar per meal for the service and the local shire council bore additional costs under an agreement with the Bush Nursing Hospital.⁵⁸ Marg Harrison worked as a volunteer on the scheme and explains that people worked in pairs to deliver meals. She recalls that the hospital provided 'beautiful, home-cooked meals, lovely meals. We'd call round to each of the recipients and deliver the meals ... it was lovely because you could meet people in the community, some who couldn't get out. That was a pretty special time'. This initiative did not just extend care beyond those admitted as patients to the hospital, it also allowed for the crisscrossing of ties between residents that is vital for community.

The hospital committee also welcomed a wide range of other support to ensure the continued operation of the hospital and aged care facility, including grants from local, state and federal governments, financial and operational assistance through the VBNA, fundraising and other activities being provided by various local groups. These groups included Rotary, the Young Farmers, the Apex Club, and the Country Women's Association, as well as the Thorpdale, Childers and Mirboo North primary schools. The involvement of the local groups in these activities are likely to have encouraged the idea of ownership of the facility. Bequests and private donations also provided financial support. This included a substantial legacy totalling over \$27,000 by Grant Eatwell in 1981 and over \$100,000 bequeathed by Ernest Potter after his death in 1984.⁵⁹ There had also been the bequests by Eugenio Stremio and William Dietrich, as mentioned earlier, while later bequests were made by Olive North, Ann Swain and James Payne.⁶⁰ Doorknocking, radio appeals, and annual events such as the hospital ball also raised money for the hospital and the aged care hostel and nursing home. Les Horsfield also refers to hospital and aged care working bees, as well as to the contribution of Morwell River Prison Farm workers. Although evidence of all these activities could not be located in the hospital minutes, Les also stated that the prisoners undertook gardening and 'did a lot of maintenance work; and they painted it [the facility] right out from start to finish, inside and outside'.

Shirley Watt served as a domestic at the Bush Nursing Hospital and Mirboo North Aged Care facility from November 1980. Her duties varied from working the evening tea shift, to day shift and cleaning, to preparing meal orders and completing book work. She continued working through the transition to aged care and retired in 1993.



“The involvement of local groups in [fundraising and other supporting] activities are likely to have encouraged the idea of ownership of the facility. Bequests and private donations also provided financial support.”



Les Horsfield made a longstanding contribution to the region, signing up to a number of local social and political organisations, including the Bush Nursing Hospital committee, the Aged Care committee and the Mirboo North and District Community Foundation. His name first appears in the Bush Nursing Hospital minutes on 10 June 1959 and his duties included roles as president and director. But he had first been introduced to the hospital when he broke his collarbone.

Les saw many developments across the history of the community-based organisation. He recalled at the hospital's fifty year anniversary, that the health facility

has been through lean and good, worrying and disconcerting times and, on one occasion about 25 years ago, was almost closed down. That was a hectic period in our history and one of the biggest public meetings in Mirboo North's history urged the split committee to come to its sense and carry on. This was done — to the great relief of district residents. In more recent years the committee has busied it-self updating the hospital to meet the ever-increas [sic] demand for its use.⁶¹

There was some controversy when Horsfield was not voted back on to the hospital committee in 1980. But he was described in a report by Ken Bruhn for 1980-81 as 'one of our most capable Presidents', and returned as a committee member in 1982 before taking on more senior office-bearing roles the following year.⁶²

He was honored with a life membership by the bush nursing hospital committee in 1986.⁶³ He stepped down as a board member from 2001, but later returned as a director to assist with decision-making on the future of what became the Mirboo North and District Community Foundation. He passed away in 2021.

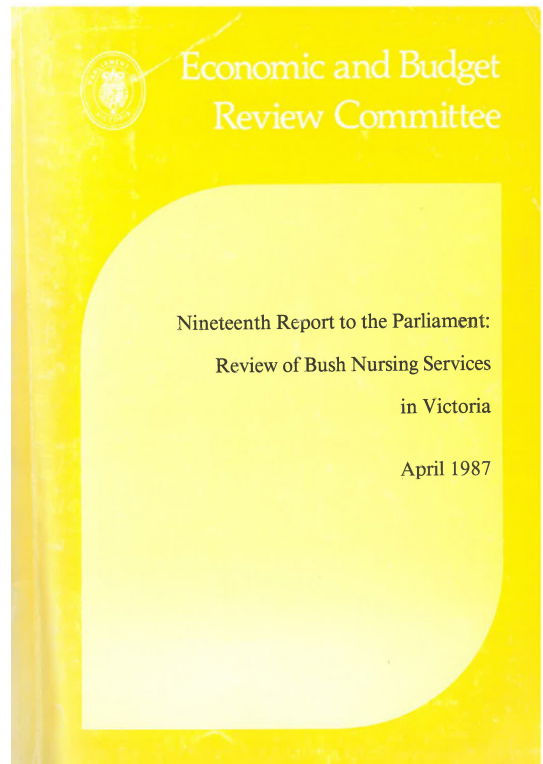
Despite these initiatives, by the mid-1980s advances in technology and increased staff wages were leading to rising hospital costs. The introduction of Medicare was also encouraging patients to travel to public hospitals rather than contributing to health insurance to attend the privately-run Bush Nursing Hospital.⁶⁴ The result was that the occupancy rates of the more highly-funded acute care beds were declining. The facility was facing an uncertain financial position. Indeed a State Government review by an Economic and Budget Review Committee in 1987 indicated concerns about the viability of bush nursing services especially in a climate of 'increased financial stringency'.⁶⁵ An approach was made by the Mirboo and District Bush Nursing Hospital committee to the VBNA in 1988 for advice on a proposed option to create a birthing suite or to upgrade the hospital surgery, and it was suggested that the committee inquire instead into nursing home and hostel accommodation.⁶⁶

The committee visited other hostels and inquired into funding models, finding that there was a shortage of aged care places in Gippsland. With strong support for the hospital in the community, the views of residents were also sought on the future of the facility.⁶⁷ As the government was moving towards the centralisation of hospital care the decision was made to move into the aged-care sector while also retaining the 18-bed hospital, although there were suggestions even at this early stage that such a large medical facility would not survive.⁶⁸

The Bush Nursing Hospital had seen a lot of change across more than 50 years of operation.. But what would the future hold? For committee member David Halliwell, this would depend on the local community. As he told the local newspaper in 1986, 'only with the full support of the local community will it remain a vital link in our community services'. Over around 50 years, the organisation had weathered short-term hospital closures, financial problems and changes in medical treatment. It had also experienced shifts in staffing and patient numbers, added new buildings, and faced staff complaints and accusations of racism. The approach to care was perhaps more conservative in social outlook than Melbourne-based hospitals, but the hospital was seen by many as providing a high level of care. A flexible approach had been shown by the committee managing the hospital, with assistance being provided by individual bequests

and donations, organisational (and often voluntary) support, funding and training through the VBNA and grants and funding support from local, state and federal governments. In giving their time, in sharing resources, in contributing funds, and in supporting local projects and events the community had come together to sustain the hospital through these periods. Further changes would be experienced in the coming years and in an environment of increasing government regulation.

By 1987 a review of bush nursing services stated that 'Bush Nursing has a valid place within the health care system, but each agency needs to determine its appropriate role and function, in consultation with Regional Health Directors and local organisations'. Economic and Budget Review Committee, Nineteenth Report to the Parliament: Review of Bushing Nursing Services in Victoria, April 1987



Bush Nursing operates in an uncertain environment. It has been significantly influenced by changes in government policy toward health care, especially the recent introduction of the Medicare scheme. It has also been subject to longer term pressures for structural change in the hospital industry, particularly leading to the rationalisation of acute services provided by small hospitals. Bush Nursing needs to respond to this changed environment within the general context of agreed regional health plans.

Local stories: Margaret Peters



Former Bush Nursing Hospital nurse and midwife, Margaret Peters, talks about her work at the hospital in the early 1960s, while also sharing details about her birth and childhood treatment at the hospital.

I was born at the old hospital. That was before the new hospital on Brennan Street was built. It wasn't an easy birth for my mother, I don't think. At the time there were a pair of doctors at the hospital by the name of Bennett and they were both medical practitioners, which was rare. We both survived the occasion and I lived to pester everybody.

I went to school here and then went to train as a nurse in Warragul in the West Gippsland Hospital. That was a three-year program and then I went off to do a one-year program for midwifery at the Royal Women's in Melbourne. When I completed that I came back to Warragul. I spent something like eighteen months there saving up madly for the big trip overseas, which I enjoyed immensely. I came home stone broke and went to live with Mum and Dad [in Mirboo North]. While I was there the woman in charge of the hospital at the time, Ruth Haw – who I'd gone to school with – was looking for nurses. She asked would I come in and work and I said yes.

I can remember looking after Tom Meehan when he had his nasty strike from lightning up on the cricket field. The poor man, was really, really sick. Ruth and I divided up the shifts to care for him and I did nightshift and she did days. Lightning damages the nerves and he not only had nerve damage which caused pain, but visible signs where the strike had exited his body through his feet because he had cricketer's boots on which had metal spikes in them. He was in hospital some weeks, I can't remember how long.

While I was here in 1963 the general practitioner left town quite quickly. That meant according to the bush nursing requirements and regulations the hospital should have closed. We stayed open, but I don't know whether it was ever formally advised at bush nursing headquarters that there was one hospital not functioning effectively without a GP in the town. We were covered by general practitioners from Leongatha, but on the whole Ruth Haw and I managed the lot.

The generosity of the community is also something I can recall. Everybody supported the hospital and valued it greatly. I think the bush nursing hospital in its day, in its era, was one of the most important things that happened in healthcare in Victoria; there is no doubt that bush nursing reduced maternal and infant mortality enormously. It was quite impressive.

Local stories: Margaret Peters

Local stories: Mike Sellings



Mike Sellings reflects on his first involvement with the Bush Nursing Hospital in July 1974. He served as a hospital committee member and president, leaving the committee in 1990.

I was involved in Apex. As a service club, we were asked by the hospital committee to provide some help for a door knock appeal.⁶⁹ The hospital was basically in debt to about \$7,000 and they decided to raise money. I was asked to go to Dumbalk because I lived there, [and] there were a lot of donations ... It really moved me because the whole community wanted to contribute. The hospital was [held] in such high respect for their care. Others did the same thing around Mirboo North and the surrounding areas and I think they got beyond their \$7,000 and we presented it to the hospital committee. One of the committee members asked me if I would be interested in joining; after a month or so I said, 'okay, if you think I can contribute then I will'. It was a new interest for me and I had to learn a lot about it, but it did suit me because I didn't want to be just a farmer, I wanted to be part of the community. Probably the first couple of years I said very little, but I learnt a lot along the way. The advances in technology meant that hospital costs were getting higher and higher. The government had done surveys on the area and we were running with 6 beds of acute patients and the other 12 were long-term patients. We had to look at other areas [to develop].

We started to look into it. I spent quite a bit of time visiting other hostels to see how they worked and what the situation was. The Bush Nursing Association of Victoria had a lot of hospitals with hostels at that stage, [and] I went round to Yarram, I went to Pakenham, I went to Cobram ... and saw a lot of the hostels. There was information that Gippsland was well under supplied with aged care and so it was natural that we should be looking at that.

In the community there was strong support for the hospital and so we called a public meeting to discuss what we were looking at. It was a fairly fiery meeting. The community didn't want to lose their hospital. We certainly couldn't have continued with only 6 beds of private patients, so we drew up plans for a 20 bed hostel. We knew at the time that 20 beds was very close to the borderline of being viable, but we thought with the hospital continuing as well that we would be able to run it financially. We also decided that if the hospital and hostel were going to increase that we would buy more land.

Local stories: Mike Sellings

Local stories:

Mike Sellings

They were tough decisions. The hardest thing to do was to go against what the people wanted; but the indications were there that we were heading in the right direction and it would give the town a boost employment wise. There were a group of us that helped to raise the money, I think it was something like \$86,000, for the building of the hostel. The public were very, very generous. Everything was well supported because they realised that this is going to help the town.

You know people in trouble are the ones that need help and when there is someone there it just makes so much difference to them. Quite often things happened, I think it was the north wing of the hospital, the roof started to blow off. Now I am not a plumber, or a roof plumber or qualified or anything like that but I had to climb up the ladder and hang on to the roof. Here am I waiting for the plumber, hanging on to the roof, and there was a gale blowing. There were other times we pulled a tank down and the old gardener's shed and those sorts of things. You had working bees for those [tasks]. They were always fun days because it wasn't like work, you were just doing a job that would help people.

Once that hostel was built and up and running, I wasn't there. I wasn't on the committee. I was living in Melbourne [when] I heard a rumour that they had lost the hostel and the hospital. I just hated the thought of the community supporting the whole thing and then it being lost. I wanted to know a bit more about it. I wanted to know what they were doing with the money from the hospital and the hostel and the land that was around it. I came down here and I spoke for quite a while with them about it. When I found out about the fund I was much happier, because community funds are a benefit to the community.

I enjoyed every minute of [time serving the hospital committee]. There were times when it did worry me, because you take responsibility for a lot of people. I can usually get through it because the pleasure I get out of it is worth more than the worry that it gives me.

“They were tough decisions. The hardest thing to do was to go against what the people wanted; but the indications were there that we were heading in the right direction and it would give the town a boost employment wise.”

Adapting to survive: ensuring ongoing healthcare

In the late 1980s the community-based Bush Nursing Hospital in Mirboo North needed to change. It needed to address technological changes within healthcare. It would be forced to deal with the centralisation of services. And it needed to consider the impact of changes in government legislation. It had been suggested that the committee inquire into nursing home and hostel accommodation, and ultimately the decision was reached to move into aged care. But by the early 2000s these issues were to emerge again, with the organisation facing questions once more about the impact of government regulation and a mainstreaming of services. The organisation would again have to adapt in order to survive. What was the nature of the decisions made in the 1980s and 2000s? How did these changes impact on paid and unpaid staff as well as on those using these services? How did it effect people living in the area more broadly?

Turning to local newspapers, the annual reports and minutes of the hospital and aged care facility and referring to interviews with people involved in the organisation, a picture started to emerge of how the community pulled together at these times. There was some cost in making these changes and some tensions over these new directions. But there were also examples of community support through volunteering and giving as people helped ensure that services continued in the region.

A community run aged care facility

The Bush Nursing Hospital had reached the decision to move into aged care towards the end of the 1980s, while also retaining the 18 bed hospital. An architect was appointed and plans for a hostel were developed, while land was purchased to

support future growth. The preliminary plans produced in 1988 were for a 15 bed independent living hostel behind the hospital. An application was submitted to the Federal Government – and according to the local paper around \$333,000 was granted in June 1988 – with the facility expected to cost around \$600,000. The Mirboo Shire Council agreed to fund \$51,500 and neighbouring shires also promised to make a contribution, while the hospital committee decided to provide \$100,000 towards capital works and around \$50,000 for the land.⁷⁰ As in the past, local giving from individuals and community and service groups assisted in providing these funds to the committee, and donations from philanthropic or charitable trusts and corporate funds were also received.⁷¹ The lodging of these government grants – as well as the research described in the previous chapter – was also vital to these projects. It was the ‘quiet’ achievements of the farmers, health service workers, local business people and families who made up the voluntary hospital committee, as described in a set of articles in *The Mirboo North Times*, which achieved these results. As reporter Tracey Matthies wrote, ‘throughout the *Times*’ series of profiles, the [committee] members were often reluctant to take part [in interviews] and generally were even harder to catch for a photograph, indicating that they truly are the quiet achievers – public recognition not being important to them’.⁷²

Work commenced on the facility which was to be named ‘Strzelecki House’. The first residents moved in on 26 June 1990 and an official opening took place in late March 1991.⁷³ But having realised that the hostel beds would quickly fill and with concerns about the financial viability of the hospital, the hospital committee sought permission to double the size of the facility.⁷⁴ This application was accepted and allowed for a further 15 hostel beds and the construction of a 25 bed nursing home which was partly funded with \$1,187,241 from the Federal Government.⁷⁵ In April 1991 the hospital was temporarily closed in order to preserve the hospital’s capital fund and to allow work to proceed.⁷⁶ Redundancies were awarded to hospital staff, and a bare minimum of staff continued to be employed to work in the hostel, which remained operating in this period. New staff were appointed when the hospital, enlarged hostel and new ‘Grand Ridge Nursing Home’ was opened in 1992.⁷⁷

Solutions had been found to respond to the changing face of healthcare across Australia but the ongoing financial position of the hospital was still a concern. While there were hopes that 5 medical, post-operative and paediatric beds could remain in operation after reopening, with low-occupancy rates the committee quickly faced the difficult decision about whether to permanently close the hospital.⁷⁸ Realising that the 5 acute care beds were not viable, the decision was reached to close the hospital in 1993.⁷⁹ In January that year, Chief Executive Officer Frances Cashin left her role after overseeing the transition to aged care. She told *The Star*, 'I'm pleased and satisfied with what has been achieved, but now it's time to let go'.⁸⁰



Above: Mirboo North
Bush Nursing Hospital,
Photograph Sandra Rickards,
c. 1990

Below: Grand Ridge
Lodge, Photograph Sandra
Rickards, 2009



2 — THE AGE FRIDAY 11 JUNE 1983

Ultimatum for bush hospitals

Picture: TIMA HAYNES



By CHRISTOPHER RICHARDS

Victoria's bush nursing hospitals were warned yesterday to broaden the range of services they offered or be prepared to close their doors.

The Health Minister, Mrs Tehan, who recently disclosed radical changes for the state's public hospitals, said: "They will battle to survive if they don't change their role."

Mrs Tehan was releasing the report of an inquiry she ordered in January into bush hospitals, many of which are struggling against better services offered by nearby larger hospitals, the demands of an ageing rural population, and the impact of a fall in private health insurance.

The 53 bush nursing hospitals, serving districts as diverse as Mallacoota and Underbool, along with areas on Melbourne's suburban fringe, are private, non-profit institutions, unique to Victoria.

The report advises the hospitals to look towards becoming multi-purpose centres offering ancillary services, nursing home beds, with hostel beds for more independent patients, home support, rehabilitative care, and respite care (to ease the burden on families).

"It is clear bush nursing agencies need to move away from a focus on acute care beds towards a more flexible and responsible formula to suit local circumstances," Mrs Tehan said.

Millo's Diary
does not appear
today. Bob
Millington is ill.

Berwick Hospital's mad cows: a far cry from bush afflictions.

Among the problems faced by the bush hospitals it identifies:

- Falling private health insurance in most rural areas.
- Insufficient surgical and acute medical patients, aggravated by a widening "chaos between urban, well-equipped modern hospitals and most rural bush nursing hospitals".
- A need for capital expenditure on old buildings, when reserves have been decimated by operating expenses, particularly salaries.

A mobile 1990s society was more likely to travel to Melbourne or rural cities for surgical and other medical treatment, which meant "the original role of bush nursing agencies no longer applies".

The four-man taskforce established by Mrs Tehan believes the model of the future is a centre combining one or two acute hospital beds; nursing home and hostel beds appropriate to community needs; and provision of other community services.

At Berwick, one of the fastest-growing corridors in Victoria, the hospital is a member of the Victorian Bush Nursing Association and "is matching community demands in a way that would please the taskforce.

The four-year-old, 34.5-million, 38-bed hospital building, with a neighboring 30-bed nursing home and 12-bed hostel, is light years away from the old bush nursing hospital with a few beds that went up on the site in 1939, when Berwick was still in Melbourne's rural

hinterland.

"Rather than thinking of curtailing services, we are expanding," the hospital's chief executive officer, Mr Bruce Osborne, said. "We're very heavily into the surgical and obstetric lines." The hospital includes the latest design birthing suites.

Mr Osborne recalls, as a boy, going through the area on football trips "when it was country, cows and all that. Now it's suburbia".

The outer metropolitan group of bush-nursing hospitals includes Berwick, Lilydale, Hastings, Mornington, Fakenham and Chelsea. Mr Osborne believes that these hospitals have grown with their communities, although the taskforce report mentions a "debt spiral" facing Chelsea Hospital.

In Victoria the first bush nursing facilities were established in 1911. In total 156 bush nursing hospitals and centres were established at different time periods.⁸¹ But by 1987 industry-wide structural change and a shift in government policy meant that only 36 hospitals, 17 nursing centres and 1 nursing home were still in operation.⁸² It was the introduction of a 'more flexible and responsible formula', as endorsed by Liberal Minister for Health Marie Tehan in 1993 which was to see the Mirboo North facility through the coming years

Lyn Skinner moved to Mirboo North in 1975, starting work as a nurse at the Bush Nursing Hospital in 1976 and becoming the director of nursing in August 1987.⁸³ She served during the transition to the aged care facility and was made redundant in 1993.⁸⁴

I remember one of the girls one day, we were making a bed, and she said, “fancy being paid to come to work and have so much fun!” And that’s really what it was: we knew the residents, we knew their families, they knew us – we provided a very good standard of nursing. When I became the director of nursing, if I had sick staff ... there were never any hassles with filling in for people. They’d come and do things, they were just totally committed staff. Many of them had worked there for 20 or 30 years and that was the devastating thing that many of them lost their jobs [when the hospital closed and an aged care facility was established] and because of their age, they couldn’t get reemployed.

— **Lyn Skinner**



These changes in direction were gruelling for the Bush Nursing Hospital Committee, a voluntary group of residents who looked after the governance of the hospital. As former president Mike Sellings reports when reflecting on the late 1980s, ‘they were tough decisions when we knew that we were representing the people and the people didn’t want it for a start, because they thought they would lose the hospital. That was the hardest thing to do, to go against what the people wanted, but the indications were there that we were heading in the right direction’.

The difficulty for committee members was that these changes often had implications for staff employed at the facility. As Geoff Harrison notes, when looking back at his service as treasurer during this time,

‘at the back of your mind was, what happens to the staff. Obviously, there were going to be redundancies

and change in the levels of staffing. There were a lot of things to take into account. But when you are faced with a decision: whether you make a difficult decision and survive or whether you keep going on a downward trend and end up with nothing, you've got to make the tough decisions'.

According to past hospital committee president, Ken Bruhn, these decisions caused a degree of conflict with operational managers:

I can recall that at one stage we had a Matron who felt that she couldn't put staff off, because they needed their jobs. The committee had to say "well, actually the purpose of this is to look after the number of people who need help, not to provide jobs, we have to do it with our minimum holdings, minimum levels of staffing, or it just won't happen. It'll just consign us to an early closure" – which was often hanging over us.



Geoff Harrison was the treasurer of the hospital committee between 1977 and 1986, having moved to Mirboo North in 1975. One of his children was born at the Bush Nursing Hospital. The family moved away in 1986. He and his wife Marg returned to the region in 2004.⁸⁵

The transition to aged care was also challenging for those working in the new facility. There was an initial period in which staff could be eased into their new roles, Kate Atkins found, having remained working in the hostel and on Meals on Wheels while the new complex was being built. She had served at the hospital as a domestic – which involved being responsible for hospital cleanliness and the delivery of patient meals – and was also employed as a cook. She explains that ‘when they opened, we didn’t get 30 residents all at once. They came in – one today, two tomorrow – until we built up and had our 30. That gave all the other [newly appointed] staff a chance to learn how to do the breakfast trays and all that type of thing and the ordering. It was nice and gentle’.

Rhonda Evans had started worked as a domestic when her youngest child was around 4 years old, and after the closure of the hospital she trained in nursing and got a job at the new facility, describing this initial period as inevitably ‘chaotic’. Shirley Watt had also continued as a food and domestic assistant and relates that ‘going from 18 patients at the hospital – that’s

In 1976 **Kate Atkins** was employed at the Bush Nursing Hospital. As a domestic and cook, she helped maintain a clean hospital, received preserves and food supplies from the Ladies’ Auxiliary and other volunteers, and prepared food – including for the Meals on Wheels program. She also contributed to the Staff Auxiliary which helped raise funds for the hospital. Kate continued working at the aged care facility until 2000.



if there were 18 patients there – to 60, eventually, that is a big difference. You more or less had to get on with it really’. She observes that ‘it wasn’t the same. [At the hospital] everybody got on so well together – the nursing staff and the domestic staff – there was no difference. You all chatted and enjoyed each other’s company while you were working’. But there was a change with the transition to aged care: ‘There was a lot more staff on [in the new facility] so you didn’t interact with any of them’.

There were other concerns about the treatment of residents at the facility. Kate Atkins relates that ‘some of the old staff who came back [to work at the new complex] – the nursing staff – were just the same; but they found it hard to handle [the transition], because I don’t think the care was there with the residents’.

Shirley decided to leave the job in that period: ‘I thought it was time; I was 58 and I thought I’m going to retire’. The former Director of Nursing, Lyn Skinner, also refers to the ‘conflicts that nurses had because they couldn’t do their proper job of caring for someone adequately’. She contrasted the aged care facility with the Bush Nursing Hospital where she had been employed since 1976 and notes that while the care in both institutions was ‘exemplary’, nurses felt they hadn’t done their best because of the constraints of the workplace and ‘I had a number of girls come to me and say, “this isn’t working for me, I can’t do this”’. In January 1993 Lyn Skinner was made redundant.

In contrast, interim manager Doug Issell provided a broader view on changes within the sector as a whole, noting that ‘anyone, anywhere, who has been involved in the provision of healthcare during the past decade has experienced a most volatile period’. In an interview with the local newspaper in March 1994, he stated, ‘I must congratulate the staff on their maturity and total commitment. There is a common bond between the staff and committee of management to provide the very best care possible to the residents’, and he commended past managers for their ‘visionary attitude’.⁸⁶ Aged care director, Deb Williams, who was appointed in April 1994 after the transition was complete, also recalls that ‘we built a team [at Mirboo North Aged Care] that were well grounded and that had that one focus on providing the best possible care for our residents and the people working in that facility’.

The transition to aged care and loss of the hospital also affected the wider community. As Deb Williams points out, locals struggled with the change because they had relied on the hospital to be able to provide emergency care for injuries and accidents. But she also recalls the challenge that the wider community was not engaged with the new complex: ‘When we went across to aged care, it almost isolated the aged care facility from the community for some point in time. It was a sense of, “what goes on up there now ... They’re old people, that’s one of those places that people go to die, you know, [in] a nursing home”. Part of my role over the years ... was to reconnect with the community’.

Creating bonds between aged care and local residents came about in part by introducing activity programs where residents visited the kindergarten or by inviting a mothers’ group to the centre with their newborn babies. Initially, Deb explained, the town was ‘stunned’ to find that breastfeeding mums had been invited to the facility. ‘At that time we got a bit of negative feedback’, she said “why would you take little babies and kids into a place where there’s old people?”” But she also observed that



Deb Williams was the Aged Care director between 1994 and 1999 and then Director of Nursing from 2000 to 2005, and is also a former local councillor.⁸⁷ Two of her children were delivered at the Bush Nursing Hospital, with her son being one of the last babies born in the town.

Volunteer program a bonus



THE volunteer program at Grandridge Lodge and Strzelecki House Mirboo is a great success with more than 12 people turning out for the orientation day.

Julie Keel, the chief executive officer of the Mirboo North and District Bush Nursing Hospital, told *The Times* that the volunteer program had been a "great bonus" to the residents, with people of all ages giving their time.

The volunteers, including children, spend time talking to the residents, reading, or offering a skill such as conducting facials or hairdressing.

Interaction between the residents and children has proved beneficial to both groups with everyone benefiting.

Pictured right is local woman Jill Binney conducting a facial on 92-year-old Alma Lush who was thoroughly enjoying the attention while above is Ethel Giroud enjoying the company of children (from left) Christian Berends, 5, his twin sister Amy and Steven Binney, 4.



Finding ways to build connections included having residents visit the kindergarten or children visit residents at the facility. 'Volunteer program a bonus', *Mirboo North Times*, 28 June 1994. Courtesy Mirboo and District Historical Society Incorporated.

it broke down barriers with residents and has noticed that some of these children are now young adults with their own children who have also visited the facility.

The Ladies' Auxiliary also helped with the transition to aged care, with community giving providing ongoing support to the facility. The Auxiliary continued to raise funds – primarily through money raised at a second-hand opportunity shop which had been set up in Mirboo North in 1984 – but it also carried out mending and sewing, and undertook more limited catering at events such as senior citizens' lunches at the Baromi Centre on the north side of Baromi Park. The group had formerly been named the Mirboo North and District Bush Nursing Hospital Ladies' Auxiliary and by 1995 had changed its name to the Mirboo North Aged Care Auxiliary.⁸⁸

Separate programs were organised by the aged care complex with volunteer assistance, including the 'News and Views' group that started in 1994, in which residents were read articles

from the local newspaper.⁸⁹ This and other newly-introduced activities were touched on in an interview with Sue Kerr:

Every Thursday I would go and set up the shopping trolley with lollies, biscuits and cosmetics for half to three quarters of an hour. The residents would come if they wanted something, and then I would do the 'News and Views' ... So that is how I started up there ... It would take ages before they would come along. If I asked somebody to do it and they went for half to three quarters of an hour and nobody bought anything they would think, "well, jingoes this is a waste of time isn't it?" And it wouldn't last very long. But that hasn't ever worried me. While I am waiting for somebody to come along I can always sit with a resident and have a talk to them or something, or hold their hand and have a bit of a chat or something. It never worries me, I just go along and do it.

Sue Kerr joined what is now called the Friends of Mirboo North Aged and Community Services in 1994, although she had earlier been involved in a committee which raised funds for Strzelecki house.⁹⁰ She continued to volunteer at the facility after it was sold to a private provider, although this involvement ceased during the pandemic. She has also served as assistant secretary and vice president.



There was a winding down of some of the roles the Auxiliary had performed at the hospital, including food preserving which was cut back because of food handling regulations. There was also a reduced need for catering, as Margaret Stollery observes: ‘The catering died a natural death. People stopped wanting little country weddings in the shire hall and twenty-first birthdays in the local hall perhaps in the early 1990s. Socially things had changed.’ But the remaining duties performed by this group meant the facility did not need to spend considerable sums purchasing equipment and furniture or engaging outside contractors to complete ongoing tasks. To this day it continues to contribute funds to the lifestyle team to support activities for residents at Calvary Strzelecki House. Perhaps, as Sue Kerr suspected, some townspeople viewed this as a ‘waste of time’. Others might have seen it as a crucial part of community-building. This was best described by hostel resident Hazel Pearson, who told the *Latrobe Valley Express* in 1995 that ‘Sue [Kerr] has been so good to me and has helped me so much since I’ve been here.



Joyce Briscoe moved to the region following her marriage to Neil Briscoe and lived with him on a dairy farm. She became a member of the Ladies’ Auxiliary in 1979 and has been a dedicated vice-president and treasurer of the organisation.⁹¹

I don't know what I would have done without her'. This was a 'shared sentiment', reporter Jason Shields added in his own words, 'and a sentiment that can be felt toward all the staff from the residents'.⁹²

The value of volunteering was also reflected on by hospital committee member David Halliwell when speaking of the 'years of service that have given me fulfilment, satisfaction and enjoyment'.⁹³ There were other benefits in working alongside others as a volunteer, Joyce Briscoe explains: 'We all worked together. We were a good committee ... there was never any arguments or anything. The girls all stuck together ... Mostly we'd be regular – there'd be odd ones who didn't come [on a regular basis]'.⁹⁴

David Halliwell was one of the hospital and aged care committee members who was part of the shift to aged care. He said on his retirement that he 'was just a little cog in the wheel', even though he had served on the committee for 18 years and was part of the team who had to take tough decisions about the transition from hospital to aged care. David was a life member of the Community Foundation until he passed away in October 2021. See 'Hospital committee stalwart retires' *Mirboo North Times* 10 October 1995. Courtesy: Mirboo and District Historical Society Incorporated.

Hospital committee stalwart retires

By JASON SHIELDS

AFTER 18 years of service on the Mirboo North Bush Nursing Hospital's committee of management, David Halliwell has decided to retire.

Mr Halliwell, who joined the committee in 1977, has held down the presidency position during the past two years, but decided to retire at the last annual meeting.

"I felt that at 70 years of age, it was time to let the younger ones take over," Mr Halliwell explained.

"Because it's (the Mirboo North Bush Nursing Aged Care Inc) running so well, everything's set for them now."

When Mr Halliwell joined the committee in 1977, meetings were held in the matron's quarters and were almost a "social affair".

"Meetings went for about 30 minutes and then we had a cup of tea and sandwiches," Mr Halliwell recalled.

"The hospital was running smoothly because we had a very capable matron and a most efficient medical, surgical and nursing staff."

Mr Halliwell said the situation began to change during the mid 1980s, as the financial position that had been built up, started to erode.

"It was at this time that the committee of management began to sit up and take notice. Doctors didn't want to come to the bush, nurses were scarce and the health service was changing.

"The committee of management decided that it needed advice, so we sought a manager to oversee our situation and to guide us on our path of survival as a health provider."

The hospital then expanded from an 18 bed hospital to a 60 bed complex which would provide an aged care service for the Mirboo North community.

That complex, which incorporates Grandridge Lodge and Strzelecki House, now provides jobs for over 60 people and has a payroll in excess of \$1 million.

It was those sort of developments that kept Mr Halliwell so enthusiastic during his 18 year term.

"I leave the committee of management after 18 years of service that have given me fulfilment, satisfaction and enjoyment," he said.

"The hospital is what's important, I was just a little cog in the wheel."

Mirboo North Bush Nursing Aged Care chief executive officer Julie Keel said that Mr Halliwell's contribution to the committee of management was "totally committed", especially in his term as president.

"He was very supportive of me and very supportive of the administration," Mrs Keel said.

"I hope he'll continue to be involved in a voluntary capacity, because he'll certainly be missed."

Long serving committee of management member Les Horsefield has been elected president.



David Halliwell retiring after 18 years of service on the Mirboo North Bush Nursing Hospital's committee of management.

Lindsay Oates had a background working at retirement and aged care facilities at Wantirna and Hawthorn before being appointed as chief executive officer of the Mirboo North Aged Care facility in March 2001.⁹⁴ During his time emergency evacuations took place at the Grand Ridge Lodge and land was purchased on Giles Street. He retired in 2006.⁹⁵

What I admired about our staff, at the time I was there, was the way they cared and would relate to the residents. I remember one of the staff talking to me one night and saying, “well, I just treat everyone just like my mum”. That made a big difference – I knew, “right, we’re on the mark” with that sort of approach.

– **Lindsay Oates**



After retiring to Mirboo North **Marion Thiele** joined the board of the Mirboo North Aged Care facility. As committee president from the late 1990s to 2005 she faced the challenge of evacuating Grand Ridge Lodge residents and staff following problems with a faulty gas cylinder, and oversaw the purchasing of additional land for a planned expansion of the facility.⁹⁶

I can remember us going through that first accreditation and the officials who reported back ... said nowhere else had they come across a facility that was offering eggs and bacon for breakfast, and nowhere else had they observed that when a resident died, there were tears from the staff. And that embodied the whole reason behind the aged care and what’s made it so successful.

– **Marion Thiele**

A changing aged care landscape

By the early 2000s, the pressure of meeting regulatory requirements and the financial difficulties of running a stand-alone aged care facility were becoming a cause for concern. Derrick Ehmke recalls that when he was appointed on what was then titled the Aged Care Board in November 2001,

It became apparent to me immediately that [the board] were focused on a lot of detail ... and not the financial strategy. In particular, the finances ... have never been good. It soon became apparent to me that this was an extremely difficult business to run on a break-even or profitable basis. I make no apologies for using the word “profitable”, “surplus” or whatever you want to call it; if you are using it in the right way it is a good thing. But a 60-bed stand-alone establishment – you’re running a hotel, you’re running a hospitality business, you’re running a medical facility. You’ve got people with dementia ... The regulations became more and more – you need them – but they became more and more onerous.

The difficulty meeting these new challenges as a voluntary organisation was also recognised by then board member, Paul Pratt, who states, ‘being a voluntary board, we didn’t really also have, in hindsight, have the appropriate skill set to run this type of business, because with all the changes that had been made, it was becoming much more of a technical organisation, the complexities of running it were beyond the board’.

The costs of providing high quality care in a small facility was also discussed by former chief executive officer, Lindsay Oates: ‘That was something that we had to try and keep in check all the time in the reports to the board, and that was crucial in terms of our overall profitability. Things were always touch and go and at times we were running at losses, but we needed to try and keep the quality of the service up’. As a small and independent facility, Mirboo North was at a disadvantage to

NOVEMBER 10



'Collapse' threat to aged care

KYLIE SMITH
Social Affairs reporter

ELECTION PROMISES SO FAR

VICTORIA'S aged care system is heading for collapse, with a massive funding shortfall leading doctors and nurses to desert the sector in droves.

The Australian Medical Association says that, without more funds, a quarter of Victoria's nursing homes could be forced to close in the next two years, leaving thousands of residents without a bed.

Aged care nurses will impose work bans tomorrow for the first time in the state's history, arguing residents' lives are at risk.

Figures compiled by the State Government and the Victorian branch of the AMA show there is a shortage in the state of between 5000 and 8000 operational aged care beds.

A quarter of people looking for a bed in a nursing home or hostel are forced to wait three months or more, leaving distraught families struggling to cope.

Stakeholders have vowed to make aged care an election issue, launching campaigns in marginal seats across the country.

A *Sunday Herald Sun* investigation has found: **DOCTORS** are deserting the aged care sector because of poor pay, too much paperwork and lack of facilities.

NURSES who are paid 20 per cent less than their hospital counterparts are also quitting. A survey this year showed up to 4500 nursing shifts went unfilled

COALITION
\$430 million over four years. Includes \$200 million for staff, \$28 million for scholarships to train nurses in rural and regional areas, \$100 million to build and upgrade nursing homes, \$82 million to provide services to help older people remain at home and \$20 million for small homes to keep their staff up to date on the latest nursing methods.

LABOR
\$467 million, including: \$200 million in interest-free loans to build or extend nursing homes, \$50 million in interest-free loans to build facilities for young disabled people living in nursing homes, \$109 million over four years to improve pay and conditions for aged care workers, \$37 million in grants for respite beds. Also, tougher measures to weed out rogue operators.

in Victorian aged care facilities every fortnight.

NURSING home staff are spending about half of their time bogged in down in accreditation and other paperwork, leaving less care time.

MORE than 550 Victorian hospital beds are occupied by elderly people who qualify for a nursing home bed, but can not be moved because no places are available.

THE cost to homes of meeting building certification standards by 2008 has been estimated at \$10 billion, but the Federal Government is providing no capital works funding.

Victorian Association of Health and Extended Care figures show the state's nursing homes received a 1.4 per cent increase in funding in 2001, after adjustments to bring funding into line across the states.

In the same period inflation was 6 per cent, aged care workers' wages rose by 11 per

cent and nurses were awarded a pay rise of 15 per cent over three years.

The Coalition is expected to announce today a \$430 million aged care policy package — including \$200 million for nursing home providers to hire more staff, \$100 million to upgrade nursing homes, and scholarships to train nurses for rural and regional areas.

But voters will have to wait four years to see the full benefit.

A Productivity Commission report released in January showed the Federal Government was not meeting its own targets on aged care places.

There are 39 nursing home beds per 1000 over-70s in Victoria, compared to 49 in NSW, 48 in Tasmania and 46 in South Australia.

**Aged care crisis,
Page 28**

the larger providers which could reduce costs by employing senior staff to work across multiple sites or purchase equipment, medication and other supplies in bulk.

At a strategic planning weekend in October 2001 a development strategy was adopted which was to be put in place across a five-tier period from 2006 to 2010.⁹⁷ As Lindsay explained ‘the overall strategic plan for the future was crucial in terms of looking at future development to make sure that you were going to be viable’. The first phase of that project involved purchasing land surrounding the facility for the expansion of services. In 2006 the decision was also made to change the name of the facility to Mirboo North Community Care. According to Judy Speedy, who had taken on the role of chair in 2006 after joining the board around ten years earlier, this name change followed a visit to a facility in the Western District to view a community centre that provided activities for ageing residents who required daily activities, with this model being adopted as ‘a way of diversifying into another source of service and income’.

The situation worsened in November 2006 when non-compliance with the requirements for aged-care accreditation led to a full audit by the Aged Care Standards and Accreditation Agency. By April 2007 two sanctions had been imposed by the Commonwealth Department of Health and Aging, with the first being the appointment of a nurse administrator for a period of 6 months and the second being the prohibition of any new residents in the high care section of the facility.⁹⁸ The decision was reached to try and regain accreditation. In administrative terms this involved engaging with authorities, updating documentation and implementing new processes and procedures, as well as meeting normal day-to-day aged-care standards, with Judy noting that ‘the accreditation process was extremely, extremely stressful. It was almost like being a criminal, you know, in the sense that you were being prosecuted every day’.

The process of regaining accreditation had other implications. With sanctions having been imposed the facility was not allowed to take in any new residents and Judy faced the ‘gut-wrenching’ task of turning away a person requiring care for her husband: ‘I could have sat there and cried. Here was [a person] who had worked for this community for years and years and years. And at a time when she needed it the most, we couldn’t do anything’.

Nursing home fails test

Staff shortages and patient privacy highlighted

By Bert van Bedaf

A SOUTH Gippsland Nursing Home has been hit with sanctions after "serious risk" was exposed in medical care and patient welfare.

Grandridge Lodge Nursing Home in Mirboo North failed accreditation standards in a recent review by the government-appointed aged care standards accreditation agency.

According to the audit the nursing home was "unable to show adequate human resource management and clinical care (and) also found residents' rights to privacy, dignity and confidentiality were not met."

The Commonwealth Department of Health and Ageing imposed sanctions on Grandridge Lodge and its approved provider Mirboo North Community Care on April 30, 2007.

The home, which has 30 high-care beds, has effectively been put on six months probation and lost funding for six months.

"Serious risk was identified in the areas of human resource management, clinical care and privacy and dignity," a spokesperson for the Department of Health and Ageing said.

"Under the sanctions, the approved provider will not be eligible to receive Commonwealth subsidy for new residents for a period of six months.

"The approved provider must appoint an adviser with nursing experience approved by the Commonwealth department."

The department said it had written to the residents, their families and carers, informing them of the situation.

Mirboo North Community Care last week arranged a meeting of residents and relatives to discuss the action being taken to address the concerns.

Its chief executive Stewart Cramer said the sanctions might not be for six months. They could be lifted earlier.

"Although the sanctions are for six months, they could be for less, which would lessen the financial impact they will have on us," he said.

Mr Cramer declined to comment any further than what was said in an earlier statement.

A local industry manager, who could not be named for ethical reasons, said the sanctions would pose a severe impost on the home.

"Having funding sanctions imposed on the home is bad," the industry person said.

"Although it will only apply to new residents and the home will continue to receive funding for its existing residents, funding is critical in this industry and losing some funding for six months will be a problem.

The industry manager said it appeared the home may have suffered from staff shortages in its high care facilities and there may have been some privacy problems with crowded rooms or patient facilities.

"Shortage of quality nursing staff in aged care facilities is a state-wide problem. Highly skilled or trained nurses prefer working in the medical field, in hospitals and operating theatres, rather than in aged care homes."

Judy Speedy, president of the board of Mirboo North Community Care, declined to comment.

"I have no further comment to make at this point," Ms Speedy said. "All public comment goes through the chief executive."

In his earlier statement, Mr Cramer said a nurse adviser had been appointed to oversee improvements in patient care and staff training.

He said Grandridge had complied with most standards, including medication, pain management and patient safety.

"All the improvements are being made as a matter of priority and Mirboo North Community Care is maintaining its commitment to the care of local people," Mr Cramer said.

"The pleasing thing is that we comply with the majority of the standards audited by the Aged Care Standards and Accreditation Agency, including the important areas of medication and pain management, a safe physical environment and most of the lifestyle issues such as emotional support, choice and decision making".

"The audit process provides us with an opportunity to identify areas where we can improve and we have taken steps to do so. We do need to improve some of our documentation and also some areas of specialised nursing care and that is the current focus of our efforts.

"All people involved have been kept informed via letters and face to face meetings and we are working with residents and their families to make the improvements.

"A nurse advisor has been appointed to oversee improvements, assist with some specialised nursing care and an on-site education and training program has been put in place for all appropriate staff."

The Aged Care Standards and Accreditation Agency is an independent company, established under the Australian Securities and Investments Commission.

It manages the residential aged care accreditation process to promote high quality care and improve service standards by identifying best practice criteria.

It reports to the Department of Health and Ageing about services that do not comply with the relevant standards.

'Nursing home fails test',
The Great Southern Star, 5
 June 2007. Courtesy Mirboo
 and District Historical
 Society Incorporated

Costs sending homes broke

KYLIE SMITH

THE HOMES

UP to a quarter of Victoria's nursing homes could go to the wall in the next two years, according to the Australian Medical Association.

The chairman of the AMA's aged care committee, Dr Gerald Segal, said the homes would be forced to close because funding had not kept pace with spiralling costs.

The Victorian Association of Health and Aged Care said funding for Victorian nursing homes was increased by only 1.4 per cent in July's federal Budget.

The figure included money taken out of Victoria's share of funds by the Federal Government for productivity gains and to bring

consistency across the states.

VAHEC chief executive Mary Barry said costs for Victorian homes were up 11 per cent and nurses' wages were rising by 15 per cent in the next three years.

"Something has got to give and what will suffer is the quality of care," Ms Barry said.

"If we don't fix the problems, the system is going to break; there is no doubt in my mind about that."

The Howard government was expected to promise a \$430m boost for nursing home funding today, but a National Aged Care Alliance study concluded nursing homes and hostels throughout Australia



Nursing a sick system: Austin Patterson.

faced a bill of more than \$10 billion to upgrade facilities to meet accreditation standards by 2008.

The AMA and aged care bodies believe homes with fewer than 90 beds will be no longer economically viable.

Most Victorian homes have fewer than 60 beds.

A report carried out

for the NACA found the Federal Government had drastically underestimated the cost of building aged care beds. While government figures are based on a cost of \$68,500 per bed to build a facility, industry bodies say the figure is almost twice that — \$100,000 to \$120,000.

One nursing home chief executive officer said he did not believe the private sector would continue to invest in beds, despite most bed licences being granted to private operators.

Austin Patterson, of Strathdon Community, Forest Hill, said: "There simply aren't the returns on investment for the private sector to invest in nursing homes."

"(Private operators) will not, and can not, invest in new nursing home facilities."

CARE COUNTDOWN

1994: Kennett Government amends health legislation to remove state regulation of nursing homes.

1997: Federal aged-care legislation removes requirement for homes to spend targeted funding on patient care.

February 2000: Federal Aged Care Minister Bronwyn Bishop admits there have been no spot

checks on nursing homes for two years.

February 2000: Kerosene baths scandal at Riverside Nursing Home in Patterson Lakes revealed by *Herald Sun*.

March 2000: Riverside closed.

April 2001: A coronial hearing into nursing home resident Jessie Woods hears the home was understaffed and she

was not properly monitored.

August 2001: Closure of Templestowe Private Nursing Home announced nine months after it was rated "critical" on all four standards.

August 2001: Details emerge of hospitals and patients paying "bounty hunters" to find nursing home beds.

September-October 2001: The Australian Medical Association, Victorian Association of Health and Aged Care, Aged and Community Services Australia and Victorian local councils warn of a funding crisis in aged care.

October 2001: Aged care nurses consider striking over staffing levels, pay, funding and care regulations.

Judy also noted the impact on staff: ‘The staff felt like us. They felt like they were on parole too – it affected everybody’.

For around a year Judy attended the facility on a daily basis, with the work as president occupying around 25 to 30 hours a week and the tasks of the vice-president taking around 10 to 15 hours a week. As then Vice-president, Derrick explains, ‘the work was one thing, the level of tension of stress didn’t leave you. It was with you seven days a week’, while Judy notes, ‘I found for a good few months there I couldn’t sleep. I would wake up in the middle of the night with panic’.

Speaking on ABC local radio last week he said, ‘There’s been substantial pressure from the industry association which Government really haven’t picked up on, and it’s now really got to the position where smaller stand alone community organizations are just no longer able to survive without being part of something bigger.’

‘It’s probably a trend that’s been happening for a number of years, but it’s actually hit the organization at Mirboo North fairly hard.’

Private contractor, Dennis Boyd, placed Mirboo North’s experience in context. There were wider issues at play which were creating pressure on small facilities. ‘Aged Care Decision’, *Mirboo North Times*, 27 February 2008. Courtesy: Mirboo and District Historical Society Incorporated

As a tax accountant by profession **Judy Speedy** joined the Mirboo North Aged Care board in 1995.⁹⁹ She became the chair of the board in 2006 and was instrumental in assisting the facility regain accreditation.¹⁰⁰ She was also chair through the sale of the facility to a private provider and worked on the adoption of the community foundation model before stepping aside in 2008. However, she stayed on with the board of directors until 2010.¹⁰¹



The statistics for small places like ours going into sanctions and then not closing down – there weren't many that survived, because it is such a difficult process and is so costly. I think the expectation was – I mean, nobody was mean or cruel about it – but the expectation was that we were just going to roll over and close ... It had happened before, in other places and in other times. I think that was the expectation and it was a bit of a shock when it didn't happen.

— **Judy Speedy**

Part of the concern for these senior board members was to not only regain accreditation under the strict guidelines imposed by the nurse administrator, but to also explore other avenues for the facility. It was not possible to continue running as a small, independent complex; this was no longer feasible in terms of administration or finance. Some of the options which were considered were to maintain ownership and to buy management services from another provider; or to amalgamate with another provider. These options would not guarantee the future of the facility and, while no detailed figures were available, there were indications it would require the injection of significant funds into the facility. Another possibility was to continue owning the facility with a new provider coming in and leasing the complex for a fee. This was a non-option; the market would not accept this lease arrangement. A final option was suggested by Gary Templeton from Gippsland Southern Health: to sell the facility. While initially rejected by

the board, this was to prove to be the only viable choice.

The difficulty was to make sure the facility had a future. It had dawned on the president that the facility might close if a solution was not found. This would have had a marked impact on Mirboo North because the facility was the largest employer in town. As Judy explains ‘that was the most serious worry. You could, at worst, find a bed for someone’s ageing mother. But how could you repair a town after it had taken such a hit?’

Before we sold [the aged care complex] we had meetings at the shire hall and they were packed. Not only with members but with a lot of employees of the organisation and people who were interested and concerned about what was going to happen to the town if we sold our aged care facility. And those meetings, they were quite stressful because there were a lot of people in the room who didn’t want us to sell and couldn’t understand why we would sell. They saw it as a bit of a betrayal of the town and the district, because we were going to sell to some big national organisation that has no connection with us. They all thought it’s going to be closed down and they’re going to lose their jobs, and we [would] lose that facility and service to our senior citizens ... From memory we had a vote ... the membership supported the board’s decision to sell. That involved a lot of discussion, explaining why we were doing it.

You could tell people were emotional; when people speak when they’re getting emotional, they become more strident and aggressive sometimes. Certainly, there were some people like that who were aggressive and were quite accusatory of the board as selling out and selling out the town. On the other hand, there were calm-headed people, who made a comment, “well look what choice do we have? We’re not making money and we’ve got a track record of years and years and years of losing money and this is the best way forward”. There was that debate in the room. Most of it was respectful, but some people were strident and were aggressive. In particular, I think some of the employees [were upset], but I could understand that because they were fearful of losing their jobs. At that time it wasn’t easy to get jobs in this area.

— Paul Pratt

Facing hard decisions for the future

The concern about losing the facility was shared at public meetings, with Derrick explaining, ‘it would have been a huge blow to this town; even to the point of survival. From memory the board and the community – the board, in particular, was supportive of what we were trying to do and the negotiations that we were going through. The community was not pleased; I wouldn’t have been pleased either. We [as a board] weren’t pleased with what was happening but they certainly weren’t pleased with what was happening’.

The alternative of selling the facility had eventually been decided upon after working through all possibilities with private consultant Dennis Boyd who was appointed in late 2007. But it could work on one condition: the facility had to be a fully operating concern.

The difficulty with any sale could be that the operator might eventually close down the Mirboo North property if it was not successful and transfer its 60 government-approved bed licenses to another location. As Judy explains, ‘the fight then became, for me, anyway, that we had to find a way of keeping going as a going concern’. A loan received from the Bendigo Community Bank was crucial in paying the significant costs associated with running the facility while it regained accreditation. Local resident and financial planner, Rob Kiddell, played a key role in negotiating this loan. Another crucial element was the consultancy work with Dennis, who began to broker a sale with assistance from a specialist aged care real estate agent that would seek to have services remain in Mirboo North.¹⁰²

A new and creative option had been decided upon Derrick relates, ‘once we’d known there was a possibility of sale, and once the sale became a real possibility, a new world opened up for us in terms of survival and hope and possibility of a real future for the town and for the community’. By March 2008 a buyer had been found and the sale had been finalised. Tenders had been offered in the preceding months and Aged Care Services Australia Group (ACSAG), a private provider which had 33 residential aged care services across Victoria, New South Wales and Tasmania was the successful buyer.¹⁰³

Between 1931 and 2008 the Mirboo North and District Bush Nursing Hospital and Mirboo North and District Aged

As an independent health and aged care industry consultant, Dennis Boyd was appointed in late 2007 to lead the development of strategies for the future of the Mirboo North Aged Care facility.¹⁰⁴ He worked to secure the sale of the facility and is also credited with suggesting the adoption of a community foundation model.



and Community Care facility had faced periods of uncertainty and change. It had weathered these events by adapting to evolving financial and regulatory requirements. By 2008 it had found a buyer for the aged care facility and a guarantee that its residents could remain in the township and there would be ongoing employment at the facility. But questions still remained. As Dennis explains, ‘the board had a lump of money that was handed over at settlement of sale of the facility and making the best use of that bucket of money going forward, was the key challenge’.

Local residents were reassured by consultant Dennis Boyd that ‘residents will be able to continue to enjoy the facilities and services at Mirboo North and all staff will be transferred to the new owner. There will be no redundancies’. ‘Takeover saves nursing homes’, *The Great Southern Star*, 22 February 2008. Courtesy: Mirboo and District Historical Society Incorporated

Takeover saves nursing homes

By Brad Lester

THE future of Mirboo North's community-run nursing homes has been secured with a private take-over from the start of March.

Grandridge Lodge and Strzelecki House will then be owned by Aged Care Services Australia Group, ending more than nine months of financial woes that nearly led to the closure of the nursing homes.

The take-over will mean the hostels' 60 residents will be able to stay in Mirboo North and some 100 jobs will remain. The hostels are Mirboo North's biggest employers.

Judy Speedy, chairperson of the board of directors of Mirboo North Community Care, announced the news to residents, relatives and staff at a series of meetings last Tuesday.

The news was received with excitement as well as relief, Ms Speedy said.

Aged care consultant Dennis Boyd finalised the deal with the group, after the board turned to him for help.

‘This outcome will benefit the Mirboo North community because

the aged care facilities will continue and if we didn't take this path, then we would probably have had to close them,’ he said.

‘The lodges are the biggest employers in Mirboo North so this is of real benefit to the whole township because of all of the wages that get spent in town.’

Mr Boyd said the takeover was necessary as like many independent aged care homes, Mirboo North Community Care was struggling to run the hostels viably, while satisfying accreditation requirements, and attracting and retaining staff.

‘Residents will be able to continue to enjoy the facilities and services at Mirboo North and all staff will be transferred to the new owner. There will be no redundancies. There will be just a bit more security for the staff,’ he said.

The onset of a new owner could result in an expansion of aged services in Mirboo North, with the prospect of a retirement village or independent living units.

Aged Care Services Australia Group is a private organisation that operates 33 residential aged care services in metropolitan and rural Victo-

ria, New South Wales and Tasmania. All are accredited.

‘They own Narracan Gardens (nursing home) at Moe and a number of facilities in eastern Melbourne, so they are well placed to service Mirboo North,’ Mr Boyd said.

A special meeting of the members of Mirboo North Community Care will be held tonight (Tuesday) where the board will explain the decision and discuss the board's plans for the future.

Mirboo North Community Care will continue as an organisation and plans to adopt a new direction by focusing on the broader community, health, welfare and social service needs of Mirboo North residents.

The board last November realised it could not continue to operate Grandridge Lodge and Strzelecki House on a stand-alone basis, under the pressure of financial concerns, until Mr Boyd suggested the nursing homes be put on the market. Several parties expressed an interest.

‘We've had a much better result than having to relocate the residents,’ Mr Boyd said.

Local stories: Rhonda Evans



In this story Rhonda Evans talks about her initial work as a domestic at the Bush Nursing Hospital, starting in 1979.¹⁰⁵ She then undertook nursing training and was employed as a nurse at the Mirboo North Aged Care facility before resigning in 2007.

I was born in Leongatha. My father was a returned soldier and was successful in getting a soldier settlement property at Mardan. We came to Mirboo North when I was about two years old. I went to school at Mirboo North [then] started employment at the Home Pride Bakery in the office. That moved to Leongatha so I had to move. During that time I met my husband Stewart. Stewart is a local lad and we married in 1971.

I have two children, Amber was born in 1973 and Wade was born in 1975. I knew most of the nurses and the domestic staff, just because I lived in the town. The staff were lovely. I think I started working when Wade was about 4. One of the domestic staff was our neighbour and one day she said, ‘you wouldn’t be interested in doing some part-time work?’ and I went, ‘oh, maybe, yeah.’ It was only teas, mainly, you went on at about 4 o’clock and you’d work until probably about 7 or 7.30 in the evening. The day staff would have been on, doing the breakfast and the lunch and preparing dinner, which mainly consisted of soup or sandwiches, a quiche maybe, maybe a little lasagne or salad or something. They were already prepared. It was a large workload for one person.

Often I would work overtime – not paid – I kind of thought it was worth having a bit of a chat to someone. There was one gentleman in there I can remember, he’d had, I think, a tractor accident. I asked him what he would like for supper and he said, ‘I just want some chicken noodle soup’. Off I went and made this man some chicken noodle soup. He was very grateful for that. It was just nice to spoil them a little bit. They weren’t in there because they were having a holiday, that’s for sure. Eventually I went to day shifts – which was only ever part-time – as the kitchen maid or I would do the wards maid’s job which was basically cleaning the wards. I did do a little cooking when they got desperate but I didn’t like that so much. Then the hospital ceased to run, and I saw the ad in the paper for division two nurse training and thought, ‘I could do that’. I applied and was successful. We did 6 weeks at the School of Nursing on Toorak Road and finished our training at the Leongatha hospital. It was 12 months [training] overall.

Then I applied for the new nursing home here. It was much different from the bush nursing hospital. It was pretty chaotic to start with. Obviously, when there is a new facility opening

Local stories: Rhonda Evans

Local stories:

Rhonda Evans

up there is a lot of hiccoughs and changing of the guard as well, there were a few changes of the CEO and all that sort of thing. As a nurse, I preferred day shift. I would come on, you would get your list and off you would go preparing people for breakfasts. Sometimes you'd come in and one might have passed away overnight. That was sad. You become very attached to these older people. After breakfast you would finish your list of residents to get them ready for the day. Sometimes they'd be going out, some of their relatives would come in so you'd have to get prepared and get them in the car or whatever, so that was always tricky. We did have a few, probably a few old farmers who were a bit hard to contain within the facility. That was hard. A lot of residents become a little bit of your family, because they would ask about children and become quite involved in your life. We became a big part of their lives, I feel anyway.

I then went from nursing part-time to just doing the foot care for a few years. I just went in one day a week and do foot care and do everyone's fingernails. I would go and collect the residents and kind of spoil them a little bit if I could.

It is 15 years since I finished work, give or take a few years. It is now being advanced even more up there. I know it has been sold off, but it is still a great employer for the town and brings wealth into the town. And the Foundation, I hope it keeps going. It has been guided very nicely. The place has made a huge contribution. It was a big employer, with part time employment which a lot of people, particularly women, could take advantage of. I enjoyed my time up at the hospital; I was very lucky in being employed there.

“Often I would work
overtime – not paid
– I kind of thought
it was worth having
a bit of a chat to
someone.”

Local stories:
Rhonda Evans

From community health to community strengthening

Written with
Ruth Rogan

The sale of the Mirboo North aged care facility was completed in March 2008. Having received funds from the sale of the facility, and after clearing the overheads for the complex, discharging the mortgage, and paying staff entitlements, around 5 million dollars was available to the community.¹⁰⁶ The Mirboo North Community Care board now faced another challenge: How were the funds to be used? Questions about the needs of the community and also the best model to adopt were to occupy the board for the coming months.

To more fully understand the decisions that were made at this time, I turned to the transcripts of the interviews with current and former board members, while Ruth Rogan assisted by co-authoring this chapter.

These interviewees spoke about a complex range of emotions, from sorrow to hope, caution to enthusiasm, and a sense of exhaustion to one of new-found vigour. Looking back over a 10-year period there were times when they could not recall exact figures or precise dates, and in these instances I have cross-checked details against the minutes of meetings or from annual reports. Certainly many interviewees recalled a sense of uncertainty about what was in store. It was to be more than 12 months before some of these questions started to be resolved. Derrick Ehmke summed up the atmosphere at that time: ‘we’ve suddenly got a bucketload of money. We’ve come from the trauma of the sale and potential closure. And where do we go from here? That was a tough time. At least we have *somewhere* to go, but *where* ... was the question. In which direction?’

Transition in aged care

There was some relief when it was seen that the new aged care operator was continuing to provide services to the community. However, while there had been reassurances that the facility's 60 residents would remain in Mirboo North and around 100 jobs would be secure, the decision was made by the new operator to offer redundancies to 9 staff members.¹⁰⁷ *The Great Southern Star* newspaper quoted Aged Care Services Australia Group (ACSAG) head, Arnan Rouse, as stating in early April 2008 that 'changes needed to be made. The facility had previously not complied with standards and was losing money'. Rouse told the newspaper that the facility 'will continue on a long term basis, including meals on wheels'.¹⁰⁸ This may have eased some community concerns, which had raised questions at a meeting a few weeks earlier with Mirboo North Community Care about whether the Ladies' Auxiliary, volunteer activities and Meals on Wheels would be allowed to continue.¹⁰⁹ While the Auxiliary – later rebadged as the Friends of Mirboo North Aged and Community Care – and volunteer activities did remain, by the end of the year it was revealed that the facility's tender for Meals on Wheels had been withdrawn.¹¹⁰ But though the transition to a private provider was perhaps not as smooth as had been anticipated, there were also some improvements.

The *Mirboo North Times* was able to report by November 2008 that a new permanent director of nursing had been appointed and planning permits had been received for building extensions, with building work being dependent on the government allocation of additional bed licences to the complex. Rouse told the newspaper that 'the occupancy has just continued to improve which shows that people are passing on word of mouth that they're getting good care'.¹¹¹

Recently home manager Sandy Maxwell (nee Smith) shared further details for this book. She told me that since 2008 there has been an expansion of the Japara group, which operated under the ACSAG business name, to include 51 aged care home and 5 retirement villages across 5 states. Calvary Health Care was to acquire Japara in November 2021 and was described by Sandy as 'a charitable, not for profit, Catholic health care organisation, with a national network of 14 public and private hospitals, 72

Redundancies at Aged Care



confirms this is what was said. "He said everyone would keep their jobs and entitlements," says Aaron.

The *Times* was first informed of the planned redundancies when contacted on Friday afternoon, February 29 by one of the people facing redundancy. This person was not prepared to go on the record.

"It will affect the things I do in the community," says Aaron Wilson, (pictured above) active community member, who finishes his position overseeing maintenance at Strzelecki House and Grand Ridge Lodge on Friday. It is a position he has held for five years. The *Times* understands he is one of nine staff made redundant in the change of ownership from Mirboo North Community Care to the Aged Care Services Australia Group.

"I don't think I'll be able to continue coaching the U13's and U10 basketball because if I work in the Valley I won't be able to get back in time," says Aaron. "I'm available for day crew for the CFA and I may not be able to continue. This is the time we're most vulnerable for crews."

The redundancies at Grand Ridge Lodge and Strzelecki House come despite assurances before the sale, which are included in a press release from Mirboo North Community Care. This refers to meetings where "a representative of the Aged Care Services Australia Group outlined the transitional arrangements which provide residents with security of tenure and ongoing employment for all staff."

Aaron attended the staff meeting attended by the ACSAG representative and

This was also the time Aaron was informed, receiving a letter the following Tuesday with information on his redundancy package.

The *Times* is not suggesting that any members of the Board of Mirboo North Community Care was aware of any redundancies prior to this date.

Shane Rickerby, Morwell based organizer for the Australian Nurse's Federation is aware of "three or four" ANF members made redundant locally.

"For those who are made redundant in Mirboo North the ANF's aim is to ensure all of their entitlements are secured in their redundancy," he told the *Times* last Friday.

"I knew there would be major changes," says Aaron Wilson, "because when they (ie ACSAG) took over Narracan Gardens, after six months, this is what they did." This, according to Aaron, involved cutting staff, changing their hours, and employing fewer Division One nurses to save on wages.

Narracan Gardens, located in Newborough, is the nearest of the aged care facilities owned by ACSAG.

Nurses in this category attract higher wages than Division 2 nurses (medication credited), normal Division 2 Nurses, and Personal Care Attendants.

Aaron Wilson also refers to the possible ripple effect of the change of ownership. Apart from the redundancies, those who are volunteering at the aged care complex as part of their Centrelink obligations will no longer be able to do this once ACSAG as a private company takes over.

Aaron wonders too if the local CFA, who check fire extinguishers and hoses and also maintains them will continue to do this.

There are also the possibility that Meals on Wheels will no longer be provided from the aged care complex, but more important is the possible consequences for local businesses. Aaron names the local chemist, hardware, Post Office, newsagents, discount shop, supermarket, one business out of town, as well as Newspaper in Leongatha as businesses the local aged care

complex has accounts with.

Being in charge of maintenance Aaron cites one example of a local tradesperson being called out at 11 o'clock at night who was able to be on site within five minutes.

As for how Aaron Wilson himself is coping with looming redundancy, he says, 'I must admit the response from the community has been overwhelming.' The Monday after being told 'was a very hard day. I went down to the supermarket still dumbfounded and people were saying things like, "I'll keep my eyes and ears open for you for a new job."'

The *Times* contacted the Melbourne headquarters of ACSAG, without response, and owing to Monday being a public holiday was not able to try again before going to print.

Rob Waycott

Despite assurances that there would be ongoing employment, 9 staff were made redundant as part of the changes to the ownership of the aged care facility and the *Mirboo North Times* also reported that there may be other impacts in the wider community. 'Redundancies at Aged Care', *The Mirboo North Times*, 12 March 2008. Courtesy: Mirboo and District Historical Society Incorporated.

residential care and retirement communities and 19 community care service centres across 5 states'. Sandy also referred to \$7 million dollars which was invested by Japara to develop and refurbish existing buildings and amenities, with a ceremony to celebrate the start of construction being held in July 2018.¹¹²

Sandy noted that 'today, Calvary Strzelecki House provides residential aged care and short-stay respite care for over 70 residents'. The organisation also engages with and sponsors local community activities and has connections with community groups from St. Mary's Church through to Mirboo North Winterfest. The Mirboo North Early Learning Centre, kindergarten, primary and secondary schools also visit the residents at different times. Sandy pointed out that 'at Calvary Strzelecki House everyone is welcome, and we extend our services not just to the residents in our care, but to their families and the wider community we serve'.



Sandy Maxell in the recently upgraded café area at Calvary Strzelecki House.

Derrick Ehmke joined the board of the Mirboo North Aged Care facility in 2001.¹¹³ He worked alongside Judy Speedy and the rest of the board to secure the sale of the facility. He also served as chair and executive officer of the Mirboo North and District Community Foundation.¹¹⁴

I feel very happy and proud of what we did and what we achieved. I still reflect on things that perhaps we would have done differently, but I think that is a good thing. All of us learn by experience, so I have learnt from that experience. I guess continuing on the Foundation and seeing the success that it now is has helped me feel really good about it. The best thing ... is that the aged care is now expanding.
— Derrick Ehmke



Debating options for the future

Returning now to the time immediately after the sale of the aged care complex: this was a period of transition where the board that had just sold the aged care facility had to decide how to use the proceeds to benefit the community. It would take some time before there was real clarity on what that would look like. There was to be a new organisational structure, a purpose for the future and identification of the communities which were part of the organisation's activities, as well as key decisions about how to use the money to benefit the community.

A basic principle was settled on fairly quickly by the board: this money was for the long term benefit of the community; the money would not simply be spent on one or more larger projects until it was expended. The decision was reached, recalls Norman Walker, that 'the \$5 million in real terms should never be allowed to be used – that it should be invested and that the proceeds from those investments should be used for the benefit of the town'.¹¹⁵ As later described in the 2009 annual report,

this would be akin to the town's 'superannuation fund'.¹¹⁶ With this decision, the board had firmly moved in the direction of a perpetual philanthropic trust type structure. As the word perpetual suggests, this approach allowed the money from the sale of the aged care facility to be kept permanently. The earnings from these permanently invested funds would go back to benefit the community. But in the months immediately after the sale in March 2008 this idea was not yet fully formed. It would take some time before the precise details about the use of the funds was settled on.

One area of focus during the transition period was to figure out what might be required by the community. In October 2008 locally based consultant, Susan Davies, from Lift Community Consulting, completed a community needs analysis which looked at the health and wellbeing needs of the community. This discussed in part the option to establish a medical centre in town.¹¹⁷ In April 2009 a strategic planning weekend run by Grove Consulting also addressed these issues. Following interviews with board members – and in line with the themes identified by Susan Davies – it listed the needs of the community in order of priority, as being related to primary health care, transport, social isolation and youth services.¹¹⁸ But the discussion notes from this workshop also referred to the need to take caution – the “shackles” of health need[ed] to be removed’.¹¹⁹

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Health a priority in Mirboo North

Mr Ehmke said the town's health services were “less about a gap” in what was on offer, than a place from which it could be delivered.

A community survey of 190 residents found that health and fitness 'should be a priority for community spending', reported *The Great Southern Star* on 2 December 2008, with Derrick Ehmke also pointing to the need for a medical centre. Courtesy: Mirboo and District Historical Society Incorporated.



As the principal of the town's former Bendigo Bank Agency, **Rob Kiddell** negotiated successfully with the Bendigo Bank in 2007 after Mirboo North Community Care's own bank (Commonwealth Bank of Australia) refused to provide a loan. When a vacancy opened on the board in February 2008 Rob became involved. He assisted in the adoption of the community foundation model.¹²⁰ He continues to serve as a member of the board and became the chair in 2022.

Another area of focus for the board related to the best organisational model for the future. At board meetings around this time, as Rob Kiddell reports, 'there was certainly full and frank discussions and exchange of views [about the model to be adopted]. It certainly wasn't a *lay down misere* as to what was going to happen'.

Aside from agreeing to the basic principle to use funds to benefit the community in the future, there were differences in how board members viewed the options available to them. This partly reflected the makeup of the board. Half the board had continued to serve after the sale of the facility and new members had also joined. 'Those of us coming on were, I suspect, very enthusiastic about the opportunity', Rob reports, 'I suspect those continuing were a bit traumatised. Certainly, it was said in lots of the meetings, "we don't ever want to be running an enterprise again"'.

A similar story was shared by Norman – who also joined the board in early 2008 – but he also noted that some members were more comfortable dealing with the tangible problems they

had faced when running the aged care facility. The new entity was harder to define. As Norman relates, it seemed to some to be ‘aspirational’. If the windfall was not going to be spent, what would happen with the money? Were there any concrete options for the future?

This debate didn’t just take place at a board level. There were consultation meetings with the community, which included some ‘awkward and difficult questions,’ Derrick explains, although Judy Speedy also relates that there was a ‘rock solid’ cohort of people connected to the aged care facility or the hospital who trusted in the decisions of the board. No firm options were offered to the board but these meetings, such as on 23 June and 10 November 2008, provided assurance to the community, as Rob states, that the board was concerned about ‘good stewardship and taking the trustee role seriously’.¹²¹

The difficulties in settling on a way forward caused great stress for board members and some considered resigning around this time. Indeed, the interviews which Grove Consulting carried out with board members in 2009 showed that there may have been a lack of trust and a need to develop relationships within the board. There was strong sense of frustration amongst board members, as one anonymous interviewee told Grove Consulting, ‘the transition has been quite difficult – like a quagmire ... We have been marking time’.¹²² But a way forward seems to have been provided by Dennis Boyd. Although Dennis’s interview downplayed his part – referring to his ‘supporting’ role in examining an idea that ‘had come out of some board member’s own inquiries’ – Judy states that ‘[Dennis] straddled probably the most important 4 months in the life of Mirboo North in terms of that particular cross[over] between finding a buyer and suggesting a long-lasting way to use the money’.¹²³ His suggestion was that the board look at community foundations.

The community foundation model

A community foundation might be described in simple terms as an organisation that channels community giving, whether volunteer work, fundraising or donations, to the benefit of that community. These organisations are often perpetual, with the earnings from the permanently invested funds going back to the community into projects, capacity building and community

events. Once this model was suggested, the board reached out to Australian Community Philanthropy and Philanthropy Australia to find out more.

Like Rob Kiddell, Jeanette White – who joined in April 2008 – felt excited about the possibilities for the future. She started doing research around community foundations and noticed that, in Australia, community foundations had mostly started with an identified need. They were created when a group of interested people came together to fundraise or seek donations for a particular project. The situation in Mirboo North, where there were *pre-existing funds* within the organisation, presented challenges. These issues rose again a number of years later as the Community Foundation considered how it could engage the community. As Jeanette explains, ‘how do you take people on a journey with your organisation, when you’re not expecting any financial buy-in from them?’

Despite being in an unusual position in this country, those on the board were able to learn from those with experience in community foundations in Australia. For Derrick, and other board members, there was a moment of epiphany at separate Philanthropy Australia and Australian Community Foundation events in Canberra in September 2008 and Mt Gambier in August 2009: the philanthropic trust model of a community foundation would be the best fit for Mirboo North.¹²⁴ ‘I’ve always been intrigued by and been a fan of good philanthropy, good stewardship and investment of a corpus. I started with that view,’ observed Rob, ‘the community foundation side of it probably did gel at those conferences’.

Decisions to be made

The community foundation model was finally agreed upon at a planning workshop on 25 April 2009.¹²⁵ The organisation was now on its way. However, before it could be formally set up, the board had to resolve some key questions: what was the mission of this new organisation, what was its reach and would the membership still continue?

The organisation had been membership based since it was initially set up in 1931, all the way through its time as a Bush Nursing Hospital and aged care facility. The question for the board was how would this fit with the community foundation



Norman Walker became involved in what became the Mirboo North and District Community Foundation in February 2008, one month before the sale of the aged care facility was completed.¹²⁶ As the organisation's first vice chair and later chair of the board he helped work out the organising principles of the Community Foundation.¹²⁷

In 2008 **Jeanette White** joined the board of what was to be titled the Mirboo North and District Community Foundation.¹²⁸ She gathered information on the organisational model that would best serve the community, helped devise a community engagement strategy and worked towards setting up a grants program. She was a director until late 2012 and is a member of the Community Foundation.¹²⁹



structure. Initially, it was thought that the membership would be replaced by a community advisory or reference group.¹³⁰ But the decision was soon reached to retain a membership base, and this membership structure remains in place today.¹³¹ Although members do not have any input into operational decisions, they provide what Norman describes as a ‘sounding board’ for the organisation and can raise questions or voice objections at members’ meetings.

Essentially, there was a name change, but the model is basically the same [as that used in the aged care facility]. It is still a member-based organisation. The rules for Mirboo North Community Care and the rules for Mirboo North and District Community Foundation look very similar. There are changes [but the membership model is the same].

— **Rob Kiddell**

The major difference is in the use of the funds, what they can be used for and that the funds must be maintained in perpetuity for the community.

— **Derrick Ehmke**

The members also provide a check and balance to the board – they elect the majority of directors to the board. As Norman recounts, ‘the idea of retaining an organisation with a membership base – it keeps you in touch with the community. You may not like what they’re saying to you, but it does keep you in touch, so it’s fundamentally not such a bad democratic idea’. At first there was some attrition of the members who had supported the aged care facility. Judy also stood down as chair in June 2008 and Derrick took on the role of chair in July 2008 and then part-time executive officer in January 2010.¹³² But over time the membership grew.

Another key question in this transition period before the new Community Foundation was formally set up was to determine the reach of the organisation and who were its beneficiaries. If the new organisation was to be called the Mirboo North and District Community Foundation, what were the parameters of this district? This was no trivial matter.

The boundaries of the district would mean that some small towns were eligible for funding while others were not.

Based on the concept that the people who would benefit from grants would be those who had funded and used the original Bush Nursing Hospital over many decades, the board decided that the ‘district’ of the organisation would include the area covered by the former Shire of Mirboo as well as the catchment area for the Mirboo North schools.¹³³ This meant that if students attending the Mirboo North Secondary College lived in Berrys Creek, Boolarra, Darimurla, Dumbalk, Mardan, Thorpdale, Yinnar or other nearby small towns, these areas would be included in the footprint of the Community Foundation.

The drawing of the boundary in this way meant that the organisation straddled three municipalities: South Gippsland Shire, Baw Baw Shire and Latrobe City Council. The footprint of the Community Foundation, Sue Kerr observes, has been criticised by some people in the community: ‘A lot of people are annoyed that Yinnar is included, people have said, “Yinnar never ever did anything here. But the others, Dumbalk, Meeniyana and Thorpdale, always used the hospitals here” ... But that is only a trivial thing to be complaining about. We can cover that [with the available funds], so we don’t worry about it! Often people complain about things when they don’t really know what is going on’. Explaining these old shire and school catchment areas has been helpful, Rob insists, in addressing these questions about the Community Foundation’s district.

The way we got that footprint: we took the boundaries of the old shire of Mirboo and the catchment of the secondary college and that gave us a slightly larger area. We were pretty confident that there was no contribution to the Bush Nursing Hospital from outside that area. We include Yinnar. We include Boolarra and all the little places in between. We go down as far as Dumbalk. And then coming back round the other way, Berrys Creek, Thorpdale, Allambee, Narracan ... Back in the day, certainly back in the 1930s, the roads were such that this was a central servicing point. There used to be things like cattle sales in the town; there were some cattle yards in Burchell Lane; and the railhead of course, which would make it that natural centre.

— Rob Kiddell

Kate Buxton is a former executive officer of Australian Community Philanthropy (now Community Foundations Australia), the peak body for community foundations in Australia. She assisted with the setting up of what later became known as the Mirboo North and District Community Foundation on joining the board in September 2009, taking on the role of chair of the board between 2012 and 2015.¹³⁴ Kate completed her final 3 year term as director in November 2019.

Part of that early phase was looking at how our members would be engaged with the organisation and understanding – from their perspective – what their role would be and how they would communicate [to the public]. They are our ambassadors. So there was a lot of thought that went into that in the early days, around our membership.

— Kate Buxton



Mission

There was a final key question for the board before formally changing the constitutional document and the name of Mirboo North Community Care, which happened in January 2010.¹³⁵ This was fundamental: What was the mission of the Community Foundation?

The initial community needs analysis conducted by Susan Davies in 2008 had some unexpected outcomes. It revealed, Jeanette reported, that there was a ‘an undercurrent of significant disadvantage in the community’ and a cohort of middle-aged men who were experiencing social isolation. But on the surface, there was a sense of affluence within the community, with some groups living in the region for generations and other highly-skilled newcomers often commuting to work outside of Mirboo North. To meet the needs of these groups, as Jeanette recalls, the board decided to ‘keep [the Community Foundation’s] remit quite broad, but that we would focus on the social and economic strength of our community’.

The board also had to specify its objectives within its new constitutional document. There were 10 of these, but it is worth noting that some of the key measures related to providing charitable support to the community - especially through grants to organisations – assisting with community giving in various ways, and promoting education and cultural scholarships.¹³⁶

With a firm set of objectives in hand, the board reported back to the members at the annual general meeting in November 2009 and asked for their support to change the organisation to a Community Foundation model. This was approved. A special general meeting was then held in January 2010 when all members came together again to adopt the suggested changes to the organisation’s constitutional document.¹³⁷ This meeting endorsed changes to the organisation’s name, mission and objectives among other clauses.¹³⁸ The Mirboo North and District Community Foundation was finally born on 11 January 2010.

The Mirboo North and District Community Foundation will enhance the social and economic strength in our community, encourage philanthropy and grow our legacy through good stewardship and strong and effective partnerships.

– Mirboo North Community Care, ‘Brief Related to the Formation of a Community Foundation’, [c. 2009]

Extract of section 4 of the Rules of the Mirboo North & District Community Foundation Incorporated.

OBJECTS

The objects of the Association are to:

- 4.1 provide charitable benefits to the community, by way of identifying critical community needs and supporting organisations that are responding by way of engaging and collaborating with those organisations and/or making grants to those organisations;
- 4.2 identify potential donors, encourage giving and philanthropy in the community and assist donors with philanthropic aims, by way of connecting donors with worthy charitable causes, building sustainable public funds for philanthropic or charitable purposes and providing general advice, expertise, research and support to donors;
- 4.3 develop and promote education and cultural scholarships and bursaries, to benefit the community;

Governance and Operations Structure

The board were well aware that there was still much work needed to build the governance and operational structures of the Community Foundation. At the annual general meeting in 2009 they informed the members that this work needed more time than a volunteer board could offer. A decision was made to appoint a part time executive officer in 2010 to carry out this work. Other goals listed in the annual report for that year related to a small grants program and developing operational guidelines and sub-committees. As Kate Buxton explained, ‘we were very mindful [that] part of the Community Foundation DNA is around its transparency and its accountability. That can only come from a very strong foundation ... in terms of that structure, so a significant amount of time was spent setting that up’.

As the Community Foundation was to be a perpetual trust, distributing only the investment earnings of the funds, the board were also conscious of the need to secure professional investment advisors. It wanted to put a strategy in place which would prudently grow the ‘corpus’, as the proceeds of the sale were now referred to. To date these funds had been placed by the board in a range of secure term deposits in A-rated banks, all of which were covered by a government guarantee scheme.¹³⁹ But by the autumn of 2010 a new strategy was being formulated and proposals were sought from a range of investment advisors.¹⁴⁰ Rob Kiddell’s experience as a financial planner was very valuable

to the board during this time, helping to manage the complexity of developing an investment strategy which was prudent and appropriately diversified. Another factor the board considered was the need to secure sufficient growth to maintain the corpus while also funding grant programs.¹⁴¹ Later in 2010 Hewison Private Wealth was appointed as the Community Foundation's investment advisors.¹⁴² This appointment has achieved the board's aims, as the average growth of the Community Foundation's investments managed by Hewisons has been 6.9 per cent per annum over the last 12 years.¹⁴³

In the transition period before the Community Foundation was set up, a number of one-off grants were made, with the board being conscious of using funds to respond to needs in the community. Faced with the significant impact of the bushfires of summer 2009, \$40,000 was donated to the Gippsland Emergency Relief Fund – a volunteer-run organisation based in Traralgon that provides support for Gippsland communities affected by natural disasters. Two nursing scholarships were also granted to local students in June 2009. But by 2010 with

the Community Foundation now in place, the board had committed to setting up an annual grants program which was compliant with charitable regulation. As Norman points out, the funds available to the community were not taxed by the government, so the Community Foundation had an obligation to ensure that this tax-free money was being properly used by organisations with a clear function and set of rules.

An 'astounding' amount of preparation time was involved, Norman recalls, in preparing for the first round of small grants. External consultants were hired to provide advice, and assistance was offered by Derrick, Jeanette and shire officers to those community groups submitting grant applications. A pool of approximately \$50,000 per year has been available to support community projects since the 2010 introduction of this annual community grants program. Over time, the process has become streamlined, and by the end of 2020 more than 101 community grants have been awarded at a total of \$510,000.¹⁴⁴ This has included single grants, such as the \$5,000 provided to renovate the kitchen at the Dumbalk Hall so it could comply with Food Act regulations.



Mirboo North & District
community foundation

Elaine Snell in the renovated kitchen at Dumbalk Hall, Photograph Eimear McNeilis, 2020.



As local resident, Elaine Snell, reportedly told the Community Foundation's newsletter, 'the Dumbalk Hall is a bit like the glue that binds our community together; for celebration and reflection, for building skills, for learning and sharing'.¹⁴⁵

Other programs have received ongoing funding. The Community Break Out program, for instance, received funding in 2010 and 2011 to encourage students at year 9 level to develop leadership skills and stay connected to their community.¹⁴⁶ This won the inaugural Gippsland Curriculum Innovation Award from the Department of Education and Early Childhood Development in 2010.¹⁴⁷

Another activity in this initial formative period was the development of a brand style, signage and a website for the organisation. The change of name and mission of the organisation were important steps to make people aware of the role of the new organisation and promote the upcoming community grants program. It was 6 September 2010 when the board held a public launch of the Community Foundation, just a few months before announcing its first round of successful grant recipients.¹⁴⁸

These activities were expanded in 2011. In that year the board decided to set up a public ancillary fund.¹⁴⁹ A public ancillary fund is a particular type of trust structure which is allowed to issue tax deductible receipts. This allows donors to claim a tax deduction in their tax returns. This structure is highly regulated and must be approved by the Australian Tax Office, but the board felt that this would encourage giving to charitable projects. It was a few more years before a sub-fund

was formed within this structure to promote tax deductible donations. The Mirboo North Chaplaincy and Well-being fund was created in 2013, to receive donations in support of the well-being of students in the Mirboo North Schools and to support the ongoing employment of a chaplain.¹⁵⁰

Community engagement and awareness

While the board was mindful of the need to build awareness and engage with the community even in this initial phase, as Jeanette explains, ‘our number one priority was good governance and fiscal responsibility’. Even though members were kept informed it was necessary to keep a low profile as decisions around compliance and governance were made. This approach had some down sides, Jeanette acknowledges – it meant that

while the Community Foundation established these structures a lot of people saw it ‘as this group of anonymous people that just did their thing behind a closed door. They didn’t really know what was going on’.

I think it took us some time to get into our stride. It’s not unusual – most organisations have to go through that building phase. Ten years on, I do feel that the community is much more aware of what we are, what our purpose is, what our vision is and how they can be actively involved as part of that, as well. It’s not just us sitting here behind closed doors. We are a community. We are *for* community and *of* community
– **Kate Buxton**

By 2016, with its foundational structure and governance policies well established, the organisation was ready to raise the profile of the Community Foundation and its impact. That year a broad community engagement strategy started being developed following the appointment of an external consultant, whose first step was to carry out a survey of the community and members.¹⁵¹ The survey itself not only asked direct questions to establish the level of community awareness, it sought input on various aspects of the organisation, its activities and how

these could be improved.

There were 69 responses in total and it showed in particular that the organisation did not have a strong profile. A media release following the survey revealed that around 8 out of 10 people – whether members at 78 per cent or non-members at 81 per cent – thought that the Community Foundation needed to increase its visibility. And 65 per cent of the community said that changes were needed in how the Foundation shared the story of the impact that was being made in the area. The survey also found that 62 per cent of the community felt it was very

important that the Foundation play a leading role in community issues. A range of comments were also expressed in the survey. One person stated that ‘the Foundation has been very well served by those who have taken it from an idea to today’s reality. The potential for the future is exciting’. But others were less than enthusiastic, with one person stating ‘I don’t feel included ... it generally doesn’t feel like a place for me’.¹⁵²

Arising from this survey, and after extensive work with the external consultant by Derrick and the board, the Community Engagement Strategy was adopted. It was to be the task of the newly appointed executive officer, Ruth Rogan, to take it and the Community Foundation forward into this new phase after Derrick’s decision to retire at the end of 2016. Derrick’s significant contribution in transitioning Mirboo North Community Care to a Community Foundation, as well as to the broader philanthropic sector was acknowledged with a Community Foundation Practitioner Award from the sector’s peak body, Australian Community Philanthropy, in 2017.

In 2016 **Ruth Rogan** was appointed as the Executive Officer of the Mirboo North & District Community Foundation. Of Irish heritage, Ruth had moved to the area from London in 2012 with her husband, Fred, and their children. Fred had grown up in Dumbalk and his mother, Joan Trembath, was one of the first babies to be born at the Bush Nursing Hospital in June 1939.



Over the next few years, with the implementation of this strategy, the visibility of the Community Foundation grew. There may still be some challenges to overcome in explaining all the facets of the Community Foundation. As Sue Kerr reflected, ‘a lot of people don’t understand what a Foundation is, but [it is like the] Myers Trust and trusts that give money to organisations. And it seems to be going quite well. As long as they keep the money there, it will go on for ever and ever and ever; and that is what a trust is’.

From monthly electronic newsletters to refreshed websites, from regular articles in the local newspapers to the expansion of communications on social media, the aim of the board has been to increase transparency about what the Community Foundation is and what the earnings of the investments are used for. This

One of many Mirboo North Community Energy Hubs, Expos aimed at raising awareness around renewable energy in the district at Boolarra Folk Festival, March 2017



Julie Joyce, co-president Mirboo North Artspace, located inside the retail area at the Mirboo North Artspace, Photograph Eimear McNeillis, 2018



culminated with the lease in 2018 and then purchase in 2019 of an office on the main street of Mirboo North. This gave the Community Foundation a physical presence to be identified with and the ability for members and the community to drop in and ask about various projects or programs, or simply to use the community space. In taking these initiatives the Community Foundation has sought to address the concerns raised in the survey a few years earlier. As we will see, there were also other activities which helped ease any worries about the impact the organisation was having.

Grant-making: community and strategic grants

As the earnings of the invested corpus continued to grow, it became clear that the Community Foundation had sufficient funds to provide larger strategic grants in addition to the Community Grants program. One example of this was the Mirboo North and District Community Energy Hub, which received a grant from the Community Foundation for \$20,000 in 2013 to create a business case for an energy service. This was designed to offer environmental benefits for the region as well as local energy savings.¹⁵³

Another strategic grant was awarded to the Mirboo North Artspace in 2015 to subsidise its rent over three years in order to support the development of a sustainable not for profit arts organisation.¹⁵⁴ This created a place for local artists to sell their wares and connect with the community through workshops and exhibitions. Artspace continues to operate in this location today.

But there were limitations. ‘The board was conscious that community organisations were not active in applying for longer term strategic grants’, explains Ruth, ‘even with increased awareness of the Community Foundation filtering through’. How could the Community Foundation determine the most fitting way to allocate funding? And were grants going to those groups who were most in need or would have the most impact?

One of the ways in which the Community Foundation sought to answer these questions was through developing the Mirboo North and District Vital Signs Report. The thinking behind this approach was explained by Kate. ‘We are very committed as an organisation’ she said, ‘to really understanding need in our community and finding the best way to identify that need.

There's never one way to do that, there's multiple ways that we need to keep doing that, always and forever. We need to keep understanding what "need" is; what needs exists in *our* community; and how we can support that. For Kate, this involved finding out how 'we can contribute to creating the change that we want to make'.

The organisation adopted the 'Vital Signs' model from Canada, which as Kate informed me, provided 'a snapshot of community across *quality of life* areas, like health, education, environment and belonging'. Ruth also shared more information in her written interview: 'the Vital Signs framework ... offered a tool to look at our district's particular needs and engage the community in how these might be tackled'. In collaboration with the local community bank, a steering group was created in 2018 to bring this report to life, involving analysis of publicly available data and discussing this with community and professional and community stakeholders. The Vital Signs Report was published in April 2020 and will be refreshed in 2023 to reflect the changes since the Covid pandemic.



More than grant-making: channel for community giving

There were two large strategic capital projects that also commenced during this time. Both of these projects demonstrated that the Community Foundation served a purpose *beyond* grant-making; they showed that the Community Foundation structure could also receive and distribute charitable donations for community causes, or it could invest capital in local infrastructure for a social outcome.

Since 1908, the Mirboo North community had enjoyed the use of a swimming pool. Initially an enlarged stream-fed watering-hole, later improvements saw the creation by the community of a concrete pool which was threatened with closure in 2011. At this point the Friends of the Mirboo North Swimming Pool



'Pool with diving board and building', 1930. Courtesy Mirboo and District Historical Society Incorporated



Mirboo North Swimming Pool, 30 August 2021. At Mirboo North Swimming Pool Facebook page, [facebook.com/mirboonorthswimmingpool](https://www.facebook.com/mirboonorthswimmingpool), accessed 18 September 2022



Afternoon at the Mirboo North Pool', Photograph Christina Prochaska Chrisp Pictures, January 2022. Courtesy of Mirboo North & District Community Foundation

was formed and put together a proposal that saw the opening in February 2022 of a 9 lane 25 metre pool and children's pool, as well as free barbeques and ample parking in a beautiful bush setting.¹⁵⁶ Jodie Pincini, who grew up in the area and later returned with two children of her own, points to the benefits of the pool – both in the past and today – as a meeting place and for physical fitness: 'Living in a rural area means there are not as

This is our most significant financial commitment to a community project to date, but the growth in value of the funds within the Community Foundation means a significant contribution can be made without impacting any of our other projects or grants. The driver for this decision was that it aligns completely with our vision of a healthy, vibrant and resilient community, working together to meet challenge and celebrate success. It is the primary summer gathering space in our district, encouraging social and physical activity and hosting community events. Not only does it increase community vitality, it also brings economic and tourism benefits to our district as visitors value it highly too. We look forward to seeing this project come to fruition, thanks to the Friends of the Mirboo North Swimming Pool.

Mirboo North Swimming Pool Fund, Mirboo North and District Community Foundation, 2018 Annual Report, 2018, p.10

many public places to meet people, especially when I was a teenager, walking across to the pool was an important way to catch up with school friends during the holidays.' And the pool is also beneficial to older residents: 'My mum, who is in her 70s now, has become a swimmer and going to the pool keeps her fit. Now with the early morning opening of the pool she can do a few laps in the morning in her own time, it's important for her to have that available', Jodie said.¹⁵⁶

The determined Friends group – which included Jodie – received a strategic grant from the Community Foundation in 2017 to hold a fundraising workshop. The following year the Community Foundation set up its second sub-fund, the Mirboo North Swimming Pool Fund, to receive donations, including tax-deductible donations through its public ancillary fund.¹⁵⁷ The Friends of the Mirboo North pool could then focus on fundraising activities and working with the South Gippsland Shire Council to plan the pool redevelopment, without concerning themselves with managing significant funds.

The creation of this fund encouraged residents to rethink the role of the Community Foundation. As Ruth explained in a 2018 annual report, the Community Foundation had a broader remit than just distributing the earning from the investments made after the aged care facility was sold. The Community Foundation is 'a way for individuals, organisations and businesses to give donations which have an impact within their district'.¹⁵⁸

These campaigns raised \$373,871 by 2018, but it soon emerged that the redevelopment was going to be more costly than anticipated.¹⁵⁹

The Community Foundation stepped in again, contributing a strategic grant of \$450,000 and introducing a challenge fund where it would match all donations by the community up to a further \$100,000.¹⁶⁰ Although involving a partnership with the local shire, as well as state and federal governments, as then chair, Paul Pratt, observed in 2019, rebuilding efforts ‘wouldn’t have happened if the Foundation hadn’t been here and able to give over half a million dollars towards the development, because the Shire couldn’t ... finance the whole of the redevelopment project’.

The other major strategic project was a response to a need which arose unexpectedly in the winter of 2019. The Mirboo North medical practice had been planning to build a new premises for some years. For over 10 years that practice had been renting space within the aged care facility, but when Japara (as it was then) decided to invest \$7 million in expanding and renovating this facility, the lease was terminated and the practice moved to small rented premises while their planning permit to build was processed. However in 2019 the medical practice announced it would not proceed to build its planned new centre.¹⁶² This cast doubt on the long term sustainability of health services in Mirboo North.

This was a major issue for the community, and many of the members were quick to raise the question with the board as to how the Community Foundation could assist. This differed markedly from the situation in late 2008. At that time, Susan Davies’ community needs analysis had discussed the option to set up a medical centre. This did not eventuate, perhaps due to reluctance to run an enterprise. There were concerns at this stage about the centre being able to attract medical practitioners and other services in the region.¹⁶²

It appears that there were two key reasons the decision was made to support the project at this time: firstly, a viable proposal had been made around the operation of a new clinic, and secondly the Community Foundation was now in a secure position where it could take on this project as part of a suite of other offerings. A new vision was offered by lead physician, Dr.

Sonya Moncrieff, who saw an opportunity to have twice as many bulk billing general practitioners in the practice to support each other and ensure a sustainable on-going service, as well as to have space for allied health services and visiting consultants. And with a well-defined vision around community giving and a clear organisational structure, the Community Foundation was able to return to some key health-related projects. In 2008 this idea might have been seen as limiting the organisation. But by 2019-2020, and with a number of other community giving projects underway, it could be regarded as enhancing the activities of the organisation. But the Community Foundation could not give a grant either to a private or government run medical practice in order to build a facility because this would not be considered a charitable purpose. Instead, it could invest its capital in building a facility, acknowledging that while it would not earn as much of a financial return on this investment, there would be a significant social return. With the backing of community members and having reviewed the recommendations of the project control group, the decision was reached to build a spacious medical facility which would attract new medical practitioners.

By late 2021 a \$1.9 million purpose-built Mirboo North medical and allied health centre opened in the community.¹⁶³

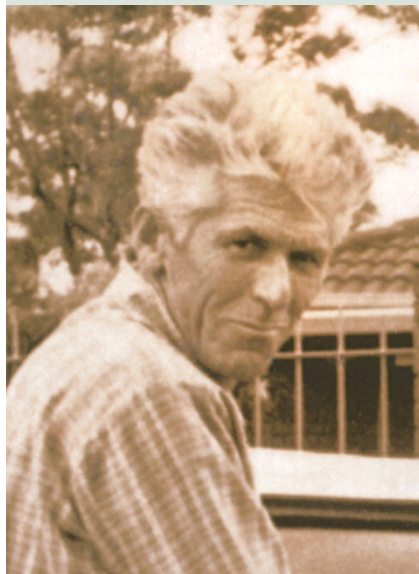
Like the Mirboo North swimming pool, the medical centre project encouraged locals to reconsider the role of the Community Foundation. Not only through the impact investment of capital, but also through highlighting the use of a bequest from Joze (Joe) Zadnik. Throughout this story, bequests have supported the expansion and adaptation of the bush nursing hospital and aged care facility. The Zadnik bequest is no different, save that it is held perpetually, just like the original corpus.

Joe Zadnik was originally from Slovenia and had migrated to Australia, living in Noojee and then Allambee South with his wife Martha, who was a German migrant. He was a tree feller and the couple also raised cattle on their farm. His will supported a number of causes, including the Community Foundation.

Speaking at the opening of the Mirboo North Medical Centre, Rob Kiddell shared ‘when I first knew Joe Zadnik I didn’t think he had two bob to rub together. In fact, I did a job for him and didn’t charge him because I didn’t think he had the money to pay ... he brought us a bag of pears [as payment]’.



Joe Piper told the *Mirboo North Times*, that the work of the project control group included 'a legal and financial feasibility assessment; analysis of various sites for planning, design and overall project suitability; reviewing appropriate building designers and designs for the medical centre facilities; liaising regularly with Mirboo North Medical Centre and local government ... purchasing land, applying for planning and building permits, tendering for the builder and of course monitoring the build ... it has been a very busy two years.'¹⁶⁴ Shown in front of the newly opened Mirboo North Medical Centre are project control group members Rob Kiddell, Max Speedy, Janine Alexander, Joy Koh, Luke McGrath, Joe Piper (Chair) and Ruth Rogan, Photograph Elana Kovac, February 2022



Joze (Joe)
Zadnik,
undated



This page: Community members visiting the newly built medical centre facility at the official opening, December 11 2022. Photographs Nicky Cawood



Opposite: newly built Mirboo North Medical Centre (below), Dr. Sonya Moncrieff and team from the Mirboo North Medical Centre practice viewing their new facility. Photograph Elana Kovac February 2022



Joe's bequest of almost \$225,000 had been invested since he passed away and the interest earned on that investment funded the pathology room at the new medical centre, now called the Zadnik Pathology Room. As Rob told the audience

the balance of those funds that are invested are there in perpetuity. In one hundred years' time the Zadnik bequest will still be benefitting people in our community. That is what excites so many of us on the board about philanthropy and about the ability of people to make bequests to future generations of people in our community.

In reflecting back on her involvement in the Community Foundation, Ruth shared with me that

the opening of the Mirboo North Medical Centre is one key highlight in my time. Not only was it amazing to see this project come together to provide significant health benefits to our community, but also to see the pride and the gratitude reflected in the community at the completion of the project. There were a lot of difficult and brave actions and decisions throughout the story of this organisation, all the way back to the opening of the Bush Nursing Hospital; that these actions and decisions have led to this remarkable outcome is a huge source of both pride and perhaps even relief for those involved along the way.

The Community Foundation that was formed on 11 January 2010 had developed out of the sale of the aged care facility in Mirboo North, with the board carefully thinking through how to best use the money it received. Even though this created a period of uncertainty between 2008 and 2010, it meant that options were developed that sought to strengthen the community's social and economic position. The earnings from the perpetual fund are now fed back into the community, but community members also work with the Community Foundation to give back to the community through volunteering, fundraising, donations or leaving a legacy in their wills. These activities echo the work of past generations by seeking to use available resources in a flexible and dynamic way for the benefit of the people in the district.

“a lot of difficult
and brave decisions
throughout the story
of this organisation...
these actions and
decisions have led
to this remarkable
outcome.”

Local stories: Ruth Rogan



In this story Ruth Rogan reflects on her first impressions of the area and initial involvement in the Mirboo North and District Community Foundation before she took on the role of executive officer in 2016

We moved to Mirboo North in December 2012, having spent three years living in Mortlake in London. Prior to that we had spent 8 years in a rural area in the west of Ireland. My husband grew up on a farm in the hills above Dumbalk, but his mother had grown up on a farm outside of Mirboo North. My first impression of Mirboo North was that it was beautiful, sitting on the ridge, perched on the rolling green hills. I loved that the bush and the park area ran right through the town.

Our sense was that Mirboo North wasn't a wholly traditional farming town. There appeared to be many people from different parts of Australia, from overseas, different nationalities and cultures. This felt welcoming ... We were keen to get involved in a community and Mirboo North seemed like a good place to do that.

On arrival in Mirboo North I became involved in a number of different community organisations, from the School Council to the Playgroup, then the Mirboo North ArtSpace and organising the Mirboo North Art Show. I very much enjoyed being involved in community organisations and seeing the impact of the volunteer work we were doing. I became quite familiar with Mirboo North and District Community Foundation through their grants rounds and their public meetings. I was interested in the role of executive officer, when it came up, as I saw that it would offer the opportunity to continue to work with community organisations, though from a different perspective.

The role itself is multi-faceted. It involves financial management – working through investment managers to ensure stewardship of the funds – and it involves grant management and working with the community. I was aware before I took on the role that there was a real need to raise awareness about the organisation, and more importantly what its potential was. Despite that I was still somewhat surprised how much of the role related to communications ... There was a feeling that the Foundation was operating in secret and was not transparent. The Board had found that some members were quite vocal about what they felt was a lack of information. With a new focus on raising awareness through the local newspapers, Facebook and monthly newsletters, these concerns settled and those same members were very open and friendly. The Board were relieved by this change.

Local stories:

Ruth Rogan

Local stories:

Ruth Rogan

As my understanding of the sector grew, and the organisation developed more clarity on its vision, mission and values, we started to consider how best to have an impact with the earnings of our ‘future fund’ ... That community foundations are particularly suited to direct funds to local needs and have a strong impact through their closeknit ties with the community, is one of the fundamental elements of community foundations. In this way community foundations are able to be responsive to challenges faced by the community ...

The Mirboo North and District Community Foundation will be here to support this place forever. It will provide funds to respond in the future to the challenges and opportunities that arise here in our district in 50, 100 or 200 years time. Those funds will not only come from the original endowment upon the sale of the aged care [facility], they will come also from donations and bequests targeted by donors at issues they care about in the place that they love.

“community foundations are particularly suited to direct funds to local needs and have a strong impact through their closeknit ties with the community...”

Final words

On a sunny day in early December 2021 the opening of a new \$1.9 million medical and allied health centre took place on the main street through Mirboo North. The centre was wholly funded by the Mirboo North and District Community Foundation and took the organisation back to its origins in providing health care for the community.

In building this medical centre, the Community Foundation followed the path set out by community members back in 1930 when they were approached to form a community-owned hospital. At that time community leaders had sought to understand what the community's needs were and to respond appropriately. This allowed for the establishment of a bush nursing hospital which opened in April 1931. Similarly, around 60 years later, other community members responded to changing health care needs by setting up an independent living hostel in 1990 and nursing home in 1992.

This aged care complex continued to serve the community until 2008, when the administrative and financial pressures of operating as an independent provider and difficulties meeting accreditation standards led to the decision to explore other avenues for the facility. In March 2008 the facility was purchased by the private Japara group. This successful sale allowed the 60 aged care residents and around 100 staff to remain in Mirboo North, and for building extensions to be carried out almost 10 years later. Now owned by Calvary Health Care, the aged care facility is still supporting older residents to remain in the heart of the district and is one of the key employers in the area.

The organisation set up to hold the funds from this sale has also been concerned with responding to the needs of the community. Its perpetual investment structure has enabled the Community Foundation to distribute \$1.7 million back to the community in grants and sponsorship since 2010. As executive officer Ruth Rogan told me, these fund have 'a real impact in the areas of arts and culture, education, health and well-being, youth, the environment, older people and general community strengthening in our district'.

The evolution of these activities has shown an agile approach in the shaping of the Community Foundation. Like those serving in leadership roles within the hospital and aged care facility, the Community Foundation has not shied away from making difficult decisions for the betterment of the community. At times this has led to criticism from the community. But ‘the pride, the gratitude and even relief’ which Ruth spoke of in relation to the opening of the new medical centre also hints at the growing confidence in the organisation and what might be achieved with the funds from the sale. Today this organisation allows for grant-making and a channelling of giving to benefit the community. It will continue to do so into the future.

Throughout this 90 year history there has been a continual theme around building community. This does not mean that this community is seamless. Across time there have been moments of disagreement and hesitation about change. This is not unique to this organisation or this locality – but can be a feature of all communities in whatever form they take. And there may be individuals or sub-groups in the community who have a different sense of belonging to others. But the Community Foundation encourages contributions from all locals and engages the community in addressing need across the entire district.

The Community Foundation continues the work of capacity building. It capitalises and builds on the sense of community which already exists. Its aim is to help sustain the community in the years ahead. Since the formation of the Community Foundation in 2010, it has worked towards building a sustainable future for the district, through the endowment managed by the organisation and encouragement of giving to the place and causes that people love. As Rob explained in his interview,

We really have created something [with this philanthropic model] that will benefit all future generations of this area... The beauty of the philanthropic model [is that] already the \$5 million has grown to over \$8 million. We’ve granted hundreds and thousands of dollars ... The beauty of it is it’s going to get bigger and it’s going to continue for ever. Every year there will be further benefits from that endowment.

In so doing the Community Foundation honours the long history of community efforts in support of the hospital and aged care facility. It harnesses the community to understand its challenges and to seize opportunities for all.

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- ¹ Unless otherwise listed, all quotes and biographies are from interviews carried out by Julie Fenwick from March–September 2019 and written interviews in August and September 2022. The interviews were mainly recorded by videographer, Brian Doherty. Copies of recordings and promotional material are at the Mirboo and District Historical Society Incorporated.
- ² Australian Heritage Group and David Helms, 'South Gippsland Heritage Study: Volume 3 heritage place citations', 2004, p. 633, at southgippsland.vic.gov.au/downloads/file/3769/2004_south_gippsland_heritage_study_volume_3_citations, accessed on 28 August 2022.
- ³ Gunaikurnai Land and Waters Aboriginal Corporation [GLAWAC] with Native Title Services Victoria, 'Gunaikurnai Whole-of-Country Plan', July 2015, at glawac.com.au, accessed 26 June 2020.
- ⁴ For details of encounters as early as 1797 along the coast and inland from 1835 into what later became Gippsland, see A.W. Elms, 'The Early History of Westernport', *The Land of the Lyrebird*, Shire of Korumburra, 1966 [original pub. 1920]; Peter D. Gardner, *Our Founding Murdering Father: Angus McMillan and the Kurnai tribe of Gippsland 1839–1865*. Essay (Vic.): Ngarak Press, 1990; Don Watson, *Caledonia Australis: Scottish highlanders on the frontier of Australia*. Sydney: William Collins, 1984. For further information, including the impact of later government policies and details of the granting of title under the *Aboriginal Lands Act (1970)* at Lake Tyers Reserve in East Gippsland see 'Gunaikurnai Whole-of-Country Plan', p. 12.
- ⁵ *Ibid.*, p. 13.
- ⁶ *Ibid.*, p. 8.
- ⁷ Australian Bureau of Statistics, 2016 Census QuickStats: Baw Baw; Latrobe; South Gippsland: shorturl.at/esWY0 shorturl.at/hDLPO shorturl.at/bdDQ8, accessed 28 August 2022.
- ⁸ For early colonial reports on the topography and vegetation of the ranges see 'Appendix C: Report by Count Strelecki [sic]', *The Sessional Papers printed by Order of the House of Lords: Accounts and papers*, Vol. 5, 1841, pp. 16–17. shorturl.at/csX16 accessed 28 August 2022; George T. McDonald, 'Road to Gipps Land', *The Argus*, 1 January 1863, trove.nla.gov.au/newspaper/article/6482251/206649 accessed 28 August 2022.
- ⁹ For details of the formation and size of the shire see Ann Dettrick, *A History of Medicine in Gippsland*, Churchill: Monash University, 2010, p. 186; *Mirboo North Reflections: Back to Mirboo North – Easter 1973*, Korumburra and Wonthaggi: Sentinel Times Publishing, 1973, p. 5; John Adams, *So Tall the*
- Trees: A centenary history of the southern districts of the Shire of Narracan*, Shire of Narracan: Trafalgar, 1978, p. 82; Warwick Eunson, *The Unfolding Hills: Mirboo pioneers of the Gippsland forests 1878–1914*, Mirboo Shire Council, 1978, pp. 132, 141. The shire had been part of Alberton Shire at an earlier date, but note that Eunson refers to Mirboo being formed out of Mooraul and makes no mention of Alberton.
- ¹⁰ Context, *Latrobe City Heritage Study, Volume 1: Thematic environmental history*, July 2010, p. 46.
- ¹¹ *Ibid.*, pp. 9, 10, 12–13, 20, 21; *Gippslander and Mirboo Times*, 2 September 1943 in *Mirboo North Reflections*, p. 15; *Latrobe City Heritage Study, Volume 1*, pp. 20, 21. Following the formation of the state government's Country Roads Board in 1913, what is now known as the Grand Ridge Road was developed across the Strzelecki Ranges in the 1920s and road development also provided work during the Great Depression.
- ¹² Latrobe City Heritage Study, p. 47.
- ¹³ The South Gippsland Shire population forecasts are based on the 2021 census. While covering a broader area than the Community Foundation's geographic footprint, the figures indicate that growth will plateau in areas to the south of Mirboo North, including Allambie South, Berrys Creek, Dumbalk, Hallston and Mardan. A separate forecast for Mirboo North shows that the population of Mirboo North–Baromi is expected to grow from 2,326 in 2022 to 2,476 by 2036. See South Gippsland Shire: Population Forecast, Rural North-east, Mirboo North–Baromi, at shorturl.at/efjio shorturl.at/uvGVW, accessed 28 August 2022.
- ¹⁴ Amitai Etzioni, *The New Golden Rule*, New York: Basic Books, 1996: 127.
- ¹⁵ It should be noted that local, state and federal governments were not always responsible for the range of programs they now offer and with limited funds many services were not extended to all regions. In the case of local government, as Lyndon McGarrity explains, differing priorities and a lack of access to state or federal subsidies also meant that benefits were (and are) not uniformly provided. Other considerations, including the centralisation of services, was also partly responsible for the termination of some amenities. See Lyndon Megarrity, 'Local Government and the Commonwealth: An evolving relationship', Research Paper no 10 2010–11, Parliament of Australia, at shorturl.at/PV014 accessed 28 August 2022.
- ¹⁶ Commonwealth of Australia, *Census of the Commonwealth of Australia 30th June, 1933: Part II Victoria, population – detailed tables for Local Government Areas, 1933*, pp. 159 and 165, at shorturl.at/nFRU3 accessed 11 February 2020.
- ¹⁷ See Frank Dodd reference to settlement

at Dumbalk North from 1878, which discusses the tomahawks, spear-heads and sharpening stones that were found in the Tarwin valley. Frank Dodd, 'Recollections and Experiences', *The Land of the Lyrebird*, p. 138. See also T.J. Coverdale, 'The Scrub' in *The Land of the Lyrebird*, p. 31 and W.H.C. Holmes, 'Scrub Cutting' p. 61 in the same publication which includes territory further to the west that is claimed by the Bunurong.

¹⁸ Most residents still had an Anglo-Celtic ethnic heritage and Christian values (although not all people shared the same religious views), but the region no longer had a common colonial identity. The 1933 census, for instance, recorded just 14 people who had been born in Italy but this had increased to 62 people out of a total population of 1,862 residents in 1954. Note that until 1967 First Nations people were excluded from the census unless they had some European ancestry.

Census of the Commonwealth of Australia 30th June, 1933, pp. 198, 199, 204 and 205; Commonwealth Bureau of Census and Statistics, *Census of the Commonwealth of Australia, 30th June, 1954: Volume II - Victoria, part I, analysis of population in Local Government Areas, etc.*, pp. 5, 34 and 35. shorturl.at/ynV38 accessed 11 February 2020.

¹⁹ 'Ken Bruhn calls it a day', [*The Mirboo North Times*], 5 September 1984; Mirboo North and District Bush Nursing Hospital, 51st Annual Reports and Statements of Accounts 1982/83.

²⁰ 'Hospital's two new committeemen', [Unknown newspaper] 1 June 1972.

²¹ Mirboo North Italian Festa, italianfesta.net/about-us accessed 12 February 2020.

²² Tony Ballantyne, 'Thinking Local: Knowledge, sociability and community in Gore's intellectual life, 1875-1914', *New Zealand Journal of History*, Vol. 44 No. 2, 2010, p. 151.

²³ Mirboo North Aged Care, Annual Reports and Statement of Accounts, 2001/2002, [2002].

²⁴ Mirboo North Community Care, Annual Report Mirboo North Community Care, 2006/2007, [2007].

²⁵ Mirboo North and District Community Foundation, Minutes of Board of Directors meeting, 14 December 2009.

²⁶ H.J. Rubin and I.S. Rubin, *Community Organizing and Development*, New York: Macmillan Publishing Co, 1992, p. 88.

²⁷ Hereafter Mirboo and District Historical Society or historical society.

²⁸ 'Obituary: Leongatha medical pioneer', *The Star*, 20 October 2009.

²⁹ John Murphy, *Mirboo North and District Bush Nursing Hospital, 1931-1993*, Committee of Management of the Mirboo North and District Bush Nursing Aged Care Inc, [Mirboo North] 1996, pp. 15-16.

³⁰ Ibid.; 'Bush hospital: special public meeting', *The Gippslander and Mirboo Times*, 2 June 1932.

³¹ Walter Tuck, 'Looking back' in Mirboo North and District Bush Nursing Hospital, 39th Annual Report, May 1971; Donations, Mirboo North and District BNH, Jan 1931 - June 1961, [1931].

³² John Murphy, *On the Ridge: The Shire of Mirboo 1894-1994*, St Leonards, Allen and Unwin, 1994, p. 206.

³³ 'Bush hospital', *The Gippslander and Mirboo Times*, 19 May 1932.

³⁴ *The Gippslander and Mirboo Times*, 2 June 1932. In all likelihood the figures listed in *The Gippslander and Mirboo Times* refer to subscription numbers not to the total number of people who were part of the scheme. See 'Intending members', Mirboo North and District BNH, Jan 1931 - June 1961, [1931], pp. 14-15; 'Members', Mirboo North and District BNH, Jan 1931 - June 1961, [1931], pp. 18-19; 'Local Hospital', *The Gippslander and Mirboo Times*, 26 March 1931, which indicate that a family would take out membership under one married (male) name.

³⁵ *The Gippslander and Mirboo Times*, 2 June 1932.

³⁶ 'Minutes of the annual meeting of the Mirboo North and District Bush Nursing Hospital', 9 August 1932 in Mirboo North and District BNH, Jan 1931 - June 1961; Murphy, *Mirboo North and District Bush Nursing Hospital*, p. 23. The committee also decided to accept the Victorian Bush Nursing Association's offer to donate thirty pounds to the hospital; however, it is not clear whether this money was received.

³⁷ 'Minutes of meeting Mirboo North and District Bush Nursing Hospital', 8 December 1937 in Mirboo North and District BNH, Jan 1931 - June 1961.

³⁸ Tuck, 'Looking back'; Murphy, *Mirboo North and District Bush Nursing Hospital*, p. 26.

³⁹ Murphy, *Mirboo North and District Bush Nursing Hospital*, p. 30; Julie Fenwick interview with Margaret Peters, 6 April 2019.

⁴⁰ Caroline W. Andersen, *The Story of Bush Nursing in Victoria*, Melbourne, Victorian Bush Nursing Association, 1951, p. 167.

⁴¹ Murphy, *Mirboo North and District Bush Nursing Hospital*, p. 37.

⁴² G.L. Keith to Chairman Hospital and Charities Commission, 29 November

1956 in Mirboo North and District BNH, Jan 1931 - June 1961; 'Minutes of emergency meeting on general committee of MN&DBNH', 17 November 1956 in Mirboo North and District BNH, Jan 1931 - June 1961.

⁴³ 'Hospital closed', *Gippslander and Mirboo Times*, 29 November 1956.

⁴⁴ 'Our hospital closed', *Gippslander and Mirboo Times*, 24 January 1957; 'Minutes of special meeting of subscribers', 10 December 1956 in Mirboo North and District BNH, Jan 1931 - June 1961. The minutes record a motion 'that this meeting instructs the hospital committee in conjunction with the VBNA to take steps as soon as possible and when possible to re-open the hospital'. The motion was later withdrawn.

⁴⁵ *Gippslander and Mirboo Times*, 24 January 1957.

⁴⁶ 'Minutes of Mirboo North and District Bush Nursing Hospital', 16 May 1957 in Mirboo North and District BNH, Jan 1931 - June 1961.

⁴⁷ Murphy, *Mirboo North and District Bush Nursing Hospital*, pp. 41-42.

⁴⁸ *Ibid.*, p. 42.

⁴⁹ 'Operation small change', *The Mirboo North Times*, 13 May 1981.

⁵⁰ 'Minister of health: "District should back hospital"', *Gippslander and Mirboo Times*, 21 March 1963.

⁵¹ 'New doctor here next month', [Unknown newspaper], 4 May 1972.

⁵² Tuck, 'Looking back'. The extension was also supported through public appeals, funds set aside by the hospital committee, and monies contributed by the Victorian Bush Nursing Association from a government grant.

⁵³ 'Hospital wing opening Saturday', *The Mirboo North Times*, 8 February 1968.

⁵⁴ 'Hosp. president out - matron resigns', *The Mirboo North Times*, 28 May 1980.

⁵⁵ Fundraising activities included holding garden parties and annual bowls tournaments, organising a stall at the local fete, catering for regular community events and at private gatherings such as birthdays and weddings, and arranging Christmas raffles among other initiatives. An opportunity shop was opened in 1984.

⁵⁶ Sue Kerr explains that 'Ovo was a watery, jelly thing and the eggs were put in there and that preserved them, they didn't go rotten. It was the most goeey coldest thing out! Keep Egg was a grease or something that was rubbed around the eggs and that preserved them. You had chooks so had plenty of eggs, but chooks don't lay eggs all of the

year. They have a bit of a rest in the middle, so you had to save them for the winter time'.

⁵⁷ See also Murphy, *Mirboo North and District Bush Nursing Hospital*, p. 42.

⁵⁸ 'Meals-on-wheels soon', *The Mirboo North Times*, 15 October 1980.

⁵⁹ Ken Bruhn, 'President's report for 1981/82' and 'List of contributors' in Mirboo North and District Bush Nursing Hospital Fiftieth Annual Report 1981-82; Murphy, *Mirboo North and District Bush Nursing Hospital*, p. 70.

⁶⁰ *Ibid.*, pp. 64, 79.

⁶¹ 'MN hospital's 50 years', *The Mirboo North Times*, 1 September 1982.

⁶² *The Mirboo North Times*, 28 May 1980; Ken Bruhn, 'President's Report for 1980-1981', in Mirboo North and District Bush Nursing Hospital Forty-Ninth Annual Report 1980-81; Mirboo North and District Bush Nursing Hospital Fiftieth Annual Report 1981-82.

⁶³ 'Honor for Les', *The Mirboo North Times*, 24 September 1986.

⁶⁴ [Unknown title], *The Mirboo North Times*, 25 January 1984; Victorian Bush Nursing Association, 'The Role and Organisation of the Bush Nursing Association in the Victorian Health Scene', June 1982.

⁶⁵ 'What is the future?' *The Mirboo North Times*, 13 May 1987.

⁶⁶ Interview with Mike Sellings. See also 'MNBH to remain "all-purpose"', *The Mirboo North Times*, 5 June 1985 which refers to VBNA Commissioner Gwen McRae attending a meeting to advise on trends in care for the aged.

⁶⁷ For instance, in 1985 a preliminary questionnaire was distributed to residents to inquire about health benefits. In 1988 a further survey was posted to residents to inquire about insurance and use of the hospital which showed that while residents thought it was beneficial to have a hospital in the vicinity, they did not know what services were actually offered. See *The Mirboo North Times*, 5 June 1985.

⁶⁸ 'Tough decisions facing hospital', [Unknown newspaper], 4 October 1988; [Unknown author], 'Mirboo North and District Bush Nursing Hospital: suggestions for role statement and function', [circa 1985] provides a list of future developments, which includes a 14 bed nursing home, 20 bed hostel, retirement village and renovated hospital. The hospital plans are the most detailed but refer to a reduction in acute beds.

⁶⁹ 'Hospital door-knock "Stay Alive" appeal total amazing', *The Mirboo North Times*, 1 August 1974.

⁷⁶ 'Hostel for elderly "Under control"', *The Mirboo North Times*, 1 June 1988; Mike Sellings to ratepayer, Hostel for the aged project, 27 June 1989.

⁷¹ 'Hostel for the aged project', 27 June 1989; 'Hostel work begins with 1990 deadline', *The Mirboo North Times*, 18 July 1989; 'Community donations for hostel', [*The Mirboo North Times*], 1 August 1989; 'Hostel funds reach \$48,000', [*The Mirboo North Times*], 12 December 1989; 'Money for the aged', *The Mirboo North Times*, 19 December 1989. Fundraising activities were carried out by various Country Women's Association groups; the Rotary club; Uniting, Reformed and Catholic church groups; golf and dance clubs; and the local kindergarten. There were also significant contributions from the Hospital Ladies' Auxiliary and a hospital fund-raising committee.

⁷² 'Hospital must care for young and old', *The Mirboo North Times*, 10 February 1988.

⁷³ 'Strzelecki House officially opened', *The Great Southern Star*, 3 April 1991.

⁷⁴ Tina Hambleton, 'President's report', Mirboo North and District Bush Nursing Hospital Inc., Incorporating Strzelecki House - Hostel for the Aged: 59th Annual Reports and Statements of Accounts, 1990/1991.

⁷⁵ 'It's go for \$1.7 million hospital-hostel works', [Unknown newspaper, circa December 1991]; 'A very satisfactory solution', [Unknown newspaper], 4 December 1992. Furnishings and equipment were provided through community and charitable trust donations, including from the Helen Schutt Trust, R.E. Ross Trust, Jack Brockhoff Foundation, Ian Potter Foundation, Tarax Pethard Trust, Commonwealth Lodge (Mirboo North Branch) as well as the separate Hospital Staff and Ladies' auxiliaries.

⁷⁶ Hambleton, 'President's report'; 'Minutes of special meeting of nursing staff', Mirboo North and District Bush Nursing Hospital Inc., 21 February 1991.

⁷⁷ 'Hospital CEO resigns on eve of opening', *The Great Southern Star*, 1 December 1992.

⁷⁸ MN Bush Hospital is model for the future', *The Mirboo North Times*, 15 June 1993.

⁷⁹ Tina Hambleton, 'President's report', Mirboo and District Bush Nursing Hospital Inc., Incorporating Grandridge Lodge Nursing Home and Strzelecki House Hostel for the Aged: 61st Annual Reports and Statement of Accounts, 1992/1993.

⁸⁰ *The Great Southern Star*, 1 December 1992.

⁸¹ Susan Priestly, *Bush Nursing in Victoria, 1910-1985: The First 75 Years*, Victorian Bush Nursing Association and Lothian Publishing, Melbourne 1986.

p. 256.

⁸² Economic and Budget Review Committee, *Nineteenth Report to the Parliament: Review of Bush Nursing Services in Victoria*, April 1987, p. xvii.

⁸³ L.N. Horsfield, 'President's report for 1986-1987', Mirboo North and District Bush Nursing Hospital Inc., 55th Annual reports and statements of accounts, 1986/87, [1987].

⁸⁴ Mirboo North and District Bush Nursing Hospital Inc 61st Annual Reports and Statement of Accounts 1992/93.

⁸⁵ Note that 'Minutes Mirboo North Bush Nursing Hospital and Aged Care Ladies Auxiliary and Staff Names', [c. 2008] refers to Geoff Harrison's start date as treasurer as May 1977 and includes a table referring to his role as treasurer into the 1986/1987 financial year.

⁸⁶ 'Vision pays off for hospital', [Unknown newspaper] 29 March 1994.

⁸⁷ Deborah H. Williams, 'Aged care director report', 1993/94, Mirboo North and District Bush Nursing Hospital Inc., 62nd Annual Reports and Statement of Accounts 1993/1994, [1994]; Mirboo North and District Bush Nursing Aged Care Inc, Annual Reports and Statement of Accounts, 1998/99; Mirboo North Aged Care, Annual reports and statement of accounts, 1999/2000, [2000]; Lindsay Oates, 'Notes from the Chief Executive', Mirboo North Aged Care Inc. newsletter, 7 June 2005.

⁸⁸ Margaret Stollery, 'Ladies' Auxiliary Report' in Mirboo North and District Bush Nursing Aged Care Inc., Annual Reports and Statement of Accounts 1994/95, 1995.

⁸⁹ Mirboo North Aged Care Auxiliary, October 1995-November 2007.

⁹⁰ 'Twenty years of volunteering recognised', *The Mirboo North Times*, 23 April 2014.

⁹¹ 'Call for caring volunteers', *Latrobe Valley Express*, 8 August 1995.

⁹² 'Hospital Committee stalwart retires', [Unknown newspaper], 10 October 1995.

⁹³ 'Minutes Mirboo North Bush Nursing Hospital and Aged Care Ladies Auxiliary and Staff Names', [c. 2008].

⁹⁴ 'Aged care is starved of funds', *The Great Southern Star*, 14 March 2006.

⁹⁵ Ibid.; Ken Buxton, 'The aged care centre - an update', *The Mirboo North Times*, 31 May 2006.

⁹⁶ Mirboo North and District Bush Nursing Aged Care Inc., Annual Reports and Statement of Accounts, 1997/1998, [1998]; Lindsay Oates, 'Marion Thiele - an appreciation', *The Mirboo North Times*, 5 October 2005.

- ⁹⁷ Gary Mills, 'Mirboo North Aged Care Inc., President's Report', Mirboo North Aged Care Inc Annual Report and Statement of Accounts, 2004-2005, p. 5.
- ⁹⁸ Judy Speedy, 'Report from the Board of Directors', Mirboo North Community Care Annual Report 2006/2007', 2007.
- ⁹⁹ Judy Speedy is listed as an honorary treasurer in Mirboo North and District Bush Nursing Aged Care Inc., Annual Reports and Statement of Accounts, 1995/1996, [1996].
- ¹⁰⁰ Annual Report Mirboo North Aged Care Inc 2005/2006, [2006].
- ¹⁰¹ Mirboo North Community Care Inc., 'Minutes of Board of Directors Meeting', 23 June 2008.
- ¹⁰² 'Minutes Board of Directors Meeting', 29 October 2007; *Sentinel Times*, 27 November 2007.
- ¹⁰³ Mirboo North Community Care, 'Press release: future of aged care service secured', [undated, 19 February 2008].
- ¹⁰⁴ Mirboo North Community Care Inc., 'Minutes Board of Director Meeting', 29 October 2007; 'Mirboo North Aged Care desperate for a lifeline', *Sentinel Times*, 27 November 2007
- ¹⁰⁵ 'Nursing memories by Rhonda Evans', in Ann Dettrick, *A History of Medicine in Gippsland*, Monash University, 2010.
- ¹⁰⁶ Missing Dennis Boyd, 'Mirboo North Community Care Inc Report', 1 April 2008; Norman Walker, A Message from the Chairman', Annual Report, 2011, p. 3.
- ¹⁰⁷ 'Takeover saves nursing homes', The Great Southern Star, 22 February 2008.
- ¹⁰⁸ 'Nursing home employees victims of corporate takeover', The Great Southern Star, 1 April 2008.
- ¹⁰⁹ 'Aged Care Australia Mirboo North', *Mirboo North Times*, 5 March 2008.
- ¹¹⁰ 'Meals on Wheels goes cold to Mirboo North', *The Sentinel Times*, 23 December 2008. Note that 'Hot meals back on menu', *The Great Southern Star*, 13 January 2009 reported in the new year that queries from the paper indicated that hot meals could still be provided by the aged care complex and the local council expected a new contract to be drawn up with the facility.
- ¹¹¹ 'An update on aged care', *Mirboo North Times*, 5 November 2008.
- ¹¹² See 'Aged care home to expand', *The Great Southern Star*, 31 July 2018.
- ¹¹³ Mirboo North Aged Care, Annual Reports and Statement of Accounts, 2001/2002, [2002].
- ¹¹⁴ Mirboo North Community Care Inc,
- 'Minutes of board of directors meeting', 23 June 2008; MNCC, 'Minutes board of directors meeting', 14 December 2009; "Dark grim days" gone', *The Mirboo North Times*, 27 January 2010.
- ¹¹⁵ Mirboo North Community Care, 'Minutes of board of directors meeting', 26 February 2008.
- ¹¹⁶ Mirboo North Community Care, Annual Report 2008/2009, 2009, p. 2.
- ¹¹⁷ Susan Davies, 'Future directions - community needs analysis project: Mirboo North and District', October 2008.
- ¹¹⁸ Grove Consulting, 'Mirboo North community care, review of community needs and partnerships', April 2009.
- ¹¹⁹ Mirboo North Community Care Board, 'Planning workshop background information and notes of discussions', 24 April 2009 - 25 April 2009, p. 2.
- ¹²⁰ Mirboo North Community Care Inc., 'Minutes of board of directors meeting', 26 February 2008.
- ¹²¹ See, for instance, Mirboo North Community Care Board, 'Planning workshop background information and notes of discussion, 24 April 2009-25 April 2009'.
- ¹²² Grove Consulting, 'Mirboo North Community Care, Summary of Board Skills', April 2009, p. 5.
- ¹²³ See Judy Speedy, 'Administrative update', 4 April 2008 which identified two challenges, first to determine the future roles of the organisation - this included details about the community needs analysis - and second to redefine the structure of the board. Under this second point it was noted that there may be a need to 'consider alternative structures for the future i.e. a Foundation'.
- ¹²⁴ Community foundations forum: an outstanding event, Philanthropy Australia, philanthropy.org.au/blog/view/community-foundations-forum-an-outstanding-event/, accessed 28 October 2022; Australian community foundations forum 2009, Philanthropy Australia, philanthropy.org.au/blog/view/australian-community-foundations-forum-2009/, accessed 28 October 2022.
- ¹²⁵ See 'Draft 1 Strategic Plan Mirboo North and District Community Foundation', 1 May 2009, which notes that this was agreed by a majority at the planning workshop on 25 April 2009.
- ¹²⁶ Mirboo North Community Care Inc, 'Minutes of Board of Directors meeting', 26 February 2008.
- ¹²⁷ Mirboo North Community Care Inc, 'Minutes of Board of Directors meeting', 23 June 2008; MNCC, 'Minutes of Board of Directors meeting', 14 December 2009.
- ¹²⁸ Mirboo North Community Care, 'Minutes

of Board of Directors meeting', 7 April 2008; Judy Speedy, Mirboo North Community Care [administrative update], 4 April 2008.

¹²⁹ Your Foundation News, Summer [December] 2012

¹³⁰ Mirboo North Community Care, 'MNCC-members update 15 June 2009', 15 June 2009. See also Mirboo North Community Care, 'Draft 1 Strategic Plan'; Mirboo North Community Care Board, 'Planning Workshop Background Information'.

¹³¹ Note that the number of board members changed during this time but stood at around 9 members.

¹³² Annual Report 2008/2009, p. 2.

¹³³ Mirboo North Community Care, 'Minutes: Board of Directors Meeting', 22 June 2009.

¹³⁴ [Mirboo North Community Care] Annual Report, Board of Directors, 2009; Mirboo North Community Care, 'Minutes boards of directors meeting', 28 September 2009; Your Foundation News, Summer [December] 2012; Your Foundation News, Spring/Summer 2015.

¹³⁵ Norman Walker, 'Chairman's report', in Annual Report 2010.

¹³⁶ Mirboo North and District Community Foundation, Clause 4 of the Rules of Mirboo North & District Community Foundation, 11th January 2010

¹³⁷ Walker, in Annual Report 2010.

¹³⁸ Derrick Ehmke, Handwritten note on Rules of Mirboo North & District Community Foundation as follows, 12 January 2010. The note confirmed that members had approved the roles at a special general meeting on 11 January 2010.

¹³⁹ Mirboo North and District Community Foundation, 'Minutes of compliance and finance sub-committee meeting', 30 August 2010.

¹⁴⁰ Mirboo North and District Community Foundation, 'Minutes of compliance and finance sub-committee meeting', 19 March 2010.

¹⁴¹ Mirboo North and District Community Foundation, 'Minutes of compliance and finance sub-committee meeting', 7 June 2010.

¹⁴² Mirboo North and District Community Foundation, MNDCF resolutions register, [circa June 2014].

¹⁴³ Hewison Private Wealth, 'Quarterly Report - September 30th 2022', 13 October 2022 p.3.

¹⁴⁴ 'Community Engagement and Grants Committee Report', in 10 Years: 2020 Annual Report.

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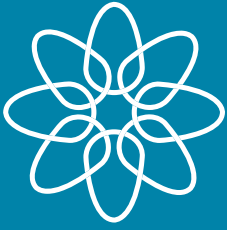
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