



Catholic  
Health  
Australia

# Pilgrims of Hope

CATHOLIC HEALTH AUSTRALIA ANNUAL REPORT 2024-2025



Your word is a lamp to my feet.  
And a light to my path.

— Psalm 119:105

**“To share that message of hope with one another – in outreach, in service, in looking for ways to make our world a better place – gives true life to all of us, and is a sign of hope for the whole world.”**

— Pope Leo XIV, 14 June 2025

## **VISION**

We are recognised as an effective advocate for compassionate health, aged and community care in Australia, supporting our members to continue the healing mission of Jesus.

## **MISSION**

CHA supports our Catholic health, aged and community care members through policy leadership and sector engagement, enhancing their missions to provide compassionate care to all Australians. We are inspired by the ministry of Jesus and the work of Catholic ministries to bring healing, justice, comfort and hope for all, especially the vulnerable, disadvantaged, neglected and stigmatised in society.

## **VALUES**

CHA and member organisations share common values grounded in the mission of the Gospel - for the good of all. As ministries of the Catholic Church, we are inspired by the person and mission of Jesus, who embraced the world to bring justice and healing.

We are committed to showing love and respect towards staff and service users and providing the best care possible, especially for the vulnerable and marginalised. We approach every encounter as an opportunity for healing, companionship, compassion, comfort and hope.



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#### **ACKNOWLEDGEMENT OF COUNTRY**

Catholic Health Australia acknowledges and pays respect to the past, present and emerging Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.

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**in** catholic-health-australia

ABN 30 351 500 103

Catholic Health Australia is the largest non-government provider grouping of health, community and aged care services in Australia, nationally representing Catholic health care sponsors, systems, facilities and related organisations and services. Our health and aged care services are operated in the fulfilment of the mission of the Church to provide care and healing to all those who seek it. Catholic Health Australia is the peak member organisation of these health and aged care services.

Further detail on Catholic Health Australia can be obtained at [www.cha.org.au](http://www.cha.org.au)

**Images:** CHA thanks our members and fellow Catholic organisations for images used in this report.

# FROM THE CHAIR & CEO

Throughout a year of profound change for the Church, the nation, and the health and aged care sectors, Catholic Health Australia has remained focused on advancing reform and improving outcomes for our members who care for the sick, the elderly, and the most vulnerable.

Our advocacy continues to promote a more sustainable, equitable and effective private healthcare system while upholding the right of all Australians to quality care.

In May, CHA rejoiced at the news of our new Pope, Leo XIV. His choice of name, and his background as an Augustinian missionary in Peru, signals a commitment to social justice which resides at the heart of our own mission and values. Earlier, we joined Catholics around the world in mourning the passing of, and paying respect to the life of, Pope Francis, whose papacy was marked by steadfast compassion towards all people, an outlook that positively shaped our world. These transitions offered a moment of reflection and renewal amidst the Jubilee Year – a time for recommitment to the Church's mission of mercy, justice and care for those in need.

## Consistent voice

In Australia, CHA was a consistent and coordinated voice throughout the year, including during the 2025 federal election campaign, advocating across health, aged care and mission. Our election website – Your Care is Our Mission – outlined our priorities, kept stakeholders across our ministries and the wider health and aged care sectors informed, and helped raise the profile of issues relevant to the wellbeing of the vulnerable, ill or ageing people we serve.

Following the re-election of Prime Minister Anthony Albanese and the Labor Government, CHA welcomed the reappointment of the Hon. Mark Butler MP as Minister for Health and Ageing, and the appointment of the Hon. Sam Rae MP as Minister for Aged Care and Seniors. We look forward to a constructive partnership with both ministers as we continue to engage on crucial reforms – including the sustainability of the private health system and the successful implementation of the new Aged Care Act.

The Government now has a significant opportunity to advance long-term reform that strengthens the fairness, viability and integrity of Australia's health and aged care systems. CHA will work for reforms that are shaped by compassion, informed by experience, and focused on the people and communities we serve.

## CHA advocacy delivers meaningful change

Throughout the past year, CHA has continued to advocate strongly for reform of the private health insurance sector, calling for insurers to contribute their fair share to the care of patients and the sustainability of

our hospitals. Our long-running campaign contributed to the Health Minister requesting that private health insurers outline measures to lift their payout rates – a step we welcomed as a move toward greater accountability.

Despite this progress, we remain concerned that corporate insurers continue to prioritise shareholder returns over patient wellbeing. Recent moves by health insurers to acquire or control medical centres and hospitals represent a troubling shift toward a US-style managed care model – one that risks undermining clinical independence and patient choice. In response, CHA published a position paper on insurer vertical integration, warning that unchecked consolidation could have lasting consequences for the quality and equity of care in Australia. We continue to urge the federal government to set clear policy boundaries to preserve a fair, efficient and patient-centred health system.

CHA's advocacy was also instrumental in bringing about the federal government's Private Hospital Sector Financial Health Check, which confirmed that the sector is facing serious viability issues. We proposed several short-term solutions to maintaining the viability of the sector, and we are continuing to work with all sector stakeholders to ensure private hospitals continue to provide choice and high-quality care, and alleviate pressure on the public system.

## Supporting the aged care transition

CHA successfully secured important changes to the new Aged Care Act on behalf of our 350 aged care members and the broader sector. These included vital protections to help providers attract and retain a skilled and dedicated workforce – crucial for delivering high-quality care. The passage of the Act through Parliament marks a significant step forward in the journey towards a better, more sustainable, and more effective aged care system.

With the Act in place, our advocacy turned to the critical transition period. CHA is actively working to support our members through the implementation phase to ensure a smooth transition through the reform period, including through engagement with the Aged Care Transition Taskforce and ongoing consultation on subordinate legislation. Our focus remains on ensuring the reforms are implemented successfully, with minimal disruption to providers and the people in their care.

Other advocacy throughout the year included calling for further action to ease chronic staff shortages in

### Lifetime Contribution Award

Associate Professor Rosanna Capolingua AM and Charles Curran AC were named joint recipients of the Sister Maria Cunningham Lifetime Contribution Award which recognises outstanding contributions to the Church's mission in health and aged care. Rosanna has served on numerous boards including 14 years with St John of God Health Care. Charles has been associated with St Vincent's for close to 50 years and is Chair of St Vincent's Curran Foundation.



the mental health sector, and continued engagement with the government to promote increased capital investment in the aged care sector. While we welcome announcements of new funding in these areas – including Labor's plan to construct an additional aged care facility in the Northern Territory and its \$1 billion mental health funding commitment – ongoing support and investment is vital to ensure that all Australians have access to the care they need, regardless of where they live.

The positions CHA has taken in our advocacy draw heavily from the everyday experiences and insights of our members. A united Catholic sector is able to credibly advocate on behalf of everyone in Australia through the shared mission and respect of our membership. We continue to rely on you every day and your support shows how we are stronger together.



London bombing survivor Dr Gill Hicks recounts her personal story of hope and survival at CHA's National Conference in August.

### Annual conference a success

A particular highlight of the year was CHA's annual conference – **Rejoice, Reimagine** – which brought hundreds of senior leaders, decision-makers and academics together to rethink how we could collectively address the challenges facing the health and aged care systems. The lively debate and discussion reflected our mission to leave no one behind while ensuring that people are always at the heart of everything we do. A standout of the conference was the naming of Associate Professor Rosanna Capolingua AM and Charles Curran AC as joint recipients of the Sister Maria Cunningham Lifetime Contribution Award – the first time the award has been bestowed on two recipients in a single year.

We extend our sincere thanks to CHA Board Directors and all our members for their steadfast support and collaboration over the past year.

Their shared commitment, guided by the teachings of Jesus, sustains our ministry and enables us to continue offering care, compassion and hope to those who need it most. We particularly thank the Hon. John Watkins AM, a former Chair of CHA, who has served on our Board since 2018. In February 2025, John resigned from the Board and he and his family remain in our prayers.

We would also like to thank the Australian Catholic Bishops Conference for their ongoing support and guidance, including through Archbishop Julian Porteous, their delegate to our Board, who retires from his position with CHA in 2025. The Most Reverend Vincent Long also finished his role as Chair of the Bishops Commission for Social Justice, Mission and Service, and we thank him for his leadership. CHA values its engagement with the Bishops and their executive teams, and met throughout the year to discuss our social justice initiatives and a range of health- and aged care-related matters. This included discussions on end-of-life care, better funding for palliative care – particularly in the regions – and the refresh of the Catholic Code of Ethical Standards.

We look forward to continuing to champion reforms guided by the healing ministry of Jesus and the work of Catholic ministries around the country, always with the determination to build a sustainable health and aged care sector that is fair, equitable and leaves no one behind.

Thank you for your ongoing support and we hope you enjoy reading this Year in Review.



*Jenny Parker*

**Jenny Parker**  
Board Chair



*Jason Kara*

**Jason Kara**  
CEO

# WHO WE ARE - OUR SECTOR AT A GLANCE

**100+**  
SOCIAL  
OUTREACH  
PROGRAMS

**350**  
AGED CARE  
FACILITIES

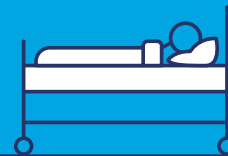
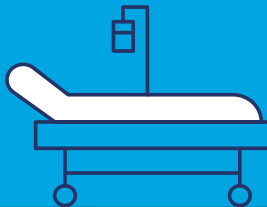


**80**  
PUBLIC AND  
PRIVATE  
HOSPITALS



**27k+**  
RESIDENTIAL  
AGED CARE  
BEDS

**12,300+**  
HOSPITAL  
BEDS



**48k+**  
BIRTHS

**628k+**  
EMERGENCY  
PRESENTATIONS



**7,000+**  
INDEPENDENT  
LIVING  
UNITS



**1.4M+**  
EPISODES OF  
CARE



**55k+**  
HOME CARE  
AND SUPPORT  
CONSUMERS



**83k+**  
EMPLOYEES

A close-up photograph of a woman with long, dark hair looking down at a newborn baby. The baby is wrapped in a white blanket and is sleeping. The woman's expression is gentle and caring. The background is softly blurred, suggesting an indoor setting with natural light.

# Your care is our mission.

When healthcare really matters both you and future generations of Australians are looked after.

Catholic health providers want improved access to private maternity and other services for women.

# HEALTH

Despite growing pressures on the health system, CHA and its members have remained a leading and trusted voice driving policy that is sustainable, fair and true to our mission.

In a healthcare world upended by rising costs, outdated funding models, and fast-changing technology, this achievement stands out. It's no small feat to thrive while the system struggles to meet the needs of patients, the pace of innovation, or modern care.

As we mark the Jubilee Year – a time of renewal, justice, and care for the vulnerable – CHA will continue to champion a system that honours every person's dignity and is grounded in equity and compassion, while working with government to tackle immediate pressures and lay the groundwork for reform.

CHA has amplified the united voice of our members in shaping a system that is equitable, transparent, and sustainable. Throughout an issue-driven election year, we engaged deeply with government, shaped national narratives, and influenced policy on big issues. The re-election of the Albanese Government brought an opportunity to reset relationships and reinvigorate long-awaited reforms. Through it all, we've focused not just on tackling today's pressures, but on building a stronger, more equitable, mission-driven system for tomorrow.

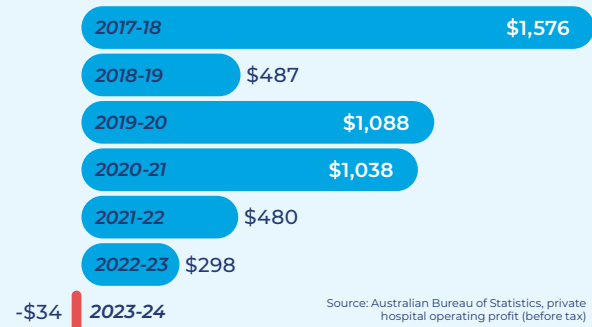
## Private hospital viability and funding reform

Our advocacy has been instrumental in shaping the government's review of the private hospital sector. This is the beginning of a critical reform effort to tackle rising costs, update obsolete funding models, and protect Australians' access to private healthcare. Through detailed analysis, strong engagement, and strategic policy work, CHA secured government recognition of the growing gap between the true cost of delivering care and the stagnant and often declining funding from private health insurers. This culminated in a decisive intervention from the Minister for Health and Ageing, who publicly called on insurers to return more to hospitals and patients – warning that failure to do so could trigger regulatory action.

Alongside this, we advanced the National Private Price proposal: a new approach to hospital funding that replaces opaque, bilateral negotiations with a transparent, efficient, and sustainable pricing model. We also took the lead in policy development to support the long-term viability of essential services, including private maternity and mental health care, ensuring these critical areas aren't left behind in broader reform efforts. Through all of this, CHA continues to be the driving force for a private health system that is sustainable, equitable, and focused on delivering the best outcomes for patients.

## PRIVATE HOSPITAL CRISIS THREATENING AUSTRALIA'S HEALTH SYSTEM (\$M)

Private hospitals recorded a \$34 million loss in 2023–24, continuing a steady decline in operating profit. While the sector faces significant financial challenges, recent government efforts to reform funding and improve sustainability offer a pathway to restoring viability.



## Prescribed List reforms

CHA has remained a strong advocate for integrity and balance in the ongoing reforms to the Prescribed List (PL), ensuring the voice of private hospitals is heard throughout the process. A key win last year was securing the continued inclusion of General Use Items (GUIs) on the PL, protecting access to essential products used every day in patient care. However, the broader reform process is far from over. Ongoing changes to PL settings continue to impact the availability of medical devices, creating uncertainty for hospitals, clinicians, and patients.

At the same time, we have successfully pushed back against proposals that would have imposed unnecessary regulatory and compliance burdens on our members, protecting their capacity to deliver care without being entangled in excessive bureaucracy which detracts from patient care. When fibrin sealants (which are vital to surgical care as they prevent bleeding) faced removal from the PL, CHA mounted a strong advocacy effort and worked quickly with members to secure alternative funding solutions, ensuring patient care continued without disruption. We have also worked constructively with the government to highlight critical flaws in the existing regulatory framework, many of which are now being addressed through targeted improvements that better reflect the operational and clinical realities faced by hospitals.



Staff at St Vincent's Private Hospital in Lismore are part of a 100-year-old legacy of providing Catholic health care to regional Australians. Photo: St Vincent's Lismore

### Private health insurer vertical control

CHA has been a leading voice on the growing concerns around vertical integration and market concentration within the private health insurance industry. We have consistently raised the alarm about how these trends could erode patient choice and clinical autonomy, compromise care quality, and threaten the sustainability of independent, not-for-profit private hospitals that are not part of insurer-owned networks. Our advocacy has shone a spotlight on the need for stronger oversight and fair competition in the sector. We are working to ensure that patients can access the care they need, from the provider they choose, without interference or financial penalty. Through detailed submissions, media engagement, and direct dialogue with policymakers, CHA continues to defend a system where private healthcare remains accessible, patient-centred, and mission-driven.

### Shaping a future health system

CHA has actively engaged in shaping the next chapter of Australia's healthcare system by driving conversations and contributing to reforms that will define how care is delivered in the years to come. CHA is proud to support Sparked, Australia's first Fast Healthcare Interoperability Resources (FHIR) Accelerator, led by CSIRO's Australian eHealth Research Centre in partnership with the Department of Health, Ageing and Disability, the Australian Digital Health Agency, and HL7 Australia. In addition to interoperability efforts, CHA is contributing to national initiatives focused on enhancing safety and quality standards, strengthening Australia's clinical trial ecosystem, and developing regulatory frameworks for artificial intelligence in healthcare.

We are also committed to promoting environmental sustainability within hospitals, recognising that health and climate are deeply interconnected.

### The year ahead: a future full of hope

Looking ahead, CHA is not just participating in the national health debate: we are shaping it. As our health system faces mounting pressures – from escalating costs to disruptive technologies – CHA is stepping up, not stepping back, and advocating for a system that puts patients and the communities CHA members serve first. We will continue targeting the structural issues that are undermining our viability.

The Fair Work Commission's ongoing work value case for nurses rightly recognises the critical contribution of our nursing workforce. However, without a funding model that adjusts in line with these increased costs, private hospitals will be pushed to breaking point. We will continue to be unapologetic in calling for immediate financial relief, as well as long-term reform through a National Private Price and other measures to address health expenditure inflation and unsustainable profit-motives. This is not just about reform; it's about the survival of an accessible and quality health system for Australians. The current system is falling short of the real costs of delivering care, and that gap is widening.

We will also continue to press private health insurers to pay their fair share, defend essential services like maternity and mental health, and push back against vertical integration that narrows choice and entrenches power in the hands of a few.

Similarly, out-of-pocket costs for patients continue to climb, threatening confidence in the private system. We welcomed government investment in the Medical Costs Finder – investment CHA advocated for – but more must be done. Transparency alone is not enough. We need solutions that protect patients and preserve the long-term sustainability of private care.



Despite the difficulties facing the Australian private health care sector our members anticipate a positive future.  
Photo: St John of God Health Care

At the same time, we are leaning into the future, not simply adapting to change, but helping to shape it. CHA is actively engaging in the national conversation on digital transformation, data integrity, and ethical innovation. We are shaping policy that ensures artificial intelligence enhances human care, never replaces it, and that digital health tools strengthen, rather than fragment, the patient journey. We are advocating for a data ecosystem that is secure, trusted and genuinely interoperable, supporting better outcomes across public and private care.

But the future of health is not digital alone. We are also engaging in policy development around precision medicine and the next generation of clinical trials, ensuring that new therapies, medical devices, and personalised care pathways are sustainably funded, accessible, evidence-based, and ethically delivered. We are also contributing to the climate and health dialogue, championing policy that makes our hospitals more resilient, energy-efficient, and environmentally responsible.

Our eyes are on the horizon, but our feet are firmly grounded in our mission: to ensure that every innovation, every reform, and every dollar spent brings us closer to a health system that is compassionate, just, and worthy of every person it serves.

With courage, compassion and an unwavering sense of purpose, we are driving a new vision for care: one where people come first, funding reflects real-world needs, and reform is bold, intelligent, and fair. At the heart of this vision is hope – hope for a health system that truly serves every Australian, respects the dignity of every patient, and empowers healthcare providers to deliver excellence without compromise.



**Dr Katharine Bassett**  
Director Health Policy

# PUBLIC HEALTH & IN-HOME SUPPORT

Over the past year, CHA's members continued to play a pivotal role in delivering high-quality, compassionate care through the Catholic network of public hospitals and community care services – grounded in a mission of compassion, dignity, and service to the vulnerable.

## Support at Home: Advocating for a fair and sustainable transition

The transition to the new Support at Home Program was originally scheduled to commence on 1 July 2025 but has been delayed to allow for improved implementation through consistent, values-led advocacy from CHA and its members. Now commencing 1 November 2025, it represents one of the most significant reforms in aged care in a generation. Throughout the year, CHA worked closely with members, Government, and sector stakeholders to ensure that the reform would deliver on its promise without compromising care continuity, provider sustainability, or – most importantly – the wellbeing of older Australians.

CHA's aged care advocacy has focused on a collaborative approach, both with providers and with Government. This collaboration has delivered significant improvements to the shape of the reform and the transition to the Support at Home Program – beyond the necessary delay.

A major advocacy achievement came in December 2024, when the Government delayed the introduction of price caps. Instead, the Department released indicative benchmark prices and committed to monitoring pricing activity over the following year, building an evidence base of the actual system costs and ensuring no reduction in care for older Australians. This approach directly reflected the position designed, put forward and consistently advocated for by CHA, demonstrating the effectiveness of CHA's collaborative advocacy model.

In a further significant moment for providers, CHA's sustained advocacy led to the Government confirming in March 2025 that transition costs could be incorporated into Support at Home unit prices. This outcome, the result of direct engagement with the Minister for Aged Care and senior officials, provided a pathway for providers to recover the costs of adapting to the new system without impacting care. This was fundamental to the sustainability of the Program during transition.

As the sector now navigates the early stages of implementation, CHA remains committed to supporting Members through this complex transition – ensuring that the voices of providers and the needs of older Australians remain at the heart of reform.



Blair Comley PSM, Secretary of the Department of Health and Aged Care, told delegates at CHA's National Conference in Sydney that reducing health and aged care inequalities was a key priority.

## Catholic public hospitals and the National Health Reform Agreement

Catholic public hospitals are a vital part of Australia's health system. Our members' hospitals deliver high-quality care to communities across the country – often in areas of greatest need. They are not only centres of clinical excellence but also key contributors to the sustainability and equity of the broader health system.

In 2025, CHA continued to advocate for the recognition and inclusion of Catholic and other not-for-profit providers in the development of the next National Health Reform Agreement (NHRA). While the NHRA governs public hospital funding, the private sector – including Catholic hospitals – delivers approximately two-thirds of all planned (elective) surgeries in Australia. This contribution must be acknowledged in any future reform.

In February 2025, the Commonwealth Government announced an additional \$1.7 billion in public hospital funding and delayed negotiations on the next five-year NHRA. CHA engaged with the Government shortly before the election, highlighting the opportunity this delay presents to shape a more inclusive and effective agreement.



CHA continued to advocate for insurers to pay a default benefit for Hospital in the Home services, which are offered by some members. Photo: Cabrini Health

### **Hospital in the Home: Advancing Patient-Centred Reform**

CHA has continued to lead national advocacy for Hospital in the Home (HITH) as a transformative model of care that delivers better outcomes for patients and greater efficiency for the health system. These efforts culminated in HITH being included in a list of proposed short-term reforms put forward by the Minister for Health and Aged Care, the Hon. Mark Butler MP, in December 2024 – marking a potential turning point in nearly two decades of policy.

CHA's advocacy focused on expanding default benefits (minimum insurer payments) to cover HITH, ensuring that patients and clinicians – not funding mechanisms – determine the most appropriate setting for care.

*“The health portfolio is not generally considered simple and reform is often devilishly tricky. But in this area, the path forward could not be clearer. Private health insurers currently have to provide a range of default benefits, notably for all care delivered to eligible members in hospital; HITH simply needs to be listed as a logical extension of this.”*

– CHA CEO Jason Kara in  
*The Australian Financial Review*

Dr James Pollard, Cabrini's Clinical Director of Community Care, and President of the HITH Society of Australasia, emphasised the importance of HITH on ABC radio, noting:

*“Hospital-in-the-home is crucial because it can rapidly scale up as our population ages, taking pressure off an overstretched public health system while delivering great outcomes for patients.”*

The case for reform remains compelling. Insurers estimate that expanding HITH could unlock \$1.3 billion in system-wide efficiencies. CHA's own research confirmed that patients strongly support the flexibility and dignity that HITH provides. As Australia's health system continues to face growing demand and workforce pressures, HITH offers a scalable, patient-preferred solution.

CHA continues to work with the Government and other stakeholders to establish minimum default benefits, and remains committed to ensuring this vital reform stays on the national agenda.



CHA members operate 80 hospitals nationally, providing around 30 per cent of private and five per cent of public hospital care.  
Photo: Mercy Health

### ACCC Authorisation: Supporting Collaboration and Value for Patients

In early 2025, Catholic Health Australia secured a significant regulatory outcome that strengthened our members' ability to collaborate in the interests of patients and communities. The Australian Competition and Consumer Commission (ACCC) granted CHA a 10-year extension of its Authorisation, allowing our health members to collectively negotiate with suppliers and insurers, share data, and – where appropriate – boycott suppliers. This long-term approval provides certainty and confidence for members to pursue collaborative strategies that deliver better value and outcomes for patients.

CHA worked closely with members over 15 months to secure this outcome. This Authorisation is a powerful endorsement of the value of cooperation in healthcare. It enables CHA members to act with confidence as they pursue shared solutions to shared challenges – always with the needs of patients and communities at the centre.

The Authorisation recognised the unique role of not-for-profit, mission-driven providers in Australia's health system. It also acknowledged the public benefit and inherent value of our members' charitable works. These charitable works, and efficiencies from working together, will continue to support reinvestment in patient care and innovation.

### Into the next year

The past year has been one of significant advocacy and achievement for CHA. Across health and aged care our members continue to lead reform discussions as we observe the impact of technology and market shifts that increasingly open Australians' homes as a key site to deliver care. CHA will continue to demonstrate the power of collaboration and the importance of mission-driven care. As we look to the future, CHA remains committed to advocating for policies that support high-quality, compassionate care for all Australians.



**Alex Lynch**  
Director of Public Health and  
In Home Support Policy

# AGED CARE

The year was marked by significant legislative and regulatory developments, including the passage of the Aged Care Act, the release of subordinate legislation and guidance material, the rollout of new Financial and Prudential Standards, and the continued evolution of the Support at Home program. While financial and workforce pressures persist, CHA has remained a steadfast advocate for a fair, sustainable, and mission-aligned aged care system.

## A year of reform, transition and tenacity

Throughout this fast-paced reform CHA has focused on member engagement and there is no doubt that as a sector we have been stronger together. CHA has continued to foster connection and collaboration across its network in a number of ways. This includes hosting member dinners such as our annual event at the National ACCPA Conference and bringing our membership together to discuss and resolve issues including the Aged Care Committee, In-Home Support Working Group, Transition Taskforce Advisory Group, Volunteers Community of Practice and Aged Care Mission Directors Group.

The success we have seen in our advocacy outlined below rests upon the collective strength of our Catholic aged care membership.

## Funding reform – from advocacy to outcomes

A centrepiece of CHA's aged care advocacy over the past three years has been addressing funding issues impacting the viability of the aged care sector. With three in four facilities struggling to remain viable, funding reform has been urgently needed for providers to meet costs as well as upgrade facilities, innovate and invest in new models of person-centred care as our population ages.

CHA continued its leadership in advocating for structural funding reform this year. Following the release of the Aged Care Taskforce Report, CHA worked closely with members, parliamentarians, and sector stakeholders to build momentum for a more sustainable funding model and the adoption of recommendations made by the Taskforce in the new Act.

These efforts resulted in a bipartisan deal between the Government and the Opposition to agree to critical funding reforms including increases to the maximum amount providers can charge for a room in residential aged care, retention fees for Refundable Accommodation Deposits and greater personal contributions for those who can afford to pay.

## A new aged care act – rights, responsibilities and reform

The passage of the Aged Care Act in late 2024 was a landmark achievement for the sector. The new Act, underpinned by a rights-based approach, lays the foundation for a better and more sustainable aged care system that acts on the key recommendations of the Royal Commission into Aged Care.

CHA and its members played a pivotal role in shaping the legislation, from its Exposure Draft through to the Senate Committee Inquiry process and the release of subordinate legislation. Upon introduction into Parliament, CHA and its members rapidly reviewed the revised Bill to analyse key changes and new chapters and make a submission to the Inquiry process. CHA and six of its members, Southern Cross Care QLD, Southern Cross Care SA, NT & VIC, Calvary, St Vincent's Care, Mercy Health and Scalabrini, presented as witnesses in Public Hearings across Australia to back reform and highlight key concerns with the current Bill and implementation. CHA separately engaged with Government, the Opposition and key crossbench senators to ensure the passage of the Bill through parliament.

CHA successfully advocated for a range of amendments to the Bill to support older Australians' access to aged care and to ensure providers are able to attract and retain skilled and qualified staff. These included:

- Removal of criminal penalties
- Removal of strict liability offences
- Reduced scope of responsible persons subject to the statutory duties
- Removal of Worker Voice Body
- Protection of workers in Statement of Rights
- Addressing policy gaps in Supporters chapter
- Establishment of Transition Taskforce
- Independence of Complaints Commissioner
- Public consultation on subordinate legislation
- Inclusion of timeframes for system access.



Southern Cross Care Queensland is delivering care to regional Australians, including residents of Broken Hill and Mildura, building on the legacy of the Knights of the Southern Cross of more than 50 years. Photo: SCC Qld

## A monumental transition journey ahead

The transition to the new Act was the central focus of the second half of this year. The new Act contains significant reform which will have a material impact on older people and providers. CHA members have been working tirelessly to progress change to embed the reform into their organisations. CHA pressed the Government to establish a sector-led taskforce to navigate the challenges posed by the transition to the new Act. In November 2024, the Government announced the formation of the Transition Taskforce to advise Government and the Department on issues in transitioning the sector to the new Act. CHA worked closely with the Transition Taskforce, represented by Stephen Teulan, Deputy Chair of CHA, and Sonya Smart, CEO of Villa Maria Catholic Homes, to shape the transition pathway.

CHA has used its membership on the Transition Taskforce to push for sensible transition arrangements to support implementation of the reform, including transition funding, more time to implement the Support at Home program and amendments to Higher Everyday Living Fees. Four weeks out from the start date of the new Act the results of this advocacy came to fruition as the new Minister for Aged Care and Seniors, Sam Rae MP, announced that the commencement date for the new Act would be delayed to 1 November 2025. While the journey ahead remains challenging, reform of this magnitude and importance should not be rushed. Delaying the transition will allow older Australians to seek advice and make informed decisions before signing a new agreement and support providers to continue delivering high-quality care throughout this process.

## Financial standards – balancing risk and viability

The proposed Financial and Prudential Standards released in February 2025 prompted strong sector backlash at proposals for all providers to hold reserves equal to 35 per cent of quarterly operating expenses plus 10 per cent of refundable accommodation deposits.

CHA and its members led the charge in challenging the draft liquidity requirements, arguing that they would undermine provider investment capacity, divert funds from mission-driven services and represented a substantial regulatory overreach into non-aged care

operations. CHA called for an approach that reflected the diversity of the sector, particularly the unique needs of not-for-profit providers and smaller operators.

CHA's advocacy resulted in productive dialogue with the Commission and Government, and changes to the draft liquidity standard that will ensure services can continue to invest in quality care, facility upgrades and future capacity.

## A focus on mission – protecting the vulnerable and marginalised

A core focus of our membership is delivering services that enhance the lives of the vulnerable and marginalised. Access to aged care remains a challenge in regional, rural and remote areas. There is also significant risk that the reforms introduced under the Aged Care Act may widen the gap between those with means and those without. CHA has been working closely with the Government and the Department of Health and Aged Care to advocate for meaningful change to the aged care funding model to secure service sustainability in regional, rural and remote areas and adequate safety-nets for vulnerable Australians. This work will progress into 2025 as CHA seeks to secure meaningful changes through the upcoming reviews planned by the Department including the MMM Review and Accommodation Review.

## The year ahead

We are entering a new era of the aged care sector with a new Aged Care Act and Support at Home program commencing on 1 November 2025. The sector will need to navigate significant challenges and hurdles over the next 12 months to embed the reform. Our core focus moving forward will be on supporting our members during this important transition phase while shaping the next stage of reform with a view to enhancing care for the vulnerable and marginalised.



**Laura Haylen**  
Director Aged Care Policy

# MISSION

This year, Catholic Health Australia continued its commitment to our mission – the healing ministry of Jesus – the beating heart of all we do in health, aged care and community care.

Through continued dialogue, formation, and practical tools, our work across the mission landscape has focused on integrating our mission constructively and proactively into all CHA advocacy work, being a voice for those on the margins and refreshing our ethics for a contemporary sector.

## Pilgrims of Hope

Pope Francis declared 2025 a Year of Jubilee with the theme “Hope Does Not Disappoint,” with the aim to inspire renewal, hope and trust in a world marked by conflict and uncertainty. As CHA’s Mission Director, I joined members on a professional development workshop at the Australian Catholic University’s Campus Di Roma. As pilgrims, we were reminded of the healing ministry of Jesus and our mission to respond to the needs of the poor and vulnerable with compassion and integrity. We were fortunate to engage with other Church and NGO organisations and attend a reception hosted by Australia’s new Ambassador to the Holy See, The Hon. Keith Pitt.

## Health at the Margins and Hope at the Margins

In the second half of 2024, our *Health at the Margins* webinar series grew to new heights, before entering a new chapter for the 2025 Jubilee Year. Reimagined in 2025 as *Hope at the Margins*, the series continues to explore the intersection of Catholic mission and contemporary social justice issues.

Each session illuminated how our services extend healing and hope to those too often left unseen, with highlights including:

- **Caring for the whole person:** Supporting LGBTIQ+ people in Catholic aged care services and highlighting the pastoral and ethical imperatives of inclusion, particularly for people at the end of life.
- **Courage, Hope and Action:** A focused panel on advancing Aboriginal and Torres Strait Islander health and wellness which affirmed the mission imperative to walk together on the journey of reconciliation.
- **Health starts with a home:** Amid a cost-of-living crisis, this session explored homelessness as a health issue, bringing together voices from Catholic outreach, housing, and public health to explore the links between safe shelter and flourishing.



CHA’s Director of Mission and CHA members joined pilgrims around the world in Rome at Easter to mark the Jubilee Year of Hope.

Each topic spoke powerfully to our mission of accompaniment and human dignity.

These events, which relied on the knowledge and first-hand accounts of those working at the coalface, were not only informative but inspiring – continuing our commitment to centering voices from the margins as our guide for future directions, programs and initiatives.

## Progress on the Code of Ethical Standards for Health and Aged Care

A significant focus of this year has been the refresh of the Catholic Code of Ethical Standards for Health and Aged Care. For the first time in over 20 years, this foundational document – used daily across Catholic services to guide care, formation, and leadership – has undergone comprehensive review.

This process has been both collaborative and contemplative, engaging:

- front-line clinicians and health professionals
- church leaders and theologians
- formation and mission leaders
- ethicists from across the country.

Of particular note, CHA conducted an extensive clinical engagement process to ensure the Code speaks meaningfully to the lived realities of those providing care on the front lines.

We anticipate the final document will be released in the 2025-2026 financial year, and will continue to support ethical discernment that is grounded in Gospel values and lived experience.



Left: Uncle Allan Madden welcomes delegates to CHA's national conference to Gadigal land in Sydney last August.



Right: The Australian Embassy to the Holy See hosted a reception for pilgrims in Rome this Easter. Pictured is Australia's new Ambassador to the Holy See, The Hon Keith Pitt, with Darlene Dreise from St Vincent's Health Australia and Australia's Ambassador to Italy, Julianne Cowley.

## Our First Reconciliation Action Plan

Catholic Health Australia's inaugural Reconciliation Action Plan (RAP) also progressed significantly in 2024-25, guided by a dedicated Steering Committee. The draft RAP was developed in close consultation with the leadership of the CHA Board and our member network, and has now been formally submitted for review to Reconciliation Australia.

An artwork by Aaron Eastment, a proud Wiradjuri and Torres Strait Islander artist, was commissioned to visually represent CHA's reconciliation journey – a symbol of our desire to walk together in truth, justice and hope.

The RAP is not an end, but a beginning – a public step toward embodying our mission to heal relationships and systems closely aligned with the advocacy work CHA undertakes daily for the sector. CHA's RAP is focused on ensuring our commitments are grounded, measurable, and bold, founded on listening deeply to Aboriginal and Torres Strait Islander staff and communities.

## New Tools for Mission Impact: The Impact Assessment Project

CHA also began implementing an Impact Assessment Tool designed to help members measure the reach and outcomes of their social outreach programs, particularly those serving underrepresented communities.

Developed in close consultation with mission leads and data analysts, the tool enables:

- collation of outreach data in a centralised format
- visibility of unmet needs within communities
- benchmarking across services
- evidence to support values-based advocacy.

This project has brought together the strategic and the spiritual – measuring mission in not just what we currently do, but how we work to fill gaps in the system. The tool will continue to be trialled and refined with member input in the coming year as we explore areas of significance and identify areas where we can make a difference to our communities.

Across this reporting period, our mission work has grown in depth. Whether advocating for vulnerable communities, renewing our ethical frameworks, deepening reconciliation, or building tools to understand our impact, the work of mission at Catholic Health Australia is being lived out in new and vibrant ways.

We are grateful, as always, to our members, colleagues and collaborators who share this mission with us. As the late Pope Francis reminded us, "Hope is bold; it can look beyond personal convenience, the petty securities and compensations which limit our horizon."

Together, may we continue to look outward – to the margins, to the future, and to the promise of healing and renewal at the heart of our faith.



**Brigid Meney**  
Director of Strategy & Mission

# COMMUNICATIONS, MEDIA & GOVERNANCE

Throughout 2024-2025, Catholic Health Australia's proactive communications and media strategy focused on achieving targeted coverage across national newspaper, radio and television networks, including commentary on current affairs programs, in opinion pieces, religious media and trade press, as well as posts to our social media channels.

## Media Strategy

CHA worked across an extensive list of critical policy areas to ensure health and aged care policy and sector reform remained part of the national conversation.

Our strategy included issuing media releases and media statements in a timely manner and conducting follow up interviews to explain our advocacy positions. Most of our media work has been proactive in nature, ensuring that we are managing our own message and that our position as Australia's largest non-government, not-for-profit group of health, community and aged care providers is well understood in the community.

## Health system and hospital care

- Advocacy for expanded access to hospital-in-the-home care and criticism of insurers not supporting it.
- Concerns over private hospital viability and support for government's financial review and health check on the sector.
- Support for Healthscope hospitals in funding disputes with insurers.
- Warnings about insurers pricing Australians out of private health insurance.
- Criticism of increasing attempts by private health insurers to control clinics and hospitals.
- Raising awareness of private health insurers' soaring profits.
- Criticism of government decision to remove fibrin sealants from the Prescribed List.

## Aged care reform

- Strong support for the Aged Care Act and calls for further improvements.
- Advocacy for financial hardship protections and care minute reforms.
- Support for the government's \$60 million investment in aged care in the Northern Territory.

## Funding and budget issues

- Support for pricing benchmarks in aged care.
- Advocacy for stronger, long-term reforms to ensure the sustainability of private hospital services, ahead of short-term fixes.
- Advocacy for government to help not-for-profit health

and aged care providers deal with the negative impacts of climate change.

- Advocacy for reforms to ensure all Australians have access to quality, affordable, and sustainable healthcare.
- Advocacy for reforms to sustain and improve hospital and aged care services in rural and remote Australia.
- Support for increased federal funding for Hobart maternity services.

## Mental health and workforce

- Support for the government's \$1 billion mental health funding commitment, balanced with warnings over staff shortages.

## Policy and legislation

- Endorsement of the AMA's push for better out-of-hospital care access.
- Continued advocacy for aged care taskforce recommendations.
- Support for Federal Government action to ensure private health insurers provide fair funding to patients and hospitals.

## Recognition and leadership

- Recognition of Catholic health leaders with awards.
- CHA's annual conference lineup announcement.

## Results

In the financial year 2024-25, there were 48,320 media mentions across CHA's key portfolio areas, including health, aged care and mission.

Social media networks recorded the highest number of mentions, largely through sharing of content on platforms like X and Facebook.

The leading outlets covering our issues included *The Australian Financial Review*, *The Australian*, the ABC, the *Herald Sun* and the *Courier Mail*. CHA increased its presence on radio and TV through targeted interviews, particularly on issues like private hospital viability and aged care reforms.

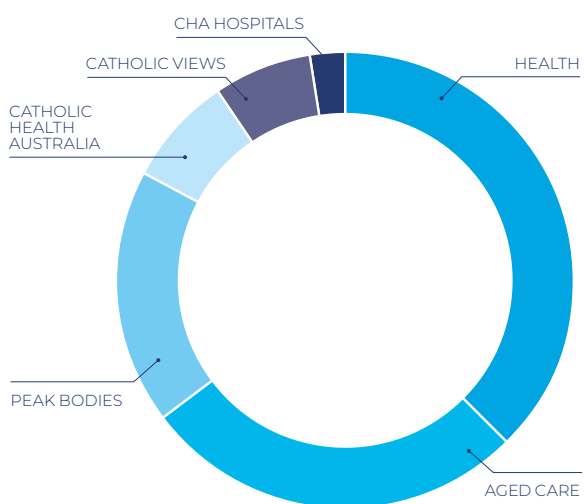
Through our media strategy we were able to shift the dial in media mentions of Catholic Health Australia as a peak body, recording a five-fold increase in the number



Australia's new Cardinal, Mykola Bychok, joined delegates at the Catholic Social Services Australia National Conference in Sydney in March, including Australian Catholic Safeguarding CEO Dr Ursula Stephens, Catholic Health Australia Communications Director Adrian Kerr, and Australian Catholic Anti-slavery Network Executive Officer Alison Rahill. Photo: Catholic Social Services Australia

of specific mentions of the organisation. This was notable given the crowded news cycle, particularly at a time of increased attention on global issues such as US tariffs and the wars in Ukraine and Gaza.

Health recorded the highest volume of media mentions across our areas of interest, followed by aged care, peak bodies, Catholic views, Catholic Health Australia and CHA Hospitals.



Health	18,261
Aged care	13,142
Peak bodies	8,739
Catholic Health Australia	3,668
Catholic views	3,329
CHA hospitals	1,181
<b>Total mentions</b>	<b>48,320</b>

## Digital engagement

Over the past 12 months, engagement on CHA's digital channels has surged dramatically. The website has seen explosive growth, with new users up 343 per cent, driving 219,000 sessions – a 585 per cent increase on the previous year. This growth reflects the success of a multichannel strategy across our website, newsletter and social channels. The CHA National Conference **Rejoice, Reimagine**, the federal budget, the election campaign **Your Care is Our Mission** and more video content engaged our audience. This improvement demonstrated a deepening connection with CHA's content, which included media releases, budget news, submissions, position papers, opinion pieces, video and social media posts which helped drive traffic back to the website.

In February 2025, we relaunched our **Health Matters** email newsletter to a loyal base of subscribers who provided feedback on the content they wanted to read.

The new format included more mission and policy updates as well as human interest stories from our members, Catholic events and opinion pieces from our policy directors. This step brought the newsletter in line with industry averages in terms of "open and click through" rates, meaning people were reading the content they asked for.

The following pages highlight the impact of CHA's integrated media and communications strategy.



**Adrian Kerr**  
Director of Communications,  
Media & Governance

## Key highlights

● 2023-24 ● 2024-25

### WEBSITE GROWTH



### HEALTH MATTERS NEWSLETTER



### LINKEDIN ENGAGEMENT





### Budget and federal election

Two significant events – the federal budget and federal election campaign – enabled CHA to continue positioning itself as a leading peak body in the health and aged care sectors.

In March, in the weeks leading up to the federal election, CHA launched its election strategy, **Your Care is Our Mission**. The campaign advocated for better health and aged care policy outcomes by raising awareness of critical issues and promoting policies relevant to the Catholic health and aged care sector.

Central to the campaign was a dedicated website featuring testimonials from CHA board members; key concerns, policy priorities and advocacy topics across health, aged care, and mission; position papers; and formal submissions to government. Content across CHA's aged care, health and mission webpages was also refreshed to reflect the latest policy positions.

To support broader engagement, CHA published a special edition of **Health Matters**, which was distributed to more than 1600 subscribers.

A coordinated social media campaign ran alongside this, highlighting key policy issues and election messages.



### Statistics

CHA's election campaign page has been the leading content on our website, with more than 6800 unique visitors recorded within three months of launching.

## Your care is our mission.

A default benefit would give people the choice to heal and be cared for in the comfort and privacy of their own home.



# 82%

of patients support hospital in the home.



We are Australia's largest not for profit group of health and aged care providers.

Visit [cha.org.au/campaigns](http://cha.org.au/campaigns) for more information on our election priorities.

CHA's *Health Matters* magazine brought member stories to life.

## Media Releases - Month to Month

### July 2024

- Catholic Health Australia announces stellar lineup for annual conference
- CHA warns that private health is at risk unless insurers give more back

### August 2024

- New data shows rising health insurer profits as patients lose out
- CHA and other peaks call for Parliament to prioritise new Aged Care Acts
- CHA backs UnitingCare Queensland hospitals for a fair funding deal from insurers
- Catholic conference reimagines health care
- Catholic health leaders recognised with prestigious award
- Health secretary acknowledges funding dispute with insurers

### September 2024

- Catholic Health Australia welcomes breakthrough agreement on Aged Care Act

### October 2024

- CHA addresses Senate Inquiry into Aged Care Bill 2024
- CHA supports Aged Care Act and suggests improvements
- Private surgeries under threat by removal of sealants from Prescribed List

### November 2024

- Private hospital financial review confirms serious viability issues
- Catholic Health Australia welcomes passage of Aged Care Act
- CHA highlights rising insurer profits while patients lose out

### December 2024

- CHA backs AMA's push for better out-of-hospital access
- CHA welcomes pricing benchmarks in aged care

### January 2025

- Insurers pricing out Australians from quality private health insurance

### February 2025

- CHA celebrates World Day of the Sick
- CHA calls for stronger, long-term reforms to ensure private hospital sustainability
- Catholic Health Australia advocates for reforms to maternity services
- Aged Care needs greater protections for people in financial hardship
- CHA welcomes federal funding for Hobart maternity services
- New data shows private health insurers making huge profits

### March 2025

- CHA: Healthscope hospitals must not be run by insurers
- Regional health and aged care need more funding: CHA
- CHA endorses government action on private health insurers
- When Insurers choose, patients lose: Peak Bodies
- CHA welcomes healthcare investments in Federal Budget
- CHA urges political parties and candidates to put health and aged care at the forefront of their election campaigns
- CHA warns of delays in aged care reforms

### April 2025

- CHA welcomes mental health funding, but warns of staff shortages
- CHA welcomes \$60 million aged care investment in the Top End
- New financial and prudential standards must strike the right balance
- CHA reflects on the life of Pope Francis
- Government must help not-for-profit providers deal with the negative impacts of climate change
- Catholic Health Australia congratulates Albanese Government and urges health reform

### May 2025

- Australia falling behind on hospital care at home: CHA
- Catholic Health Australia welcomes health and aged care ministers
- Insurers controlling clinics and hospitals could limit choice and quality

### June 2025

- CHA welcomes Aged Care Act delay

# Premium costs a pre-election pain for Labor

Michael Smith  
Health editor

The country's influential medical and private hospital lobbies are demanding Labor install an independent umpire to determine how high insurance premiums can rise, igniting a war over costs in the sector that threatens to become a cost-of-living headache for the Albanese government in the lead up to a federal election.

The Australian Medical Association, which represents thousands of doctors, and Catholic Healthcare Australia, a major operator of private hospitals, both want the question of how much premiums increase taken out of the hands of the government.

And, in submissions to Health Department officials obtained by *The Australian Financial Review*, the two groups argue that private health insurers may be gouging consumers with so-called management fees that have risen 30 per cent in just four years.

Those submissions are a push to the first meetings between insurers and Health Department officials this week ahead of negotiations to determine next year's premium hikes. Loss-

making hospital operators have long warned that there could be a spate of closures unless insurers contribute more funding to the system.

The increase in insurance premiums – and how much of that is passed on to private hospitals – is determined once a year by the Health Department.

But it threatens to become a political minefield for the government, given that it will need to be approved by Health Minister Mark Butler. This year, he approved a 3 per cent rise in premiums, the largest annual increase in private health costs since 2019.

That announcement was delayed until after the Dunkley by-election. In particular, many marginal electorates have high rates of private health insurance coverage, making any premium increase a sensitive issue ahead of an election.

Since Mr Butler's decision in April – an increase that was about half of what private health funds had pushed for – hospital operators have ramped up their lobbying to force insurers to contribute more to a system they say is struggling to stay afloat. While governments prefer to distance themselves

from insurance premium rises, they also want control over the system to stop increases from becoming too high. Mr Butler did not respond to questions.

Anne Ruston, the Coalition's health spokeswoman, said there needed to be "more transparency and due process from this government when it comes to private health insurance premiums, for the benefit of patients and our entire health system".

"The government's desperation to hide [last year's] increase in the midst of the Dunkley by-election meant that customers were given the least amount of notice of a [private health insurance] premium change in 15 years," she said.

The common theme in submissions to the government from hospitals and other healthcare providers is that the premium-setting process needs to be more independent and transparent. The AMA singles out a 32 per cent, or \$716 million, increase in insurers' management expenses over the four years to the end of June 2023 as an area of concern.

The AMA called for the **Continued p18**

The Catholic Weekly

NEWS

# Catholic Health Australia calls for widespread healthcare reform

By Tara Kennedy February 26, 2025



Emergency department at a hospital. Photo: Pexels.com.

Director of Strategy and Mission of Catholic Health Australia Brigid Meaney says more should be done to keep private hospitals operational, a position her organisation will be platforming ahead of the federal election.

She says Catholic Health Australia (CHA) will be "advocating for systemic policy changes" which can make a material difference to those needing hospitals.

# Aged in 'limbo' as care reforms stall

EXCLUSIVE  
STEPHEN LUNN  
SOCIAL AFFAIRS EDITOR

Labor must strike a deal with the Coalition to reform aged care funding by next month or risk more nursing homes going to the wall and leaving vulnerable older Australians in care limbo, members of the Albanese government's own taskforce warn.

The current political standoff also means Labor's promise of a new aged care act in this parliamentary term "dangles precariously", a key advocate for older Australians says.

Sector voices, both providers and consumers, are increasingly fearful that aged-care reform has descended into a political battle for advantage at the expense of sound policy, improved safety and care quality for older Australians and the financial sustainability of the sector.

The key taskforce recommendation was for better-off older Australians to pay more of the non-care elements of their aged care such as accommodation,

hoping to negotiate a bipartisan response on this and broader aged-care reform, but talks with the Coalition have dragged on for months. Sticking points include whether the means-tested cap on the lifetime contributions older Australians make to their care should be substantially increased or removed altogether, and increased penalties, including jail time for directors and office holders of care providers for breaches of legislation.

Taskforce member Tom Symondson, CEO of Aged and Community Care Providers Association, said it was time for "urgent action" in Canberra to deliver the reforms ahead of the federal election.

"That means the new aged care act must be introduced to parliament in August," he said.

"If this means the government needs to give more ground they should give more ground. And if they need the opposition to come to the table, then they must come to the table."

Mr Symondson said half the nation's 2600 nursing homes

hundreds of thousands of new beds in the coming decades," he said. "However, the parlous financial state of the sector has meant banks have been reluctant to lend. We're building a fraction of the capacity we are going to need."

Council on the Ageing CEO Pat Sparrow said older people had already waited too long for a new aged care act to enshrine rights and protections recommended by the aged care royal commission.

"It's time we opened the important issue up to parliamentary scrutiny," said Ms Sparrow, who is also a taskforce member.

"While we've seen more money for aged-care providers and workers in recent times, the single most important reform for older people – a new rights-based aged care act – dangles precariously at risk of not being delivered this term, as promised."

Aged care is one of the government's top five spending programs, costing more than \$30bn a year, a number projected to grow with the ageing of the population.

Aged Care Minister Anika Wells' financial sustainability

THE WEEKLY

# SOURCE

Government Policy

## Catholic Health Australia want aged care at forefront of election campaign again

Mar 28 2025 | Updated March 28, 2025 ■ Ian Horswill

2 min read

# Catholic health sector supports Aged Care Act

14 October 2024



Alex Lynch, left, and Laura Haylen (CHA)

Catholic Health Australia expressed support for the passage of the Aged Care Act during its appearance before the Senate Standing Committee on Community Affairs on Friday.

CHA policy directors Laura Haylen and Alex Lynch appeared before the committee to outline the views of the Catholic aged care sector, representing over 350 aged care facilities and 20 per cent of the home care market.

The new Act delivers on the key recommendations of the royal commission and lays the foundations for a higher quality and sustainable aged care sector for all Australians, whether they live in a city, regional town or rural area.

It will ensure aged care providers can move to a sustainable footing and start to look at areas of need in our community to expand, particularly for marginalised and vulnerable people.

CHA suggested some amendments to further improve the Act.

The Catholic Weekly

NEWS OPINION

# Catholic Health Australia looks beyond efficiency to healing



CATHOLIC HEALTH AUSTRALIA CONFERENCE: Hyatt Regency Sydney, 27 August 2024.

There is a curious aspect to the current debate around health care.

Discussions of this most visceral—in all senses—of professions tend to be curiously bloodless, revolving around the wages of workers, the expense of new drugs and new treatments, or the cost of insurance.

As speaker after speaker told Catholic Health Australia's recent annual conference in Sydney, "humanity" is in danger of being squeezed out of the debate about this most human of pursuits.

## Catholic Health Australia's new plan to fix struggling hospitals

17 February 2025



## Hospitals seek right to boycott big insurers

**Exclusive** | Struggling not-for-profit hospital operators want to change how they negotiate funding deals with health insurers, including being allowed to collectively boycott Medibank Private, Bupa, NIB, HCF and HBF Health. Catholic Health Australia, representing 63 private hospitals, asked the competition regulator for the power to stop insurers negotiating individual funding contracts while collective talks are under way. ▶ **Companies p16**

### THE AUSTRALIAN

## Private birth crisis \$1bn budget risk

**EXCLUSIVE**  
NATASHA ROBINSON  
HEALTH EDITOR

The shutdown of private birthing units is set to blow the national health budget unless there is an urgent fix, with new economic modelling showing that even on relatively conservative estimates, the fall in private births could cost taxpayers an extra \$1bn a year.

The extraordinary figure would wipe out a large chunk of the extra money the commonwealth and states are set to pour into public hospitals in coming years, with many thousands of women left with little option but to rely on public hospital ante-

natal clinics and to give birth in public labour wards.

Economic analysis of birthing trends by Monash University professor Emily Callander presented at a recent medical forum shows that if a 50 per cent decline in births in the private system were to eventuate – a not unrealistic estimate – taxpayers would subsidise public system antenatal care and labour ward delivery to the tune of \$1bn annually.

The costs are amplified because the analysis also revealed that birthing in the more efficient private system, which is partly

paid for by private health insurance premiums, costs taxpayers less than if women gave birth in a public hospital. Eighteen birth units have closed in private hospitals in Australia over the past seven years, about 10 of them in the past three to four years.

"A decline in private births means that there is of course an increase in public births," Professor Callander told the recent Australian Birth Forum.

FULL REPORT P2

HOSPITAL FUNDING BOOST IN DANGER

# Fall in private births a \$1bn budget threat

The Catholic Weekly

OPINION

## We need reform to secure universal access to high-quality palliative care

By Guest Contributor April 29, 2025



The number of Australians aged over 85 is projected to more than double over the next two decades, to more than one million. Photo: Pexels.com.

By Alex Lynch and Josh Fear

The number of Australians aged over 85 is projected to more than double over the next two decades, to more than one million. This presents a challenge for our society if we

### FINANCIAL REVIEW

— Analysis

## Australia moves towards a US-style health system - is that a good thing?

Private insurance funds already control some dental, optical and mental health clinics. Could hospitals be next?

— Exclusive

## Hospitals seek right to boycott big insurers from funding talks

### FINANCIAL REVIEW

## UnitingCare Queensland flags split with country's largest health insurance buying group Australian Health Service Alliance

By Jessica Black By Emma Pollard Health

Mon 26 Aug 2024 at 5:37pm

### THE AUSTRALIAN

HEALTH > CARING

## 'No cover': Contract between UnitingCare Queensland hospitals and 20 health funds collapses

### The Courier Mail

www.couriermail.com.au

Lifestyle > Health

## Private hospitals in Australia are on the verge of collapse as closures begin

VIDEO: Private hospital sector in trouble

7:30 | Emma Whetton and Lucy Bentley

12:50

Wed 14 Aug 2024 at 7:52pm

ABC

7/30

PRIVATE HOSPITAL CRISIS

▶ Watch 7m

44-page luxury property magazine

# Mansion

Including 14 pages of interiors

ARTWORKS IN THE FRAME

- In the frame: tips for art collectors
- Family-values suburb in upsize's sights
- 'Next level' projects in Hobart
- Pull up a chair with top designer

ON FRIDAY IN THE AUSTRALIAN

## Top psychiatrist blows whistle on specialists' 'profiteering'

NEEDS OF THE NATION

EXCLUSIVE  
NATASHA BITA

Medical "profiteering" is inflating health costs, an eminent psychiatrist has warned, as new data



CONFIDENCE IN RECEIVING HIGH-QUALITY, SAFE MEDICAL CARE

2024

TOTAL CONFIDENT 76% TOTAL NOT CONFIDENT 24%

	Gender		Age			Geographic area			Household income
	Male	Female	18-34	35-49	50+	Metro	Regional	Remote	Under \$20K
Very confident	29	23	25	20	30	16	15	34	15
Somewhat confident	50	51	56	51	46	44	40	0	40
Not very confident	16	16	13	19	16	24	27	27	24
Not at all confident	4	6	4	6	4	13	16	39	18
Unsure	2	3	2	4	2	60	55	34	56
TOTAL CONFIDENT	79	74	81	71	77	37	43	66	42
TOTAL NOT CONFIDENT	20	23	17	25	22	2	3	0	2

## Aged in 'limbo' as care reforms stall

EXCLUSIVE  
STEPHEN LUNN  
SOCIAL AFFAIRS EDITOR

Labor must strike a deal with the Coalition to reform aged care funding by next month or risk more nursing homes going to the wall and leaving vulnerable older Australians in care limbo, members of the Albanese government's own taskforce warn.

The current political standoff also means Labor's promise of a new aged care act in this parliamentary term "dangles precariously", a key advocate for older Australians says.

Sector voices, both providers and consumers, are increasingly fearful that aged-care reform has descended into a political battle for advantage at the expense of sound policy, improved safety and care quality for older Australians and the financial sustainability of the sector.

Mr Symondson said half the nation's 2600 nursing homes were losing money. Rural and regional areas were worse. And the pipeline was drying up.

"We know our population is ageing and we are going to need hundreds of thousands of new beds in the coming decades," he said. "However, the parlous financial state of the sector has meant banks have been reluctant to lend. We're building a fraction of the capacity we are going to need."

Council on the Ageing CEO Pat Sparrow said older people had

AFR

# Companies & Markets

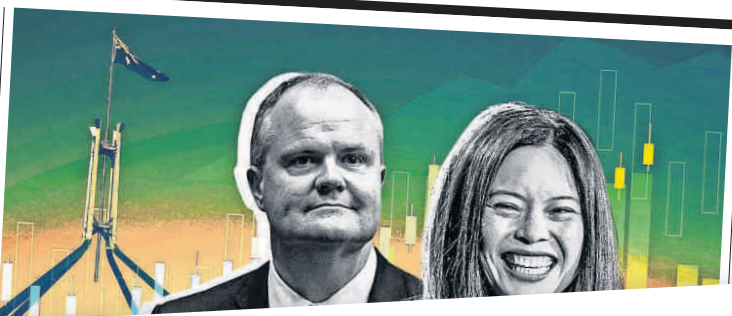
www.afrc.com | Tuesday 13 August 2024

## Premium costs a pre-election pain for Labor

Michael Smith  
Health editor

The country's influential medical and private hospital lobbies are

until after the Dunkley byelection. In particular, many marginal electorates have high rates of private health insurance coverage



44-page luxury property magazine

# Mansion

Including 14 pages of interiors

GO FOR GOLD

The coast towering above the rest

- Historic renovation with French chic
- Secrets behind Fleurieu flourish
- Cash to splash in Perth's west

ON FRIDAY IN THE AUSTRALIAN

## UnitingCare axes private health deal

STEPHEN RICE  
NSW EDITOR

UnitingCare Queensland has terminated its agreement with more than 20 private health funds, meaning 25 million fund members may no longer be able to use their hospital cover at the Wesley

unprecedented government intervention in its contracting with hospitals.

UnitingCare said it had been unable to reach an agreement with the AHPA after six months of negotiations and its contract would terminate on November 21.

UnitingCare chief executive Craig Barke said he was "disappointed to have reached this point

to ensure our sustainability so we can continue to provide high-quality care for our patients".

UnitingCare said it had never before issued a notice of termination with all other major Australian health insurers.

UnitingCare would continue negotiations throughout the termination period in the hope of reaching agreement, Mr Barke

lane, Buderim Private Hospital on the Sunshine Coast and St Stephen's Hospital in Hervey Bay.

AHPA chief executive Andrew Sando said UnitingCare had demanded a 10 per cent increase each year over the next two years and that it was "extremely disappointing" that UnitingCare had terminated the agreement.

"We understand the pressure that private hospitals are under right now and we want to balance the

Minister approved industry-wide average premium increases of 3.03 per cent earlier this year.

The AHPA represents not-for-profit and member-owned private health insurers including Australian Unity Health, Defence Health, Teachers Health and HBF, covering 20 per cent of the 15 million Australians who have private health cover.

Mr Sando accused UnitingCare of "disregarding the current

option to go to any of the other 500 private hospitals we have contracts with," Mr Sando added.

"We ideally want an agreement with UnitingCare (Qld), but it cannot be at any cost. We are not unsympathetic to private hospitals' requests because we want our members and their doctors to have access to quality private services. But we must ensure private health insurance remains affordable for the majority of people."

Health Minister Mark Butler

system. Private hospitals provide one-third of all hospital admissions and 60 per cent of all surgery nationwide.

Last week, St Vincent's Health Australia, the country's largest not-for-profit health and aged care services provider, brokered a new funding agreement with health insurance giant NIB, averting a major crisis after earlier threatening to walk away from negotiations.

That move would have left the health fund's 1.3 million members

AHPA member funds who are currently being treated at UnitingCare hospitals and those booked before November 21 will not immediately be affected.

"The decision to terminate our contract has been a difficult one," Mr Barke said.

"But we require funding agreements which financially support innovative care in our hospitals and return patients to their homes as soon as clinically appropriate.

"It is openly recognised that the pressures on our industry are significant and, like all private hos-

# OUR BOARD OF DIRECTORS



## **Jenny Parker**

*Chair*

Jenny was elected Chair of Catholic Health Australia in November 2023, having served as a Director on the Board since 2018. She brings more than 30 years of professional services experience to the role, including in her current position as the Oceania Leader in Health, Life Sciences and Human Services for consultants EY. Jenny has worked closely with health organisations throughout her career, including Mater Misericordiae Ltd and St Vincent's Health, and has a proven track record in major government reviews within the health sector. She has previously been the Chair of the Centacare Council, a not-for-profit organisation supporting disability and aged care clients. Jenny is a member of the HESTA board. Jenny also holds a number of positions in the Brisbane Archdiocese, including Director of Brisbane Catholic Education and Director of Archdiocese of Brisbane Finance Council of the Archdiocesan Council. She was also the former Deputy Chancellor of Queensland University of Technology, and is a former board member of Australia's leading cancer charity, Cancer Council Australia.

## **Stephen Teulan**

*Deputy Chair and Non-Executive Director*

Stephen has been Board Chair of Catholic Healthcare Limited since July 2021 following his appointment as a Director in September 2018. He is a Chartered Accountant whose executive experience includes 21 years in senior management roles in the aged care and health sectors, including five years leading one of Australia's largest aged care providers. Stephen spent 19 years at Deloitte, including seven years as a partner specialising in the health sector, as well as five years as a Principal Consultant for the Nous Group, where he led its health and aged care consulting group and undertook major projects for Federal and State Government health and aged care agencies. He has also served on Federal and State Ministerial Advisory Committees on ageing and aged care. Stephen joined the CHA Board in early 2021.

## **Hon John Watkins AM**

*Non-Executive Director*

John is a former Chair of Catholic Health Australia and Catholic Professional Standards Ltd, a former member of the Advisory Committee for the Centre for Emotional Health at Macquarie University and an Adjunct Professor of Law at the University of Western Sydney. John was made a Member of the Order of Australia in the Australia Day Honours List in 2015, for significant service to the community through leadership positions within health organisations, tertiary education and the Parliament of NSW. John worked as a teacher for 16 years until his election to the NSW Parliament in 1995 – 2008. He served ten years as a Minister, including the portfolios of Fair Trading, Sport and Recreation, Police and Corrective Services, Transport, Finance, State Development, and Education and Training. He was Deputy Premier when he retired in 2008. Subsequently, he has served as Chancellor of the University of New England in 2013 and 2014. John stepped down from the CHA Board in February 2025.

## **Julien O'Connell AO**

*Non-Executive Director*

Julien has a long and distinguished career in insurance, accounting and risk management. He was formally Acting Chancellor and Pro-Chancellor, Australian Catholic University (ACU); former Executive Chairman of Mercy Health, former Chairman of Mercy Health Foundation Board; currently Chairman of Villa Maria Catholic Homes, Chair of the PM Glynn Institute (ACU); Member, Australian Catholic University Corporation, Chairman of a CEO Institute Syndicate; Member, Catholic Archdiocese of Melbourne's Finance Council, Director of Catholic Health Australia, Chair of various committees associated with the above including CHA's Mission and Identity Committee and Rem and Nominations Committee. His significant service to the community was recognised with his appointment as a Member of the Order of Australia (AM) in the 2013 Australia Day honours and in 2020 he was made an Officer of the Order of Australia (AO) in the Queen's Birthday honours. He has been a CHA Board Director since 2015.



### **Jim Birch AM**

*Non-Executive Director*

Jim is currently Chair of Little Company of Mary Health Care, a Director of Beamtree Holdings Pty Ltd and a Director of the Women's and Children's Hospital Foundation. Prior to this Jim was a Director on a number of not-for-profit boards and a partner at Ernst and Young having previously been the Global Health Care Leader, and the Oceania Government and Public Service Leader. During his time at EY Jim delivered or led major consultancies in Australia, Asia and the Middle East. Jim has been a Chief Executive of a Human Services and Health Department (South Australia) and Deputy Chief Executive of Justice. He has been Chair of the Australian Health Minister's Advisory Council, during which he led the establishment of the Australian Commission on Safety and Quality in Health Care. Jim has also been a chief executive and senior executive of many health services during his career and has served as a director on various health, human services and education boards and committees. He has been on the CHA Board since 2019.

### **Virginia Bourke**

*Non-Executive Director*

Virginia is the Chair of Mercy Health, a national health and aged care organisation, and is the Pro-Chancellor of Australian Catholic University. She is a Director of Catholic Health Australia and Caritas Australia and has held a range of non-executive director roles in the not-for-profit sector. Virginia served as a Director of St John Ambulance Victoria from 2012-2022 and as its Chair from 2017-2022. Virginia was also a Director of the national body, St John Ambulance Australia from 2017-2022. She is a member of the Victorian Department of Health Council of Board Chairs and the Australian Institute of Company Directors' Not-for-Profit Chairs' Forum.

Virginia's non-executive director career has been complemented by her work as a lawyer and consultant in private practice and senior in-house counsel positions for over 30 years. Her experience ranges across the health, aged care, community services, education, training and publishing sectors with particular expertise in the governance of charitable not-for-profit organisations. Virginia has been on the CHA Board since 2019.

### **Sr Ruth Durick osu**

*Non-Executive Director*

Sister Ruth is a member of the international Institute of the Ursulines of the Roman Union. She was the Leader of the Australian Province from 2012-2018, and then again from 2020-2023, and is also a member of the order's General Finance Commission. Ruth has a background in secondary education, administration, formation and governance; she holds a BA (ANU); B. Theol (MCD); Dip Ed; M.A.(Social Ecology) UWS; M. Litt.(Peace Studies) (UNE). Ruth has been a board director of St. Ursula's College Toowoomba and been Chair of Members of the same organisation. She is a director on the board of Emerging Futures Collaborative Ltd otherwise known as EFCL, and is a member of the Australian Institute of Company Directors. She has been a CHA Board member since 2019.

### **Paul McClintock AO**

*Non-Executive Director*

Paul is Chair of St Vincent's Health Australia, Icon Group and New Zealand company Metlifecare Limited. His former positions include Secretary to Cabinet in the Federal Government, Chair of I-MED Radiology, Medibank Private, Symbion Health, Affinity Health, the Woolcock Institute of Medical Research, the COAG Reform Council and Sydney Health Partners, National Chair of CEDA and a Commissioner of the Health Insurance Commission. Paul graduated from Sydney University in Arts and Law, is an honorary fellow of the Faculty of Medicine of that university, a Life Governor of the Woolcock Institute of Medical Research and an Honorary Life Trustee of CEDA. He was made an Officer of the Order of Australia in 2009. Paul has been a CHA Board Director since 2020.



### **Hon Kerry Sanderson AC CVO**

*Non-Executive Director*

Kerry has had a long and distinguished career in public life and corporate Australia. Kerry has been the Chair of St John of God Health Care since May 2018. She is a former Chancellor of Edith Cowan University. Between 2014 and 2018 Kerry was Governor of Western Australia, the first woman to occupy that role. In 2016 she was named Companion of the Order of Australia for eminent service to the people of Western Australia and in January 2020 she was appointed as a Commander of the Royal Victorian Order in recognition of her distinguished personal service to the Royal family. Kerry has also held a number of senior positions on large corporations and public institutions, namely Agent General for WA, CEO of Fremantle Ports, Deputy Director General of Transport for WA and Director of the Economic and Financial Policy Division of the Western Australian State Treasury. She is also a former Chair of the Gold Corporation, former independent Chair of the State Emergency Management Committee, and a former Non-Executive Director of listed companies Downer EDI and Atlas Iron. She participates in a number of charitable and community activities including Chair of the WA Parks Foundation, Patron of the Western Australian Aboriginal Leadership Institute, the Bibbulmun Track Foundation and the Rottneest Voluntary Guides Association as well as President of Scouts WA. Kerry has been a CHA Board Director since 2018.

### **Sister Clare Nolan rsc**

*Non-Executive Director*

Sister Clare rsc joined the CHA Board in November 2021. Up until March 2021 she had held the position of Congregational Leader of the Sisters of Charity for six years. In that role she was also the member of Mary Aikenhead Ministries, who are the stewards of St Vincent's Health Australia – Australia's largest not-for profit health and aged care provider and the thirteenth largest privately held company in Australia. Sr Clare did her nurse training at the Mater Hospital Brisbane. Following this she entered the Novitiate of the Sisters of Charity of Australia in Sydney. Following her Formation as a Sister of Charity she was missioned to the healing ministry of Christ at St Vincent's Darlinghurst in Sydney and has remained in the healing ministry all of her religious life in a variety of places. Nursing and health administration played a large part of her ministry and led to eighteen years in Congregational Leadership concluding in March 2022.

### **Archbishop Julian Porteous**

*Non-Executive Director*

His Grace was ordained a priest in 1974. After postings in Sydney and serving as Rector of the Seminary of the Good Shepherd in Sydney he was ordained Auxiliary Bishop in Sydney in 2003. He was installed as the Archbishop of Hobart in 2013. His Grace has been a member of several Commissions for the Australian Bishops conference and was more recently a member of the Bishops Commission for Evangelisation, Laity and Ministry.

His episcopal ministry in Tasmania has focused on the renewal of parishes, the encouragement of religious life, the development of youth ministry, marriage and evangelisation, and the establishment of the Christopher Dawson Centre for Cultural Studies to advance the Catholic Intellectual Tradition within the Archdiocese of Hobart, and beyond. Archbishop Porteous joined the CHA Board in 2022.

### **Francis Price**

*Non-Executive Director*

Francis was appointed to the CHA Board in February 2024 as the representative of Southern Cross Care Australia. He is currently Chair of Southern Cross Care Australia and Southern Cross Care QLD. In his time as a Director of Southern Cross Care QLD he has seen a multitude of changes to aged care regulation and delivery and has a special interest in the provision of services to regional communities. During his career Francis has held positions with Shell, Sodexo, Brisbane City Council and BHP Mitsubishi Alliance in Queensland and Western Australia. This has led him to gain significant experience in asset management in the built environment, including managing the development of and accommodation for over 8,000 people in the resource industry. In addition to board roles, Francis has run his own private consultancy for the past decade.



### **Sylvia Falzon**

*Non-Executive Director*

Sylvia was appointed to the Board of Directors in March 2024. She brings to CHA an executive career that spans over 30 years in financial services where she held senior executive positions responsible for institutional and retail funds management businesses, both in Australia and offshore. Sylvia has experience across a range of sectors and customer-driven businesses in financial services, health, aged care, e-commerce and retail. During this time, she has been involved in several business transformations, IPOs, merger and acquisitions and divestment activities. Sylvia is currently an Independent Non-Executive Director of ASX-listed Suncorp Group Limited and Premier Investments Limited. In the not-for-profit sector, she is the Chairman of Cabrini Australia Limited, and is also a member of the Australian Government Takeovers Panel. Sylvia holds a Masters Degree in Industrial Relations and Human Resource Management (Hons) from the University of Sydney and a Bachelor of Business from the University of Western Sydney. She is a Senior Fellow of the Financial Services Institute of Australasia and a Fellow of the Australian Institute of Company Directors.

### **Patrick Brady**

*Non-Executive Director*

Patrick has more than 38 years of experience in the civil engineering industry and has applied his expertise in delivering major projects to a number of board-level roles. Since 2012, Patrick has served as a board chair and director for several public and private organisations, including Port of Townsville. He is currently Chair of Queensland's Mater Misericordiae Ltd – a network of 11 hospitals and health services, a nationally accredited education provider and a world-class medical research institute. Patrick brings a wealth of experience and knowledge about board governance structures. He has played a key role in several successful mergers and acquisitions, including the merger of Mater's three ministries into a single, state-wide entity. Patrick is the founder and Chair of Premise Holdings Pty Ltd, one of Queensland's leading engineering firms. Pat has been a CHA Board member since 2024.

# OUR STAFF



## **Jason Kara**

*Chief Executive Officer*

Jason has a strong commitment to the social justice mission of our Catholic health and aged care providers, building on his considerable experience in the public and not-for-profit sectors over the past 20 years. Jason has worked as a senior executive in the public service focusing on housing and homelessness outcomes; has volunteered as an advisor building capacity in the disability sector in Vanuatu; and has served as a senior advisor in the Office of the NSW Premier. He has also served as a Board Director for the Community Restorative Centre, which aims to break entrenched cycles of disadvantage, offending and imprisonment. Since joining Catholic Health Australia as the Director Aged Care, he has built strong relationships across the CHA membership while advocating for a quality and sustainable aged care system. As CEO, he brings his compassionate advocacy to the broader health, aged and community care portfolios, and will continue to support our members nationally to make a real difference to the lives of all in the community, but especially the poor, the vulnerable and the marginalised.

## **Brigid Meney**

*Director of Strategy & Mission*

Brigid is a policy and advocacy expert who has more than a decade's experience in the public and not-for-profit sectors. She has worked as a ministerial adviser for both Federal and State Coalition Ministers and Assistant Ministers in a range of portfolios including health, aged care, multicultural affairs, and resources and energy. Brigid started her career as a nurse in aged care and is passionate about building a society that reflects the intrinsic value of all people and promotes the dignity of the human person through the health care system. Brigid has both an Arts degree and a Masters in Nursing from the University of Sydney and is currently pursuing a Masters in Public Leadership and Policy at the University of New South Wales. Brigid represented the Catholic Women's League at the 2015 UN Commission on the Status of Women in New York. Brigid is a regular panellist on ABC, Sky News and Seven.

## **Adrian Kerr**

*Director of Communications, Media & Governance*

Adrian joined CHA in June 2023 as the Director of Communications, Media & Governance. As a former radio and television journalist, Adrian has worked in newsrooms in Sydney, Melbourne and regional Victoria, including the ABC, SBS and Nine Network. He has also worked extensively in media and communications across the NSW public service, including as Group Media Director at NSW Education during the COVID-19 pandemic, working closely with NSW Health and ministerial offices. He brings his broad experience in public affairs to CHA and the social justice and care economy.

## **Alex Lynch**

*Director of Public Health and In Home Support Policy*

Alex has worked across government, clinician education and aged care. He has extensive health policy experiences both in and out of government, including most recently with the Independent Hospital Pricing Authority. Prior to IHPA, Alex worked with leading clinicians on paediatric and disability policy at the Royal Australasian College of Physicians. Beginning his career working in aged care homes and community-based aged care services, Alex is passionate about delivering policy solutions that ensure high-quality health and aged care is available to the most vulnerable members of our community.

## **Dr Katharine Bassett**

*Director Health Policy*

Katharine is a respected leader committed to sparking positive change and reforming Australia's health system. She has nearly a decade of experience developing evidence-based solutions to Australia's biggest health and social policy challenges. Katharine joined CHA after three years with the Australian Medical Association where she used research and advocacy to create a platform for health system reform. Katharine is an executive director on several boards and was previously a management consultant at KPMG where she worked with federal and state and territory governments across the health, ageing, and social services sector. She began her career working in federal government and academia, and holds a PhD in clinical immunology and a Bachelor of Medical Science from the Australian National University.



## Laura Haylen

*Director Aged Care Policy*

Laura brings nearly a decade of aged care, social and health policy experience to the position of Director Aged Care Policy, including roles at Commonwealth and State level. She has a deep understanding of the policy settings within the aged care sector, including six years' experience with consultancy firm KPMG, and has worked extensively with governments and providers nationally and internationally in the aged care, health and human services sectors. Laura holds a Bachelor of International and Global Studies from the University of Sydney and is currently undertaking her Masters in Public Health and Health Management and Leadership at the University of New South Wales. Laura joined CHA in January 2024.

## Annabelle Wang

*Senior Policy Officer*

Annabelle joined CHA as a Senior Policy Officer, having worked with consultancy firms PwC and Scyne Advisory where she worked extensively with various levels of governments, health and aged care providers, and across human and social service sectors. Annabelle holds a Bachelor of Biomedicine from the University of Melbourne, and is currently undertaking her Masters in Public Health with the University of Melbourne. She is passionate about creating policy solutions that drive healthier outcomes for all people and striving towards health equity in Australia. Annabelle's work with the team will reflect her commitment to driving positive change and better health outcomes for all Australians.

## Cody Nugara

*Policy Officer*

Cody joined CHA as a Policy Officer, bringing deep experience across a broad range of roles in public policy and advocacy. He has a passion for achieving better outcomes for people, in particular those that are marginalised in our community. Cody has worked in government and the Commonwealth Public Service, and brings knowledge and experience of policy development and implementation, politics, media management, campaigning and stakeholder engagement to the role. He also brings experience of developing policies that focus on fixing challenges faced by people in regional communities. Cody has also

worked in the Government Relations and Public Affairs consulting space, specialising in the Health sector, where he also brings research, advocacy and strategic communications experience to the role. Cody holds a Bachelor of Economics and a Bachelor of Political Science from the Australian National University.

## Deborah Reynolds

*Office & Membership Manager*

Deborah is CHA's longest-serving staff member, having joined the organisation in 2007. As Office & Membership Manager, she coordinates the Secretariat and plays a central role in scheduling Board meetings and other events including our Fishes and Loaves dinners which are an opportunity for us to meet with our members and guests around the country. Deborah maintains the CHA office in Canberra and handles enquiries, administration and technology tasks on behalf of the team. She has also been pivotal to the success of CHA's National Conference, including organising venue hire, accommodation, catering and the national awards program.

## Shona McQueen

*Senior Advisor Aged Care*

Shona joined CHA as our Senior Advisor Aged Care in 2018. Before retiring from the Public Service, Shona was the Assistant Secretary of Home Care Reform Branch in the Ageing and Aged Care Stream. She has had over a decade of working in aged care policy at senior levels in the Department of Health and Ageing and previously the Department of Social Services.

# OUR MEMBERS

**Catholic Health Australia is Australia's largest non-government, not-for-profit group of health, community, and aged care providers.**

Our members operate 80 hospitals across each Australian state and the ACT, providing around 30 per cent of private hospital care and 5 per cent of public hospital care, in addition to extensive community and residential aged care. There are 63 private hospitals operated by CHA members. CHA members also provide approximately 12 per cent of all aged care facilities across Australia, in addition to around 20 per cent of home care services. Twenty five per cent of our members provide services to regional, rural and remote Australia.

Archdiocese of Melbourne

Archdiocese of Sydney

Cabrini Health

Calvary Ministries

Cardinal Stepinac Village

Catholic Healthcare Ltd

Catholic Homes Incorporated

Catholic Religious Australia

CatholicCare Central Queensland

Centacare Brisbane

Daughters of Charity of  
St Vincent de Paul

Diocese of Lismore

Diocese of Port Pirie

Franciscan Missionaries of the  
Divine Motherhood

Franciscan Sisters of the Heart of Jesus

Little Sisters of the Poor

Mary Aikenhead Ministries

Mercy Ministries Companions

Mercy Partners

MercyCare Limited

Mount La Verna Retirement Village Inc

Ozcare

Queensland Hibernian Society

Scalabrini

Sisters of St Paul De Chartres

Southern Cross Care (NSW & ACT)

Southern Cross Care (QLD) Inc

Southern Cross Care (SA, VIC & NT) Inc

Southern Cross Care (Tas) Inc

Southern Cross Care (WA) Inc

St John of God Health Care

St Vincent De Paul Queensland

St Vincent De Paul Society

St Vincent de Paul Housing Australia

Trustees of Catholic Aged Care Sydney

UnitingCare Qld Limited

North Turrumurra Aged Care residents join  
Walangari Karntawarra and Diramu dancers for  
SCC's Reconciliation Action Plan launch.  
Photo: Southern Cross Care (NSW & ACT)





An electromagnetic coil is being used on Multiple Sclerosis patients as part of a brain stimulation study for people involved in Mater's TAURUS.2 study.

# FINANCIAL STATEMENTS

## Directors

Your directors present this report on the company for the financial period ended 30 June 2025.

The names of each person who has been a director during the year and to the date of this report are:

Ms. Jenny Parker (Chair)	Current
Mr. Stephen Teulan (Deputy Chair)	Current
Mr. James Birch AM	Current
Ms. Virginia Bourke	Current
Mr. Patrick Brady	Current
Sr Ruth Durick osu	Current
Ms Sylvia Falzon	Current
Mr. Paul McClintock AO	Resigned 31 July 2025
Sr Clare Nolan rsc	Current
Mr. Julien O'Connell AO	Current
Archbishop Julian Porteous DD	Current
Mr. Francis Price	Current
Hon Kerry Sanderson AC CVO	Current
Hon John Watkins AM	Resigned in February 2025

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

## Principal Activities

The principal activities of the company during the period were to promote justice and compassion in health care, influence public policy in relation to health and aged care, and strengthen the presence and influence of Catholic health and aged care within the Australasian health care system.

## Short-term and long-term objectives

The company's short-term objectives are to advance health, social, and public welfare as the national advocate for the healing Ministry of the Catholic Church in Australia by supporting the service capacity and promoting the Catholic identity of its members, to contribute to the fulfilment of the Mission of the Catholic Church.

The company's long-term objectives are to pursue the direct benevolent relief of illness, the needs of the aged, and of poverty as a social determinant of health for the benefit of all Australians.

## Strategies

The company has adopted a strategic plan to operate through the period 1 July 2020 to 30 June 2025. The three strategic priorities of that plan are:

**Influential Advocacy:** CHA will advocate for, and lead on, policies and programs that supports CHA members and the healing ministry across health, aged and community care.

**Sector Engagement:** CHA will strengthen its collaborative engagement with the CHA members, government, Catholic organisations, other key stakeholders, and the wider community to support advocacy.

**Capability:** build the capacities of our people in support of Catholic health, aged, and community services.

## Jennifer Parker

### Qualifications

- B. COMM (UQ) FCA GAICD
- Hon Doctor of QUT
- Fellow of Chartered Accountants Australia and New Zealand (CAANZ)
- Graduate Institute of Company Directors

### Experience

- Partner Ernst & Young (EY)
- Director, Brisbane Catholic Education – Archdiocese of Brisbane
- Director, Archdiocesan Council – Archdiocese of Brisbane
- Board Member Queensland Museum
- Board Member HESTA
- Former Chair of the Centacare Council
- Former Deputy Chancellor and Council Member, Queensland University of Technology
- Former Board Member Cancer Council Australia

### Appointment

- CHA Constitution Rule 22 (a) (ii) – Mercy Partners

### Special responsibilities

- Chair, Catholic Health Australia Board from November 2023
- Member Nominations and Remuneration Committee.
- Member of the Executive Committee

## Stephen Teulan

### Qualifications

- BCom. CA GAICD

### Experience

- Board Chair Catholic Healthcare Ltd
- 21 years in senior management roles in the aged care and health sectors
- 5 years Principal Consultant Nous Group, including leading its health and aged care consulting practice
- 19 years in Deloitte -7 years as a partner specialising in the health sector.

### Appointment

- CHA Constitution Rule 22 (b) – Aged Care

### Special responsibilities

- Deputy Chair, Catholic Health Australia Board from November 2023
- Member, Finance, Audit & Risk Committee
- Member, Mission & Identity Committee

## James Birch AM

### Qualifications

- Bachelor of Health Administration (UNSW)

### Experience

- Chair, Little Company of Mary Health Care
- Director of the Women's and Children's Hospital Foundation
- Director of Beamtree Holdings Ltd

### Appointment

- CHA Constitution Rule 22 (a) (i) – Little Company of Mary Limited

## Virginia Bourke

### Qualifications

- BA LLB (Hons) MA Grad Dip Theology FAICD
- Fellow, Australian Institute of Company Directors

### Experience

- Chair, Mercy Health
- Pro-Chancellor, Australian Catholic University
- Director, Caritas Australia
- Member, Council of Board Chairs (State Government of Victoria)
- Member, Boards Appointment Committee, Catholic Archdiocese of Melbourne
- Lawyer and consultant in private practice
- Former Chair & Director, St John Ambulance Victoria
- Former Director, St John Ambulance Australia
- Formerly Special Counsel at Minter Ellison
- Formerly General Counsel at ISMAPNG

### Appointment

- CHA Constitution Rule 22 (b) - Aged Care

### Special responsibilities

- Member of the Nominations and Remuneration Committee

## Patrick Brady

### Qualifications

- Bachelor of Engineering (Honours)

### Experience

- Chair, Mater Misericordiae Ltd
- Director & Majority Shareholder, Premise Holdings Pty Ltd
- Director, DataFarming Pty Ltd

### Appointment

- CHA Constitution Rule 22 (b) - Elected by ordinary members

## Sr Ruth Durick, OSU

### Qualifications

- BA (ANU); B. Theology (MCD); Dip Ed; M.A.(Social Ecology) UWS; M. Litt.(Peace Studies) (UNE)

### Experience

- Director, Board of Emerging Futures Collaborative Ltd
- Director, Trustees of the Ursuline Nuns of the Roman Union (NSW RCC Lands Act)
- Director, Community of Ursuline Nuns (Qld Letters Patent)
- Former President Catholic Religious Australia 2016-2018
- Former Member Catholic Religious Australia Council 2013-2018
- Former Member of Ursuline International Justice & Peace Committee 2008- 2011.
- Member Ursuline General Finance Commission 2016-current
- Former Director, St Ursula's College Toowoomba 2007-2016
- Chair of Members, St Ursula's College Toowoomba 2012-2016
- Member, Australian Institute of Company Directors
- Director, Board of Emerging Futures Collaborative Ltd

### Appointment

- CHA Constitution Rule 23.4 - Board Appointee (1)

## Sylvia Falzon

### Qualifications

- MIR (Hons) (US) ; BBus(UWS)
- Fellow, FAICD
- Senior Fellow, SFFin

### Experience

- Chair, Cabrini Australia Ltd
- Director, Suncorp Group Ltd
- Director, Premier Investments Ltd
- Member of Federal Government Takeovers Panel

### Appointment

- CHA Constitution Rule 23.4 - Board Appointee (2)

## Paul McClintock AO

### Qualifications

- BA, LLB

### Experience

- Chair, St Vincent's Health Australia
- Chair, Icon Group
- Chair, Metlifecare Limited
- Life Governor of the Woolcock Institute of Medical Research
- Honorary Life Trustee of CEDA
- Former Secretary to Cabinet in the Federal Government
- Former Chair, I-Med Radiology
- Former Chair, Medibank Private
- Former Chair, Symbion Health
- Former Chair, Affinity Health
- Former Chair, The Woolcock Institute of Medical Research
- Former Chair, COAG Reform Council
- Former National Chair, CEDA
- Former Chair, Sydney Health Partners
- Former Commissioner, The Health Insurance Commission

### Appointment

- CHA Constitution Rule 22(a) (v) – St Vincent's Health Australia Limited

### Special responsibilities

- Member of the Nominations and Remuneration Committee

## **Sr Clare Nolan, rsc**

### **Qualifications**

- Bachelor Applied Science Nursing Administration – (QUT, 1979)
- Clinical Pastoral Education - Brisbane, 1979
- Registered Midwife - Queen Victoria Hospital, Launceston, 1975
- Registered Nurse - Mater Hospital, Brisbane, 1964

### **Experience**

- Former Congregational Leader 2014 - 2021
- Congregational Leader of Our Lady's Nurses for the Poor 2017-2021
- Former Member of the Congregational Leadership Team, 1984-1996
- Sisters of Charity & Holy Spirit Health Service, 1999-2001
- State Chapter of the Australian Catholic University, 1998-2001
- Encompass Australasia, 1998-2001
- Solomon Island Australia Foundation Ltd, 1998-2008
- St Vincent's Hospital Toowoomba, 1998-2001
- Sisters of Charity Health Service National Board, 1996-1997
- St Vincent's Hospital (Launceston) Limited, 1992-1997
- St Vincent's Clinic (Sydney) Limited, 1990-1997
- St Vincent's (Melbourne) Limited, 1991-1996
- Sisters of Charity Outreach - St Vincent's Clinic Darlinghurst, 1998 - 2003
- National Chief Executive Officer, Sisters of Charity Health Service, 1996- 1997
- Sisters of Charity Welfare / Prison / Aboriginal / Homeless Ministries, 1990- 1996
- Member, Australian Institute of Company Directors
- Director of Nursing: St Vincent's Hospital Sydney, 1982-1984

### **Appointment**

- CHA Constitution Rule 22(d) - Catholic Religious Australia designate

### **Special responsibilities**

- Member of the CHA Mission & Identity Committee

## **Julien O'Connell AO**

### **Qualifications**

- Diploma of Accounting
- Fellow of the Australian Institute of Company Directors

### **Experience**

- Chairman, Villa Maria Catholic Homes
- Director of a number of related entities Enterprise Ireland (Trade Attaché)
- Board Member, Finance Council, Catholic Archdiocese of Melbourne
- Chairman, CEO Institute (Syndicate 4) - Mentoring to CEO & Chairs of Member Companies
- Member, Equestrian Order of the Holy Sepulchre of Jerusalem
- Chair, PM Glynn Institute (ACU)
- Member, Boards Appointment Committee, Catholic Archdiocese of Melbourne
- Former Executive Chairman of Mercy Health
- Former Chairman of Mercy health Foundation Board
- Former Acting Chancellor & Pro-Chancellor ACU.

### **Appointment**

- CHA Constitution Rule 22(b)

### **Special responsibilities**

- Chair of the CHA Mission and Identity Committee
- Member of the Nominations and Remuneration Committee

## **Archbishop Julian Porteous DD**

### **Qualifications**

- B. Theology

### **Experience**

- Archbishop of Hobart
- Auxiliary Bishop of Sydney
- Established the Office for Evangelisation, CREDO
- Titular Bishop of Urusi
- Member of the Bishops Commission for Social Justice, Mission & Service
- Patron for Shalom Media Australia.

### **Appointment**

- CHA Constitution Rule 22(c) - Australian Catholic Bishops Conference Designate

## **Francis Price**

### **Qualifications**

- Associate Diploma in Civil Engineering (QIT)
- Bachelor of Business (QUT)
- Master of Business Administration (Curtin)
- GAICD

### **Experience**

- Chair, Southern Cross Care (Aust)
- Chair, Southern Cross Care Queensland Limited
- Director, Abrigo Pty Ltd
- Director, P2you Pty Ltd

### **Appointment**

- CHA Constitution Rule 22 (a) (iii) Southern Cross Care Australia

## **Hon Kerry Sanderson AC CVO**

### **Qualifications**

- Bachelor of Science; Bachelor of Economics; Hon DLitt (UWA);
- Doctor of the University (Murdoch University);
- FAICD; FIPAA

### **Experience**

- Current Chair St John of God Health Care Inc
- Former Governor of Western Australia
- Former Chancellor of Edith Cowan University
- Chair of the WA Parks Foundation
- Patron of the Western Australian Aboriginal Leadership Institute
- Patron of the Bibbulmun Track Foundation
- Patron of the Rottneest Voluntary Guides Association
- Former Chair of Gold Corporation
- Former independent chair of the State Emergency Management -Committee
- Former Non-Executive Director of Downer EDI and Atlas Iron
- Former Agent General for WA

- Former CEO of Fremantle Ports
- Former Deputy Director General of Transport for WA
- Former Director of the Economic & Financial Policy Division Western Australian State Treasury

#### Appointment

- CHA Constitution Rule 22 (a) (iv) St John of God Health Care Inc

#### Special Responsibility

- Member of the Nominations and Remuneration Committee

### Hon John Watkins AM

#### Qualifications

- LLB; Master of Arts; Diploma of Education; Hon DLitt Macq
- Hon Doctor of Education UNDA

#### Experience

- Former Member Governing Council of NeuRA 2018-2022

- Former Member State Executive Board NSW ALP Director
- Former Chair Calvary Healthcare Board 2010-19
- Former Chair Mary MacKillop Today Board 2012-2020
- Former Director McKell Institute 2011-2018
- Former Director, Catholic Professional Standards Limited 2016-2020
- Former Chief Executive Officer, Alzheimer's Australia NSW 2008-2017
- Former Catholic Schools (Paramatta) Board
- Dep Premier of NSW 2005-2008
- Minister in NSW Government 1999-2008

#### Appointment

- CHA Constitution Rule 22 (b)

#### Special responsibilities

- Member of the Executive Committee
- Member, Finance, Audit & Risk Committee
- Member of the Nominations and Remuneration Committee

## Meetings of Directors

During the financial year, ten meetings of directors were held. Attendances by each director were as follows:

	Number eligible to attend	Number attended
Ms. Jenny Parker (Chair)	10	10
Mr. Stephen Teulan (Deputy Chair)	10	9
Mr. James Birch AM	10	7
Ms. Virginia Bourke*	5	4
Mr. Patrick Brady	10	10
Sr Ruth Durick osu	10	7
Ms. Sylvia Falzon	10	7
Mr. Paul McClintock AO	10	9
Sr Clare Nolan rsc	10	9
Mr. Julien O'Connell AO	10	8
Archbishop Julian Porteous DD	10	8
Mr. Francis Price	10	10
Hon Kerry Sanderson AC CVO	10	7
Hon John Watkins AM	7	4

\*Virginia Bourke – CHA Board Resolution - leave of absence for Ms Virginia Bourke from attending CHA Board Meetings for the period of July to November 2024 – Resolved July 2025

The company is incorporated under the *Corporations Act 2001* and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2025, the number of members was 40 (2024: 40).

## Auditor's Independence Declaration

The lead auditor's independence declaration for the year ended 30 June 2025 has been received and can be found on page 40 of the financial report.

Signed in accordance with a resolution of the Board of Directors.

Director



Jenny Parker

Director



Stephen Teulan



**RSM Australia Partners**

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**AUDITOR'S INDEPENDENCE DECLARATION**

As lead auditor for the audit of the financial report of Catholic Health Australia Limited for the year ended 30 June 2025, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

- (i) the auditor independence requirements as set out in the *Australian Charities and Not for profits Commission Act 2012* in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

**RSM Australia Partners**

**GED STENHOUSE**  
Partner

Canberra, Australian Capital Territory  
Dated: 15/08/2024

**THE POWER OF BEING UNDERSTOOD**  
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## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
Revenue	2	3,225,557	3,060,867
Other income	2	777,836	1,380,063
		<b>4,003,393</b>	<b>4,440,930</b>
Employee benefits		(2,024,678)	(1,647,613)
Sponsorship, grants, honorariums and donations		(51,393)	(35,405)
Travel		(181,834)	(265,202)
Phone and internet		(7,652)	(7,418)
HR expenses		-	(145,744)
Accounting		(75,227)	(59,836)
Consultancy expenses	3	(668,857)	(1,337,674)
Depreciation and amortisation		(49,121)	(79,448)
Insurance		(44,544)	(33,396)
Office supplies, printing, postage		(31,547)	(16,966)
Conference expenses		(470,623)	(263,379)
Legal expenses	3	(497,930)	(137,170)
Administration expenses		(279,765)	(283,313)
		<b>(4,383,171)</b>	<b>(4,312,564)</b>
(Deficit)/Surplus before income tax		<b>(379,778)</b>	<b>128,366</b>
Tax expense		-	-
Net (deficit)/surplus		<b>(379,778)</b>	<b>128,366</b>
Other comprehensive income	7	70,975	52,731
<b>Total comprehensive income</b>		<b>(308,803)</b>	<b>181,097</b>

The above statement of comprehensive income should be read in conjunction with the accompanying notes.

**STATEMENT OF FINANCIAL POSITION  
AS AT 30 JUNE 2025**

	Note	2025 \$	2024 \$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash and cash equivalents	4	1,544,329	1,554,988
Trade and other receivables	5	37,231	7,227
Other current assets	6	1,387,190	1,674,162
<b>Total current assets</b>		<b>2,968,750</b>	<b>3,236,377</b>
<b>Non-current assets</b>			
Investment	7	1,185,207	1,094,057
Property, plant and equipment	8	8,591	16,705
Right of use asset	8	3,398	44,198
<b>Total non-current assets</b>		<b>1,197,196</b>	<b>1,154,960</b>
<b>TOTAL ASSETS</b>		<b>4,165,946</b>	<b>4,391,337</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Trade and other payables	9	286,911	164,935
Income in advance	10	-	30,050
Provisions	11	197,953	160,338
Lease liabilities	12	4,139	47,898
<b>Total current liabilities</b>		<b>489,003</b>	<b>403,221</b>
<b>Non-current liabilities</b>			
Provisions	11	20,726	18,957
Lease liabilities	12	-	4,139
<b>Total non-current liabilities</b>		<b>20,726</b>	<b>23,096</b>
<b>TOTAL LIABILITIES</b>		<b>509,729</b>	<b>426,317</b>
<b>NET ASSETS</b>		<b>3,656,217</b>	<b>3,965,020</b>
<b>EQUITY</b>			
Retained Earnings		3,916,046	3,787,680
Investment revaluation reserves	7	119,949	48,974
(Deficit)/Surplus for the year		(379,778)	128,366
<b>TOTAL EQUITY</b>		<b>3,656,217</b>	<b>3,965,020</b>

The above statement of financial position should be read in conjunction with the accompanying notes.

## STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 30 JUNE 2025

	Retained Earnings	Investment revaluation reserves	Total
	\$	\$	
Balance as at 1 July 2023	3,787,680	(3,757)	3,783,923
Other comprehensive income	-	52,731	52,731
Surplus/(deficit) for the year attributable to members of the entity	128,366	-	128,366
<b>Balance as at 30 June 2024</b>	<b>3,916,046</b>	<b>48,974</b>	<b>3,965,020</b>
Other comprehensive income	-	70,975	70,975
Surplus/(deficit) for the year attributable to members of the entity	(379,778)	-	(379,778)
<b>Balance as at 30 June 2025</b>	<b>3,536,268</b>	<b>119,949</b>	<b>3,656,217</b>

The above statement of changes in equity should be read in conjunction with the accompanying notes.

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2025

	2025 \$	2024 \$
Note		
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
Receipts from memberships, workshops and sales	4,447,549	4,501,332
Payments to suppliers and employees	(4,403,627)	(4,550,576)
Other income	(91,150)	(83,768)
Interest paid on lease liabilities	(5,433)	(5,433)
Interest received	84,674	85,806
<b>Net cash generated from operating activities</b>	<b>32,013</b>	<b>(52,639)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>		
Payments for Property, Plant and Equipment	(207)	(17,831)
Purchase of investments	-	(1,200,000)
<b>Net cash used in investing activities</b>	<b>(207)</b>	<b>(1,217,831)</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
Payment of lease liabilities	(42,465)	(70,512)
<b>Net cash used from financing activities</b>	<b>(42,465)</b>	<b>(70,512)</b>
Net (decrease)/increase in cash held	(10,659)	(1,340,982)
Cash on hand at beginning of the financial year	1,554,988	2,895,970
<b>Cash on hand at end of the financial year</b>	<b>4</b> <b>1,544,329</b>	<b>1,554,988</b>

The above statement of cash flows should be read in conjunction with the accompanying notes.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2025

### NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements cover Catholic Health Australia Limited as an individual entity, incorporated and domiciled in Australia. Catholic Health Australia Limited is a company limited by guarantee.

#### **New or amended Accounting Standards and Interpretations adopted**

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

#### **Basis of preparation**

These general purpose financial statements have been prepared in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'). The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

#### *Historical cost convention*

The financial statements have been prepared under the historical cost convention.

#### *Comparative figures*

Where necessary, comparative figures have been adjusted to conform to changes in presentation in these financial statements.

#### **Income tax**

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

#### **Goods and Services Tax (GST) and other similar taxes**

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority

is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

#### **Leases**

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the consolidated entity's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred. Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

#### **Current and non-current classification**

Assets and liabilities are presented in the statement of financial position based on current and non-current classification. An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

## NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

### **Fair value measurement**

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use.

### **Critical accounting judgements, estimates and assumptions**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

#### *Estimation of useful lives of assets*

The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

#### *Employee benefits provision*

The liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account..

## NOTE 2. REVENUE AND OTHER INCOME

	2025 \$	2024 \$
<b>REVENUE</b>		
Membership subscription	3,225,557	3,060,867
	<b>3,225,557</b>	<b>3,060,867</b>
<b>OTHER INCOME</b>		
Workshop and conference	519,085	377,573
Investment portfolio income	41,502	24,205
ELDAC income	84,934	167,425
Discernment income	-	711,109
Interest received	84,674	85,806
Other	47,641	13,945
	<b>777,836</b>	<b>1,380,063</b>
	<b>4,003,393</b>	<b>4,440,930</b>

### Accounting Policy

#### Membership subscription revenue

Revenue is recognised at the amount that reflects the consideration to which the entity is expected to be entitled in exchange for transferring the service to the customer.

#### Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

### Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

### Other income

Events, workshops, sale of goods and other income is recognised when the right to receive payment is established.

## NOTE 3. EXPENSES

	2025 \$	2024 \$
<b>CONSULTANCY EXPENSES</b>		
Consultancy fees - Media	72,000	103,208
Consultancy fees - Policy	442,697	225,200
Consultancy fees - Discernment	-	677,151
Consultancy fees - Others	154,160	332,115
	<b>668,857</b>	<b>1,337,674</b>
<b>LEGAL COSTS</b>	497,930	137,170

Increase in legal fees reflect costs for advice and representation for members associated with the renewal of an ACCC exemption and before the Fair Work Commission hearings in relation to the wages for nurses and other health workers.

## NOTE 4. CASH AND CASH EQUIVALENTS

	2025 \$	2024 \$
Cash at bank	1,544,329	1,554,988
	<b>1,544,329</b>	<b>1,554,988</b>

### Accounting Policy

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

**NOTE 5. TRADE AND OTHER RECEIVABLES**

	<b>2025</b>	<b>2024</b>
	<b>\$</b>	<b>\$</b>
Accounts receivable	37,231	7,227
	<b>37,231</b>	<b>7,227</b>

**Accounting Policy**

Trade and other receivables are recognised at amortised cost, less any allowance for expected credit loss.

**NOTE 6. OTHER CURRENT ASSETS**

	<b>2025</b>	<b>2024</b>
	<b>\$</b>	<b>\$</b>
Accrued income	75,633	35,681
Term deposits with maturity greater than three months	1,272,403	1,342,546
Prepayments	39,154	295,935
	<b>1,387,190</b>	<b>1,674,162</b>

Included in the term deposits above is a term deposit held in the name of the Company to offset the bank guarantee related to the Sydney Lease. The amount of the guarantee provided for as of 30 June 2025 was \$12,498.

**NOTE 7. INVESTMENT**

	<b>2025</b>	<b>2024</b>
	<b>\$</b>	<b>\$</b>
Investment portfolio	1,185,207	1,094,057
	<b>1,185,207</b>	<b>1,094,057</b>

The investment portfolio consists of diverse investment categories, including equities, bonds, mutual funds and private equity. We have engaged a professional investment manager to oversee and manage this diversified portfolio. Included in other income is \$41,502 (2024: \$24,205) being income generated by the investment portfolio.

**Accounting Policy***Investments and other financial assets*

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the consolidated entity has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

*Financial assets at fair value through other comprehensive income*

Financial assets at fair value through other comprehensive income include equity investments which the company intends to hold for the foreseeable future and has irrevocably elected to classify them as such upon initial recognition.

*Fair value through other comprehensive income election*

The company has made the irrevocable election to classify investments in managed funds as fair value through other comprehensive income, whereby gains and losses are recognised through equity as opposed to the profit and loss on disposal, and the cumulative changes in fair value will remain in equity and are not recycled to the profit and loss.

## NOTE 8. PROPERTY, PLANT AND EQUIPMENT

	2025 \$	2024 \$
<b>OFFICE FURNITURE</b>		
At cost	61,263	61,056
Less accumulated depreciation	(52,672)	(44,351)
	<b>8,591</b>	<b>16,705</b>
<b>RIGHT-OF-USE ASSETS</b>		
At cost	203,990	203,990
Less accumulated depreciation	(200,592)	(159,792)
	<b>3,398</b>	<b>44,198</b>
	<b>11,989</b>	<b>60,903</b>

Reconciliations of the written down values at the beginning and end of the current financial year are set out below:

	Office Furniture \$	Right-of-use assets \$	Total \$
Balance as at 1 July 2024	16,705	44,198	60,903
Additions	207	-	207
Disposals	-	-	-
Depreciation expense	(8,321)	(40,800)	(49,121)
<b>Balance as at 30 June 2025</b>	<b>8,591</b>	<b>3,398</b>	<b>11,989</b>

### Accounting Policy

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

#### Depreciation

The depreciable amount of all fixed assets is depreciated on a straight-line basis over the asset's useful life to the entity commencing from the time the asset is available for use.

The depreciation rates used for each class of depreciable assets are:

Class of fixed asset	Depreciation rate
Office equipment	10% - 33%
Furniture and fittings	10% - 33%

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period. Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

### Right-of-use asset

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the entity expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of-use assets are subject to impairment or adjusted for any remeasurement of lease liabilities. The entity has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

## NOTE 9. TRADE AND OTHER PAYABLES

	2025 \$	2024 \$
Trade payables	172,891	53,663
Accrued expenses	114,020	75,053
Funds held for programs	-	36,219
	<b>286,911</b>	<b>164,935</b>

**Accounting Policy**

These amounts represent liabilities for goods and services provided to the Company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

## NOTE 10. INCOME IN ADVANCE

	2025 \$	2024 \$
Deferred registration fees	-	<b>30,050</b>

**Accounting Policy**

The prior year balances pertain to the monies received in advance in relation to the annual conference that is held in August 2024.

## NOTE 11. PROVISIONS

	2025 \$	2024 \$
<b>CURRENT</b>		
Annual leave	156,880	125,209
Long service leave	41,073	35,129
	<b>197,953</b>	<b>160,338</b>
<b>NON-CURRENT</b>		
Make good provision	1,995	1,937
Long service leave	18,731	17,020
	<b>20,726</b>	<b>18,957</b>
	<b>218,679</b>	<b>179,295</b>

**Accounting Policy***Short-term employee benefits*

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

*Other long-term employee benefits*

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

## NOTE 12. LEASE LIABILITIES

	2025	2024
	\$	\$
Current lease liabilities	4,139	47,898
Non-current lease liabilities	-	4,139
	<b>4,139</b>	<b>52,037</b>

### Accounting Policy

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the incorporated association's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

## NOTE 13. KEY MANAGEMENT PERSONNEL DISCLOSURE

	2025	2024
	\$	\$
<b>COMPENSATION</b>		
The aggregate compensation made to directors and other members of key management personnel of the Company is set out below:		
Aggregate compensation	<b>425,612</b>	<b>445,093</b>

## NOTE 14. RELATED PARTY TRANSACTIONS

### *Key management personnel*

Disclosures relating to key management personnel are set out in Note 13.

### *Transactions with related parties*

There were no transactions with related parties during the current and previous financial year.

### *Receivable from and payable to related parties*

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

### *Loans to/from related parties*

There were no loans to or from related parties at the current and previous reporting date.

## NOTE 15. REMUNERATION OF AUDITORS

	2025	2024
	\$	\$
<b>Audit of the financial statements</b>	<b>21,500</b>	<b>20,500</b>

## NOTE 16. EVENTS AFTER THE REPORTING PERIOD

No matter or circumstance has arisen since 30 June 2025 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the Company's state of affairs in future financial years.

The Company had two lease agreements which concluded in June and July 2025. At the date of the financials, no new lease agreements have been entered into.

## NOTE 17. ENTITY DETAILS

The registered office of the Company and the principal place of business is:

Catholic Health Australia Limited  
Level 5, 60 Marcus Clarke Street  
Canberra ACT 2601

## NOTE 18. MEMBERS' GUARANTEE

The Company is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2025, the number of members was 40 (2024: 40).

## DIRECTORS' DECLARATION

In accordance with a resolution of the directors of Catholic Health Australia Limited, the directors declare that:

1. The financial statements are in accordance with the Australian Charities and Not-for-profit Commission Act and
  - a. comply with Australian Accounting Standards – Simplified Disclosures; and
  - b. give a true and fair view of the financial position of the company as at 30 June 2025 and of its performance for the period ended on that date.
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



Jenny Parker  
Director  
Date: 15 August 2025



RSM Australia Partners

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**INDEPENDENT AUDITOR'S REPORT**  
**TO THE MEMBERS OF**  
**CATHOLIC HEALTH AUSTRALIA LIMITED**

**Opinion**

We have audited the financial report of Catholic Health Australia Limited ("the entity"), which comprises the statement of financial position as at 30 June 2025, the statement of comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors declaration.

In our opinion, the financial report of Catholic Health Australia Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (a) giving a true and fair view of the entity's financial position as at 30 June 2025 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards – *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Entities* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

**Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Catholic Health Australia Limited in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Other Information**

Those charged with governance are responsible for the other information. The other information comprises the information included in Catholic Health Australia Limited 's annual report for the year ended 30 June 2025, but does not include the financial report and the auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

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In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

#### **Responsibilities of Management and Those Charged with Governance for the Financial Report**

The management of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – *Simplified Disclosures* under AASB 1060 *General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Entities* and the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and for such internal control as the management determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, management is responsible for assessing Catholic Health Australia Limited's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate Catholic Health Australia Limited or to cease operations, or has no realistic alternative but to do so.

#### **Auditor's Responsibilities for the Audit of the Financial Report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.



**RSM Australia Partners**



**GED STENHOUSE**  
Partner

Canberra, Australian Capital Territory  
15/08/2024

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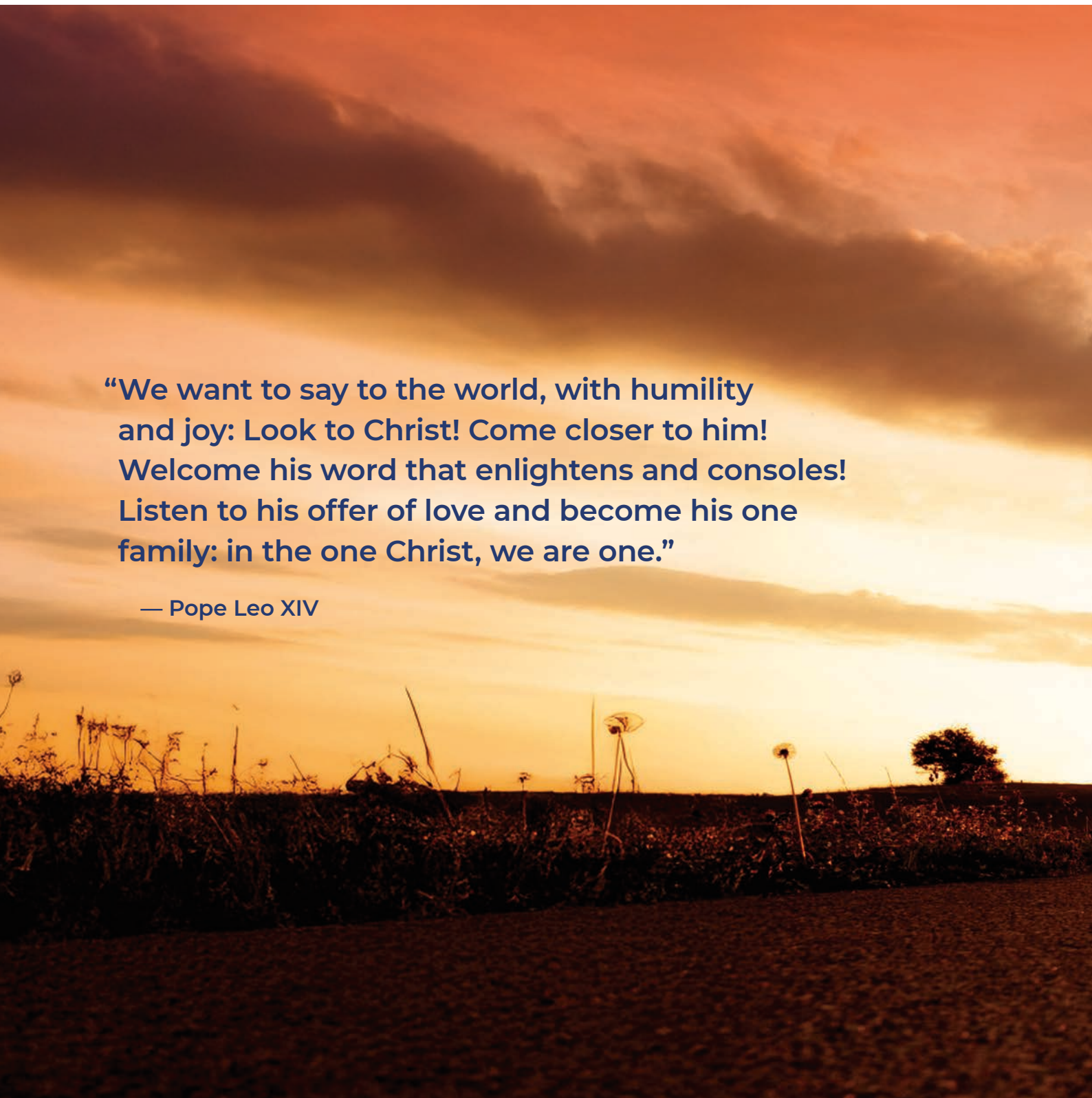


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ABN 30 351 500 103



**“We want to say to the world, with humility  
and joy: Look to Christ! Come closer to him!  
Welcome his word that enlightens and consoles!  
Listen to his offer of love and become his one  
family: in the one Christ, we are one.”**

**— Pope Leo XIV**