PROFILE

In each edition we profile an allied health professional working in cancer or palliative care.

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I left school at 16; my first job was a student nurse. I continued to work as a nurse for almost 25 years, and during that time I reared my children and studied social work. It took me 10 years to finish my degree.

I was inspired by a good friend and mentor to study social work. I believed social work would provide me the opportunity to advocate for those who had no power, and to help people to be empowered.

My first role as a social worker was as a women’s development worker in the TAFE system in Brisbane, running programs in the Brisbane Women’s Prison and in community centres assisting disadvantaged women back into the workforce and education. Subsequently, I had a range of social work roles working mainly with women in varied contexts, including drug and alcohol rehabilitation services, sexual assault services, and maternity and neonatal units in a large hospital (RBWH) and later in smaller hospital community health service (RHS).

Palliative Care

I have been a social worker now for over 17 years, however my career path changed when I commenced work with community palliative care in Brisbane (Karuna). I had the enormous privilege to work for over three years at Karuna Hospice, where I learnt so much about myself in relationship to death and dying, and how to provide exceptional palliative care service. After 12 years as a social worker, I had found my specialisation.

Moving to Melbourne, I worked in two community palliative care services: Eastern Palliative Care and Melbourne City Mission. After learning about how palliative care works in Victoria, I now work in specialist paediatric palliative care with the Victorian Paediatric Palliative Care Program (VPPCP). This multidisciplinary, statewide service covers the state of Victoria and Tasmania, and is based at the Royal Children’s Hospital (RCH). My role at the VPPCP provides me the opportunity to be involved in educational, supervisory, administrative, and research efforts with individuals, families, groups, and organisations.
While the team do not always provide direct patient care, one of our main priorities is to facilitate and improve communication between tertiary institutions and care providers in the community, thus allowing more children to be cared for at home by palliative care agencies and other services.

Paediatric palliative care differs from an adult palliative care setting, in that it covers a different spectrum of illness, there is a smaller more varied patient population, parents are generally more involved as care-givers and decision-makers, children’s understanding of death and their ability to communicate and participate depends on developmental factors, and family dynamics are more involved in decision making and end-of-life care.

Parental grief is more likely to be severe, prolonged and complicated, so the social work role is critical in supporting entire families.

Areas of professional interest in palliative care social work include:

- Developing and delivering a program of clinical supervision for staff.
- Delivering and developing bereavement programs and groups for adults, and children.
- Delivering education workshops for services in Melbourne and regional and rural Victoria regarding paediatric palliative care.
- Grief and bereavement counselling and support groups.
- Integrating mindfulness into the workplace.
- Delivering group sessions relating to communicating with children who are dying and their families, for teaching staff at the RCH.
- Delivering debriefing and supervision sessions for staff.
- Individual and group supervision sessions.
- Psychotherapy – process work.

In my various roles in palliative care, I have been privileged to engage in deep conversations and discussions with many clients and their families who have inspired and educated me about life and death. I am grateful for this opportunity.

One of the most important benefits I have found in working in palliative care is that I need to continuously contemplate my own death and find my own inner strength so I can maybe help others find their own strengths.

I continue to learn the importance of being present in the face of death, and on a daily basis have had to cultivate courage and compassion. To do this, I have found that in all the clinical settings that I have worked in, supervision, peer, and personal reflection is of paramount importance. I value the importance of taking care of my own life, of caring for the world I am working in, and of being aware of my own limits with compassion.

My aspiration is to continue to work in palliative care: to develop programs to assist those who work in this area, providing professional group and individual supervision to social workers and other professionals to develop personal and professional skills in their palliative care practice.