Palliative Care- Education Link
Final Report

A project funded

under

The Caring Communities Program

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Name of service conducting the project:	Carers ACT

Executive summary

Identifying information

Project Title: Palliative care-Education Link
Time period: Feb 2004 – April 2006
Organisation: Carers ACT, Suite 5, Ground Floor, Churches Centre, 54 Benjamin Way, Belconnen, ACT, 2617

Setting

The Project was set in Canberra. The auspice agency was Carers ACT, an agency that supports family Carers who are looking after someone who is frail aged, disabled, or chronically physically or mentally ill.

Background information

Through the provision of respite, counselling and support groups, staff at Carers ACT had identified a need in the community for an increase in understanding of the nature and extent of palliative care, and grief and loss issues for Carers. This need was especially identified amongst volunteers, community workers, and aged care workers. These people work directly with families and those at the end of their lives, and often developed close relationships with family members. They have the opportunity to provide information about palliative care and may find themselves in the position of offering support to bereaved Carers and those who are dying. Many of these workers have little training in this area. It was also recognised that Carers experience grief prior to the death of their cared-for person, due to the nature of the caring experience.

Project Aim

The Palliative Care -Education Link Project was initially designed as a community education project aimed at increasing knowledge and skills in responding to, and supporting, families receiving palliative care.

Description

A flexible training package was developed by workers at the ACT Palliative Care Society and Carers ACT that covered:

- an introduction to palliative care and the palliative approach, the philosophical underpinnings and the services available in and outside the home.

- grief and loss; some of the theories in the area; experiences of, and influences on, grief and loss for Carers; and ways of supporting the bereaved.

The target group were community workers, volunteers and workers in aged care services. The education workshops ran for one to three hours depending on the need of the organisation.

A day Retreat was held for volunteers working specifically in the area of bereavement. Workshops on grief and loss theory, listening and talking, self-care and aromatherapy and simple massage were held.

To mark National Palliative Care Week in 2005 two seminars with a Buddhist were held for staff working in palliative care on healing and preventing burnout.

Written evaluations were done for each education session, the retreat and the seminars.

Results

Two hundred and forty seven people undertook training as part of the Caring Communities Project in twenty-five workshops. The first six workshops were presented in the community to people from a variety of agencies including schools, Community Centres, Red Cross, Meals on Wheels, and Community Transport. These workshops were three hours long.

Five facilities requested only the grief and loss training –the other twenty sessions included both palliative care and grief and loss training.

Later in the Project workshops were presented to Residential Aged Care Facilities. These workshops varied in length depending on the facility's needs and staff availability. Many of them were two hours long. Occasionally the workshop would be split into two one-hour sessions as this fitted in with staff roster changeovers and the usual staff in-service time allocation.

The results of the evaluations indicated that the venues and times of the workshop were convenient- especially if it was at the workplace, and, in the cases of Residential Aged Care Facilities, between shifts. At some facilities the training was done in the workers' own time. Numbers attending were lower at these facilities.

The majority of participants reported an increase in their knowledge of palliative care services, and grief and loss.

The content of the training that people generally found most useful was the information on palliative care and the palliative approach and the different responses to grief and loss and how to support someone who is grieving.

Participants also appreciated the open discussion about dying and the use of the words *death* and *dying*. They also enjoyed the interactive nature of the workshops and repeatedly commented about the value of group discussions and the sharing of group members' experiences. Most interaction between the group members occurred in smaller groups of between six and twelve members in facility based workshops.

The aim of increasing participants' knowledge in supporting people who are receiving, or maybe receiving, palliative care was met according to the self reports in the questionnaires of the participants. Two months after the workshop seventy-four percent of respondents to the follow-up questionnaire believed the workshop had made a difference to their work, with many reporting an increase in sensitivity to, and insight or understanding of, families needs. All respondents indicated that they would recommend the workshop to others working in palliative care. Some respondents believed the workshop had given them a more holistic approach to their work. From these responses it can be inferred that many participants did feel the workshop improved their skills in supporting those families receiving palliative care.

Recommendations

1. That Carers ACT consider having education on grief and loss, in particular Carer grief and loss, as part of their core business. Additional funding may be necessary to facilitate this role.
2. That Residential Aged Care Facilities be provided with on-going comprehensive training in palliative care and grief and loss issues. This needs to be an integral part of personal care training. As staff turnover is high in some facilities it may need to be run on a continuous basis. Aged care staff also needs access to specialist palliative care support.
3. That self-care is important for workers supporting people who are dying or bereaved and that a separate workshop needs to be run on this issue alone.

4. That Carers ACT and the ACT Palliative Care Society continue to develop their collaborative working relationship.
5. That the ACT and Region Bereavement Support Network continue to be resourced with secretarial support.
6. That updated information on bereavement services and activities continue to be made accessible to community groups, organisations and Residential Aged Care Facilities.
7. That continued research is done on best practice in responding to, and supporting, families that are receiving palliative care.