Caring Communities Project

Greater Darwin Palliative Care Volunteer Support Program

EXECUTIVE SUMMARY

Project Officer: Be Potter
Funded by: Department of Health and Ageing

Background:

A Palliative care Hospice has long been planned for the Darwin region. Stakeholders have spent several years lobbying for a commitment from consecutive Governments in the NT. Finally, the current government approved the project and a stand alone 'ward' is currently under construction in the grounds of the Royal Darwin Hospital.

The Hospice has been a motivating force to provide a Volunteer Service to work with the Palliative Care Team. The Greater Darwin Palliative Care Volunteer Support Project was initiated to provide trained and supported volunteers to the existing Palliative Care Program and upon completion of the Hospice the Volunteer program be handed over for it's continuation.

The Palliative Care Volunteer Program currently runs parallel to two other pre existing Volunteer programs. Training is, in part dovetailed into the overall recruitment and training process. All of our volunteers undertake the same orientation and information 'Pre Placement' training. The Palliative Care training takes place after the Pre Placement training and consists of a more comprehensive and specific curriculum, over a longer training time.

Objectives:

The central objective was to provide a core of appropriately trained volunteers to respond to the Palliative Care Team's referrals. The referrals were for clients who for various reasons needed additional social / emotional support throughout the last stages of a terminal illness. The support may have been provided to the dying person and / or their spouse / carer, family member or friend. Support is provided from the volunteer within clearly defined roles and responsibilities guidelines.

Methodology:

An initial and intense recruitment campaign was undertaken within a climate of publicity surrounding the new Hospice resulting in some fifty enquiries. Thirty people undertook the first three training courses. Training and supporting volunteers at this point was disproportionate to the incoming referrals. Subsequent and considerable disruption to the project has managed to successfully provide the core outcomes. – Volunteers appropriately supporting clients and families within the context of their mandate.

Results / discussion:

Volunteers are of great benefit in supporting clients at home, especially where the client is living alone and is socially isolated. We feel we achieved very positive outcomes in this particular area. We have also had good outcomes with volunteers visiting clients in both the Hospital and nursing homes.

Our outcomes have been very positive but on a much smaller scale than originally anticipated. We have recognized that we were fairly ambitious in the beginning and perhaps a little too hasty in getting the program up and running without fully exploring the full range of project objectives. The coordinator position was not full time and there were real issues around time management and planning which were unfortunately not resolved. Other coordination and management matters also hindered the project.

Evaluation:

Evaluation of the overall project has been an ongoing but informal and consultative process. As issues arose or were brought to our attention they were dealt with ASAP. This formative evaluation resulted in some major changes to the implementation of the project.

Participants in the training programs each completed evaluation forms. With results being extremely positive.

Clients have given both positive and negative verbal feedback to the Palliative Care Team and again this has been dealt with accordingly. By and large the feedback being very positive.

The Palliative Care Team has also provided positive verbal feedback.