Building Rural Community Capacity through Volunteering

Final Report

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Author (s)
Barbara Young, Hume Regional Palliative Care (principal author)
Eileen Clark, La Trobe University Albury Wodonga (literature review author)

Project Officer
Barbara Young

Project Manager
Sue Salau, Hume Regional Palliative Care

Evaluator (s)
LaTrobe University Palliative Care Unit
JigSaw Research
Hume Regional Palliative Care project team

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Project Management:	Ovens & King Community Health Service (O&KCHS)
Name of service conducting the project:	Hume Regional Palliative Care (a partnership of O&KCHS and NHW)

Executive Summary

The Australian Government Department of Health and Ageing (DoHA)
Caring Community Program (CCP) project:
***'Building Rural Community Capacity through Volunteering'* (2005)**
1 April 2003 to 31 March 2005

Fund Holder: Northeast Health Wangaratta (NHW)
Project Management: Ovens and King Community Health Service (O&KCHS)

Hume Regional Palliative Care (HRPC), a partnership of NHW and O&KCHS, manages and coordinates a community based palliative care program which subcontracts five agencies to provide specialist palliative care services wherever the service is required (e.g. home, hospital and/or residential care), across an area of 40,000 square kilometres in rural North East Victoria.

In the Hume region, the resources of rural community-based palliative care teams are limited by the constraints of distance, funding, position descriptions and the availability of professionals to provide a holistic range of services. To optimise client choice HRPC has 150 palliative care volunteers operating from seventeen auspice agencies. Most of these auspice agencies do not receive funding for this service to their community.

As a response to the growing demands on the local specialist palliative care services, this project was conceived to:

- Strengthen the volunteer services; and
- Build the capacity of rural communities to share the care of the ill and grieving in their midst.

The project was implemented within two distinct streams.
The Stream 1 objectives were to develop:

- A supported, local, rural palliative care volunteer self sustaining model; and
- Strong partnerships between rural palliative care volunteer services and regional palliative care services, other health providers and local communities.

The Stream 2 objective was to:

- Encourage local community action, using a health promoting approach, to provide social supports for their terminally ill clients and families/carers and their volunteer service.

Methodology and Outcomes:

Stream 1
The project team consulted with management and the coordinators of volunteers (CoVs) from the seventeen local health services. Strategies were:

- Appointment of Jigsaw Research, Wangaratta as external evaluators to survey the roles and responsibilities associated with palliative care volunteering
- A workshop and ongoing communication with auspice agency management to strengthen partnership arrangements
- Data collection surrounding the management/coordination of palliative care volunteers to build a case for funded local, sub-regional and regional coordination of volunteers; and

- Provision of a volunteer management workshop, a submission writing workshop and an evaluation tool to determine the skills of local presenters of volunteer training, to strengthen local community support for the volunteer services.

It was found that it was possible to support and retain a large number of palliative care volunteer services whilst ensuring best practice coordination and linkage into specialist palliative care teams.

Stream 2
Specialist palliative care teams/volunteers and general community health staff across the region were canvassed, to identify those health service providers with an interest in a public health approach to palliative care. Strategies were:

- Appointment of LaTrobe University, city campus Melbourne, Palliative Care Unit (LaTrobe PCU) to provide consultancy, health promotion education and evaluation of the strategy that established a regional Health Promotion Resource Team (HPRT)
- Selection of HPRT members to mentor, advise, initiate and encourage health promoting palliative care awareness activities in Hume Region communities, with community groups accessing seed funding via a small grant submission process; and
- Training in how to facilitate a seminar on adult bereavement.

It was found that a health promotion and public health approach to palliative care can build local community capacity by raising awareness and spreading the responsibility in regard to death, dying, loss and palliative care. Palliative care services are limited in the time they can spend with their clients. Local community members and specialist palliative care providers must together care for those people, and their carers and families, living with life-threatening illness and the grief that accompanies this journey of life.

Discussion:

Stream 1
Local ownership, recruitment, training and management of palliative care volunteers strengthen the capacity of rural communities to provide an accessible service of which local communities are proud.
To sustain rural palliative care volunteer services they need:

- Funded management and coordination as it takes time, effort and skill to effectively lead, manage and coordinate a palliative care volunteer service; and
- Overarching regional guidance and protocols to ensure linkage into palliative care services and best practice education.

The Jigsaw Research Evaluation Reports 2003 and 2004 emphasised these findings.

Stream 2
The La Trobe PCU findings established the need for the health promotion strategy to be extended, to allow existing networks and partnerships to continue and further resources to be developed. A fund to support health promoting palliative care initiatives and the HPRT to encourage and advise on continuing education and training opportunities in health promotion and public health approaches to palliative care should also be included. Access to such a mentorship/seed funding model enables general community members to respond to issues that surround death, dying, loss and palliative care.

Project recommendations:

1. Volunteer service funding

Coordinators of volunteers are funded to perform their management and coordination roles.

HRPC to:

- Lobby for a funded coordinator of volunteers at each specialist palliative care service plus a flexible pool of funding to support the outlying volunteer services.

State and National funding bodies to:

- Recognise the need for funding volunteer management and coordination and resource accordingly; and
- Include volunteer management time in palliative care data sets.

2. Volunteer leadership and management

Volunteers are provided with skilled management and leadership

HRPC to:

- Ensure volunteer services are linked closely to their local community based palliative care services
- Provide regional guidance and support for the palliative care volunteer program through the continued appointment of a regional volunteer services worker; and
- Link with existing volunteer resource bureaus to access volunteer management training and education.

3. Volunteer recruitment and training

Volunteers require standardised, best practice education and training in palliative care

HRPC to:

- Continue to strengthen a region wide approach to volunteer service protocols, education and training
- Mentor and support local health and community professionals to be involved in the delivery of the palliative care volunteer training modules; and
- Identify recruitment strategies that attract a more diverse group of people for palliative care volunteering roles.

State and National funding bodies to:

- Provide resources to update the current: 30 hour HRPC Palliative Care Volunteer Training package and the HRPC Coordinating a Palliative Care Volunteer Service manual to enable their use by other services.

4. Health Promotion and Public health approach to palliative care

All palliative care services embrace a health promoting palliative care approach which enables people with a life threatening illness and their carers and families to be supported by their communities.

HRPC to:

- Employ a regional community development worker to progress the regional health promotion initiatives, provide and/or encourage education in health promotion and strengthen partnerships and networks; and

- Allocate a pool of health promotion dollars to enable community access to seed funding which support local activities that raise awareness around death, dying loss and palliative care.

All palliative care services to:

- Consider a public health approach to build partnerships between themselves and their community.

State and National funding body to:

- Recognise the benefits of health promoting palliative care and fund palliative care services with a pool of flexible health promotion dollars.

Conclusion:

This project enabled the challenges of providing health promoting palliative care in a diverse rural region to be explored. Furthermore, it considered the best ways to support volunteer palliative care services and to involve local communities in palliative care. From this has emerged a better understanding of how to sustain and build the capacity of rural communities to care for their local residents living with life threatening illness or grieving over the loss of a loved one.