

“A Sense of Hope”

Presenters:

Jan Desbrow & Kerri Dooley

CPCRE Annual Research Conference

Palliative Care in the Community





Background

- DoHA funded project Local Palliative Care Grants Program Round 3
- May 2006 – March 2009
- Literature Review conducted prior to funding submission using a model from UK - *“A Multi-Professional short-term group intervention for informal caregivers of patients using a home Palliative Care”*
Richard Harding et al





Objective 1

‘Bayside Palliative Care Carers Support Group’

To improve the use of care planning, to improve collaboration between services involved in providing care through the development and implementation of a carer support model which provides peer support, information and clinical support for palliative carers.



Objective 2

‘Bayside Care4U’

To develop and implement a primary care Model for Bereavement which will provide an avenue for the carer to receive bereavement support prior to, and after the death of their loved one. It is hoped that this model can assist in promoting community awareness about the normalcy of death, dying and bereavement.





Method

- Steering Committee convened
- 6 week workshop course developed
- Multi – disciplinary presenters
- Topics covered; respite options, palliative symptom management, grief & loss, relaxation techniques, complimentary therapies, ‘what about me’ (physio & dietary tips – carer focused)



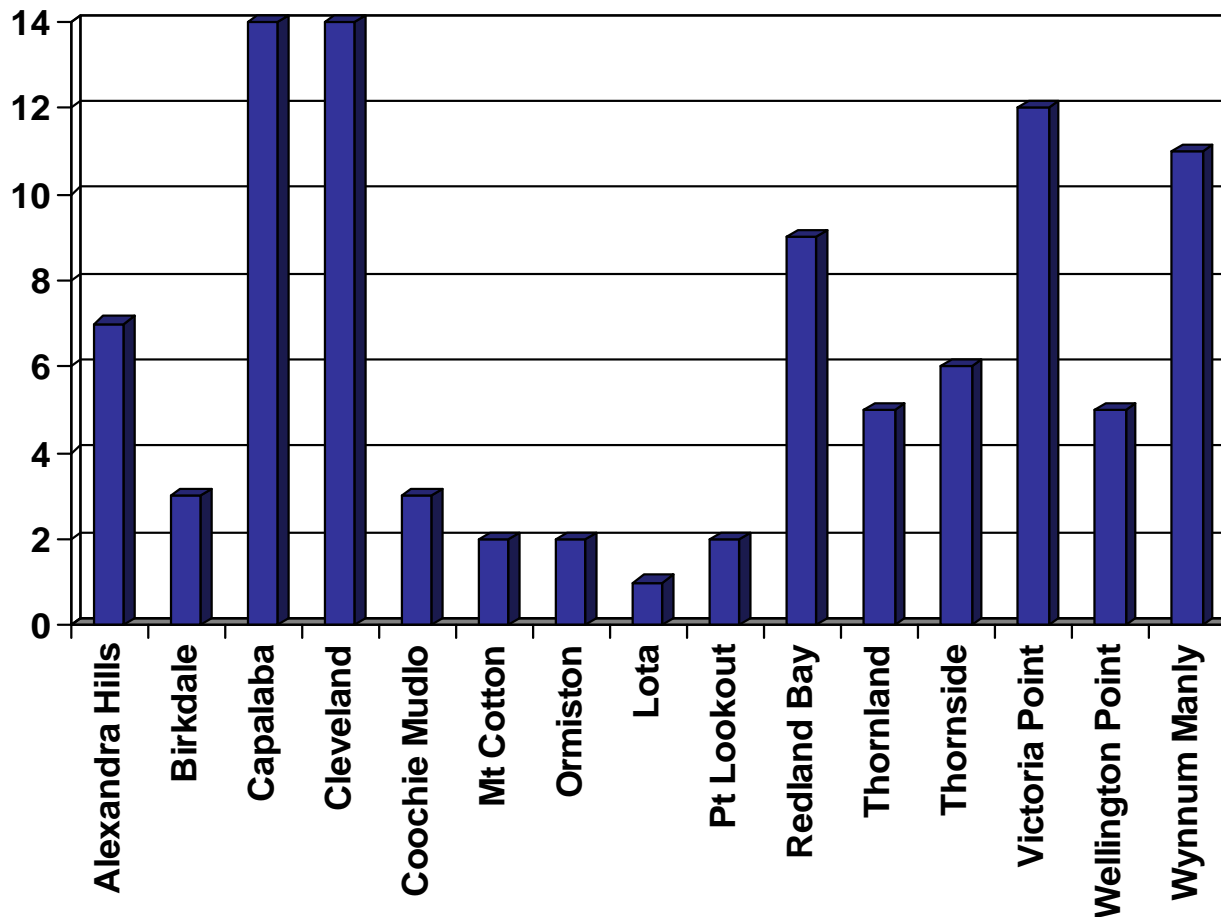


Results

- 10 Carer Support Group workshops run with 77 participants
- Transport and In Home Respite offered to enable carers to attend
- High drop out rate due to demands on carers ~ however for those able to complete program invaluable peer support, education & resources provided

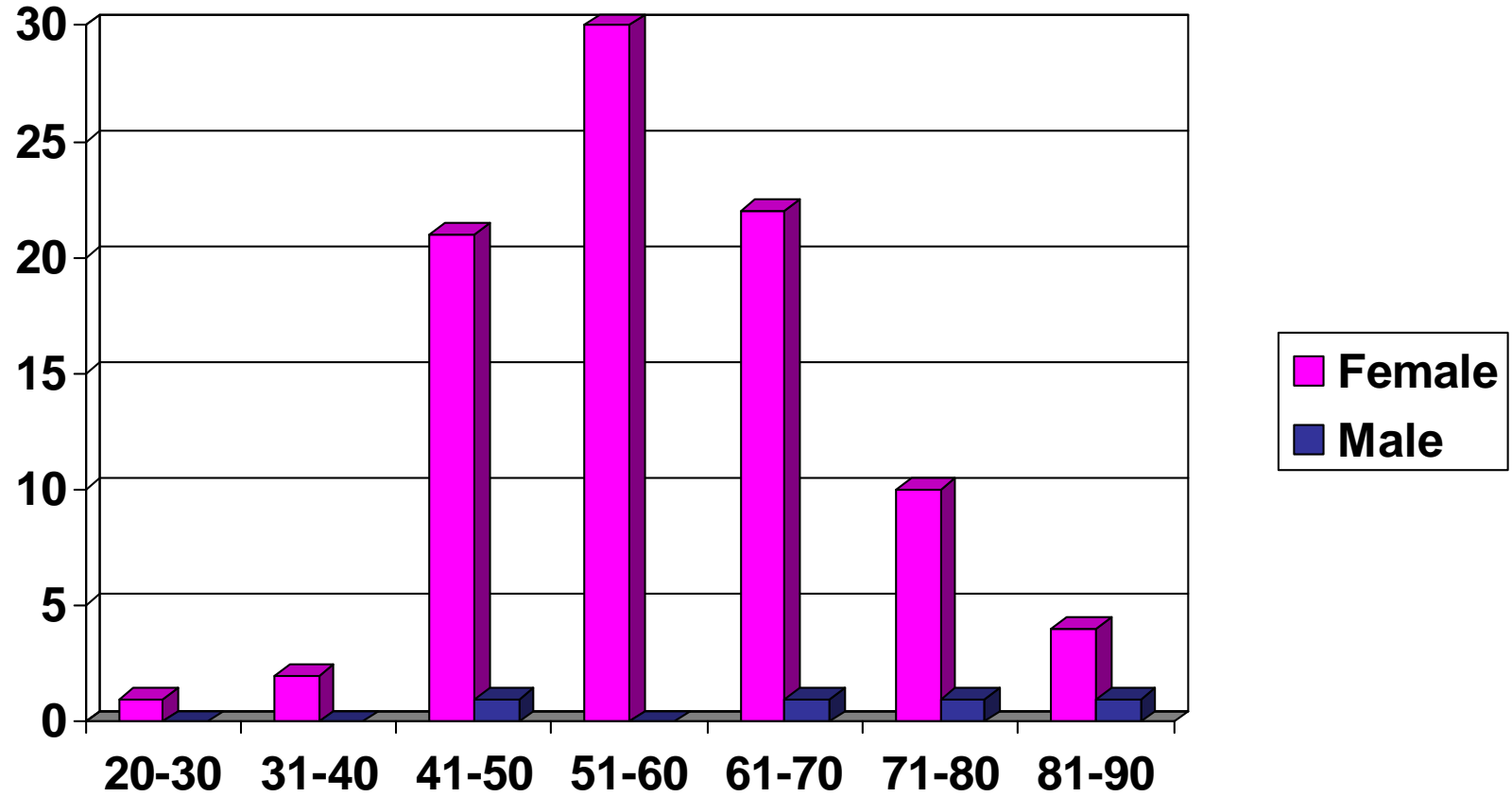


Course Attendance Demographics



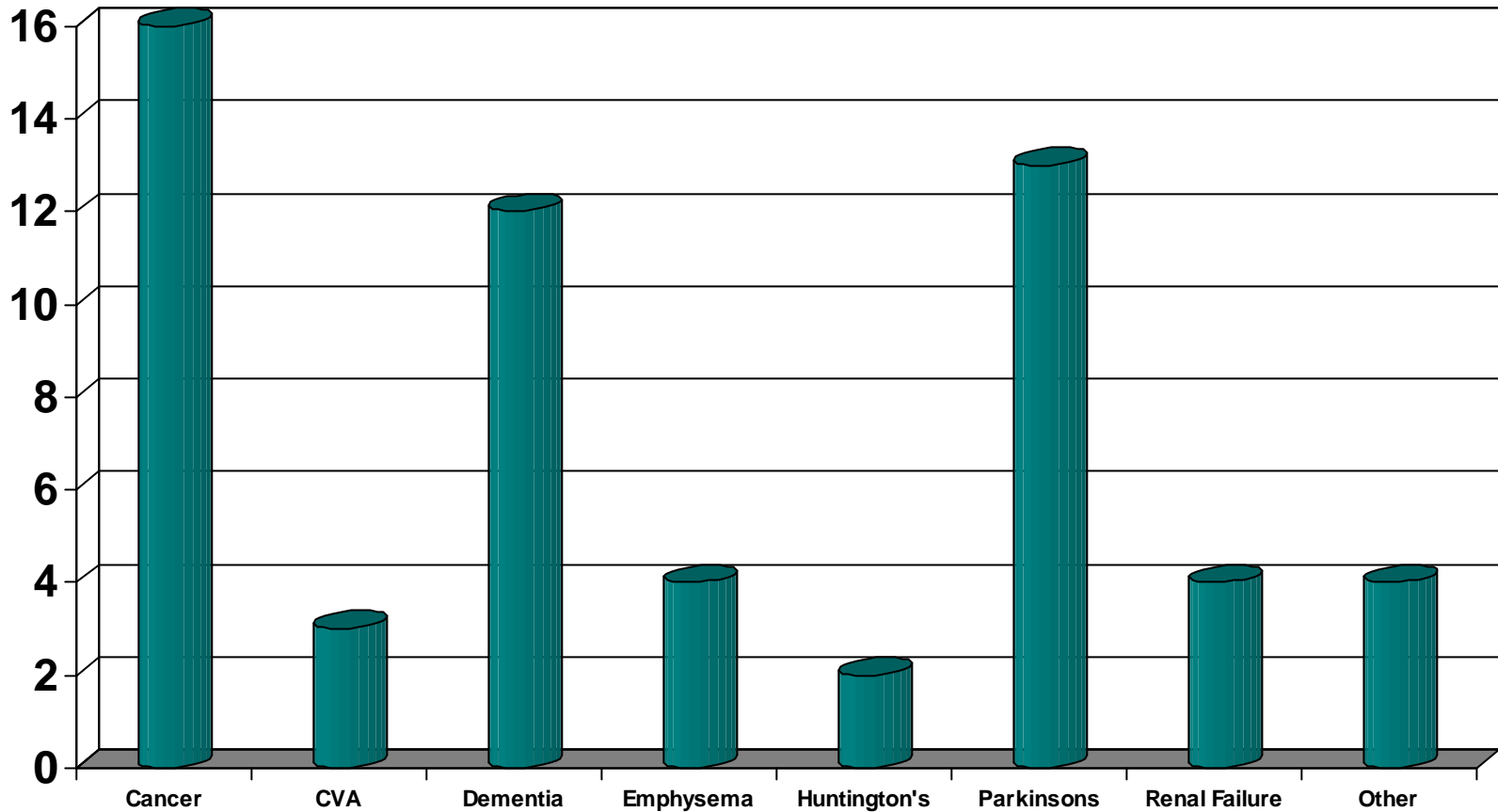


Age Range





Diseases Represented





Evaluation

- Session 1 & 6 Carer Strain Index was completed
~ insignificant statistical difference in scores
- Session 6 course evaluation completed
- Independent evaluation conducted gathering qualitative data in face to face interviews
- 12 interviews conducted with thematic analysis



Participants comments

- “ I can’t talk highly enough of it – it was just what I needed”*
- “....the information delivered in the course was absolutely spot on. I thought there was adequate info to cover specific issues from a treatment point of view and a caring point of view”*
- “ This session was good because when you took a little bit of time out for yourself you didn’t feel guilty. You knew it was the best thing to do”*



Bayside Care4U

- **Bereavement Model** *“A qualitative evaluation of bereavement service: An analysis of the experiences of consumers and provider services in Australia” Ruth Marquis American Journal of Hospice & Palliative Care July- Aug 1996*
- Bereavement Advisory Forum
- Bereavement Support Group
- Dr David Donaldson
- Independent evaluation



Results

- 6 week program developed
- 6 Bereavement Support Groups
- 34 Participants
- Bereavement Assessment tool developed
- Memorial Service



Bereavement Assessment

Name: _____
 DOB: _____
 U/R: _____
 M F
 or affix label here

| DETAILS OF PALLIATIVE CLIENT | | | | DETAILS OF CARER | | | |
|--|-------------------------------|---------------------------------|-----|-------------------|-------------------------------|---------------------------------|-----|
| Last Name | | | | Last Name | | | |
| First Name/s | | | | First Name/s | | | |
| Sex (please tick) | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Age | Sex (please tick) | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Age |
| Date & Cause of Death | | | | | | | |
| Relationship to Client | | | | | | | |
| Religious/Cultural/Spiritual Affiliation | | | | | | | |

| RISK INDICATORS OF CARER – please tick as many as appropriate | | | |
|--|--|--|---|
| COPING STRATEGIES | ATTACHMENT | ENVIRONMENT | LEVEL OF CONTROL |
| <input type="checkbox"/> Acopia | <input type="checkbox"/> Centrality | <input type="checkbox"/> Concurrent Crisis | <input type="checkbox"/> Sudden Death |
| <input type="checkbox"/> Decreased Role Diversity | <input type="checkbox"/> Ambivalence | <input type="checkbox"/> Decreased Social Support | <input type="checkbox"/> Unaware of diagnosis |
| <input type="checkbox"/> Multiple losses | <input type="checkbox"/> Relationship difficulties | <input type="checkbox"/> Isolation | <input type="checkbox"/> Prolonged dying process |
| <input type="checkbox"/> Lack of Reality | | <input type="checkbox"/> Family Conflict | <input type="checkbox"/> Preventability |
| <input type="checkbox"/> Unresolved previous losses | | <input type="checkbox"/> Expressions of grief discouraged | <input type="checkbox"/> Unaware of prognosis |
| <input type="checkbox"/> Client has similar health problem | | <input type="checkbox"/> Pre-existing Factors/Strains | <input type="checkbox"/> Traumatic witness of death |
| <input type="checkbox"/> Relationship difficulties with dying/deceased person (historical) | | <input type="checkbox"/> Complex grief associated with children or teenagers | <input type="checkbox"/> Death of a child |
| <input type="checkbox"/> Multiple losses | | | |

OTHER (please specify): _____

| OUTCOME OF ASSESSMENT | |
|---|--|
| Does the client have a plan if more support is required to manage in their present circumstance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Would the client benefit from bereavement support or counselling? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Referral/s Required? Please indicate below referral/s made & complete a Spiritus Referral or Additional Services Form | |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Grief/Loss Support/Counsellor |
| <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Volunteers |
| <input type="checkbox"/> Other Please Specify: _____ | |
| Further information provided: | |
| <input type="checkbox"/> Carer Allowance | <input type="checkbox"/> Phone counselling |
| <input type="checkbox"/> Send Support Group Info | <input type="checkbox"/> Education/Information Sheets |
| <input type="checkbox"/> Other: _____ | |

| | |
|--|--|
| Additional strategies, plans implemented | |
| Additional comments | |

| DETAILS OF PERSON COMPLETING THIS FORM | |
|--|-------------|
| Signature: _____ | Name: _____ |
| Designation: _____ | Date: _____ |



Care4U Comments

*"I didn't want to be on my own. The program allowed me to express my feelings, even though I am filled with sadness I was given a **sense of hope** that my healing had now begun"*

"I would rate that (community need) as 11. There is nothing out there. Nothing. I did one-on-one counselling, but I just felt there was something more I needed...There is no-one else out there to offer this support. Who else could you call?"

"...I would hate to think that this stopped and there are other people out there that needs (sic) the help that would miss out. I think the need is huge, there must be so many other people out there that need that help. I would hate to think that if the service was closed, that so many people out there would miss out on that support I've had".



Life after the Project

- Sustainability!
- Philanthropic \$\$\$\$
- Bereavement Support Groups
- Challenges & triumphs

Thanks to...

