

## The Role of Volunteers in the Palliative Care Setting of the North West Coast of Tasmania

The Hospice Care Association of North West Tasmania Inc has been operating for 30 years. From humble beginnings using people's lounge rooms, personal cars and Volunteers doing everything to 2016 where we are fortunate to have a designated office base (alongside the Specialist Palliative Care Service), a Hospice car (to transport clients to appointments) and two part-time paid staff.

I have only been in the role a short time but could immediately grasp the pivotal role in which our Association fits. I describe it to my Volunteers that we are 'being with the client' we are not 'doing for the client', that is for others- the GP's, the team at Specialist Palliative Care, other community service providers, carers, family and friends.

We have just over 70 Volunteers across the Coast- a mixture of male and female (but mostly female), a range of ages (but mostly around retirement age) but ALL are passionate about assisting to provide high quality respite care to our clients to enable the carer to take a regular well-earned break from their caring role.

We provide in-home respite as well as visits to Residential Aged Care facilities and Hospitals. In addition to this we provide transport to appointments, treatments and specialists from the coast to Launceston. All this is provided at no cost to the client- however many people do give a donation towards the Association.

All Volunteers are carefully interviewed and checked, inducted into the Association through a thorough 6 day training program and supported in an ongoing manner around further skill development and knowledge and also debriefing opportunities. A rewarding part of this training is the keenness of Subject Matter Experts to volunteer their time to impart knowledge around Grief, Loss & Bereavement, Palliative Care, Manual Handling, Spirituality and Dementia. Part of my role as Manager is to recruit, train and retain our quality Volunteers.

We are very fortunate to be 'housed' alongside the Specialist Palliative Care Service team, we are able to attend daily handover meetings, weekly clinical reviews and have regular discussions about ongoing client needs. In fact, 95% of our referrals come through the Specialist Team. It is very helpful and rewarding to be able to be part of such a professional and supportive multi-disciplinary team.

We are also very fortunate to be the recipients of State Government funding which assists us to provide transport (and reimburse transport costs to Volunteers) and to provide ongoing skill

development and finance (at least) two recognition days for Volunteers throughout the year, which generally consists of guest speakers around relevant subjects or topics of interest.

Last financial year we had:

<u>Clients Referred</u>	121	24 not admitted: <ul style="list-style-type: none"> <li>• Did not meet criteria</li> <li>• Chose not to use service</li> <li>• Died before Admission</li> </ul>
<u>Clients Admitted</u>	97	<ul style="list-style-type: none"> <li>• Males: 56</li> <li>• Females: 41</li> </ul>
<u>Total Hours of Support</u>	1,918.66	<ul style="list-style-type: none"> <li>• Daytime hours: 1,001.25</li> <li>• Evening hours: 18.00</li> <li>• Night sits: 141.00</li> <li>• Transport hours: 757.41</li> </ul>
<u>Paid staff additional hours</u>	378.00	<ul style="list-style-type: none"> <li>• Assessments: 72.00</li> <li>• Training program: 30.00</li> <li>• Volunteer Groups: 32.25</li> <li>• Client related meetings: 112.25</li> <li>• Professional Dev't: 122.50</li> <li>• Memorial Service: 9.00</li> </ul>

I think the integral role for our service is that we are able to sit with and support people with a life limiting illness at their choice of place, where they want to be. There are no designated Hospice beds or stand-alone Hospice on the North West Coast and I feel we are making a difference for clients who are choosing to die at home.

I see the Hospice Care Volunteers as an integral part of the landscape of Palliative Care Professionals by supporting the carer, family and friends of the loved one with a life limiting illness.



Lois Berry, Manager