

We are also working to include palliative care volunteers in our regular facility volunteer orientation program so they can become familiar with our philosophy and more effectively contribute to the overall care of the resident. This is in addition to the special training palliative care volunteers already receive before they come to our facility. By actively involving

palliative care volunteers, we can help make their contribution more effective.

The palliative care volunteer program is a wonderful contribution to patients receiving a palliative approach to their care and we are grateful for the opportunity to be involved with such a wonderful program. We are

looking forward to the continuing involvement of the volunteers with our facility and residents.

**Frank Brady, RN**

Carey Gardens Centre for Aged Care  
Baptist Community Services NSW  
and ACT

## Volunteer training resource kit

*Volunteers contributing to a palliative approach in aged care: A model and toolkit for 'helping out' is a resource that provides a step-by-step process for volunteer involvement, a support model, and tools that can be adapted to suit a facility's needs.*

This resource was designed by a team of researchers at Edith Cowan University to be used in conjunction with the *Guidelines for a palliative approach in residential aged care*.

Residential aged care facilities with existing volunteer programs will find 'the model' and 'guiding principles' useful checklists to assess their volunteer programs for effectiveness and appropriateness.

For facilities without existing volunteer programs, the resource provides step-by-step guidance on understanding what an effective volunteer program requires and how to develop and implement the program.

The resource also contains general information on appropriate roles and support for volunteers.

### Circumstances when volunteers should not be involved

- to replace paid staff positions
- when no support is available for volunteers
- to do work that paid staff are reluctant to do
- to do work for which the volunteer is not adequately trained
- when tasks are not meaningful
- when there is potential for exploitation of the volunteer
- when the task is inconsistent with achieving organisational and program objectives.

### Volunteers have the right to be supported

- in a culturally safe environment
- be provided with orientation to the facility
- be provided with sufficient training to do activities
- have clear lines of communication to facilitate two-way flow of information and feedback
- be respected and supported
- be able to say 'no' to unacceptable tasks
- receive appropriate psychosocial support, such as bereavement support
- be linked to others undertaking similar roles
- not to be exploited
- be informed of any change of circumstances regarding the resident while they are visiting.

To order a copy of the resource, download the palliative care publications order form at [www.health.gov.au/palliativecare](http://www.health.gov.au/palliativecare).



Palliative  
Care  
Australia

## Residential Aged Care Palliative Approach Network : Newsletter



July 2010 : Seventeenth Edition

### Welcome

Volunteers have the potential to play a very important role in the provision of care for people in residential aged care facilities. *The Guidelines for a palliative approach in residential aged care recommends that volunteers are involved in the provision of a palliative approach in residential aged care facilities.*

However, effective inclusion of volunteers requires appropriate support and supervision. The *Guidelines* notes that to facilitate the inclusion of volunteers into an RACF, the aged care team may require education in managing volunteers in an RACF setting, or a coordinator of volunteers position could be introduced.

Similarly, volunteers require education and ongoing supervision and support to ensure the service they provide is valued by residents and carers and enhances the provision of a palliative approach to residents.

In this edition of the RACPAN newsletter, we explore the role of volunteers and contributors approach the topic from three perspectives: training volunteers, volunteering, supervising volunteers.

### Training volunteers for residential aged care

Volunteers can play a crucial role in residential aged care facilities but it is imperative they receive appropriate training and support to successfully carry out their roles.

In February 2009, the ACT Palliative Care Society extended its volunteer service to include residential aged care facilities. The society's volunteer program commenced in 1985 and volunteers play a vital role in palliative care in the Australian Capital Territory. Volunteers are now an integral part of the palliative care team.

Volunteers for aged care come from a variety of backgrounds and undertake

a rigorous training program. Volunteers are trained to offer emotional and practical support to residents, families and staff, and work to help improve care at the end of life. They offer one-on-one companionship to residents, and can be available at the time of death and also for bereavement support for families and friends.

Importantly, volunteers are trained to respect and acknowledge the valuable work of all facility staff and observe the policies of each facility.

In June 2009, the society began training for 12 volunteers to work in residential aged care facilities. The society was fortunate to have many existing volunteers who wished to extend their volunteering into aged care which meant we were quickly able to meet the needs of participating facilities.

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Volunteers undertake a training program which covers a wide range of topics, including palliative care, communication, spirituality, therapeutic massage, the dying process, and loss and grief. The training also includes an introduction to conditions and illnesses, providing a broad picture of the illnesses volunteers may encounter in their work, including motor neurone disease, cancer, renal failure, dementia, and COPD. The importance of infection control in residential aged care facilities is continually emphasised.

The training program takes approximately 35 hours and is led by a training facilitator with involvement from other volunteer coordinators. The program has been developed over several years and is regularly revised to reflect changes in the delivery of palliative care as well as changing community expectations.

Volunteering in a residential aged care facility is not for everyone. Before a potential volunteer is invited to join the training program, they are asked to share stories of their own personal losses and how they have integrated these into their own

## Training areas for volunteers

### Introduction to palliative care

- the philosophy of palliative care
- delivery of palliative care in RACFs, the home, the hospice, or a hospital
- advance directives – ethical pros and cons

### Communication

- a speech pathologist provides effective and relevant strategies for work in RACFs

### Hand and foot massage

- basic massage skills are taught in an appropriate manner and the society accesses professional massage therapists as needed

- highlights the importance of touch as a valuable means to connect with the resident

### Spirituality

- this can take the form of music, reading and poetry

### The dying process

- how people die
- needs of the dying
- what to expect when the body enters this final stage of life

### Experiences of grief and loss

- effective bereavement support
- effective listening skills

lives. Other considerations include spiritual awareness, beliefs, tolerance and communication. Aspects of volunteering also discussed are commitment, availability and confidentiality.

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## Fit for the job - participating in a volunteer program

Volunteering in the ACT Palliative Care Program wasn't something I knew I wanted to do until four or so years ago when I was thinking about retiring. Had anyone asked me to consider such work even ten years ago I may have said I wouldn't feel fit for the job. But I realised there were aspects of my professional life motivating me to volunteer for the program, particularly in the area of anticipated grief.

Before I undertook the training with the ACT Palliative Care Society to become a volunteer in an aged care facility, I had wondered about some of my qualities which might make me 'fit for the job'. Basically I believed I needed to feel comfortable and confident about being with people

who are dying. I needed to feel centred and calm deep down inside myself in order to respond well to whatever situation in which I might find myself.

Now, nearly 12 months after my initial training and with experience companioning clients in two different aged care facilities how accurate was my original assessment of 'fitness for the job'? Yes, pretty good, but there's more of course. For example, being open to a client not wanting me around sometimes, being patient about repetition, being ready

to act as advocate, feeling comfortable about sitting silently, encouraging a sense of quiet and stillness in my client, knowing when to contact my coordinator when I am not sure of procedure or care issues, helping my client deal with sad and regretful feelings from the past, and facilitating ways for my client to resolve relationship difficulties.

All of these constitute challenges but they also contain reward as I become more accustomed to what it is that is most helpful to individual clients.

*I think that my reward comes from challenges. As I get to know my clients I find new and improved ways to meet their current needs.*

Challenges emerge from the 'fitness' criteria. I think these are to do with accepting others' views and feelings about their lives coming to an end. When I forget to tap into my calmness and personal centredness prior to visiting someone in an aged care facility I am likely to become less focussed. I become dismayed at the small number of staff available to do a massive job. I feel angry with legislators and resulting policies relating to people of all ages who require palliative care. I see the gaps and the resulting pressure put on facility staff.

I need somewhere to let go of these distractions. Sometimes I phone our coordinator who talks me down and lets me breathe properly again. She can make enquiries to seek help with specific issues to do with the care of my client. And I attend a warm and enthusiastic support group once a month. They are like glue the way they hold me together and allow me to just do my best. I have told them I take them with me in my pocket when I do my visits. I am not sure what they think of that, but they are sensitive folk and I believe they probably rather like the idea.

There are all sorts of rewards that continue to help me on my way. For instance, the wonderful support group, regular seminars, new books, our annual dinner, all the wonderful volunteers who will gradually become friends, our lovely supportive staff, and of course the amazing staff at the aged care facilities who work energetically to get everything done each day, with minimal person-power and mediocre financial reward.

In summary I think that my reward comes from challenges. As I get to know my clients I find new and improved ways to meet their current needs. I am a happy camper when I'm on the job and I know I have made a great choice in my new career as a palliative care volunteer.

**Judy Whyte**  
Volunteer

## Introducing palliative care volunteers to an aged care facility

At the beginning of 2010, Carey Gardens, a low care residential aged care facility in one of the older established areas of Canberra, introduced a volunteer visiting program. In the short time this program has been running, it has been wonderful to see the interaction between residents and volunteers. The involvement of volunteers adds immeasurably to the emotional and spiritual support we can offer to residents and their families at this important transitional phase in residents' lives.

*Volunteers cannot operate successfully unless there is an environment where the facility are ready to embrace the concept of palliative care volunteers contributing to the life experience of residents.*

Volunteers cannot operate successfully unless there is an environment where staff in the facility are ready to embrace the concept of palliative care volunteers contributing to the life experience of residents. In the case of Carey Gardens, support from the leadership team was imperative. Also, the opportunity to allow several care staff to attend the one-day training offered through the Program of Experience in the Palliative Approach, was an important step.

The facility has adopted a strategy where the recreation activity officers have taken responsibility for the initial organisation and introduction of the process to staff, and for the volunteers themselves. This has been useful as a way of introducing the new program to the working life of the facility without

it being seen as a disruptive radical change to our care for residents. We started with a morning tea, giving the first group of volunteers the opportunity to meet residents and staff. Following this, we have adopted a more structured approach to the involvement of the volunteers on a day-to-day basis. Overall, the response of staff to the presence of the volunteers has been positive.

Without a positive and supportive care environment, the volunteer program would not be effective. The recognition that volunteers can contribute to the overall care of the resident who has reached the palliative phase of life was a significant change in the approach to care being offered to our residents.

Carey Gardens is still learning – we don't have it 'right' just yet and we have a way to go – but I believe we are on the right track. At present, we continue to work through the process of integration. We are working on ways to encourage registered nurses to actively involve volunteers as part of the overall care plan for residents. It is crucial to see the contribution of the palliative care volunteer as important, and this means we should try to match the volunteer to the resident, and engage the volunteer in the facility as well.