

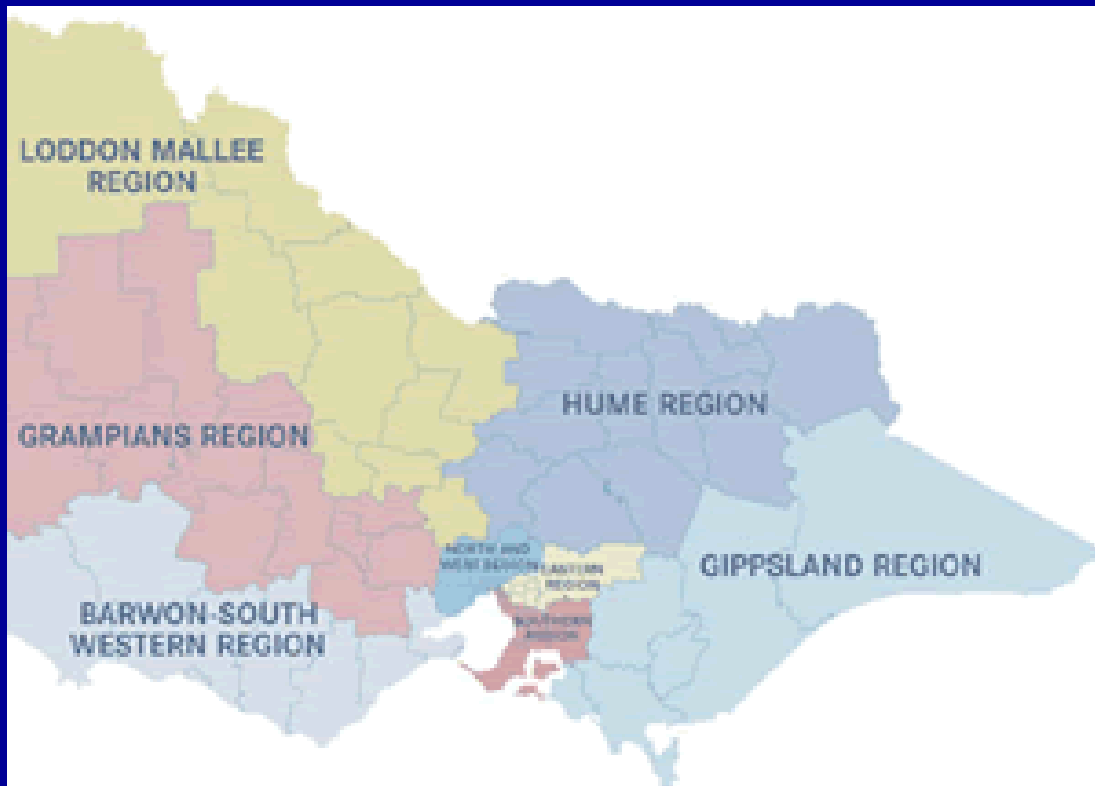
Pastoral Care Networks Project

Loddon Mallee and Barwon South West

2006 - 2009

Presentation: Fiona Gardner

Departmental Regions



Project Aims



- ✓ To ensure that all people with a life threatening illness and their family (registered with palliative care programs) have access to a local pastoral care network
- ✓ To improve the quality of pastoral care support for those with a life threatening illness, their family, friends and the communities caring for them.

Understanding Pastoral Care

(from the Dept of Health and Ageing)

Pastoral Care needs to embrace those issues related to the *meaning people give to their lives*, especially at the end of life.

It may involve relationships with places and things

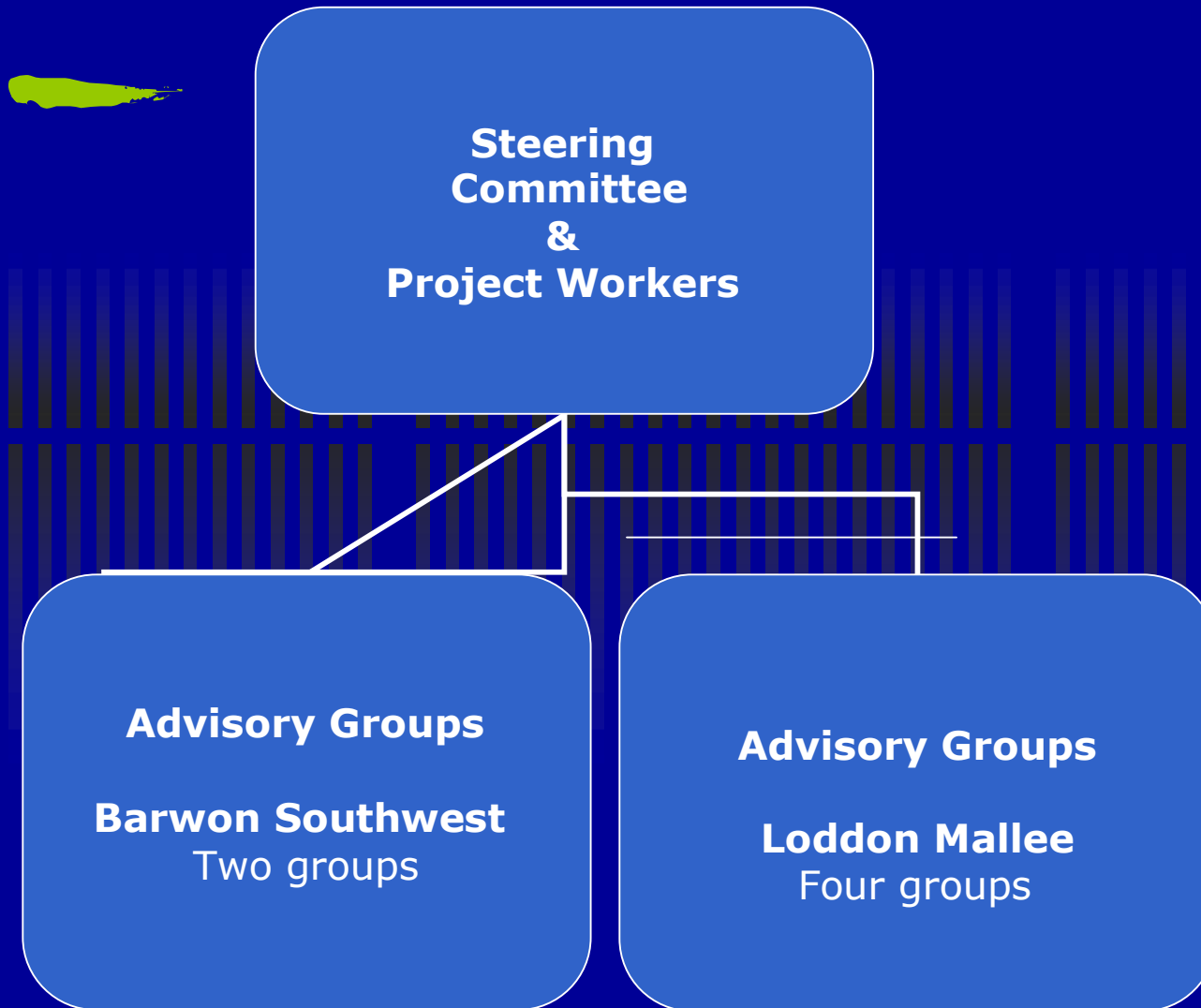
with ourselves

with significant others

and with groups and communities

Religious beliefs may or may not form part of this meaning and care

The project's structure:



Issues arising in early conversations

- ✓ *Language: the use of 'pastoral' or 'spiritual' care*
- ✓ *Role of trained and paid pastoral care workers*
- ✓ *Who should training be for?*
- ✓ *If Community based volunteers:*
 - who would you like to see included?
 - how selected?
 - how supported?

Issues

✓ *What kind of training should there be?*

- A training package that everyone completes?
- Different levels which acknowledge other studies, learning & experience
- Joint or separate training - staff and volunteers
- Ongoing management and support

Agreement:

Two kinds of training to be trialled:

1. Staff, palliative care volunteers and community volunteers
2. Existing staff and volunteers as stage one, possible expansion to community volunteers as a second stage.

Agreed in all areas:

Three days of training:

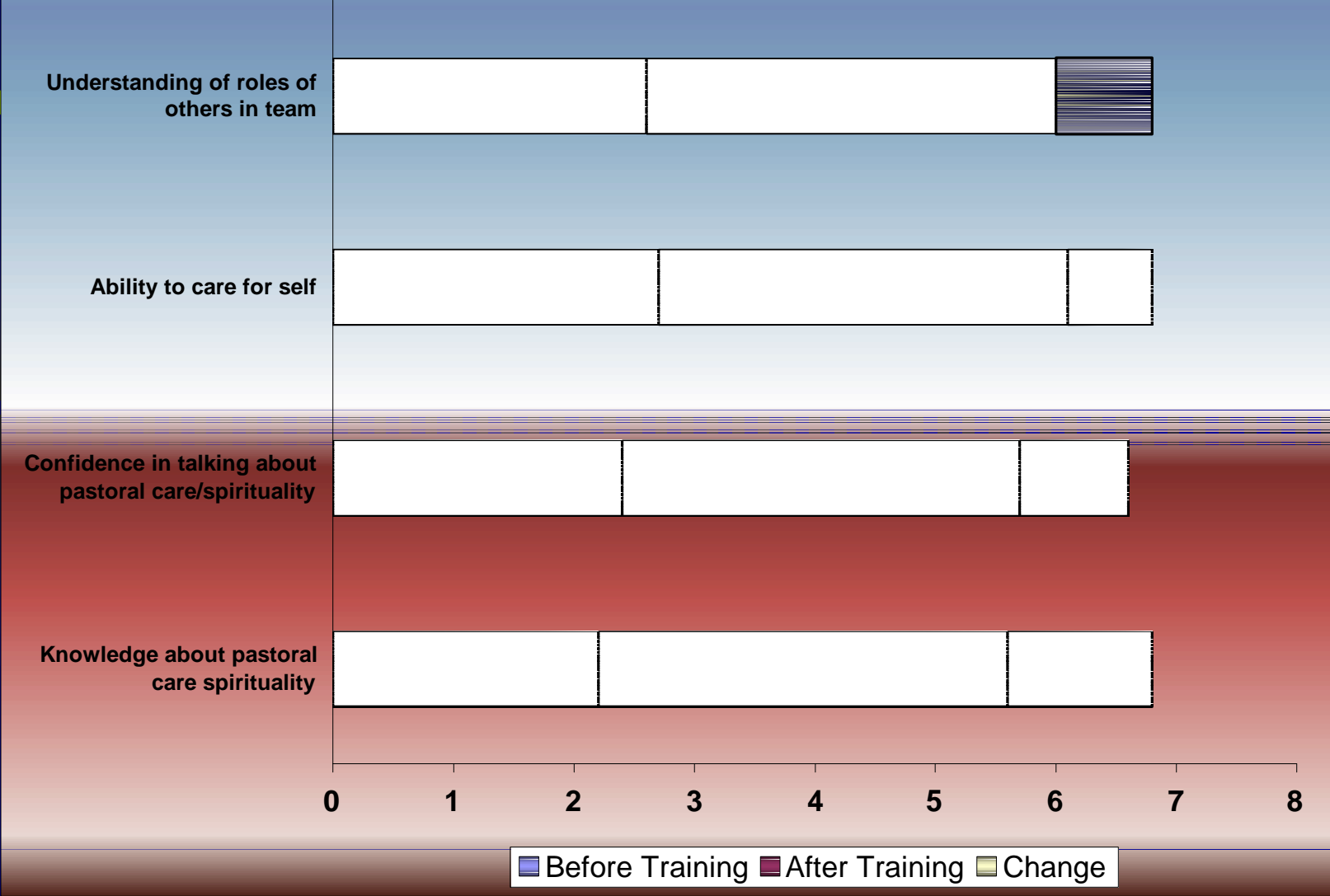
- Day One = focus on deep or contemplative listening, awareness of values
 - Day Two = focus on spirituality and religion, working with pastoral/spiritual care
 - Day Three - focus on use of ritual, self care and working as a team.
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- *Everyone training together
 - *Local training, times and places to suit
 - *Trainers travel rather than participants
 - *Most training a month between each day.

Evaluation results:

✓ What happened:

- ✓ Nine training programs run
- ✓ 115 people completed training
- ✓ Four follow up information days
- ✓ One supervision training day

Results of pre and post training survey



Themes from interviews:

- ✓ Becoming more aware
- ✓ Being more open to difference: *“I am not as daunted as I used to be (other people are just like us) I have learnt about accepting people where they are at and I’m learning not to judge or become frustrated.”*

Themes from interviews:

- ✓ Having different conversations, including spirituality/pastoral care: *'before this was in the too hard basket, now I'm more confident to engage in spiritual conversations and refer if needed.'*

Themes from interviews

- ✓ Feeling more confident in relating to clients: *“we’re great if someone has a pain, but when people want to go on to more difficult places, we felt we should be saying something and didn’t know what to say, the education gave permission just to sit and listen, which is what people want”.*

Themes from interviews

- ✓ More awareness of own spirituality
- ✓ Increased care for self
- ✓ Developing and extending networks
- ✓ Change to assessment
- ✓ Changing systems eg education/mutual support

Issues/dilemmas raised in interviews

- ✓ Specific family issues
- ✓ Organizational issues: : *“this isn’t seen as part of the role – more what pastors do, might be included in music therapy, volunteer role doing massage, not part of everybody’s role”*
- ✓ Need for ongoing support and education.

What's clear:

- ✓ Interest in spirituality/pastoral care in palliative care
- ✓ Affirmation of need for this kind of training
- ✓ General appreciation of training presented
- ✓ Need to fit with individuality of communities: ie need for flexibility
- ✓ Unintended consequences: value of people as team doing this training together.

Continuing issues



- ✓ Need for continuing education/support
- ✓ Funding for training for other areas as well as ongoing support for these areas
- ✓ Recognition at policy and organizational levels of importance of spirituality/pastoral care in people's lives
- ✓ Acknowledgement that this is both specialised and part of everyone's role.

Finally, a comment about the training:

- ✓ *“sharing, realising that everyone is more alike than not, reinforces you in those lonely and difficult places with families going through things. Being with others who’ve experienced those things reassures and re-affirms”.*