



Uniting Communities Home Care Services



Home Care



Adelaide,
South Australia

Goal

To embrace and celebrate cultural diversity and increase staff awareness and confidence to provide high-quality palliative care for our clients.

Highlights

- Upskilled teams on palliative care and advance care planning
- Increased capability to provide palliative care as part of our home care service
- Developed a resource toolbox to support ACP and palliative care to the range of cultural groups in different translations
- Introduced a communication tool to identify early deterioration/change in clients

Located in Adelaide's Central Business District, Uniting Communities Home Care Services is dedicated to providing home care services. With 111 community care staff and 439 home care packages, the organisation serves clients speaking 26 different languages, and, where possible, clients are matched with caregivers who share their cultural backgrounds and languages.

Recognising a growing need, Uniting Communities aspired to provide palliative care to clients within their homes. To achieve this, raising awareness and enhancing their team's skills regarding palliative care was imperative. Further, Uniting Communities sought to integrate seamlessly with other services to avoid working in isolation.

To support their culturally diverse clientele, Uniting Communities identified the necessity for translated resources on palliative care and advance care directives. Additionally, they sought to upskill their care workers, boosting their confidence and competence. Their ultimate goal was to ensure that clients received comprehensive support at home, avoiding transfers to hospitals or hospices that may not align with their preferences.

Participation in the ELDAC Linkages program marked a turning point for the organisation. It prompted a thorough re-evaluation of their care and support processes for clients and their families needing palliative and end of life care. The introduction of ELDAC tools, links, and resources improved awareness, assessment, and support, enabling care workers to identify subtle changes and recognise deteriorations in health status early. This proactive approach allowed for timely interventions and continuous care.

With the support of their ELDAC Linkages facilitator, Uniting Communities accessed valuable education through PEPA and Palliative Care Australia. This upskilled their clinical, care, and support staff, as well as their package coordinators. As a result, staff members felt more confident and comfortable initiating sometimes-difficult discussions about palliative care, ultimately enhancing the quality of care and support provided to their diverse clientele.

"Participating in the ELDAC Linkages program has allowed us to re-evaluate the care and support we provide customers and their families when someone requires palliative and end of life care."

Key outcomes

- Increased awareness and customer uptake of advance care directives
- Re-established relationships with local palliative care services
- Developed a multi-cultural resource folder available to all staff
- Introduced palliative champions

"We have reestablished our links with the SPC service; having these links is vital and critical to our work we do in supporting clients."

"We have added palliative approach into our clinical risk meeting and clinical governance, embedding it into our organisation."



Providing care and support at home

Recently we cared for a client (DL) who had a life-limiting illness and was receiving radiotherapy treatment. The medical team had advised that despite treatment, her prognosis was poor. The treatment became a burden and was impacting her quality of life, so in consultation with her family, she made the difficult choice to cease the treatment and focus on comfort care and symptom management. She had an advance care directive in place which clearly outlined her choices, preferences and wishes.

Once the decision was made, DL clearly stated that she wanted to remain at home for as long as possible and to transfer to the hospice only at the very end of her life. She was also very clear that she did not want to become a burden for her family, and she definitely did not want to die at home.

In conjunction with the specialist palliative care team, we were able to provide the care and support she needed in home in order to maintain her dignity and choice.

The outcome was that DL was admitted to the hospice on a Friday late evening and died comfortably and peacefully, surrounded by family, in the early hours of the Sunday morning. Her family were very appreciative of the care we provided and the fact that we were able to meet their mother's needs and wishes at end of life.

Heather Fraser, Clinical Manager Home Care