



The Compassionate Communities Connector Model of End-of-Life Care:

A community and health service partnership in the
South West of Western Australia

AIM

To develop, implement and evaluate a model of care delivered by community volunteers, called Compassionate Community Connectors.

Connectors supported people living with advanced life limiting illnesses/palliative care needs by enlisting Caring Helpers from the community to enhance the person's existing networks. The project included development and evaluation of a training program for volunteer Community Connectors and assessment of the feasibility, accessibility and preliminary effectiveness of this model of care.

HOW THE PROGRAM WORKED

- Patients were referred to the Program.
- Patients were interviewed by the Program Coordinator and if deemed suitable, assigned a Connector to the patient, taking into account the profile of the person requiring support, their age, gender, geographical location, personality and Connector availability and experience.
- Connectors made initial contact with patients (and family carers) and met with them to understand their current needs and informal networks of support (e.g. family, neighbours, community groups).
- They worked with the patients and families to co-design a plan on how to mobilise their social networks in their areas of need.
- The Connectors enlisted Caring Helpers to deliver practical and social support for a variety of needs across personal care, medical, transport, home, food, social, pets and preparation for end-of-life.
- Connectors regularly made contact with patients and families to update or change their plan of support to meet any changing needs.
- Connectors had regular contact with the Program Coordinator to ensure that any problems/issues were promptly addressed. Fortnightly zoom meetings with Connectors, the project team and Program Coordinator provided an opportunity to discuss challenges and successes with families and for Connectors to share and learn from each other's experiences.

SNAPSHOT OF FINDINGS

- **Pilot ran July 2020 to April 2022**
- **13 Connectors participated**
- **43 patients (and 15 carers) participated**

Positive Impacts on patients and their family carers

- ✓ Improved social connectedness
- ✓ Reduced social isolation
- ✓ Improved coping with daily activities
- ✓ Increased community links
- ✓ Improved supportive networks

More than 70 interviews were undertaken to obtain feedback from patients, Connectors and health professionals.

A consistent theme from interviews with both the health professionals and the patients/families was that Connectors went 'above and beyond' what was expected which has contributed to the success of the program. When describing Connectors, families used words such as 'pretty amazing' and described the program as 'fabulous' whilst health professionals saw the Program as 'easy to implement'.

PATIENTS

85 families were referred to the Program and 43 patients (and 15 carers) participated in the pilot program.

Of the 43 patients:

- 44% were male
- Median age of 74 years (34-90)
- 47% lived alone
- 47% had a primary diagnosis of cancer; 33% cardiac/respiratory, 14% neurological and 6% other

Patients come from across the WACHS South West region:

- Bunbury (30%)
- Busselton (26%)
- Shire of Capel (11%)
- Shire of Harvey (9%)
- Nannup (7%)
- Dunsborough (5%)
- Yallingup (5%)
- Eaton (5%)
- Donnybrook (2%)

CONNECTORS

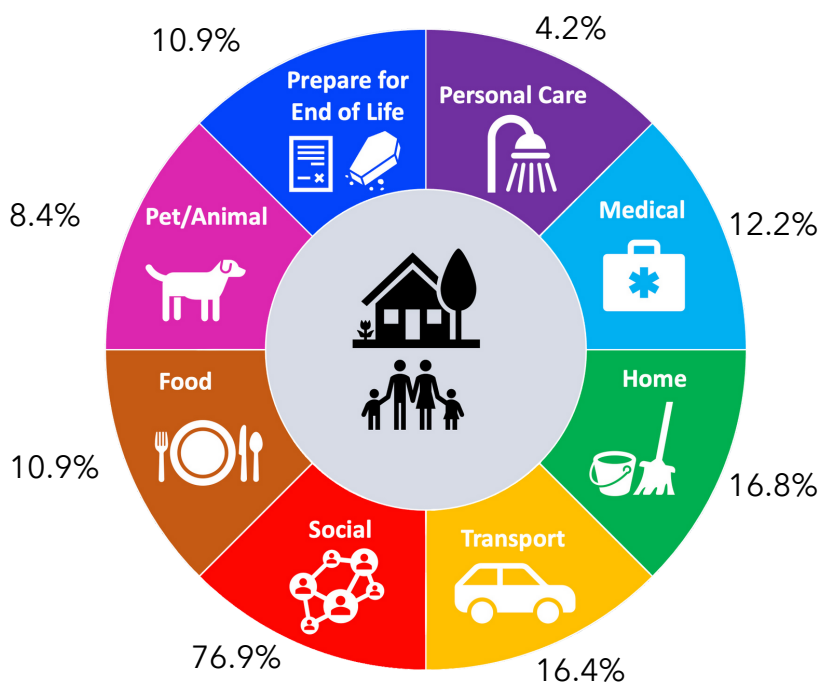
- 20 Connectors completed a one-day training program.
- 13 participated in the pilot program.
- Median age of Connectors: 62.5 years (28-74)
- Follow up of families for median 18 weeks (3-52 weeks).
- Average number of families per Connector 3 (1-9 families).
- Total of 1055 reported contacts with families and Caring Helpers and 402 hours (under-estimate due to lack of reporting).



Added another string to our bow, especially in small rural areas where there is a lack of formal services (health professional)

TYPE AND EXTENT OF SUPPORT

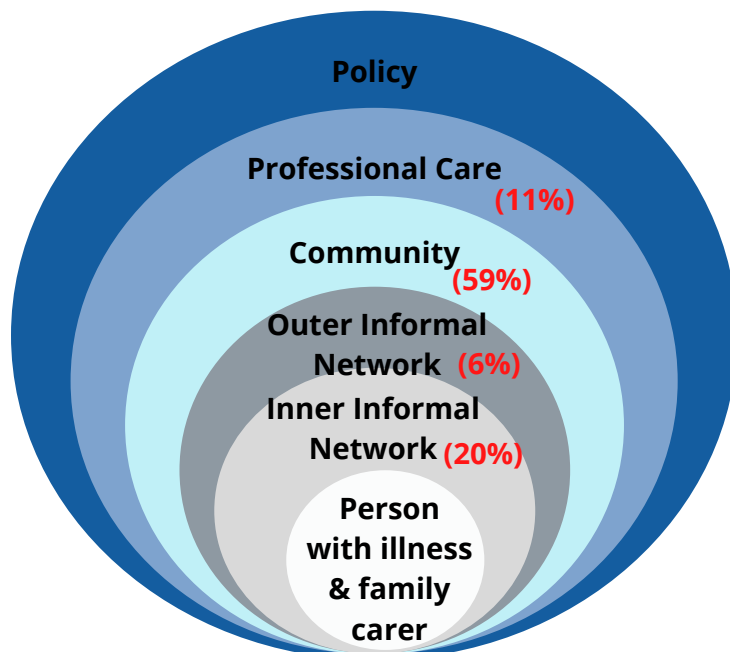
Connectors facilitated support across eight areas of need; the most needed support was in the social domain.



She always keeps her promises. A lot of carers really don't care, just filling in the hours - she goes above and beyond and seem to care (patient talking about Connector)

TYPE OF CARING HELPERS WHO SUPPORTED THE FAMILIES

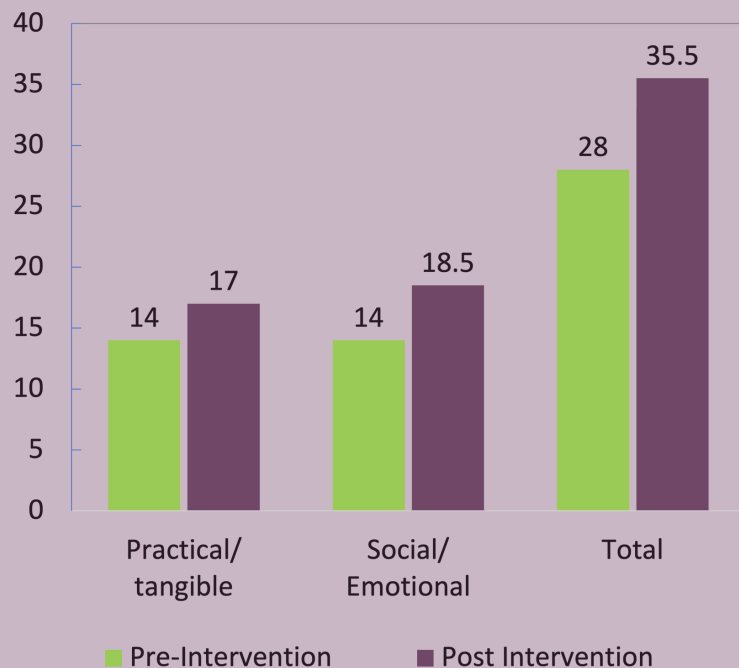
26% of Caring Helpers came from naturally occurring networks of the patients (family and friends) and 59% from external networks facilitated by the Connectors (community individuals/groups)



Impact of Program

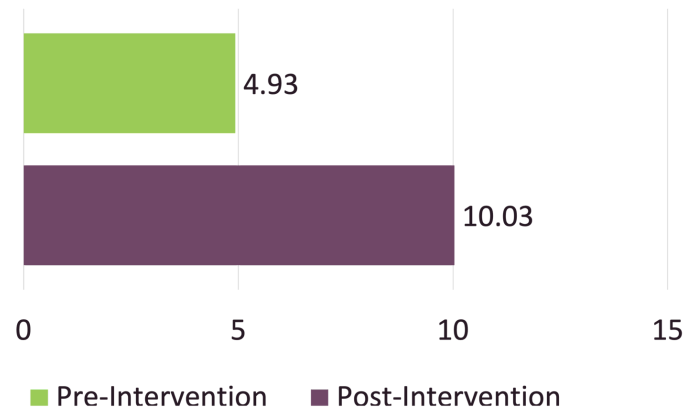
1. Social Connectedness

Patients reported a significant improvement in their social connectedness and in the two sub-scales, practical/tangible and social/emotional (as measured by the Modified Medical Outcomes Study Social Support Survey).



2. Supportive Networks

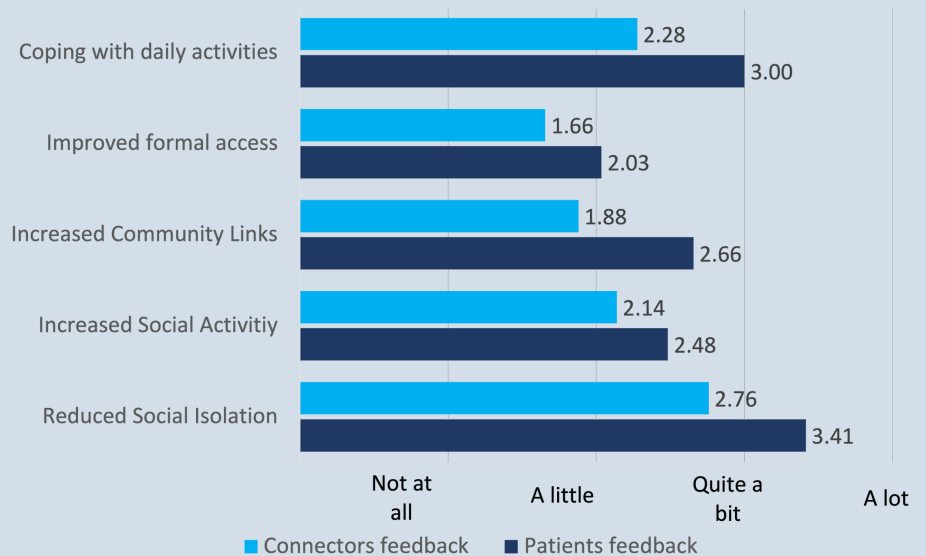
Although patients had the same high dependency for their needs to be met pre and post intervention, their supportive networks have significantly increased two-fold between the two time periods.



Especially worthwhile for clients who are socially isolated and/or with deteriorating mental health. Have seen an improvement in mood and capacity for self care (health professional)

3. Self-reported impact on social wellbeing

The highest impact on families was in reducing social isolation followed by improved coping with daily activities and increase in their community links. Connectors seemed to have underestimated the impact of their work when the patients have highly valued them.



The more you give, the better the reward; the reward is greater than the effort (Connector)



Necessary for people who don't have strong, existing networks . . . for people who are isolated it will open up their world (patient)



My world had shrunk to the size of a golf ball; it's now grown to the size of a tennis ball and I can see it growing to a football (patient)

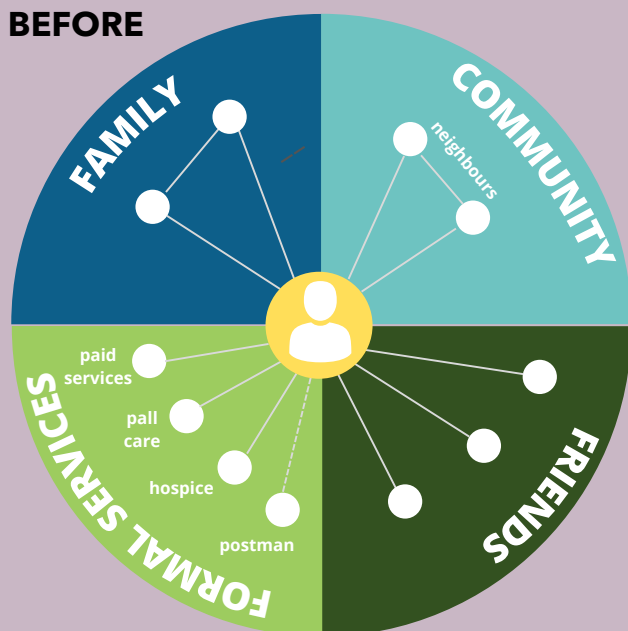


Catalyst for change; halted my downward spiral (patient)

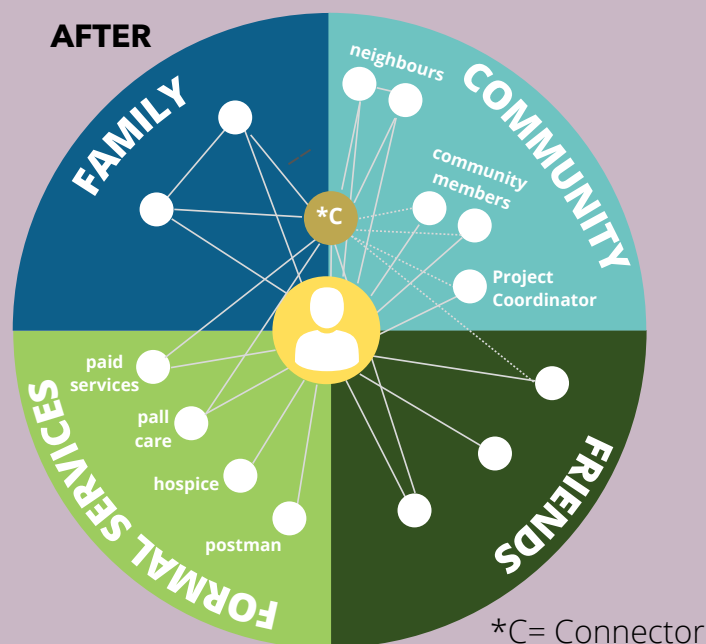
SOCIAL NETWORK MAPPING

This is an example of the increase in one family's social networks due to the intervention, showing the increase in connections, particularly in the community sector.

BEFORE



AFTER



*C= Connector

CONCLUSIONS

The Program has been effective in improving social connectedness, reducing social isolation and increasing supportive networks. These outcomes should not be underestimated in their importance as social relationships are a primary determinant of health, both physical and mental.

All Program participants (patients/ families, Connectors and health professionals), endorsed the Program as feasible and acceptable for continuation in the community in collaboration with health services. They see it as filling a gap that formal services cannot, particularly for those living alone and those who are socially isolated.

This project has laid solid grounds for building community capacity, enhancing health services capacity and for replication into other communities with successful measurable outcomes.

WA Country Health Service (WACHS) South West have adopted the Program as 'business as usual'. It aligns well with WACHS' focus on place-based care.

ACKNOWLEDGEMENTS

Special thanks to the Connectors whose passion, altruism and dedication were key to the success of this initiative. We are grateful to the families who agreed to give it a go despite their difficult circumstances and their Caring Helpers.

This project was supported by the Western Australian Health Translation Network, the Australian Government's Medical Research Future Fund as part of the Rapid Applied Research Translation and by Perron Institute and La Trobe University.

Thanks to the collaborating partners: Perron Institute, La Trobe University, the South West Compassionate Communities Network, the WA Country Health Service (South West Palliative Care Team, the Chronic Disease Team, the Older Persons Initiative), GP Down South Chronic Disease Team and the WA Primary Health Alliance. Thanks to the staff at these organisations who have enthusiastically supported and continue to support this program.

FIND OUT MORE

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