



Palliative Care Workshop for Multicultural Faith and Community Leaders – *Continuing the Conversation*

*(A partnership between Metro South Health, Ethnic Communities Council
Queensland (ECCQ) and MultiLink Community Services Inc.)*

SUMMARY EVALUATION REPORT



ICARE² values



Background

In 2018, Metro South Health (MSH) partnered with the Partnership in Culturally Appropriate Care (PICAC) program at Ethnic Communities Council of Queensland (ECCQ) and MultiLink Community Services Inc. (Logan) to work together to deliver targeted initiatives as part of the Community Health Action Plan (CHAP) Logan funding.

This partnership included working collaboratively to identify strategies to raise awareness of palliative care, advance care directives and services available for multicultural communities.

Palliative care was identified as a key issue for communities from culturally and linguistically diverse (CALD) backgrounds and stakeholders in the Logan and wider areas. Through community engagement, discussions with community leaders from various (CALD) backgrounds, networks, and supported evidence from research, it was known that many people from the communities were unaware of palliative care, advance care directives, and services available to assist people at home.

It was also known that actively talking about preparing for death and dying is considered a taboo subject or culturally unacceptable in many communities.

In response to this information, the following initiatives were undertaken between 2019 and 2022.

- A *"Starting the Conversation"* workshop for community members which was attended by 50 people. (Separate evaluation summary available on request)
- Two training workshops for interpreters on understanding palliative care and self-care. Eighty interpreters across 25 languages attended. (Separate evaluation summary available on request)

Introduction

To build on the above two initiatives, the partners collaborated to organise *"Continuing the Conversation" Palliative Care for multicultural community and faith leader's workshop*. Held in September 2022, 40 people attended the workshop.

Representation included:

- Metro South Health staff and partners
- Multicultural faith and community leaders
- Non-government and other organisations.

The following cultural backgrounds demonstrated the diversity from the faith and community leaders in attendance:

Anglo Australian	Cook Islander	Kenyan	Samoan
Chinese	Indian	Māori	Spanish
Chinese Indonesian	Iranian	Polish	Tongan
Congolese (Democratic Republic Congo)	Irish	Portuguese	

The following faiths were represented:

Baha'i	Christian (various)
Buddhist	Muslim

What happened on the day?

The four-hour workshop consisted primarily of four presentations and group discussions.

Presentations included:

1. Multicultural Palliative Care in the Metro South Hospital and Health Service District - Professor Elizabeth (Liz) Reymond

Deputy Director, Metro South Health, Metro South Palliative Care Service
Director, Metro South Health, Brisbane South Palliative Care Collaborative
Director, Queensland Health, Statewide Office of Advance Care Planning

2. Advanced Care Planning (ACP) – Document information – Ana Sas

Home Care Services Coordinator - Aged & Disability Services, MultiLink Community Services Inc.

3. The role of Interpreters in Metro South Health – Angel Bogicevic

Multicultural Resource Development and Training Officer, Access and Capacity-building Team
Strategic Partnerships - People, Engagement and Research Division

4. Multicultural Community Palliative Care – Reverend Canon Cheryl Selvage

Pastoral Care Coordinator, Anglican Hospital Ministries Coordinator
Princess Alexandra Hospital Metro South Health.



Professor Liz Reymond presenting information on palliative care.



Ana Sas presenting information on Advanced Care Plans and other available documents.

A facilitated group discussion was held to provide the opportunity for participants to inform the partners on their understanding of palliative care and challenges in their communities. This included topics and cultural considerations that need to be addressed in future work.

Most importantly, participants were asked: "What is your message to the partners' here today? What do you want us to know?".



Anna Voloschenko and Angel Bogicevic facilitating a table discussion with community members.



Rev'd Canon Cheryl Selvage sharing her insights and experiences as a hospital chaplain.

Summary of responses

Most people who attended the workshop had no or minimal prior information on palliative care. All responses indicated the workshop contents increased their understanding and knowledge on palliative care and services available.

- *I learnt a lot today*
- *I learnt about the services available in Metro South*
- *All presenters had valuable information to share*
- *There is still more to learn*
- *Very informative session*

The following themes and quotes reflect the response regarding challenges within their community.

1. There is still a need to start and continue discussions on death, dying and palliative care.

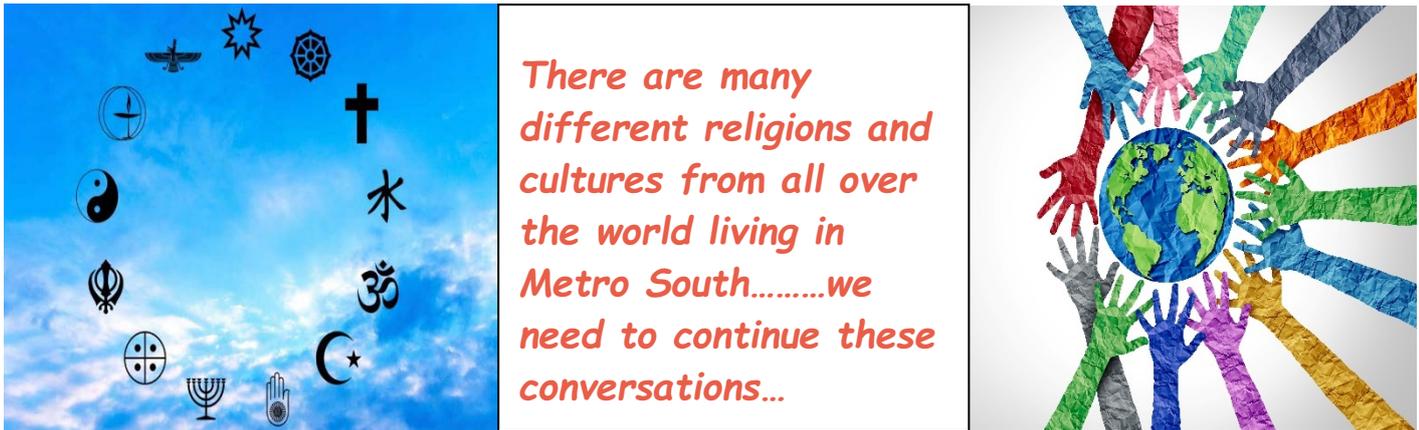
- *How to have and start the conversation*
- *More discussions on death and dying – lack of this in the community*
- *There are times an interpreter is needed for these discussions*
- *Demystifying death*
- *Elders may not accept information*
- *Smaller and tailored community information sessions and for First Nations*
- *Safe places in community e.g., church, community halls for information*



2. There are different cultural (and religious) beliefs, experiences, and expectations from communities.

- *When family do not accept the diagnosis/impending death – even if the person is dying/palliative*
- *Eating experiences e.g., IV vs family wishes – more strategies to provide information on this*
- *Acceptance vs false hope*
- *Non acceptance of end of life*
- *Different cultural perspectives and expectations*
- *Insufficient information for patient to choose*
- *Language barriers*
- *Some people want to go back to their faith at the end of their lives but don't how to go about it*

- Importance of culture and how patients may accept palliative care, concepts of death, rituals, and prayers when someone is very ill was brought to the forefront.



3. There are challenges within the current health system including a lack of awareness from staff e.g., doctors on dying and cross-cultural perspectives and difficulty navigating the health system.

- System needs to change to provide appropriate information and services
- Navigating the information
- Training and educating staff on cross-cultural conversations and communication – when and how to talk about death and dying
- Everything from western framework
- Simplify English documents
- More translated and accessible information
- Acknowledge and provide the necessary support for diagnosis, prognosis, and treatment e.g., oncology
- How do we work together? How do community and clinicians work together?
- We have a very good system, but palliative care needs to look at the person as a whole – not just a body.... go back to person centred care and people's faith and spirituality.

The following messages for the partners varied and the following responses demonstrate the breadth of diverse understanding and experiences on the day.

- Engage with young people and carers
- Stop and listen to what we are saying
- Simplify the process and documents
- Help is needed for people to understand
- Make the process easier – especially for multicultural communities
- What happens to the feedback from us today?
- Engage with interpreters
- We need to develop more culturally appropriate resources e.g., videos, in consultation with communities
- Fear in death and dying is universal – discussions and education is needed
- Help is needed for people to understand
- Can we have a reference document – what to do to understand the process?
- The partners need to reach to communities to ensure that every person is aware of palliative care and the services available
- Please consult before making more forms.....multicultural community has not been consulted.

The evaluation summary

Most responses indicated people wanted to learn more about palliative care, services, and resources available. Some responses included meeting people and networking.

100% achieved their learning goal/s from the day

Some examples of what new information people gained on the day to assist them in their role as faith/community leader included:

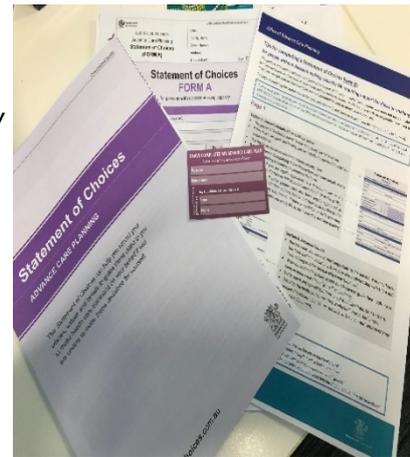
- *The whole lot!*
- *That palliative is not a place to put people in who are dying but listening, providing, and caring for people who need care and loving attending and listening ears*
- *Reconfirmation for the awareness and value of palliative care. Special importance on the person with terminal illness – their dignity and their preciousness as unique individuals*
- *There is a lot of information and resources out there that we did not know much about*
- *Services available to community members*
- *Palliative support provided by religious and chaplaincy*
- *I now have an insight on palliative care and know that it's accessible.*
- *Advance Care Plans*

100% expressed their overall satisfaction from very good to excellent

- *Thank you all for the workshop – very well organised*
- *Great workshop and nice people*
- *More of these workshops in more settings/locations*
- *I would like to thank you all for doing this workshop to help me understand more of this complex issue*
- *Please apply for funding and do more advertising on media*
- *Good information, good attendance of diverse groups (faith, ethnicities)*
- *The workshop was a great idea, the presenters were knowledgeable, more of these workshops.*



MSH staff and community members in table discussions.



Where to from here?

The partners recognise that creative and innovative strategies are required to continue this work to support communities. It is equally evident that several responses are essential to ensure that the diverse needs of people from culturally and linguistically communities are responded to and addressed.

The partners will continue to collaborate and work together as part of an overall commitment to responding to this growing and critical issue.

Contact details

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