



# pallichat

## Brisbane south Project Report 2020 – 2022



FUNDED BY  
**phn**  
BRISBANE SOUTH  
An Australian Government Initiative

[pallichat.org.au](http://pallichat.org.au)



An initiative of  
**PalliativeCare**  
QUEENSLAND  
[PALLIATIVECAREQLD.ORG.AU](http://PALLIATIVECAREQLD.ORG.AU)

The PalliChat Brisbane south project is administered by Palliative Care Queensland and supported by funding from Brisbane South Primary Health Network through the Australian Government's PHN program.

# TABLE OF CONTENTS

Acknowledgements .....	2
Executive Summary .....	3
Project Background .....	6
The Project Activities and Learnings .....	11
Invitation to Action .....	24
Appendix 1: Project Theory of Change .....	26



Palliative Care Queensland (PCQ) is inclusive.

We celebrate multiple approaches and points of view. We believe diversity drives innovation and connects us closer to our members, clients and our communities.

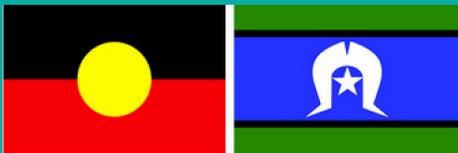
We're building a culture where being different is valued. We take a holistic approach.

We foster both a top-down and grassroots approach.

When we say "Palliative Care is Everybody's Business", we mean everybody.

## Acknowledgements

Our organisation acknowledges the Traditional Custodians of the lands and seas on which we live and work, and pays respect to Elders - past, present and emerging



This publication is an initiative of PCQ's PalliChat Brisbane south project, which was conducted in 2020-2022. PCQ would also like to thank and acknowledge Brisbane South Primary Health Network for funding this project.

PCQ wishes to thank the project steering committee for their ongoing advice and guidance throughout the project and Dr Julian Abel for so generously sharing the UK experience of Health Connections Mendip project with us. Additionally, La Trobe University, Incite Positive Education and Research Consulting, Health Consumers Queensland and all the Kitchen Table Discussion hosts for their assistance in the project development.

PCQ wish to thank all the interested stakeholders, civic agencies, community organisations, health professionals, carers and community members who have taken the time and energy to help guide and participate in this project, and the development of this report. We understand that time is precious and life is busy, so we appreciate everyone who have contributed in sharing experience, knowledge and time with us.

To reference this document: Palliative Care Queensland (2022). PalliChat Brisbane south project report 2020-2022.

Published on website: [www.palliativecareqld.org.au](http://www.palliativecareqld.org.au)

© Palliative Care Queensland, 2022

[www.palliativecareqld.org.au](http://www.palliativecareqld.org.au)

[hello@palliativecareqld.org.au](mailto:hello@palliativecareqld.org.au)

Palliative Care Queensland is a Registered Charity (registered with ACNC - CH1825) and is endorsed as a Deductible Gift Recipient (DGR), ABN: 49 047 803 923



**PalliativeCare**  
QUEENSLAND





# **EXECUTIVE SUMMARY**



# Our Project

**Project Timeline:** 2020 - 2022

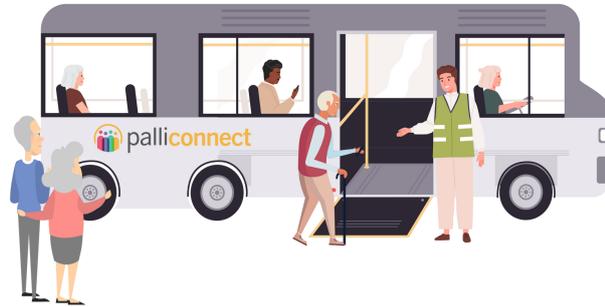
**Project Area:** Brisbane south region, spanning 4 Local Government Areas and over 1.2 million people, including metropolitan, rural and remote island locations.

**Project Purpose:** Nurture compassionate communities for older people and those who support them in the Brisbane south region.



The Brisbane South PHN region  
*(image from the PHN website)*

# Our Activities



Your role in a Compassionate Community

What is palliative care?

How to have conversations about dying and grief

**CHAT**

Facilitating community group conversations and supporting individuals with navigation and circles of care planning.

**LEARN**

Providing practical, easy to understand face-to-face and online education sessions to build community knowledge about serious illness, dying, death and grief.

**CONNECT**

Linking supports, services and community members together to build a more compassionate local community.

What matters most to me?

Palliative caring: planning in 5 steps

How to nurture compassion

Talking to children about dying

**LAST AID**

Last Aid

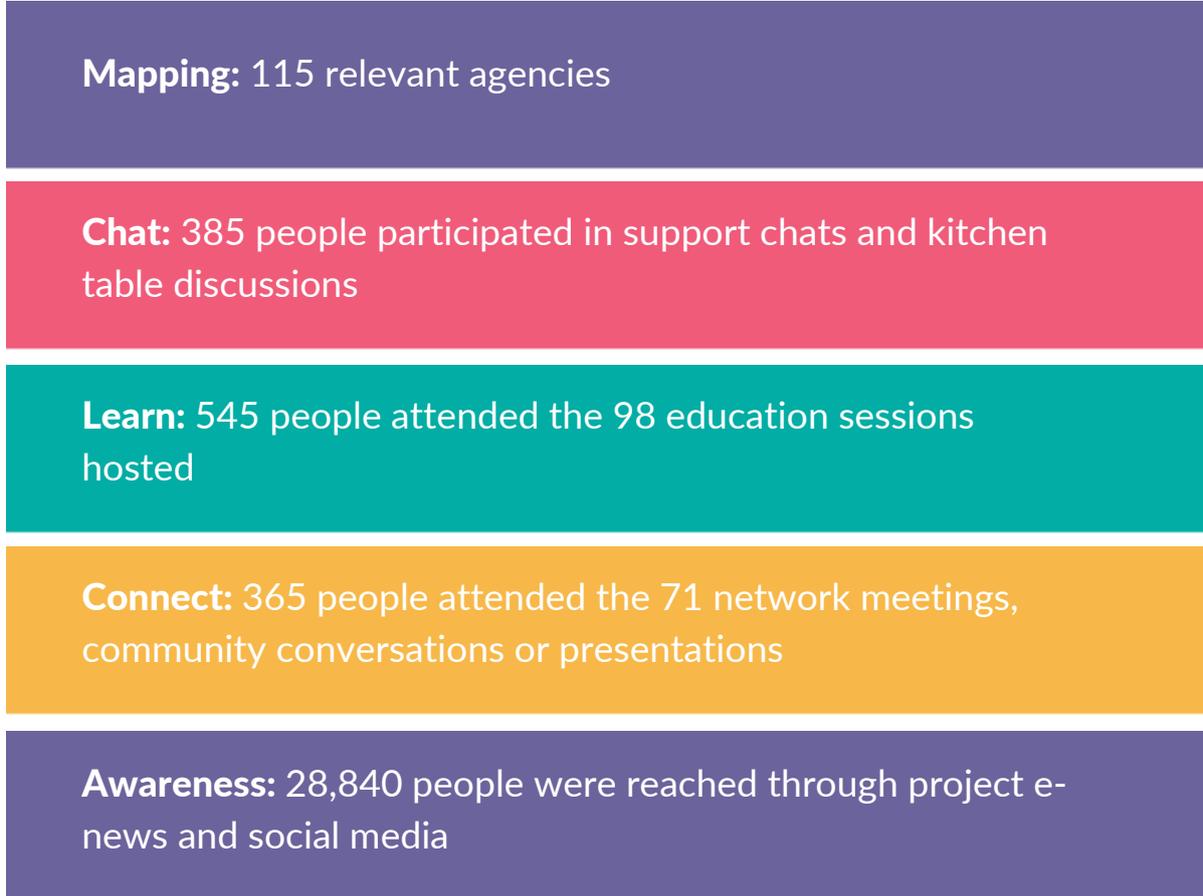
Community PalliNavigator

PalliLeaders

Self-care



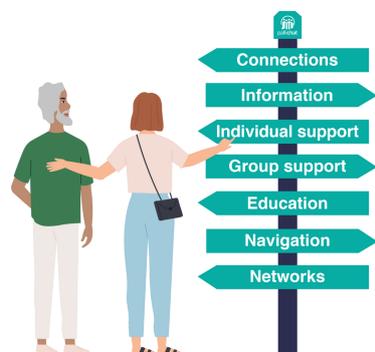
## Our Reach



## Our Outcomes

Feedback indicated that the following five outcomes all increased as a result of the different project activities:

- ↑ 1. **Awareness of supports and services** available in relation to serious illness, dying, death or grief.
- ↑ 2. **Confidence to discuss serious illness**, dying, death or grief.
- ↑ 3. **Ability of community members to help** their family, friends and community at the end stage of life.
- ↑ 4. **Awareness and understanding** of palliative care (including Advance Care Planning (ACP) and Bereavement).
- ↑ 5. **Knowledge that the reality of death is an important part of life** and can help people prepare for the future.





# **PROJECT BACKGROUND**

Palliative Care Queensland (PCQ) is an independent not-for-profit peak body with charitable status representing the people who care for Queenslanders experiencing serious illness, dying, death and grief.



**PalliativeCare**  
QUEENSLAND  
PALLIATIVECAREQLD.ORG.AU

- Our belief: The way we care for our dying is a significant indicator of our society's values.
- Our mission: Quality care at the end of life for all Queenslanders.
- Our vision: To hear Queensland community members say:  
*"I live in a community where everybody recognises that we all have a role to play in supporting each other in times of loss, ageing, dying and grief. We are ready, willing and confident to have conversations about living, ageing, dying and grieving well, and to support each other in emotional and practical ways."*

**Learn more about PCQ: [palliativecareqld.org.au](http://palliativecareqld.org.au)**

## About Brisbane South Primary Health Network

Brisbane South Primary Health Network (BSPHN) addresses health inequities and inequalities through the power of partnerships, to support the best possible health and wellbeing outcomes for every person in their region.



An Australian Government Initiative

BSPHN work across all levels of the health system to increase the efficiency and effectiveness of health services for Brisbane south—particularly for vulnerable populations and those at risk of poor health outcomes.

As a not-for-profit organisation, they are one of 31 primary health networks across Australia that delivers meaningful, real-world results.

**Learn more about BSPHN: [bsphn.org.au](http://bsphn.org.au)**

## Purpose of the report, strategy for dissemination and closing the feedback loop

Our hope is the information contained within this report will spark conversations about compassionate communities and public health palliative care models of care. This report is open access and available for download from the Palliative Care Queensland website. The report is also summarised in an online Project Showcase event in April 2022.

**We welcome and encourage feedback. Please send any feedback regarding this project or this report to [hello@palliativecareqld.org.au](mailto:hello@palliativecareqld.org.au)**

PalliChat Brisbane south project was commissioned by BSPHN in April 2020. The project development stage was from May – June 2020, which included key stakeholder interviews, consumer kitchen table discussions, the development of a project steering committee, service and support mapping, and the development of an evaluation framework and project branding.

Key stakeholder interviews conducted prior to the launch of the project identified five significant gaps in the services and supports currently available:

1. Social isolation and subsequent lack of support for those without existing social networks or extended family.
2. Medicalisation and a sense of being 'over-serviced' by health professionals.
3. Limited access to supports and capacity to navigate complex care systems.
4. Fragmented and low-capacity bereavement support.
5. Limited care and support tailored for minority groups or populations.

The key stakeholders also identified opportunities that the project and local networks could focus on to improve the identified gaps:

- Promote broader social support through increased community awareness and connectedness.
- Build community capacity through empowerment to de-medicalise and rehumanise social care with informal support that complements formal services.
- Raise awareness of existing services/supports and enable effective community navigation of the health system.
- Build professional and community capacity for more dedicated and ongoing bereavement support.
- Raise awareness and build capacity in both formal and informal settings to incorporate unique needs of minority groups into services and supports.

In addition to the key stakeholder interviews, over 115 agencies were identified in a desktop mapping process prior to launching the project. This enabled the project team to signpost project participants to relevant local resources. The key themes for the agencies were:

- Palliative care, death and dying support
- Grief support
- Legal, financial and funeral support
- Carers
- Respite
- Isolation; and
- Practice Supports



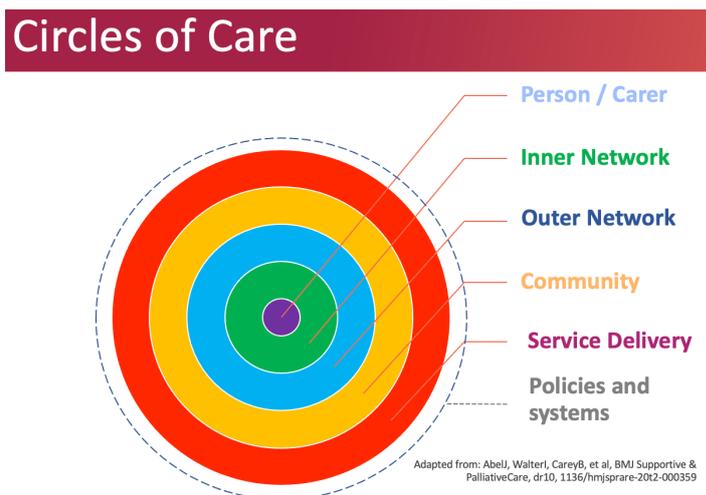
As well as identifying these agencies, the project team created a guidance tool for searching relevant directories, which was later adapted to become the PalliNavigator Guide. The project team recognised that agencies change, therefore a more sustainable skill for the community would be to understand search terms to use in relation to palliative care in relevant directories. The three directories identified were:

- My Community Directory
- OnePlace Directory; and
- National Health Service Directory

The Project conducted a soft launch in July 2020, during this first year we saw a steady increase in engagement in the activities, as relationships and systems were built. An obstacle of the project in the first year was the COVID-19 pandemic, including reduced access to face-to-face engagement, general reduction in community engagement and the overwhelming amount of information provided to community, health and social agencies during the pandemic. However, the project pivoted the activities to provide increasing online opportunities and rather than schedule public events, offered targeted events to be delivered directly to their community and adapted the education model to shorter sessions rather than half days, providing flexible engagement options. In the second year of the project, the focus of the project adapted to focus on one Local Government Area (LGA) [Redlands] rather than four.

In the second year of the project the focus was on building 'care circles', based on the Circles of Care model [see diagram below]. This involved encouraging individuals and groups to map their care circle, and assisting community groups to understand where they may be positioned within their local communities' care circles.

The project continued until March 2022 and saw a particular success in group engagements, community education, network relationships and kitchen table discussions.





## A chat, a yarn or a chinwag.

Nurturing compassionate communities for older people and those who support them across the Brisbane south region.

We're here to help you talk about your experiences with serious illness, dying, death and grief, and better understand your local community, social and health supports and services.



### CHAT

Facilitating community group conversations and supporting individuals with navigation and circles of care planning.



### LEARN

Providing practical, easy to understand face-to-face and online education sessions to build community knowledge about serious illness, dying, death and grief.



### CONNECT

Linking supports, services and community members together to build a more compassionate local community.

We're ready to chat when you are.

[www.pallichat.org.au](http://www.pallichat.org.au)

hello@pallichat.org.au 07 3842 3233

PalliChat is free for those living or working in the Brisbane south region\*



FL0017\_020621

\*Eligible for those over 65 years (over 50 years for Aboriginal and Torres Strait Islander community) or those caring for them or family members of this demographic living or working in the Brisbane south region.  
 \*\*Although funding for this project has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of, nor is endorsed by, the Australian Government.

The background features a stylized, semi-transparent illustration of a person's head and shoulders. Inside the head, there are several circular gears of varying sizes, suggesting a focus on thought, learning, and cognitive processes. The entire graphic is rendered in a light pink color against a darker pink background.

# **THE PROJECT ACTIVITIES AND LEARNINGS**



## Support Chats: Group and Individual Support Chats with Community Members

### Purpose

The purpose of this aspect of the project was to provide a listening ear, support and signposting to supports and strategies, to community members to activate their own circle of support.

### Methodology

The project team began the supports chats by offering individual phone, online or face-to-face discussion opportunities with a nurse, social worker or counsellor. They also offered group support chats which were often described as “PalliChat Café Conversations”. These were held in cafes and clubs, as well as community centres, libraries and other community-friendly venues.

### Results

There was minimal uptake on the individual phone, online or face-to-face discussions. This may have been due to the COVID-19 pandemic, marketing or similar online/phone services being available. The team then focused on group chat sessions, where uptake increased overtime.

- 350 support chats occurred with both individuals and groups throughout the project:
  - 86% were in a group setting
  - 14% were in individual settings
- The topics most discussed during the support chats were:
  - Social or community supports
  - Bereavement
  - GPs
  - Advance Care Planning; and
  - Specialist Palliative Care
- 87% of the support chats were signposted by our team to Health Supports
- 78% of the support chats were signposted by our team to their existing support networks/groups
- 78% of the support chats were signposted by our team to their existing support networks/groups; and
- 2% of the support chats were signposted by our team to their new community or social supports



*“I came to a PalliChat Café to meet up with people who have had a similar life experience and be able to socially mix and learn from these people”*

PalliChat Café

Conversation participant



*“I came to a PalliChat Café because its difficult to talk to family and friends about death and grief”*

PalliChat Café  
Conversation  
participant



*“I was happy with the way it was run and how people interacted with each other, It would be nice if more people took the time to attend”* PalliChat Café

Conversation  
participant





## Kitchen Table Discussions: Bay Island Community Conversation

### Purpose

The purpose of this aspect of the project was to empower community members to host their own community discussions within their communities and to share their learnings with the project. The topic for this kitchen table discussion was palliative care and living on the Bay Islands in the Brisbane south area. This topic was chosen as many Bay Island community members had engaged with the project and the project team wanted to gain a deeper understanding of this community's assets and needs.

### Methodology

The project team collaborated with Health Consumers Queensland to facilitate a kitchen table discussion. Kitchen Table Discussions are an engagement tool that provide the information and guidance needed, to allow small groups to participate in discussions on topics of interest to them, at a time of the day and a place that suits, and which is hosted by a community member.

### Results

22 community members participated in the Kitchen Table Discussions focusing on the Bay Island Communities.

Key findings – participants felt:

- They rely on their own communities and families for supports
- They have to look after themselves
- There is a lack of understanding by mainland health professionals and others in relation to services available on the island
- Access to pain relief needs to be addressed
- They don't always know what services and supports are available on the different islands
- They need professional people available for emergency situations
- More support systems are needed for families, carers and the bereaved; and
- GPs and pharmacists would be good information hubs for health information.





## Kitchen Table Discussions: Bay Island Community Conversation



*"We have to go to people (who are ill) on these islands in the community. They should be recognised and supported and giving them the tools, giving them the backup and support. And they should be free."*

*Kitchen Table Discussion Participant*



*"A participant spoke about medical professionals on the mainland presuming they have everything available on Coochie including that everyone has a telephone. This participant said it has led them to become a consumer advisor as all should be treated as an individual with their own story."*

*Kitchen Table Discussion Consumer Host*



*"One patient was sent home from hospital in their pyjamas and had to catch two buses and the waterbus. The participants said this has happened to lots of people and is not comfortable or dignified for people who are ill."*

*Kitchen Table Discussion Participant*



*"Participants agreed that support was predominately from the community with lots of blocks from the 'system'."*

*Kitchen Table Discussion Participant*



*"We are often told that we chose to live on the island, so we shouldn't expect to have what is available on the mainland."*

*Kitchen Table Discussion Participant*



*"If someone is terminally ill, often they are worrying about what will happen to their animals. And it's not so easy on the islands to organise."*

*Kitchen Table Discussion Participant*





## Kitchen Table Discussions: LGBTIQ+ Community Conversation

### Purpose

The purpose of this aspect of the project was to empower community members to host their own community discussions within their communities and share their learnings with the project. The topic for this kitchen table discussion was on LGBTIQ+ communities and palliative care in the Brisbane south area. This topic was chosen as a diverse community that had not engaged much in the project.

### Methodology

The project team collaborated with Health Consumers Queensland to facilitate a kitchen table discussion. Kitchen Table Discussions are an engagement tool that provide the information and guidance needed, to allow small groups to participate in discussions on topics of interest to them, at a time of the day and a place that suits, and which is hosted by a community member.

### Results

13 community members participated in the Kitchen Table Discussions focusing on the LGBTIQ+ community and palliative care.

Key findings – participants felt:

- People rely on those closest to them and their friends for support including physical support
- No matter who we are we should not have to do this alone
- People want someone to talk to, people to listen, and support and understanding from those around them
- Clinicians should not continue to try different treatments when there is no benefit to the patient
- More palliative care training is needed, particularly for new staff members
- Diversity training is needed
- Family and friends provide support
- Being able to be there for a loved one at any time is important both for the patient and their family members/friends
- Having LGBTIQ+ community members as a circle of support is valuable
- Families not recognising people's lifestyle choices is an issue
- Support is needed for those who feel they do not have a voice
- Knowing your rights as a patient is important; and
- Facebook groups in Australia and overseas, are seen as providing a sense of community. 'It's a place to ask questions and hear about other's experiences.'





## Kitchen Table Discussions: LGBTIQ+ Community Conversation



*"I think that people around them, which include staff, trained nurses, AINs, support workers, family, sometimes forget that this is about the person's comfort. This is about doing everything, positioning the body, what they drink, what they eat, what they see around them, the visuals...whether it's rainbows or whether it's Aboriginal art, whether it's family or whatever it is...all these things have to wrap the person in comfort to be true palliative care, and I think that's not understood."*

*Kitchen Table Discussion Participant*



*"It was obvious to my partner and I from the first appointment that we were experiencing homophobia and discrimination from the clinician. It was obvious from his manner that he didn't like us, he was patronising, glared at us, wouldn't show us the screen as he was typing up notes about me...We would leave the hospital in tears each time, traumatised by the lack of empathy and transparency."*

*Kitchen Table Discussion Participant*



*"I think I just coped the best way I could when I got out of hospital. I went back to the same situation, a housing department unit. Didn't have any follow up from the hospital, and I think people just get a bit lost in the system, a system that forgets people as well. I don't know if it was because I was an indigenous lesbian women going it alone. That's okay for me because I've sort of been alone all my life anyway. So, for me it was, well just take a bite of the cake and go on with it."*

*Kitchen Table Discussion Participant*



*"The doctor came in and said in a rush of words 'not good news, we've found a 4cm tumour', then squeezed my toe and left me. He had just given me the worst news of my life and spent less than two minutes with me. Zero empathy."*

*Kitchen Table Discussion Participant*



*"Pastoral care services were very good in hospitals, and I hope they are still there, not preaching religion, but just someone to be there, sit there."*

*Kitchen Table Discussion Participant*



*"They did not know that my friend was a gay man until I told them. And they were absolutely lovely, and I told them he didn't really have a network of friends and family around him apart from us two. So, we were allowed to come anytime... I was really impressed with the way a big general hospital swung into action and helped."*

*Kitchen Table Discussion Participant*





## PalliLearn: Basic and Intensive Education for the Community

### Purpose

The purpose of this aspect of the project was to provide basic community education to build knowledge, confidence and capacity within the community.

### Methodology

The project team facilitated PCQ's PalliLearn Basic courses (8 different courses, each 1-hour delivered face-to-face or online), as well as PCQ's PalliLearn Intensives courses (3 different courses, each 4-hours delivered face-to-face only). The PalliLearn Intensive courses included the international education course, Last Aid. A follow-up survey was sent to the Last Aid course participants 3-6 months after they participated in the course.

### Results

84 community education courses were hosted (total of 156 hours of education offered).

428 people participated in the education courses:

- 111 in the 60 PalliLearn Basics courses offered
- 146 in the 21 Last Aid courses offered
- 14 in the 2 PalliNavigator courses offered; and
- 8 in the 1 PalliLeader course offered.



*"A take home message from the course today was that you don't have to be directly supporting someone but can help them by supporting their inner circle"*

*PalliLearn Basic course participant*



*"It was a great course. I recommended it to my daughter-in-law who has since completed the course."*

*Last Aid participant comment in a follow up survey*



*"I am going to suggest to my employer to run a session. All of it. I am full of ideas."*

*Last Aid course participant*



*"It takes a community to do palliative care"*

*PalliNavigator course participant*





## Education Webinars: Sharing Experiences and Knowledge

### Purpose

The purpose of this aspect of the project was to provide an opportunity for both community members and health professionals to listen and learn from the experiences of experts on a range of topics.

### Methodology

Palliative Care Queensland hosts quarterly statewide palliative care sector education webinars and quarterly statewide palliative care community education webinars. The webinars were offered for free to people living or working in Brisbane south.

### Results

14 webinars were held.



*"I will definitely look up the Gwandalan Project [Palliative care for first nations people project] and let others in my workplace know about it"*  
Webinar participant

*"A lesson I'll take home from the webinar today was to always ask the individual what they want as stereotyping a person as part of a group is not helpful - everyone is an individual."* Webinar participant

*"Thank you for reminding me to Learn, to listen and to engage"*  
Webinar participant





## Building Networks, Facilitating Conversations and Presentations

### Purpose

The purpose of this aspect of the project was to create connections with like-minded people, either formally or informally, to encourage them to share information and experiences and to develop their own relationships, which would reduce duplication and create a sustainable local network which continues to connect beyond the completion of the project.

### Methodology

The project team developed connections using two different methods. The first was through the development of a Compassionate Communities Interagency Network (CCIN). The second was through hosting conversations and presentations with different community groups and organisations.

### Results

The CCIN began in the first year of the project for the whole Brisbane South PHN region. We recognised this was too large and in the second year of the project we targeted it to the Redlands local council region. A benefit of the CCIN was agencies learning what each other offers and who is the best contact, so they can share this with their networks/clients. We learnt that often community groups have a smaller boundary so the network should align to this boundary – otherwise they are connecting with interesting people, but they are not always useful for ongoing relationship building.

We learnt that network and presentation rates increased when we linked an education opportunity or keynote speaker to the session.

Network members shared their events and activities during the network sessions and online, this was then used by the team to share these relevant activities at our project events and activities, enabling our network members to have greater reach for their activities and reducing duplication.



*“Enjoyed it all - hearing what others are doing”*  
| Network member



*“Great meetings and great resources”*  
| Network member



*“My take home message... share the knowledge”*  
| Network members



**292**

people attended our conversation and presentation events held with different community groups and organisations

**78%**

of presentation evaluations said their knowledge and confidence in the topic presented increased after attending the session



## Raising Awareness: Flyers, Word-of-Mouth, E-News and Social Media

### Purpose

The purpose of this aspect of the project was to engage and connect with a large audience of community members and health professionals, to share and showcase the project activities and encourage engagement with the project.

### Methodology

The marketing team used a variety of awareness raising methods, however mainly focused on Project E-News (which was disseminated through Mailchimp) and Social Media (mainly Facebook) to disseminate project updates and information. Bright and colourful flyers and a dedicated website section, were created to introduce the project.

### Results

The branding for the project was bright, colourful and used illustrations rather than images. Feedback about the branding was positive. The language used for the project was simple, such as 'chat', 'connect' and 'learn'. Anecdotal feedback received informed us that this increased engagement with a variety of literacy levels and cultural background. Social media was a useful tool to engage with a broad audience, however word-of-mouth appeared to be the most successful promotional tool.



*"The look and feel of the flyers for this project are very engaging. It's not something I would usually expect when I think about palliative care"*

*Project participant*



27 social media posts were created about the project and this reached

**28,681**

people

**159**

people received the three project e-news we disseminated



*"We arrived at one event in a regional location and only one person was there. The flyers and emails didn't seem to get to the community members like we had hoped. The attendee there was enthusiastic and a community connector - she went door knocking and phoned her friends, family and colleagues, we ended up with over 10 people attending. It demonstrates the value of word of mouth advertising."* Project Manager



The project used a public health framework, which is consistent with the approach to community health and wellbeing adopted by Primary Health Networks and PCQ.

LaTrobe University were engaged by the project team during the development phase to assist with the development of a project feedback framework, guided by their Healthy End of Life Program (HELP) tools.

Project feedback was gathered through a number of mechanisms throughout the project including online surveys, paper-based evaluations, event registrations, facilitator feedback, project team field notes, debriefs and case studies and anecdotal feedback.

The project team developed a project theory of change (appendix 1) which identified five expected outcomes, these were measured throughout the project.

The project team noted a drop in formal feedback responses when delivering activities online compared to face-to-face, however still believe the following five outcome measures increased due to the project activities.

Feedback indicated that the following five outcomes all increased as a result of the different project activities:

## **1. Awareness of supports and services available in relation to serious illness, dying, death or grief**

- *How do we know this increased?*
  - Participants often made reference to supports and services mentioned during project activities or after they were completed; and
  - 95% of people who participated in a PalliLearn Basic course agreed that the course increased their awareness of what supports are available in relation to palliative care.

## **2. Confidence to discuss serious illness, dying, death or grief**

- *How do we know this increased?*
  - Increased participation in the project over time and project participants bringing friends, family or colleagues to project activities; and
  - 100% of people who participated in PalliNavigator course feedback indicated that they felt more confident in their ability to initiate and engage in conversations about serious illness, dying, death and grief, with family, friends or other community members



### 3. Ability of community members to help their family, friends and community at the end stage of life

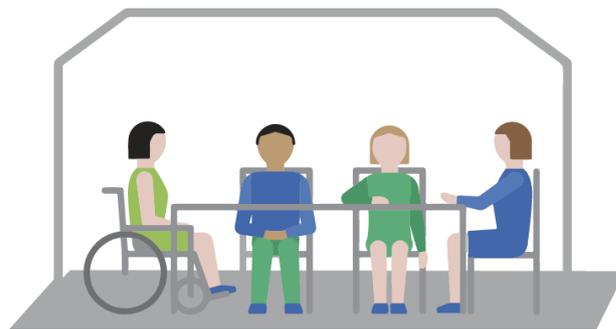
- *How do we know this increased?*
  - Feedback from people who participated in the Support Chat aspect of the project informed us that the PalliChat Cafes provided ideas and strategies for how they could help their friends and families at the end stage of life in the future; and
  - 94% of people who participated in a Last Aid follow up survey (3-6 months after the session) indicated that they have used their skills to either support carers and family in palliative care, or, to provide basic support to their family, friends, neighbours or colleagues, who may be experiencing a serious illness, dying, death and grief.

### 4. Awareness and understanding of palliative care (including ACP and Bereavement)

- *How do we know this increased?*
  - Likes and comments on project Facebook post, indicated an increase of awareness about palliative care; and
  - 100% of people who participated in PalliNavigator course feedback indicated that the course increased their understanding of what palliative care is.

### 5. Knowledge that the reality of death is an important part of life and can help people prepare for the future

- *How do we know this increased?*
  - Feedback from a person who participated in the Compassionate Community Interagency Network, indicated that the network reminded them that although they focus on supporting people who are ageing, they often don't think about palliative care and dying, but the network helped to remind them of the importance of the end stage of life; and
  - 89% of people who participated in a Last Aid follow up survey (3-6 months after the session) indicated they felt an understanding and acceptance that death is a normal part of life.



## Mapping

- Desktop agency mapping is useful, but identifying key search terms to use in local databases is a more sustainable and less resource intensive method of identifying relevant agencies.

## Chat

- Add a measure of success as quality of interaction rather than just quantity of those attending (i.e. small chat groups can have a larger impact).
- Focus on group conversations rather than individual – when people are in their own networks they tend to open up.
- Face-to-face group activities often work best in an organic fluid facilitation method – online needs to be more structured.
- Kitchen Table Discussions are an effective method to improve understanding of specific communities.

## Learn

- PalliLearn Basics and Intensives are a good mixed and flexible model.
- Clearly describing the scope of what the project can offer – but knowing what is available when it's out of the scope of the project to provide direction rather than a closed door.

## Connect

- Avoid stand-alone network activities – include education or keynote speakers.
- Often community groups have a smaller boundary so the network should align to this boundary – otherwise they are connecting with interesting people but this is not always useful for ongoing relationship building.

## Marketing

- Use colourful illustrations for branding.
- Encourage consumers to share and promote the network with their networks.

## Project Administration

- Plan for COVID-19 surges as much as possible, but recognise that others may be doing similar changes and this may create an additional burden on the consumer.
- Collect project feedback in a variety of methods - not just surveys.



The background features a stylized, semi-circular arrangement of human figures in shades of orange and yellow. The figures are simplified, showing heads and shoulders, and are positioned as if sitting in a semi-circle. The overall aesthetic is clean and modern.

# **INVITATION TO ACTION**

# Invitation to Action

The PalliChat project team have laid the foundation, now it is the role of the Brisbane south community, services, supports and decision makers to come together and take this initiative forward.

We invite the Brisbane south community to consider the following 7 items when supporting people experiencing a serious illness, dying, death or grief.

**Focus on the carer and the circle of care**

**Recognise that the community wants to help**

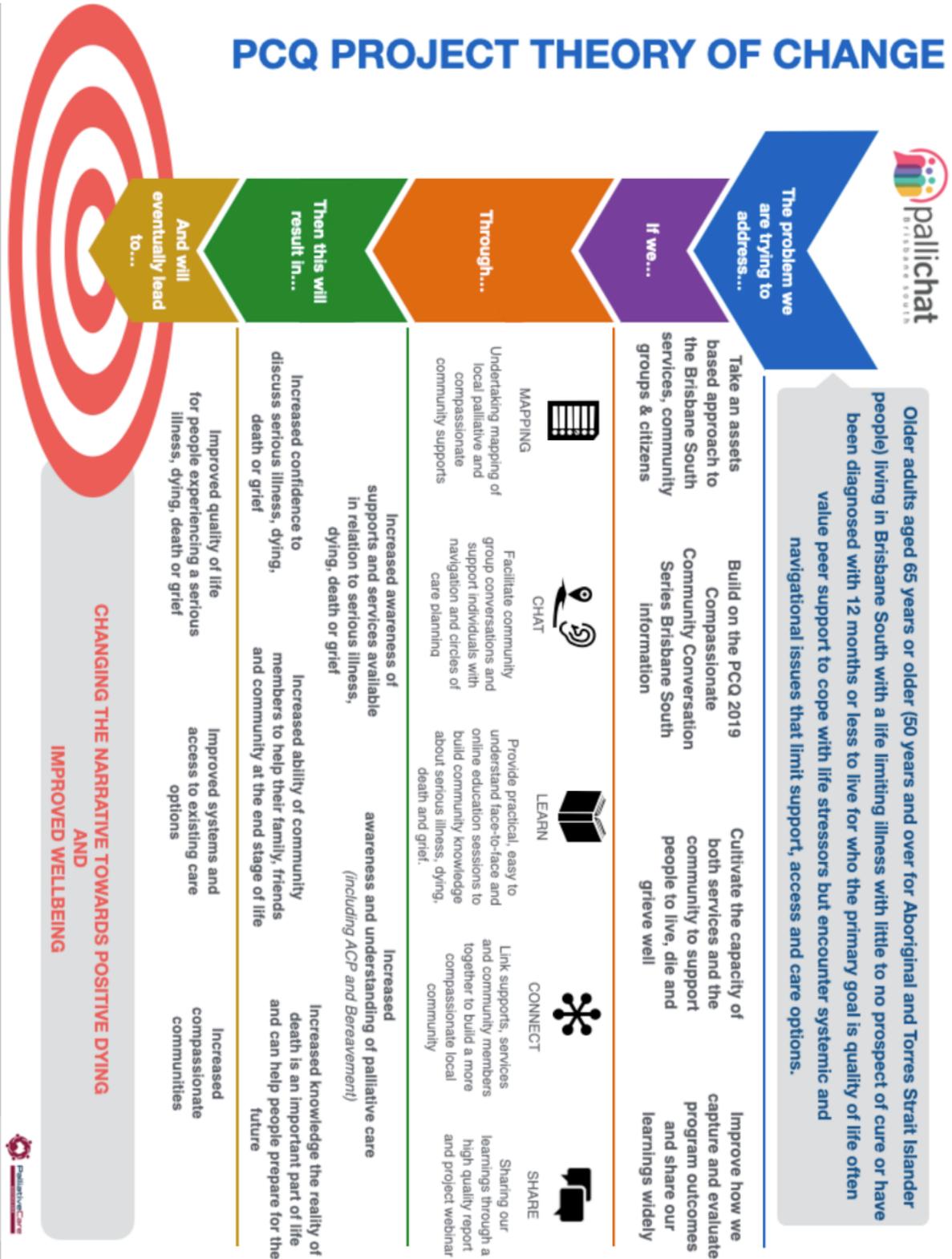
**Use an asset-based approach**

**Understand that relationship building takes time**

**Integrate volunteering into care models**

**Localise your approach at the LGA level**

**Leverage off existing services and organisations**





**PalliativeCare**  
QUEENSLAND

 07 3842 3242

 [hello@palliativecareqld.org.au](mailto:hello@palliativecareqld.org.au)

 [palliativecareqld.org.au](http://palliativecareqld.org.au)