Family Carers Group

Kate Diamond

Social Worker

Emer Honan

Nurse



Why?

Palliative Care includes supporting patients and family

 'Palliative Care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, ...' (WHO, 2015)

Uniqueness of caring for someone with a palliative illness

Universality of unmet needs of family carers

Aims

To provide practical information and coping skills for carers to support them in their role of caring for a patient with a terminal illness.

To facilitate an environment of support including peer support.

Objectives for Carers

To have a clear understanding of the Palliative Care Context.

To increase their skills, knowledge and communication in the management of the illness.

To be aware of the supports that are available to them and how to access them.

To be more aware of their own resilience and the importance of self-care during their journey through palliative care.

St. Francis Hospice Carers Group

Pilot – 4 groups over 12 month period

Participants – Family carers to St. Francis Hospice Patients

Professionals – Care Assistant, Nurse, Social Worker

4 sessions lasting 2 hours over a 5 week period

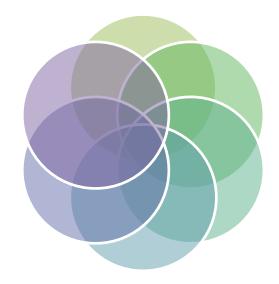
28 family carers attended in total

Methods

Recruitment and engagement

Facilitating peer support

Providing opportunities for self-care



Ensuring a therapeutic, caring, safe environment

Ongoing evaluation and feedback

Developing a tool box

Outcomes

100% completion of group by participants

95% attendance

Positive changes reported by both participants and patients.

Scaling questionnaire pre- and post group indicating positive outcomes

Development of Carers Monthly Drop-in Session

Higher quality, more focused interactions with family members

Feedback from participants

I had a shift after the second session. I went from thinking I could do it all myself to accepting help.

I don't need to keep the door open anymore. (Describes being able to relax with her dad and not fear conversation)

Best thing I have ever done for myself in my life.

I sat with her, no TV blaring, she stroked my arm and called me baby. (Participant reporting being able to just be with her mother)

Listening to you all I don't feel so hard done by... I'm lucky.

Unsolicited feedback from patients

'It's good herself is getting help, she needed it.'

'Meal times... I don't have to eat... you told her it was ok.'

'She's enjoying it... I am glad I got her in.'

'It easier at home now... It's easier.'

Issues: Evaluation of Service

Using recognised evaluation tools – cost and training Time away from existing work to carry out evaluation/research

Robustness of results

Seeking funding to develop and ensure continuity of this intervention