

Knowledge development in palliative care social work

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Social aspects of palliative care

- Palliative care seen as a healthcare service...
- ...but in principle a multiprofessional service...
- ...with strong social care elements.
- Most research is healthcare-related...
- ...but government objective to develop end-of-life care...
- ...needs knowledge transfer to social care
- **Agenda:** welfare rights, social objectives of day care



Clinical governance



Welfare audit

Service statistics

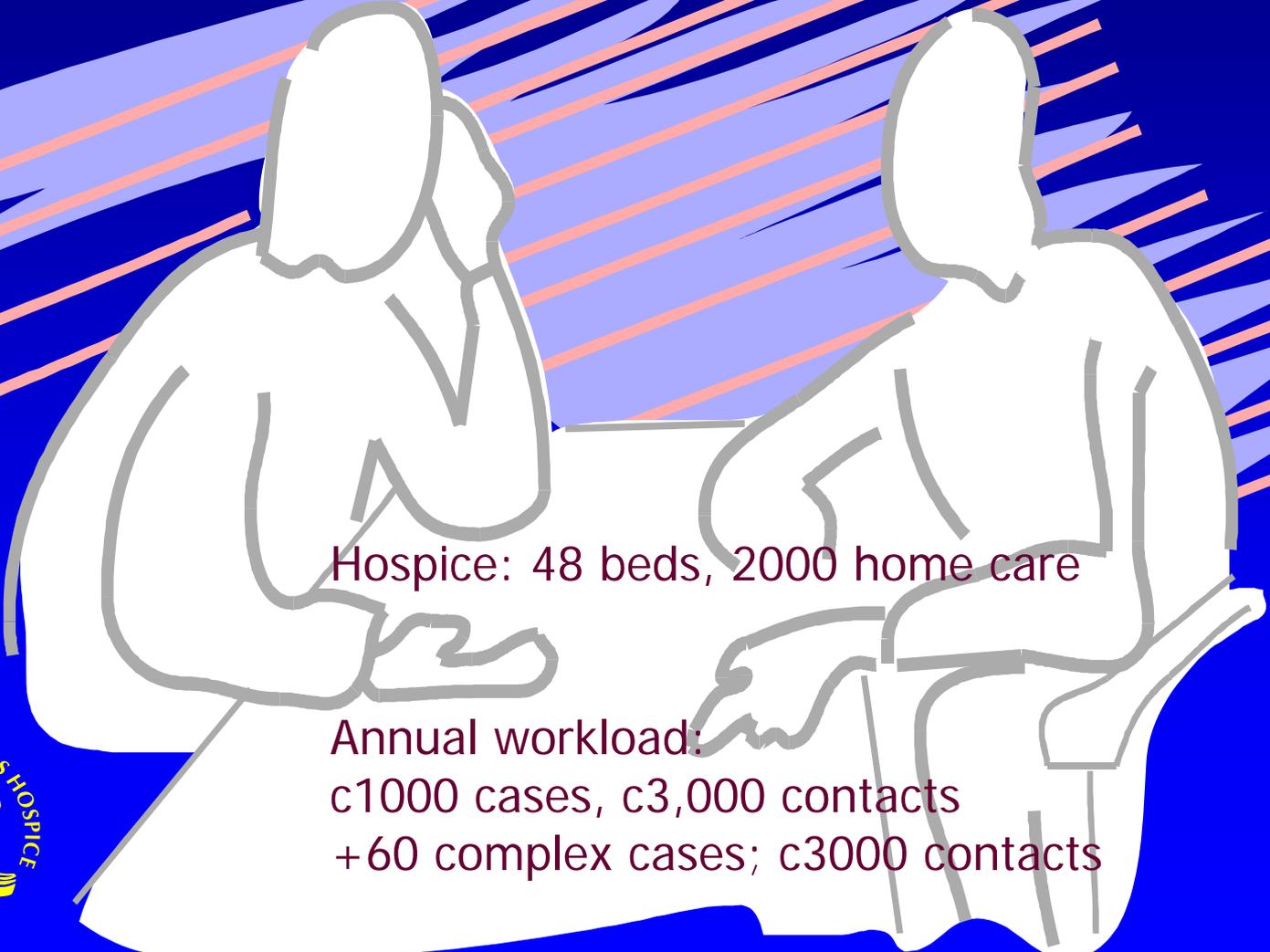
Nurse study

Prospective study

Complex cases



Service statistics



Hospice: 48 beds, 2000 home care

Annual workload:
c1000 cases, c3,000 contacts
+60 complex cases; c3000 contacts



Welfare service audit

Prospective audit
3 months

Mean contacts: 3
221 weekly items
Total regular weekly benefits:
£7,598.78 pw
One-off payments:
£116,223.52

Nurse study
3 months

Main referrer group (nurses)
do not consistently make or record
assessment of financial issues
affecting patients

Complex cases:
Retrospective:
1 year

62 clients >20 contacts
4 >200 actions, 3 >100 actions
Phone: mean: 54.6 per case
Letters written/rec'd: 22.6, 19.6
20 cases: 61 appeals:
82.8 success



Where then?

- Bridge House Trust Project
 - All consenting patients, wards then homecare teams
 - Natural experiment: compares with/without WR adviser
 - Outcomes being analysed
 - Hospice staff acted on WR, NHS staff do not
- 'Planning for Change'
 - Funded by FSA charity, now main budget
 - Business/education group format
 - Very highly evaluated
 - Economical of staff time



Questioning of palliative day care 1

- NICE, 2004: 130-1
 - Potential benefits of 'specialist day therapy' as enabling a range of services '...to be brought together in one setting. It also brings patients together, providing social support and access to facilities, and can offer respite to carers.'
 - Suggests: 'Commissioners, working through Cancer Networks and in partnership with existing providers of specialist palliative day care, should agree the objectives of local service provision and the types of interventions to be offered'



Questioning of palliative day care 2

- Higginson et al (2000)
 - no clear distinction between medical and social care models of provision
 - Suggestion: 'layers' of provision;
 - 'base layer' of 'physical, emotional and social care'
 - additional layers such as 'medical and creative therapies'.
- Goodwin et al (2003: 211); studied pain and symptom management
 - The study suggests that palliative day care was more than health-related QOL[Quality of life]...Therefore, future studies evaluating outcomes in palliative day care need to consider adding items of social contact or support to QOL measures, or using domain-specific measures of social support or coping strategies.

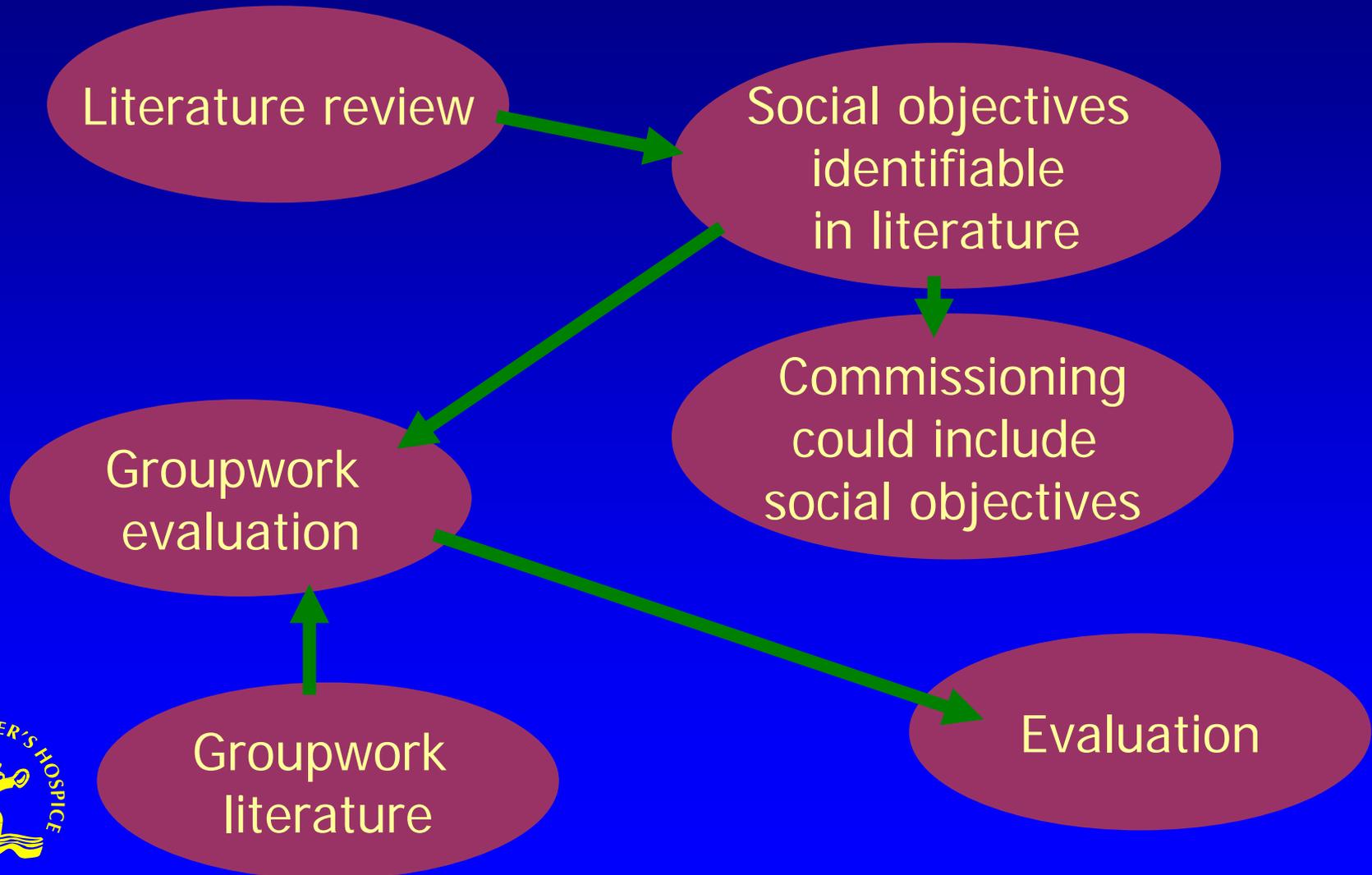


Evidence of satisfaction

- NICE (2004: 132)
 - Patients tend to report high levels of satisfaction, as day centre provide social contact, some new activities and a chance to get out of the home...
- Programme of qualitative studies
 - Kennett (2000): day centre experience fosters hope and self-fulfilment
 - Kennett and Payne (2005): improves mood, quality of life, possibility of personal growth



Social objectives of palliative day care



Method

- Questionnaire to all staff and volunteers (n=40)
 - All consented and completed
- Interviews of all attenders (n=82)
 - 47 consented, 40 interviewed, 3 excluded
 - Results from 37 attenders' interviews



Method 2

Objective statement (prefaced by did the ...group help...)

To change the way you deal with or increase your control over how your life is affected by your illness.

To provide support to others and gain support yourself by sharing your experiences with each other.

To educate or inform yourself about your illness or your care

To improve your life and relationships at home

To increase and improve your contacts with other people

To become more confident about ways in which the Hospice might help you in the future

To enable you to have a fulfilling and interesting time

To take your mind off your illness and any troubles you may have

To produce something creative to take home or share with others



Social objectives in day unit practice

- Patients and staff/volunteers have similar views about social objectives:
 - *Either* staff/volunteers reflect patient views
 - *Or* patients have been influenced by staff/volunteers' views
- Staff focused much more on activity groups in the day unit; patients saw all the group experiences as important.
- Patients did not learn interpersonal skills for external use



On sharing and support

- Staff and volunteers assumed that mutual support and sharing were important social objectives...
- ...but patients were divided...
- ...between sharers and observers



Social objectives: comment

- Staff have social objectives...
- ...and patients are aware of and accept them.
- However, (healthcare and psychotherapeutic) staff do not articulate social objectives...
- ...and focus on professionally relevant objectives...
- ...although patients are interested in wider social objectives.
- Social workers are needed to articulate, plan and train for meeting social objectives



A policy intervention

Social care/palliative care

Social care and social work are important in end-of-life care

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Blog live on the internet - progress

04/11/08

Blog live on the internet - progress

□ 03:04:35 pm, Categories: [St Christopher's Hospice](#), [Ethics](#), [confidentiality](#), [spiritual care](#)

On this day, when Social Care/Palliative Care is live for the first time on the internet, I thought I would provide signs of progress. No I don't mean the world is about to get better, but the rebuilding works at St Christopher's have begun to produce results: there are new bits of the building.

A few weeks back, we saw in a post the closing of the old chapel. Then we saw the as yet unopened new Pilgrim Room. Now it is open and being well-used by patients and families: here is a pic of its newly commissioned window:



Social care/palliative care

Malcolm Payne's blog focuses on developments in social care and social work that affect palliative and end-of-life care. It is part of the information work of St Christopher's Hospice, London.



■ [Archives](#)

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- Social care/palliative care blog

Example: End-of-life care strategy

- Transfer of knowledge to social care from palliative care
 - Recommends social care staff attend 3-day healthcare-validated communication courses...
 - ,,but social workers already have communication training and will get less benefit...
 - ...and they do not give 'bad news', but need training to engage people in end-of-life discussions without a prognosis
- Refusal of social work post-qualifying strategy to recognise specialties
- Carers: healthcare individualisation



Conclusion

- In-agency research and audit raises awareness and commitment
 - Important factors:
 - Staff selected
 - Relevant to their objectives
 - Typical of healthcare, not social care
- Social work research involvement in healthcare...
 - ...deals with social care element of 'healthnsocialcare'
 - ...and delivers expertise in defining social issues and interventions.
- 'Healthnsocialcare' needs a social work policy perspective,



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Social Care/Palliative Care (blog):
<http://blogs.stchristophers.org.uk/>

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