GROWING A 'GRIEF COMPANION' PROGRAM

Bianka Eifler [1], Cynzia Dei-Cont[2], Elanne Thompson[2], Elena Bellinato[1], Pippa Blackburn [3]

1. Bereavement Counselling Service, Illawarra Shoalhaven Local Health District
2. Specialist Community Palliative Care, Illawarra Shoalhaven Local Health District, NSW, Australia
3. Division of Aged Care, Rehabilitation and Palliative Care, Illawarra Shoalhaven Local Health District, NSW Australia

KEYWORDS

[bereavement], [volunteers], [compassionate communities]

EXECUTIVE SUMMARY (100 words maximum)

The volunteer 'Grief Companion' service was developed within the Illawarra Shoalhaven Palliative Care and Bereavement Service to facilitate connection between grieving community members and compassionate volunteers. Volunteer grief companions create a safe atmosphere of warmth and understanding where bereaved people can share their experience of loss with others who understand. Public health and compassionate communities' principles underpin the program to recognise the caring capacity of skilled and engaged community volunteers who can effectively provide emotional, social and practical signposting support to bereaved people. Whilst both time and cost efficient, the greatest benefit is the fostering of meaningful human connection.

INTRODUCTION

Volunteers enhance the range of support activities that palliative care services can provide. Bereavement lends itself to community approaches as most bereaved people do not require specialist counselling. As volunteers represent local community members, enhancing their involvement in bereavement programs aligns with the Compassionate Communities philosophy that reaffirms the role for well-engaged, informed community members to provide care during core human experiences like death, loss and grief.

The Illawarra Shoalhaven Local Health District developed the 'Grief Companion Program' in 2021 to enable volunteers to support grieving carers, family members and friends who have experienced the death of a significant person and live in the Illawarra and Shoalhaven regions. The program was developed through a collaboration within the palliative care service between the volunteer coordinators and the bereavement coordinators. In terms of the Public Health Approach to Bereavement, this program offers a level of support for individuals with low to medium risk who do not require specialist counselling but do indicate a need beyond what their existing informal social network can provide.

The program allows volunteer 'Grief Companions' to provide individual compassionate care for people as they try to find ways to live with their grief and manage their day to day lives, through the broad provision of 'companionship.' In practice, grief companions typically meet with matched bereaved people on a weekly or fortnightly basis in their home, at an agreed community location, or over the phone. Grief companions create a safe atmosphere of warmth and understanding where bereaved people can share their experience of loss with others who understand.

'Companioning' has been used in the context of bereavement programs and is underpinned by attachment theory to explain the efficacy of this type of support, as these relationships engender a sense of there being a person who cares, listens, and companions them through their bereavement. A key feature of the companioning intervention is that social support 'buffers' the adverse mental and physical health effects that can be caused by severe stress in bereavement. Companioning also reduces the stigma that may be associated with receiving formal support or counselling and helps to normalises grief by embedding bereavement support within a relationship of a 'friendly stranger'. This promotes a relationship focused and client driven approach to support and care.

HIGHLIGHTS

- The volunteer Grief Companion program is underpinned by public health and compassionate communities' approaches.
- Fourteen successful 'Grief Companion' matches have been facilitated to date, most of whom met weekly for 6-12 months.
- Six rounds of training have been held, with over fifty volunteers trained.
- The program is both time and cost effective as it reduces intake into the specialist counselling service.
- Volunteers can also act as a safety net to identify any increasing risk for bereaved individuals over time.

METHODOLOGY/ PROCESS

- The 'Grief Companion' guidelines were developed by adapting lessons from international palliative care and peer to peer support networks.
- A two-day training program and workbook was developed by the specialist bereavement counselling service. This was offered to existing palliative care volunteers, guaranteeing a baseline level of palliative care training and competence within the local organisation.
- The training program incorporates content about contemporary grief theory, 'signposting for support,' working with diversity in grief, and basic counselling principles. Roleplaying and other experiential engagement facilitates practical skill development. Clinicians from the ISLHD Palliative Care Service contribute to the training program.
- The volunteer grief companions are offered a peer mentoring pathway, as well as access to facilitated reflective sessions on a regular monthly or bi-monthly basis.

RESULTS/ OUTCOMES

The opportunity to provide grief companionship has been welcomed by the local volunteer workforce who have shown continued enthusiasm for participating in the program. After six rounds of training, over fifty volunteers have been trained through the program. Crucially, the opportunity to participate in Grief Companioning showed resilience to Covid19 restrictions as volunteers unable to attend ward or home-based support could pivot to phone contact.

To date, fourteen successful grief companion matches have been facilitated. On average, these have continued for a period of six to twelve months. This has reduced the demand upon the specialist bereavement counselling service by allowing new and existing clients with low to medium grief needs to be transitioned to the volunteer program. At times, volunteers have also identified the increasing needs of bereaved clients and have been able to raise this with the coordinators to assist clients to re-engage with specialist services. The program has been particularly successful amongst an older cohort of bereaved individuals who have difficulty or reluctance accessing counselling at the local community health centres but who do benefit from the social support, active listening, and sign-posting capacity of the volunteers.

CONCLUSION

The ISLHD 'Grief Companion' program has demonstrated benefit in meeting the needs of many bereaved individuals who do not require specialist counselling but require more support than their existing social network can offer. The program recognises the capacity for engaged volunteers to meet the social, emotional, and practical needs of bereaved individuals. It provides a cost and time efficient option of support for the majority of bereaved people who do not require specialist bereavement counselling.