

Title:

Culturally-appropriate *caring@home* resources for Aboriginal and Torres Strait Islander families will improve end-of-life care choices

Presentation format:

Six minute speed talk

Category:

Populations and settings of care – Aboriginal and Torres Strait Islander People

Keywords/Phrases:

Aboriginal and Torres Strait Islander families
End-of-life care at home

Authors:

Karen Cooper B.Sc (Hons), PhD	Karen.Cooper3@health.qld.gov.au	QH, BSPCC	EMP	Presenter
Liz Reymond MBBS(Hons), PhD, FRACGP, FACHPM	Elizabeth.Reymond@health.qld.gov.au	QH, BSPCC Griffith Uni School of Med	EMP	
Kathryn Hooper BNUR (Hons), MNP, IPN, UnivDipPC, UnivDipAC, GradCertTAE	k6.hooper@qut.edu.au	QUT, School of Nursing, Faculty of Health	Kelvin Grove	

Bio:

- Liz Reymond is Deputy Director, Metro South Palliative Care Service and Director, Brisbane South Palliative Care Collaborative. Her research interests include palliative care symptom management, service delivery and development, and advance care planning. Liz is directing multiple palliative care projects, including the national *caring@home* Aboriginal & Torres Strait Islander Families project.
- Karen Cooper

Conflict of interest:

The authors declare there are no conflicts of interest.

Word count:

Total word count (excluding Title, including Funding statement) = 340 words

Background:

Many Aboriginal and Torres Strait Islander people express a wish to be cared for, and to pass, at home or on Country surrounded by family if possible. There are many barriers to achieving this aim; one being the ability to provide timely and effective symptom control.

Aim:

The aim of the *caring@home* for Aboriginal and Torres Strait Islander Families project is to improve palliative care outcomes by the provision of culturally-appropriate resources that support palliative care at home for Aboriginal and Torres Strait Islander communities.

The resources will be developed, based on extensive consultation with key stakeholders, and will be applicable Australia-wide for services, health professionals and Indigenous families to help families manage breakthrough symptoms safely using subcutaneous medicines.

Methods:

The project has several components:

- Consultation with key stakeholders (first round completed)
- Resource development and piloting (underway)
- National rollout
- Evaluation

Findings:

The majority of participants (from each state/territory, from metro, regional, rural and remote areas) in the first round of consultation (200 participants in 55 consultations) agreed that tailored resources for Aboriginal and Torres Strait Islander families would be useful and that whilst current *caring@home* resources could be used by some Aboriginal and Torres Strait Islander families, a more culturally appropriate package could support more families.

Various ideas were put forward on the best way to achieve this and are being considered during resource development, under the guidance of an Education Advisory Committee.

Discussion:

During the consultation, participants noted that whether Aboriginal and Torres Strait Islander families will give subcutaneous medicines is variable and very dependent on individual families, communities and clinical service availability. Many barriers were identified but most participants indicated that families should be given choices about end-of-life care.

Conclusion:

The wide-ranging consultation and feedback has been very diverse and appreciated by Aboriginal and Torres Strait Islander people. It is essential to help guide the project's development of the culturally-appropriate resources. The project team thanks everyone who is supporting the project.

Funding acknowledgement:

caring@home for Aboriginal and Torres Strait Islander Families is funded by the Australian Government.