Empowering Volunteers to Support People at their End-of-life Stage: Model and Practice in Hong Kong

Dr. Vivian W. Q. LOU
Visiting Professor, Department of Global Health & Social Medicine, King’s College London
Director, Sau Po Centre on Ageing and Associate Professor, Department of Social Work & Social Administration at The University of Hong Kong
Session Overview

1. Why volunteer?
2. Contextualized volunteer engagement in EoLC
3. The Volunteer-Partnered Initiative
   - Volunteer capacity building
   - Volunteer-partnered leadership model
   - Best practices and lessons learned
Why Volunteer?

Needs and Values
Patients’ Needs at their End-of-life Stage

- **Physical**
  - Symptoms & treatment side effects
  - Sleep disturbance
  - Breathlessness
  - Fatigue/pain
  - Disabilities

- **Spiritual**
  - Loss of meaning,
  - Loss of control
  - Suffering and demoralization
  - Loss of peace
  - Death anxiety

- **Social**
  - Relationship/roles
  - Inability to fulfil role expectations and obligations
  - Interactions with family and significant others
  - Sexuality and intimacy

- **Psychological**
  - Distress
  - Depression, fear and anxiety
  - Complex emotions
  - Mood disturbance

(Cella, Sarafian, Snider, Yellen, & Winicour, 1993; Murray, et al., 2007)
Needs of Engaging Community

• Ageing population, chronic illnesses as leading cause of death, comorbidity towards the end of life → ↑ demand for holistic and coordinated care to meet the complex needs toward the end-of-life stage

• Low awareness on and misperception about EoLC or Palliative care → ↑ barriers in access to and acceptance of appropriate service
Needs of Engaging Community in EoLC

Volunteering in EoLC is referred to an unpaid activity conducted for the benefit of others beyond close relatives provided in connection to an organisation that provides end of life care, support or services.’

Patients who are dying often experience loneliness, anxiety about impending death and depression (Claxton-Oldfield et al, 2006), yet they may have no or few family or friends to comfort them.

The provision of voluntary EoLC service can fill in this gap, make patients no longer feel lonely and help their families to go through this difficult time. (Naylor, Mundle, Weak, & Buck, 2013)
Multi-benefits from EoLC Voluntary Service

To patients and carers

- Volunteers help reduce feelings of isolation, promote emotional health, and enhance social support of patients. (Claxton-Oldfield, 2015; Walshe et al., 2016)
- A study suggested that hospice volunteers increase how long terminally ill patients survive (~3 months longer) (Herbst-Damm & Kulik, 2005)
- Greater use of volunteers was associated with higher levels of service satisfaction as rated by bereaved family members. (Block et al., 2010)
Multi-benefits from EoLC Voluntary Service

To organization & community

- Volunteers also **bridge the gaps between hospice, community, and patients/caregivers.**

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**To health and social care organisations:** Volunteering has the potential to deliver a number of benefits to health and social care organisations including creating services that are more responsive to local needs (Paylor 2011); engaging ‘hard-to-reach’ communities more effectively (Kennedy 2010); filling gaps in provision (Hussein 2011; Kennedy et al 2007; Paylor 2011); and facilitating improvements in professional–patient relationships and interactions (Paylor 2011; Jones 2004).

**To communities:** There is evidence to show that volunteering can bring broader benefits to communities, including by enhancing social cohesion, reducing anti-social behaviour among young people, and providing placement opportunities that may then lead to employment (e.g., Prasad and Muraleedharan 2007). Recent research suggests social participation is cumulative, meaning that formal volunteering can also encourage people to get involved in other activities in their communities (Morrow-Howell 2010; Department of Health 2011a).

(Nalylor, Mundle, Weaks, & Buck, 2013)
Multi-benefits from EoLC Voluntary Service

To volunteers

- **Volunteers** gain health and social benefits and have personal growth from their voluntary services.

*(Nalylor, Mundle, Weaks, & Buck, 2013)*
Contextualized Volunteer Engagement in EoLC
Volunteer Involvement is high in US but facing challenges:

- In 2011, NHPCO estimates that 450,000 volunteers provided 21 million hours of service to hospice. While significant, this represents a downward trend when compared to the estimated 550,000 volunteers in 2008; 468,000 in 2009; and 458,000 in 2010.

National Regulations guiding volunteer involvement in hospices:

- Hospice in US is unique in that it is the only provider with Medicare Conditions of Participation (CoPs) requiring volunteers to provide at least 5% of total patient care hours.
- There is a range of standards govern and provide direction for hospice volunteer programs, which not only concern with service quality, but also volunteer management and cost saving.

Direct patient care (including professional volunteers) 44.5%
Clerical/administrative support 28.6%
Fundraising, education, governance 26.7%
Development status of EoLC in different countries (Continued)

United States

Public Engagement: Awareness Movements & ACP

The Conversation Project: http://theconversationproject.org
DeathWise: http://www.deathwise.wpengine.com
Engage with Grace: http://www.engagewithgrace.org
Death Cafe: http://www.deathcafe.com
Death over Dinner: http://www.deathoverdinner.org; http://blog.tedmed.com/?tag=death-over-dinner
Project Compassion: http://project-compassion.org
Aging with Dignity and Five Wishes: http://agingwithdignity.org; http://www.agingwithdignity.org/five-wishes.php
Community Conversations on Compassionate Care (Compassion and Support): https://www.compassionandsupport.org
Before I Die: http://beforeidie.cc
Death Clock: http://www.deathclock.com

(National Academy of Sciences, 2015)
Canada

High volunteer involvement

• Around 35,000 – 40,000 volunteers in PC programmes across Canada—the largest group providing direct services in the country. In some parts of Canada, volunteers outnumber paid staff by 50:1. (Canadian Hospice Palliative Care Association, 2012)

• CHPCA (2012) developed a standardized training program for hospice palliative care volunteers, with the intention of it being used across the country to “ensure that volunteers receive the consistent training and information they need to provide high quality services”.

Development status of EoLC in different countries (Continued)
Development status of EoLC in different countries (Continued)

Canada

Community engagement initiative

Speak Up

WHO WILL SPEAK FOR YOU?

Make your plan online with our interactive ACP Workbook.

Make My Plan

Download or print our ACP workbooks and quick guides.

Download Now

Learn the Advance Care Planning terms.

Browse Glossary

http://www.advancecareplanning.ca/
Australia

High involvement of volunteer

- Around two thirds of PC volunteers in New South Wales and Victoria carry out their roles in patients’ homes (63% - 72%). Some provide in-patient support, community awareness raising, fundraising or general advocacy. (PCNSW, 2014; Parliament of Australia, n.d.)

- Individual State has developed their PC volunteer engagement standards, providing detailed guidelines on volunteer management.

Handbook for PC volunteers in NSW, involvement of volunteers

Development status of EoLC in different countries (Continued)
Australia

Successful community engagement Initiatives

The GroundSwell Project – Dying to know day (D2KDay)

Dying2Learn
MOOC
(Massive Open Online Course)

Public awareness on death and dying

Dying2Learn
Are death and dying changing in the 21st century? Is how we think about death changing?

- Think about the language we use when we talk about dying
- Learn about how and what people die from now
- Find out how art, music, and media have shaped our ideas on death
- Discover what happens in the digital world when we die

Be challenged. Join Dying2Learn, a Massive Open Online Course that is looking at death and dying in a different way.

CareSearch ran this 5-week course for the first time in 2016. There was such a positive response that Dying2Learn ran again in April-May 2017. With 1156 people participating in 2016, and 1960 people participating in 2017, many great conversations occurred.

Project ended in 2017

Provide information for GP regarding ACP
In 2015, the Singapore Hospice Council published the National Guidelines for Palliative Care (SHC, 2016). The Guideline require that there should be mandatory volunteer orientation and training programmes for regular volunteers, and that volunteers shall have access to support resources when required. These guidelines provide direction for hospice volunteer programme.

**Singapore**

The Development status of EoLC in different countries (Continued)

### Minimum suggested staffing

<table>
<thead>
<tr>
<th>Manpower</th>
<th>Description</th>
<th>Min Level of Staffing</th>
<th>Headcount</th>
<th>Full-Time Equivalent (per 100 patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOCTORS</td>
<td>Consultant</td>
<td>1:200</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Registrar</td>
<td>1:200</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Medical Officer</td>
<td>1:200</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>Senior Staff Nurse</td>
<td>1:33</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>NURSES</td>
<td>Senior Staff Nurse / Nurse Clinician</td>
<td>1:100</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Advanced Practice Nurse</td>
<td>1:200</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td>PSYCHO-SOCIAL</td>
<td>Medical Social Worker / Counsellor</td>
<td>1:50</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>MSW Assistant</td>
<td>1:100</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Volunteer*</td>
<td>1:100</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Therapist</td>
<td>1:200</td>
<td>1</td>
<td>0.5</td>
</tr>
</tbody>
</table>

*E.g. befriending, assistance with errands, provision of transport for hospital appointments.*

(SHC, 2016)
Singapore

Volunteers as integral part in hospices

• Among the largest Singapore home hospice and community care program (e.g. Assisi Hospice, HCA Hospice Care, and Dover Park), each is working with 200-300 volunteers

• Volunteers are more active in inpatient and day hospices, but relatively less utilized in home care. By regulations, students age 10 to tertiary are required to volunteer in the community sector for approximately 6-10 hours a year. University students provide much of the voluntary home care at weekends.

HCA’s Young Caregivers Program
Engaging student volunteers and their parents

Dover Park’s hospice
The use of registered pharmacist volunteers to review donated and left over medicines
Development status of EoLC in different countries (Continued)

Singapore
Engaging the public to talk about EoL issues

End-of-life Edutainment – talk about death with songs and laughter, and live well, and die well
Hotline to talk about death

Die Die Must Say MV 死都要讲 - YouTube
https://www.youtube.com/watch?v=j8QhLLgXLMk
Chinese Life Values – Five Blessings

• The meaning of five blessings
  – Health (壽)
  – Wealth (富)
  – Long life (康寧)
  – Love of virtue (yu hao te 攸好德)
  – Peaceful death (考終命)

The Book of Documents
Three Stages of Development in Volunteer Engagement in Hong Kong

- **Bottom-up Emerging Stage (1950s-80s)**
- **Try & Error Stage (1990s-mid of 2010)**
- **Consolidating Stage (2015 onwards)**
Bottom-up Emerging

- Faith-grounded
- Hospital-based
- Professional / religious leaders
Try & Error Stage

Institutionalized (Society for the Promotion of Hospice Care, Comfort Care Concern Group)

First volunteer-lead bereavement service establishment

The development of organizations (professionals, academics, grass roots)
# Hong Kong
## Support for Volunteer Coordinators

### 3. 機構任用義工的準則及指引
3.1 訂立目標、服務範疇及義工身份 32
3.2 制定義工工作手冊 34
3.3 組織管理義工及策劃人手的方法 34
3.4 義工訓練及裝備 35
3.5 監察與評檢服務質素的機制及指標 36
3.6 義工的福利 37
3.7 義工嘉許的標準及指引 37
3.8 支援及資源分配 38
3.9 鼓勵義工持續參與義務工作 39
3.10 義工的工作保障 39
3.11 服務對象與人手的比例 40

### 義務工作及風險管理

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>學校義務工作管理學</td>
<td>教師培訓手冊</td>
</tr>
<tr>
<td>6</td>
<td>A Resource Kit On Volunteer Service Management</td>
<td>Volunteer basic concept, introduction to volunteer service management, programme plan, volunteer training, supervision evaluation and recognition</td>
</tr>
<tr>
<td>7</td>
<td>Best of All - The Quick Reference Guide to Effective Volunteer Involvement</td>
<td>This manual is about how to implement the volunteer involvement cycle step by step such as pre-recruitment planning, recruitment, initial screening, placement and etc… (Written by Linda L. Graff)</td>
</tr>
<tr>
<td>8</td>
<td>Better Safe, Risk Management In Volunteer Programs &amp; Community Service</td>
<td>Better Safe is packed with practical, directly applicable tips, tools, checklists and worksheets, all accompanied by a step-by-step narrative that leads you through the risk management process. (Written by Linda L. Graff)</td>
</tr>
<tr>
<td>9</td>
<td>Beyond Police Checks - The Definition Volunteer</td>
<td>Many organizations have begun to require police record checks on all paid staff and volunteers and this guidebook is designed to help organizations regain in moving from a balance in screening protocol design. (CD)</td>
</tr>
</tbody>
</table>
Consolidating Stage

JCECC Project

Multi-institute Collaborated Efforts

Health & Social Care Partnership
Community Engagement Initiatives
PARTNERSHIP

Volunteer-Partnered Initiative - Model and Practice
The changing face of EoLC volunteer services

Highlights

• In the past, EoLC volunteering has generally focused on individual volunteers. Now it is more focused on team work.

• Also, modern EoLC volunteering is no longer homogeneous; it has grown up within geographical, political, cultural and economic constraints and varies considerably in different settings. (Morris, et al, 2017)

• With this background, there are indications of shifting patterns in the nature and extent of volunteering in terms of vision, competence, organization, and management.
Volunteer-Partnered Leadership (VPL) model

Vision
• End-of-life Care: Everybody’s Matter

Mission
• Empower volunteers to provide care and support for optimized quality of life for people at their end-of-life stage

Values
• Respect partnered teamwork with professionals, patients and their family members
The Process Model of VPL

Planning & Preparation Stage
- Planning
- Recruitment & Screening

Management Stage
- Core Competence Training
- Probation/Placement
- Service Provision
- Continuous Support
- Retention
VPL Starts from A 6-Step Planning

A 6-Step Planning

Need assessment

Mission & Vision of the program

Goals and objectives of the program

Budgeting

Job/Position Description

Volunteer Policies & Procedures
6-Step Planning Checklist (I)

<table>
<thead>
<tr>
<th>Need Assessment / “Questions to Answer”</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ What are the program’s mission and vision</td>
</tr>
<tr>
<td>☐ How do volunteers fit into the program’s mission and vision?</td>
</tr>
<tr>
<td>☐ How could volunteers best meet the program’s needs and goals?</td>
</tr>
<tr>
<td>☐ What are the expected short-term and long-term impacts of engaging volunteers in the program?</td>
</tr>
<tr>
<td>☐ How will you evaluate the programme impacts?</td>
</tr>
<tr>
<td>☐ Is organization ready to embrace the involvement of volunteers?</td>
</tr>
</tbody>
</table>
### Need Assessment / “Questions to Answer”

1. **What resources are/costs needed to the development of the volunteer program and is the organization prepared to devote these resources?**
2. **Are volunteer policies in place?**
3. **What is the volunteer role description?**
4. **What is your plan on promotion? Any specific groups (e.g. age, religion, talent etc.) that you want to recruit and how to reach these groups?**
5. **How will you screen and select volunteers?**
6. **What training will be needed for volunteers?**
7. **What will be the continuous support for volunteers?**
8. **What measures will you use to retain volunteers?**
9. **How will you evaluate volunteer performance?**
Recruit Whom? Undesirable Qualities

- Have suffered a recent loss or are in mourning
- Have a lot of stress in their personal and/or professional life
- Have a depressive/negative personality (neurotic) \((NEO-FFI)\)
- Have rigid belief systems (have only one way of looking at the world and suffering, often negative or highly focused on a single religious viewpoint)
- Prompt to strongly identify with the lives of others and tend to be over-committed (Interpersonal reactivity Index)
- Lack social and family support
- Have difficulty considering other viewpoints
- The talkers (often symptomatic of personal nervousness or discomfort with death and they fills every empty space with words)

(Claxton-Oldfield & Banzen, 2013; Starnes & Wymer Jr, 2000)
### Risk Assessment Form

- **JCECC, 2018**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 過去 2 年內有沒有親屬離世？</td>
<td>□ 没有 □ 有</td>
</tr>
<tr>
<td>2. 您的親屬或朋友中有沒有阿茲海默症患者？</td>
<td>□ 没有 □ 有 (繼續問題 3)</td>
</tr>
<tr>
<td>3. 睡問題 2. 該患者目前的關係是？ (我是患者的...)</td>
<td>□ 配偶 □ 子女 □ 祖父母 □ 父母 □ 兄弟姊妹 □ 姐妹/姊 □ 孫子女/孫子女 □ 朋友 □ 其他(請註明): □ 其他</td>
</tr>
<tr>
<td>4. 您知道該患者關係可以形容為？</td>
<td>□ 非常疏遠 □ 疏遠 □ 一般 □ 親密 □ 非常親密</td>
</tr>
<tr>
<td>5. 小組兩個星期, 您有多經常受以下問題困擾？</td>
<td>完全沒有 □ 每天 □ 半天的天數 □ 几乎每天</td>
</tr>
<tr>
<td>6. 以下問題是關於您「上個月」的感受和想法。每一條題目都是問您「幾經常」，有所描述的感受和想法。雖然有些題目是表現十分相對，其實它們是不同的，請注意把他們為獨立的題目作答。</td>
<td>非常 □ 少 □ 不常 □ 有時 □ 每天</td>
</tr>
</tbody>
</table>

- **(JCECC, 2018)**
## Risk Assessment

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Lost in the past two years</td>
<td>37.5</td>
</tr>
<tr>
<td>2</td>
<td>Severely ill family members / friends</td>
<td>37.5</td>
</tr>
<tr>
<td>3</td>
<td>Having intimate relationship with the family member/friend</td>
<td>9.0</td>
</tr>
<tr>
<td>4</td>
<td>Overcommitted</td>
<td>22.0</td>
</tr>
<tr>
<td>5</td>
<td>Inflexible personality</td>
<td>14.0</td>
</tr>
<tr>
<td>6</td>
<td>Mental ill-health</td>
<td>3.0</td>
</tr>
<tr>
<td>Stage</td>
<td>Contents</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Beginning</td>
<td>● Welcome and explain the purpose of interview</td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td>Information Exchange</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Detailed information about the work of the programme</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Sensitive nature of work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Particular stress</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Available jobs and required skills/knowledge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assessment of volunteers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Get the volunteers to talk about themselves, e.g. interests, skills, motivation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● How would they approach the job</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Explore the training needed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>● Communication skills, level of enthusiasm and commitment, types of questions they ask about the offer and preferences in work, level of self-confidence, flexibility and reliability</td>
<td></td>
</tr>
<tr>
<td>End</td>
<td>Clear details of the next stage of the process with time scales and expectations</td>
<td></td>
</tr>
</tbody>
</table>
Volunteer Core Competence Training (2018)

- **Objectives:** To equip volunteers with essential skills and knowledge to provide support to EoL patients and families in the community.
- **Theory:** A competence-base training course which focuses on eight domains of competencies in EoLC:
  - Principles and values in PC
  - Role and boundaries
  - Communication skills
  - Self-care
  - EoL decision making
  - Symptom management
  - Psychosocial-spiritual care
  - Family and bereavement care
Training Framework & Topics

Features:

- Communication skills and volunteer role and boundaries as two intertwined backbones of the curriculum which penetrate other domains.
- Emphasis on training effective communication skills
- Roles and boundaries of volunteers in different aspects of care are emphasized

(Family & Bereavement care (善生善別善終)
Psychosocial-spiritual care (全人身心社靈)
Symptom management (晚期病患症狀)
EoL decision making (安寧照顧決定)
Principles and values of palliative care (安寧照顧概念)
Self care (關愛照顧自己)
Communication skills (溝通相處之道)
Role and boundaries (義工角色界線)

(JCECC, 2018)
Training Effectiveness

VEoL Comp - Basic EoL Care Concept (n = 77)

Before the Programme: 6.47
After the Programme: 7.93

Paired sample was used t-test with p < 0.00, Statistical significant

VEoL Comp – Communication (n = 78)

Before the Programme: 6.53
After the Programme: 7.93

Paired sample t-test was used with p < 0.00, Statistical significant
Training Effectiveness (continued)

VEoL Comp - Handle symptom and health (n = 79)

Before the Programme: 5.97
After the Programme: 7.31

Paired sample t-test was used with p < 0.00, Statistical significant

VEoL Comp - Decision making (n = 79)

Before the Programme: 7.34
After the Programme: 8.49

Paired sample t-test was used with p < 0.00, Statistical significant
Four Implementations of VPL

- Non-cancer patient capacity building
  - Professional volunteers/peer volunteers

- Enhanced community-based health care
  - Volunteer as a new concept

- Family capacity building
  - Young talented volunteers

- Non-cancer patient capacity building
  - Volunteer as key service partners

- Community capacity building model
  - Volunteer as key service partners
Community Capacity Building Model (I)

Roles of Case Manager (Social Worker / Nurse)

- Holistic Assessment, service mapping and related service referrals
- Case visit for assessment and develop service plan with volunteers
- Counseling and family intervention in difficult cases
- Volunteer Matching
- Share and relieve volunteers’ emotions arouse
- Support volunteers
Community Capacity Building Model (II)

Roles of Volunteers

- Strengthen the connections of patients & families members throughout the end of life process to bereavement process
- Accompany and support patients & families to fulfill their dreams and family reunion activities
- Provide practical and emotional support to patients & families, support and accompany for the rapid changes
- Extend the social network of patients & families, support in leisure and regions events
- Communicate with social workers for patients / families update and as to maintain healthy emotions
## Community Capacity Building Model (III)

### Physical
- **Pains, knowledge in symptoms**

### Social and Spiritual
- **Barriers with others**
- **Live at home**
- **Not feeling at peace**
- **Feeling of loneliness**
- **Frustration and unknown**

### Psychological
- **Depression**
- **Frustration**
- **Anxiety**
- **Worries**
- **Unfamiliar feelings**

### Instrumental / Therapeutic
- **Practical needs support**
- **Loan aids**
- **Escort to medical appointment**
- **Cleansing**
- **OT/PT/Nutritionist**

<table>
<thead>
<tr>
<th>Case Manager</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Liaison / communicate with Hospital / Referrer</td>
<td>✓ Empower clients and families skills to communicate with medical professionals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Manager</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Individual counseling / family conference with family - from dying to death</td>
<td>✓ Support and accompany family to go through the whole changing process</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Manager</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Initiate the ‘new changing’ discussion with family</td>
<td>✓ Explore accessible facilities / suitable leisure activities</td>
</tr>
<tr>
<td>✓ Support / Accompany family and volunteers</td>
<td>✓ Accompany to explore another life</td>
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<th>Case Manager</th>
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<tbody>
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<td>✓ Service referral</td>
<td>✓ Explore patients / families practical needs through home visits</td>
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<td>✓ Initiate the ‘new changing’ discussion with family</td>
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Lessons Learned

Value: Volunteer in EoLC team work

Partnered Leadership: Continuous capacity building

Shared care: Support and management
The Way Forward

Disseminate to Stakeholders

New Phase on an Integrated Model (3 Years)

Available for All
Thank You

SAU PO CENTRE ON AGEING

2/F, The Hong Kong Jockey Club Building for Interdisciplinary Research, 5 Sassoon Road, Pokfulam

Tel: (852) 2831 5210
Fax: (852) 2540 1244
Email: ageing@hku.hk
Website: http://ageing.hku.hk