Compassionate Connectors:
Mobilising Communities to Support People at End of Life

Community assets, social needs and economic impact

Scottish Partnership for Palliative Care
28 October 2026 Conference

Professor Samar Aoun AM

Perron Institute Research Chair in Palliative Care

Compassionate Communities Australia

What sort of society can continue to include people who are dying, or grieving or caring for others at End Of Life (EOL?)

What is the central value or characteristic?

What is the ethical imperative to generate a public health approach to EOL?

What is the organising principle?

What is the missing ingredient in contemporary settings and institutions?

What is Compassion? (CCAus definition)

- We respond with a shared humanity and kindness to each person's pain, distress and need.
- We look for the things we can do, however small you think they may be, to give comfort and relief.
- We have time for those we live and work alongside. We do not wait to be asked, because we care.

What is wrong with Compassion nowadays?

We need to put back

PASSION

into

COMPASSION

The blind spots of palliative and end of life care (EOLC) programs

Compassionate Communities Australia 2025 FORUM

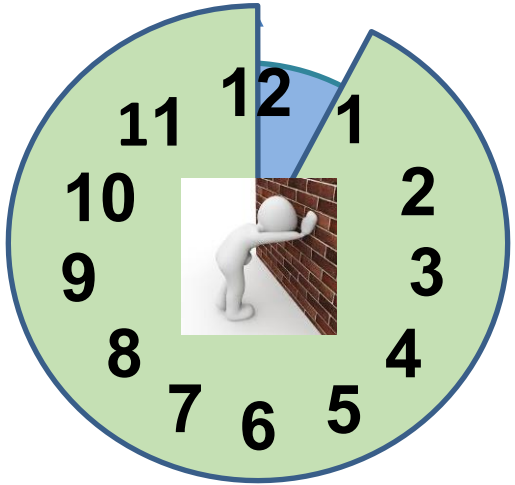
- Community resources for EOLC have been consistently unrecognised by palliative care programs

- Informal social networks are a major ‘hidden’ aspect of EOLC

The 95% Rule

Informal Care
95% of the Day

- ✓ Spouse
- ✓ Caregiver
- ✓ Family & Friends
- ✓ Neighbours
- ✓ Workplaces & Schools
- ✓ Community Agencies
- ✓ Municipalities
- ✓ Faith Communities
- ✓ Hospices & Volunteers



Adapted from Carpenter House model developed by





Formal Care
<5% of the Day

- ✓ Doctor
- ✓ Nurse
- ✓ Nurse Practitioner
- ✓ Personal Support Worker
- ✓ Social Worker
- ✓ Pharmacist

Hospital deaths-Majority in Australia-Until when?



Death is a social event with a medical component, not a medical event with a social component.



Professor Allan Kellehear



Compassionate Connectors Program

Partnership between the community and health service in WA
(palliative care services and chronic disease services)



Who are the Compassionate Connectors?

Compassionate Connectors are activated citizens.

- They visit people in their homes to support them and their families to identify and engage a caring network to meet their practical and social needs.
- This involves mapping their existing community assets and mobilising Caring Helpers from within their own naturally occurring networks (family, friends, neighbours, church, colleagues, social groups….).
- Where needed, Compassionate Connectors enhance these networks by enlisting the support of community groups and formal services, if needed.



Who are the Caring Helpers?

Caring Helpers are people willing to make themselves available to provide social, spiritual and practical support. They could be family members or people from the community. e.g pastoral carers, service clubs …

walking the dog, doing the shopping, collecting a prescription, going to the library, mowing the lawn, making a snack, tidying up or sitting with a person who needs a break.

Compassionate Connector Training Program

- Understanding the public health palliative care approach and Compassionate Communities.
- Asset mapping- caregiving networks
- Death literacy, Grief Literacy and Advance Care Planning.
- Communication skills and confidentiality
- Understanding advanced illness and the role and capacity of the Palliative Care Team. (presented by HS)
- Self-care, boundaries and endings (presented by HS)
- Health Service Volunteer program rules & regulations & Code of Conduct. (presented by HS)

All potential connectors were interviewed by HS and SWCCN.

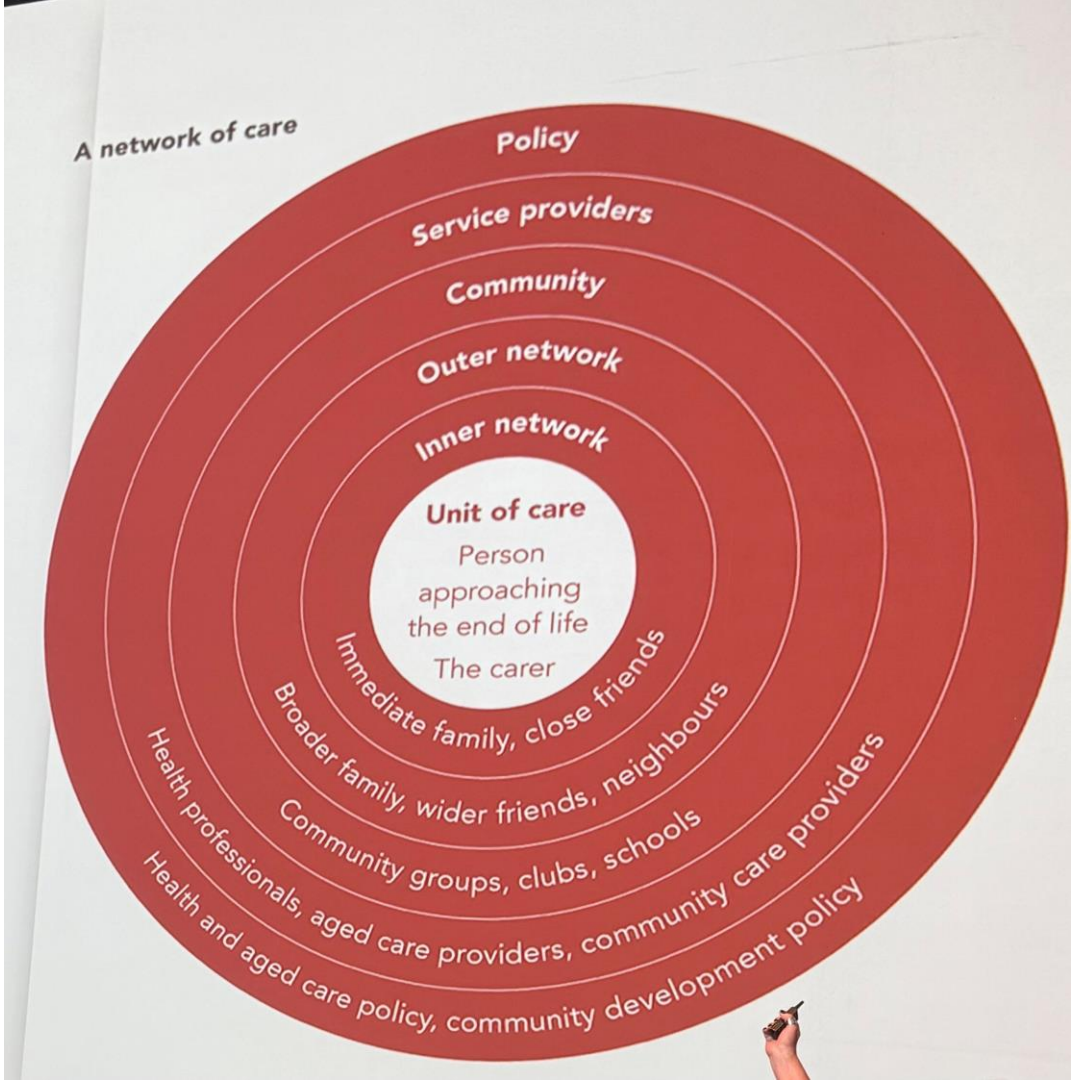
Mapping & Activating caregiving network

The Connector is an ***activator*** who helps people map, engage and expand their care giving network. They may engage help from:

- Caring Helpers from within a person's personal network
- Community volunteers
- Formal services

The Connector may support by advocating and providing practical support (eg making phone calls and booking appointments).




A network of care
Policy
Service providers
Community
Outer network
Inner network
Unit of care
Person approaching the end of life
The carer
Immediate family, close friends
Broader family, wider friends, neighbours
Community groups, clubs, schools
Health professionals, aged care providers, community care providers
Health and aged care policy, community development policy



Who is eligible to receive support?

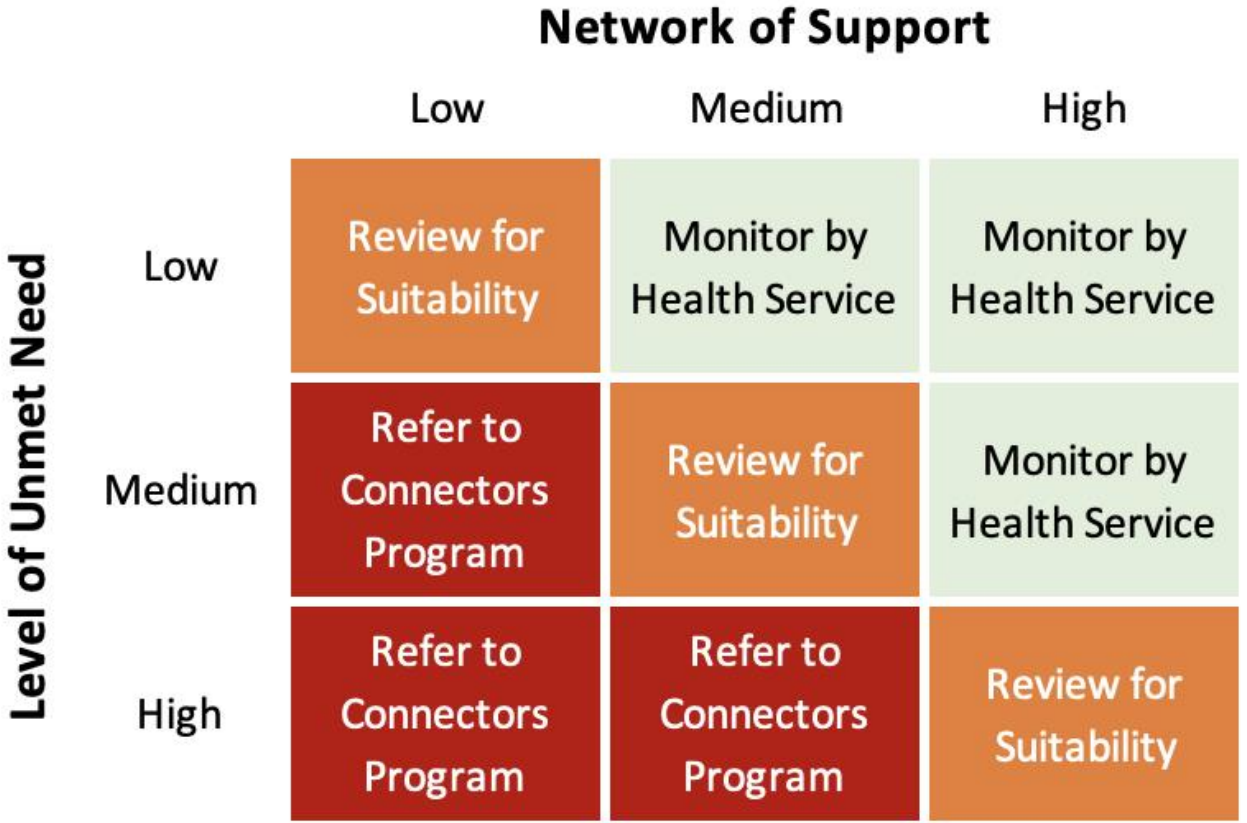
Those eligible are:

- a person **living with an advanced, chronic, or life-limiting illness**, and or their **family carer**

- a person who has **gaps in social, practical, or caregiving support** (e.g., isolation, limited family help, difficulty managing daily activities).

- a person **willing to engage with a Compassionate Connector**

- a person living in an area **accessible** to the Compassionate Connectors.


Network of Support
Low
Medium
High
Level of Unmet Need
Low
Medium
High
Review for Suitability
Monitor by Health Service
Monitor by Health Service
Refer to Connectors Program
Review for Suitability
Monitor by Health Service
Refer to Connectors Program
Refer to Connectors Program
Review for Suitability



Role of Coordinator of Connectors

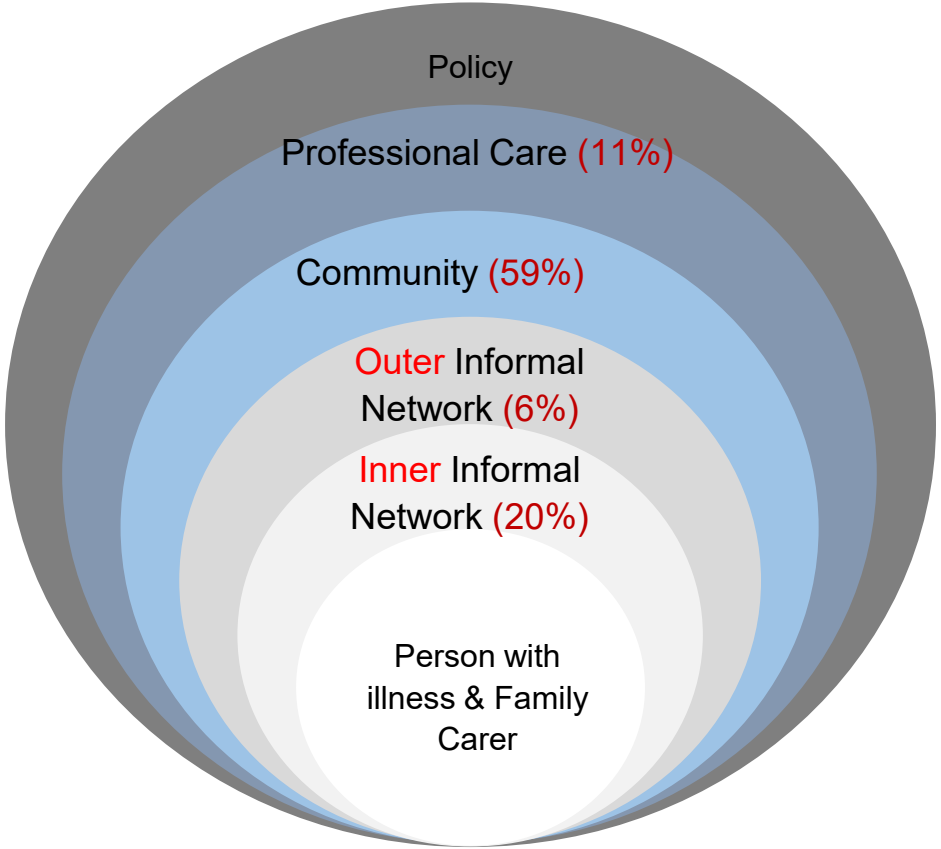
- Trains and mentors the Connectors
- Receives the requests for support from communities/organisations/individuals
- Decides who would be suitable to be in the program after doing all the necessary checks
- Matches the person in need with a Connector
- Gives regular and on-going support and advice to Connectors
- Delivers educational sessions in the community

Where did the help come from?

Naturally Occurring Networks (26%)

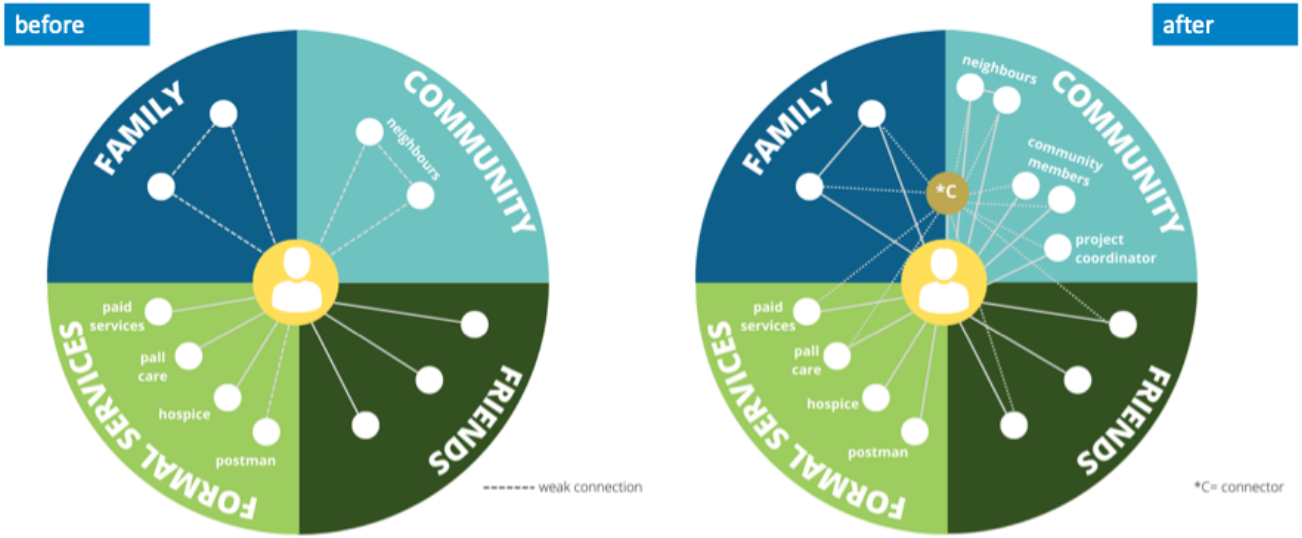
vs

Activated External Networks (59%)

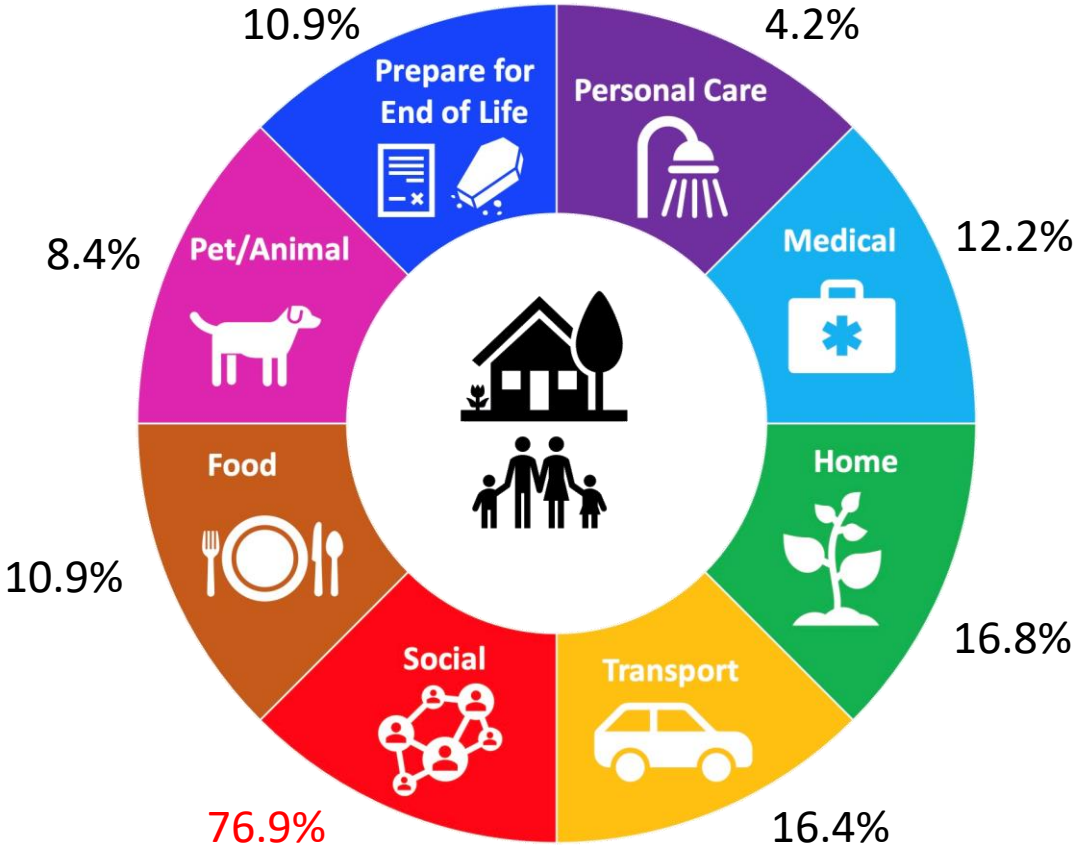


Mapping of caregiving networks (before and after) ~ *Aoun et al, 2023*

Social Network Mapping for one family
before and after the intervention



What did people need in all these life domains from the Connector Program?

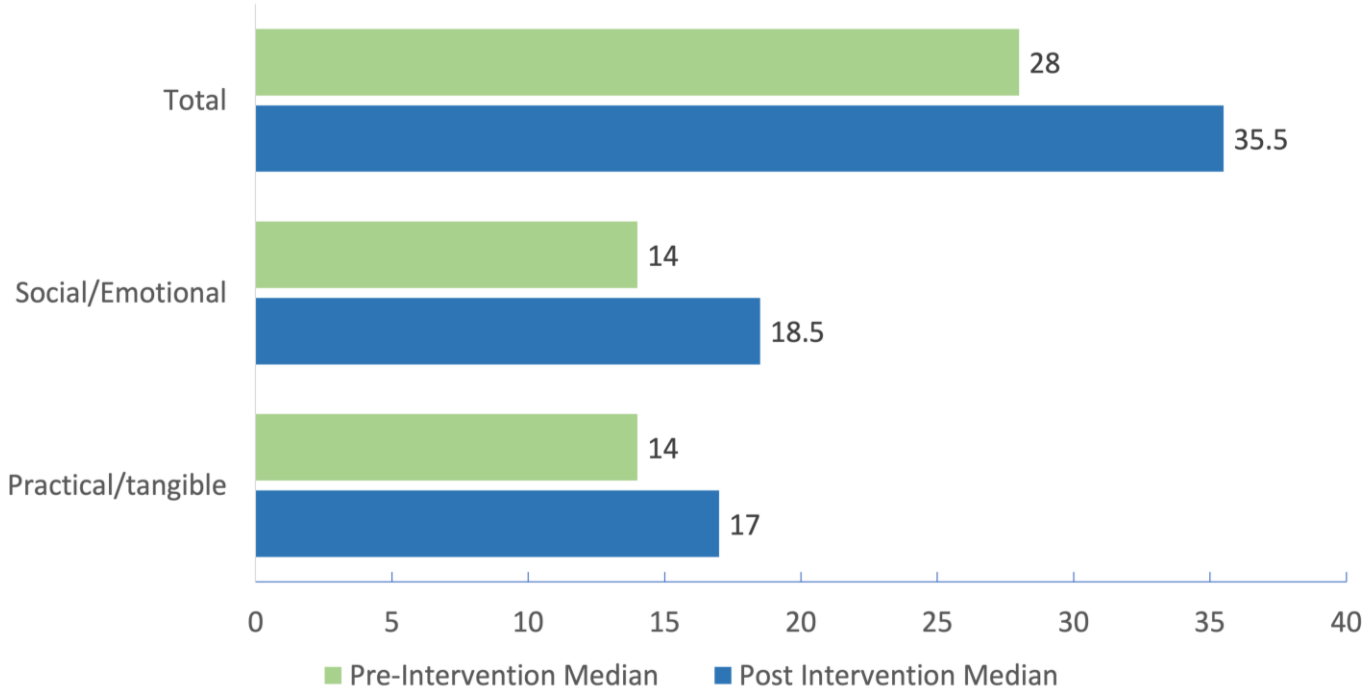


Primary Outcome:

Increase in Social Connectedness

P< 0.001

Medical Outcomes Study Social Support Survey(m-MOSS*)



Median Difference (95 % CI)

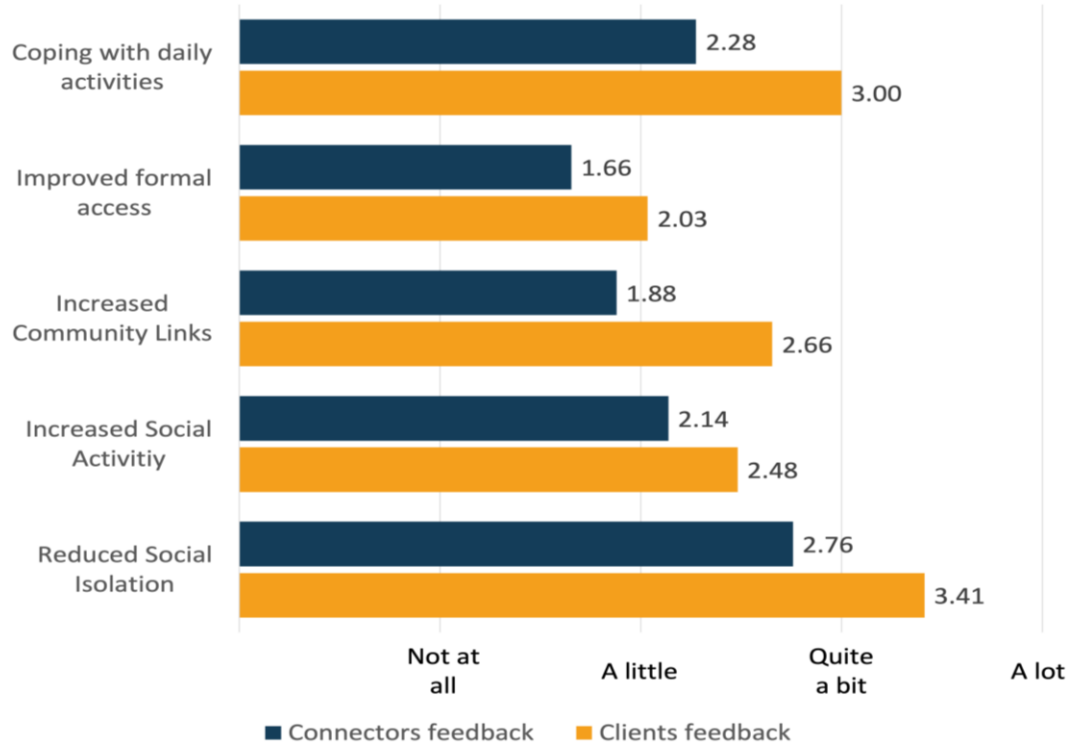
- Total: 5.0 (4.1 – 9.9)
- Social/emotional: 3.0 (1.1 – 5.0)
- Practical/tangible: 2.4 (1.9 - 4.9)

Secondary outcome:

Self-reported impact on social wellbeing

(scale: 1=not at all to 4=a lot)

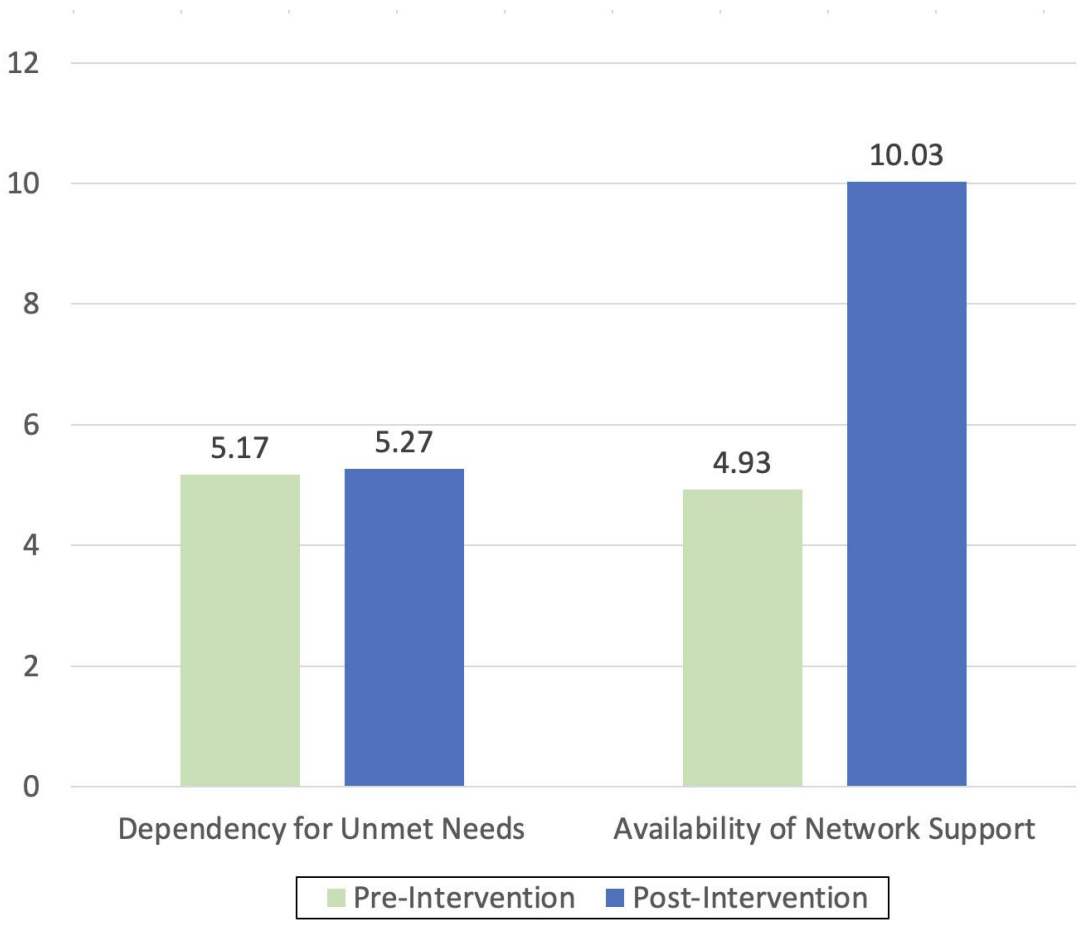
highest impact on reduced social isolation



Secondary outcome:

Dependency for unmet needs and availability of support networks

Supportive networks improved by two-folds
P<0.001





Benefits of building caregiving networks~

Aoun et al, 2022



Enhanced Social Connectedness

Networks provide practical assistance and social/emotional support for individuals.



Reduced Social Isolation

Building caregiving networks increases community links and strengthens personal support systems.



Improved Daily Coping

Individuals in caregiving networks report a better ability to manage and cope with daily activities.

Significant savings from reduced healthcare usage (Aoun et al, 2023)



44% Less presentations to the Emergency Department



77% Fewer days in hospital



63% Less hospital admissions



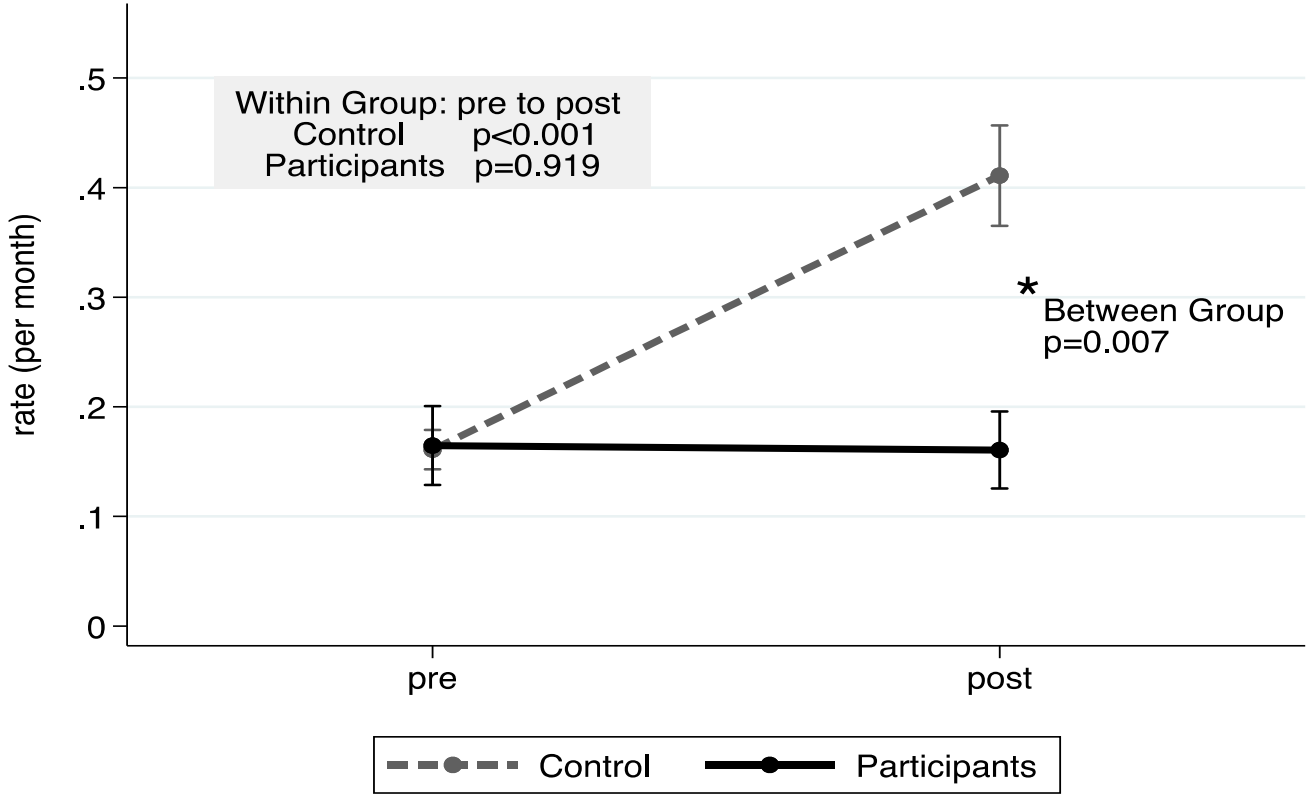
2x Outpatient visits

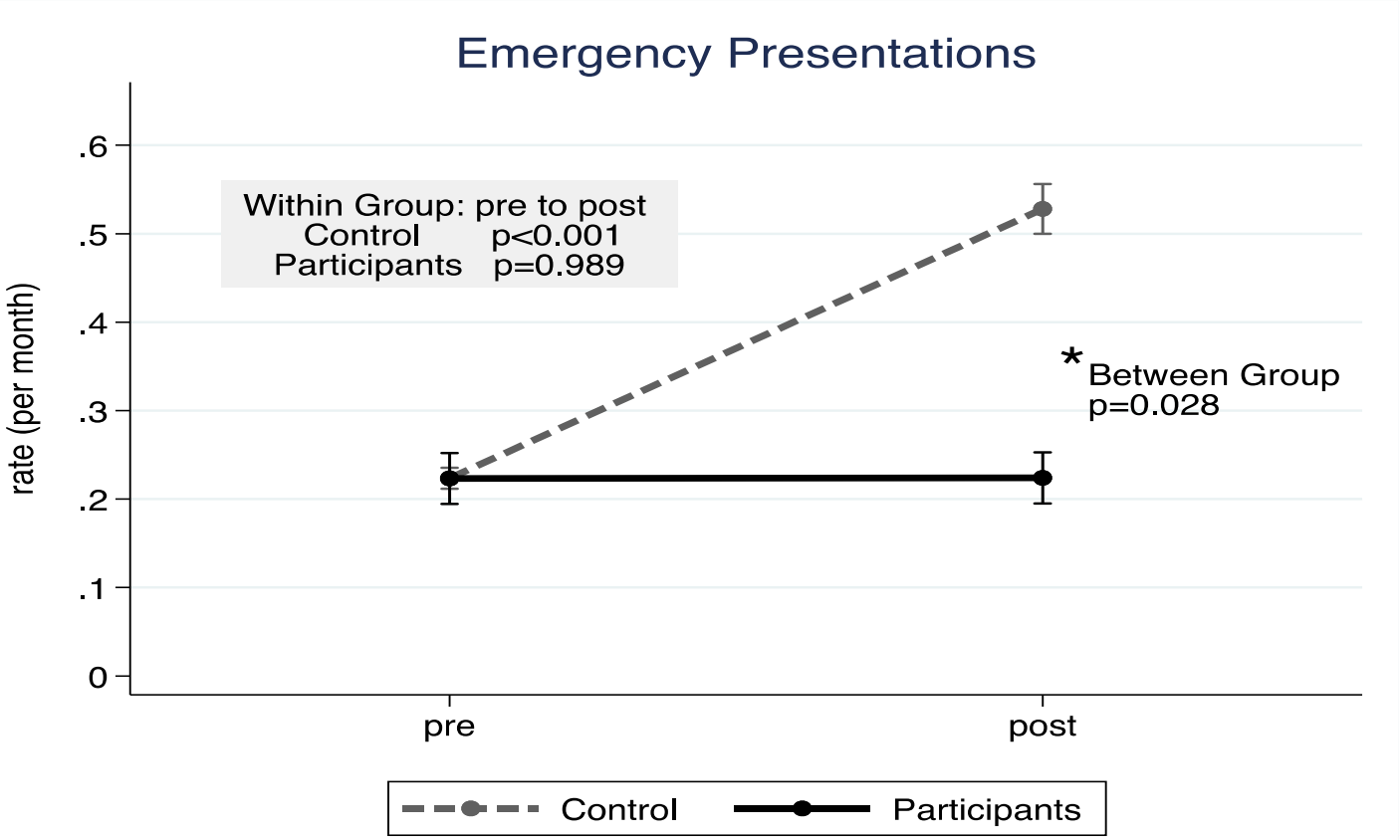
Estimated savings over 6 months $518,701 for 100 patients referred to program

Regression outputs for health service utilisation in intervention and control groups

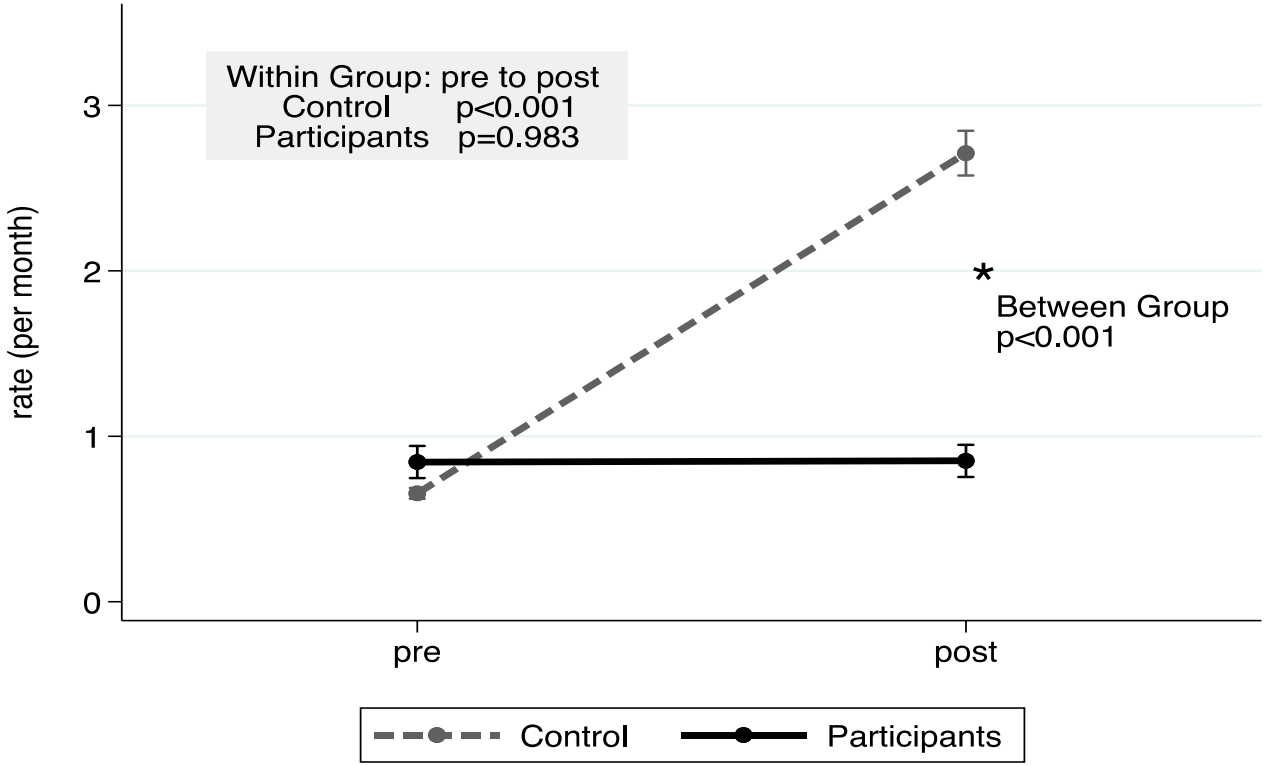
Outcome	Group	Rate (per month)		Within Group comparison from pre to post program		Between Group comparison following program	
		Pre-program	Post-program	adjusted IRR (95% CI)	p value	adjusted IRR (95% CI)	p value
Frequency of hospital admissions (monthly)	Participants	0.19	0.17	0.98 (0.60, 1.58)	0.923	0.37 (0.18, 0.77)	0.007
	Control	0.20	0.42	2.56 (2.07, 3.16)	<0.001		
Inpatient length of stay (days per month)	Participants	0.73	0.76	1.01 (0.46, 2.20)	0.983	0.23 (0.11, 0.49)	<0.001
	Control	0.70	2.78	4.14 (2.87, 5.98)	<0.001		
Emergency department presentations (monthly)	Participants	0.23	0.23	1.00 (0.68, 1.47)	0.989	0.56 (0.34, 0.94)	0.028
	Control	0.24	0.55	2.36 (2.00, 2.80)	<0.001		
Outpatient contacts (monthly)**	Participants	1.33	7.11	5.49 (2.67, 11.29)	<0.001	2.07 (1.11, 3.86)	0.022
	Control	1.40	3.68	2.80 (2.24, 3.50)	<0.001		

Hospital Admissions

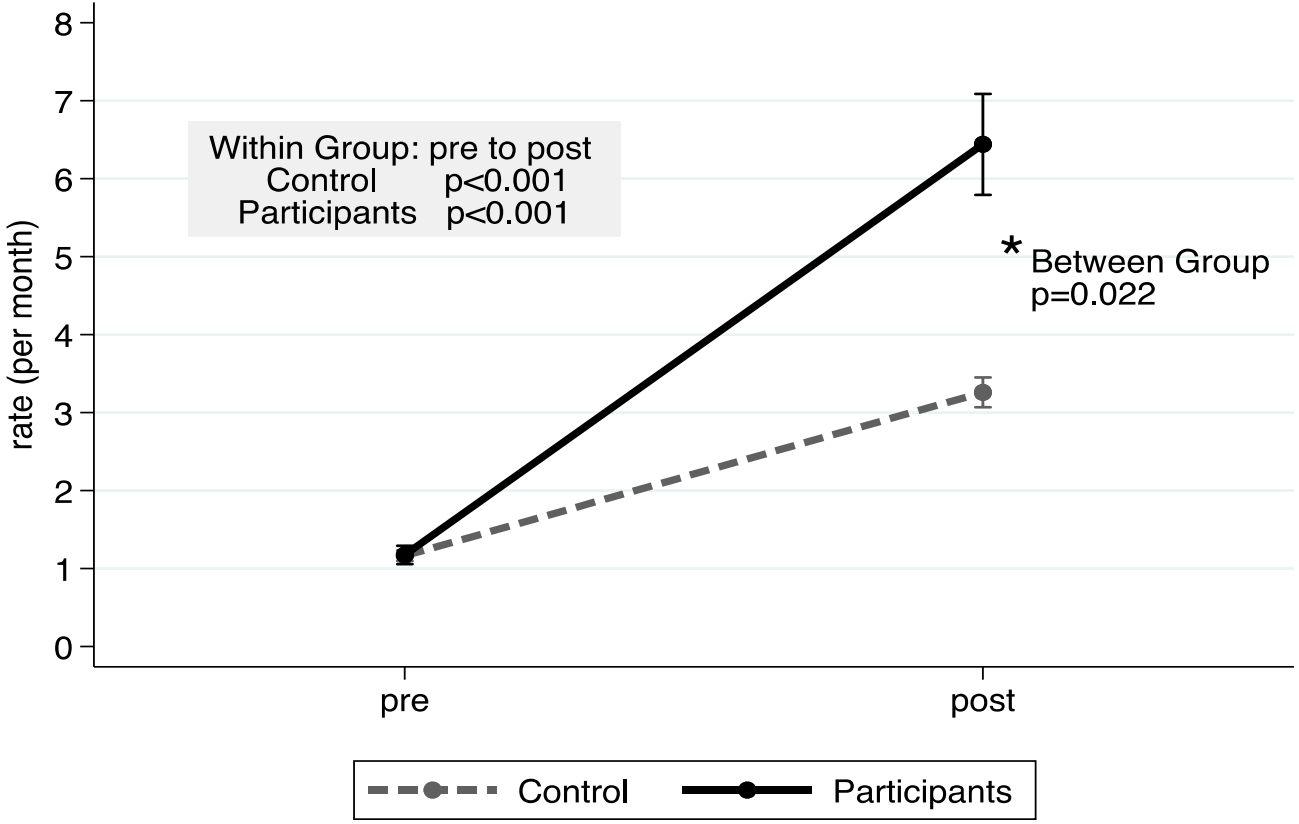



Emergency Presentations
rate (per month)
.6
.5
.4
.3
.2
.1
0
Within Group: pre to post
Control p<0.001
Participants p=0.989
* Between Group
p=0.028
pre
post
Control
Participants

Length of Stay



Outpatient


8
7
6
5
4
3
2
1
0
rate (per month)
Within Group: pre to post
Control p<0.001
Participants p<0.001
* Between Group
p=0.022
pre
post
Control
Participants

The Compassionate Communities Connectors model for end-of-life care: implementation and evaluation

Palliative Care & Social Practice
2022, Vol. 16: 1–18
DOI: 10.1177/26323524221139655
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Samar M. Aoun, Robyn Richmond, Kerry Gunton, Kerrie Noonan, Julian Abel and Bruce Rumbold

Abstract

Objectives: This pilot project aimed to develop, implement and evaluate a model of care delivered by community volunteers, called Compassionate Communities Connectors. The Connectors' principal task was to support people living with advanced life-limiting illnesses or palliative care needs by enhancing their supportive networks with Caring Helpers enlisted from the local community.

'The more you give, the better it is for you. You know the reward is greater than the effort': the Compassionate Communities Connectors' experience

Palliative Care & Social Practice
2022, Vol. 16: 1–11
DOI: 10.1177/26323524221139874
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Samar M Aoun, Robyn Richmond, Kerrie Noonan, Kerry Gunton and Bruce Rumbold

Correspondence to:
Samar M Aoun

Abstract

Background: The Compassionate Communities Connectors programme is a volunteer-led initiative designed to enhance the social networks of families living with chronic or life-limiting illnesses. Specially trained volunteers supported existing members of the families' social networks and also enlisted the support of community members, Caring Helpers, to address the social and practical needs of these families. The programme is an initiative of The South West Compassionate Communities Network in Western Australia, in partnership with the health service.

Objective: To explore the experiences and views of Connectors implementing this model of care with a particular focus on its feasibility and acceptability from their perspective.

The Compassionate Communities Connectors programme: experiences of supported families and referring healthcare providers

Palliative Care & Social Practice
2023, Vol. 17: 1–12
DOI: 10.1177/26323524231173705
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Samar M Aoun, John Rosenberg, Robyn Richmond and Bruce Rumbold

Abstract

Background and Aim: Comprehensive evaluations that include the experience of patients and service providers are vital if interventions are to be translated into the standard practice of health services and allow formal networks to work as partners with informal community networks. However, published evaluations are limited in the palliative care volunteering literature. The objective of the study is to explore the experiences and views of both patients and their family carers who received support and their referring healthcare providers concerning their participation in the Compassionate Communities Connectors programme, in the south-west region of Western Australia. Connectors identified and addressed gaps in community and healthcare provision by accessing resources and mobilising social networks of

The Compassionate Communities Connectors program: Effect on healthcare usage

Palliative Care & Social Practice
2023, Vol. 17: 1–11
DOI: 10.1177/26323524231205323
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Samar M. Aoun, Natasha Bear and Bruce Rumbold

Abstract

Background: Public health approaches to palliative and end-of-life care focus on enhancing the integration of services and providing a comprehensive approach that engages the assets of local communities. However, few studies have evaluated the relative costs and benefits of providing care using these service models.

Objectives: To assess the effect on healthcare usage of a community-based palliative care program ('Compassionate Communities Connectors') where practical and social support was delivered by community volunteers to people living with advanced life-limiting illnesses in regional Western Australia.

Design: Controlled before-and-after study/Cost-consequence analysis.

Methods: A total of 43 community-based patients participated in the program during the period 2020–2022. A comparator population of 172 individuals with advanced life-limiting illnesses was randomly selected from usage data from the same set of health services.

Results: Relative to controls, the intervention group had lower hospitalizations per month [Incidence rate ratio (IRR): 0.37; 95% CI: 0.18–0.77, $p = 0.007$], less hospital days per month (IRR: 0.23; 95% CI: 0.11–0.49, $p < 0.001$] and less emergency presentations (IRR: 0.56; 95% CI: 0.34–0.94, $p = 0.028$. The frequency of outpatient contacts overall was two times higher for the

Patient and carer feedback

"Always keeps her promises. A lot of paid carers really don't care, just filling in the hours – she goes above and beyond and seems to care"

"She knew when we were a bit overwhelmed; knew when to get involved and when to step back"

Pretty Amazing

"Necessary for people who don't have strong, existing networks . . . For people who are isolated it will help 'open up their world"

"I can ask her anything, no matter what I talk to her about, she always has a sensible answer"

Health care team feedback

"Really positive, especially for clients who are early in their journey and for those who are isolated/ don't have good family support"

'I will be encouraging more people to make use of informal networks and support"

Easy to implement

"She is very socially isolated and our professional service is not enough to meet her social needs so I am very happy for her that she has a consistent person to talk to"

"Added another string to our bow, especially in small rural areas where there is a lack of formal services"

Home card making



I love it when Annette comes, she is my legs

Connector feedback

"Great to be given someone specifically to help fill their needs and tick their boxes"

"So rewarding to watch their quality of life improve"

Fabulous program

"Being able to connect those in need has brought very obvious benefits to both the volunteers and the recipients"

"The more you give, the better the reward; the reward is greater than the effort"

DM spoke of a 'blackness' that would flood over him and loom for days like a heavy rain cloud. That blackness has gone!



Examples from Research: Connectors have helped or sourced help with:

- Professionals to home visit for Wills, Advance Health Directives etc
- My Aged Care application/ prompting to establish or increase services
- Service provider liaison
- ACROD (Disability) application for parking permit.
- Equipment access
- Meal Delivery/ organising meal train
- House cleaning
- Joining community groups - old time dancing, crafts, walking groups, men's shed
- Surrogate grannies for family with kids
- Transport- medical appointments or social occasions
- Gardening/Firewood Delivery.
- Social visits
- Empowerment and ownership, "you can do this"








Dying To Know Day 2022

Opening the door to death

DYING TO KNOW

BY NICKY LEFEBVRE



Deb Wraight (with grandson Jaxon), says talking with young children rather than shielding them from discussions about death is important to help them understand that it is part of the life process. **Pictures: Supplied**

DEB Wraight believes we can all benefit from breaking down the barriers that prevent us from discussing one of life's true realities.

"We have sanitised death, as a society we have removed death from our lives in such a way that there is a fear and sense of not being able to discuss it openly," Ms Wraight told the Mail this week.

As a funeral celebrant who facilitates the regular 'Death Cafe' catch up at Mojos Bunbury, she said she frequently meets people from all walks of life and across all age groups who are seeking clarity and connection around death.

"We have been going for about two years now, we meet in a casual setting and it is really all about making those connections with others.

"We have special guests, such as death doulas and people from the industry who can answer questions relating to burials and cremations, end of life plans and more.

"But mostly it's an opportunity for people to get together and ask questions, talk about people they've lost, talk about their own journeys and make plans for themselves."

Ms Wraight said it was important that children were not shielded from death, but educated in a way that allows them to understand at an appropriate level.

"Many children by the time they reach school age have experienced the death of a pet, a grandparent or other relative, or even someone their own age," she said.

"By talking to them, reading some of the fabulous childrens' books that are available on death and dying and by allowing them to take part in funerals, it helps to normalise the process and can leave them better prepared."

Ms Wraight said it was important that children were not shielded from death, but educated in a way that allows them to understand at an appropriate level.

"Many children by the time they reach school age have experienced the death of a pet, a grandparent or other relative, or even someone their own age," she said.

"By talking to them, reading some of the fabulous childrens' books that are available on death and dying and by allowing them to take part in funerals, it helps to normalise the process and can leave them better prepared."

The comfortable and community-driven setting of the Death Cafe allows people who are living with a terminal diagnosis, as well as their friends and family, to create end of life plans to suit their own wishes.

"We're helping people plan, to get ready, to understand what they and their loved ones are going through, and what will happen after they're gone," Ms Wraight explained.

"We also welcome people who have lost children, partners, parents and friends, who find a real connection with others experiencing something similar.

"We can't underestimate the importance of just talking to each other, and how to best open the door to those conversations for everyone involved."

On Sunday, August 7 as part of the Dying to Know program, the Death Cafe will present 'Dying for a Cuppa' at the City of Bunbury function room at 4 Stephen Street from 10:00am. RSVP to swcommnetwork@gmail.com or phone 0483 802 915.

Bunbury Death Cafe meets regularly on the first Sunday of each month at Mojos, Victoria Street Bunbury from 10.30am. For more information and upcoming dates, visit www.facebook.com/Deathcafesw



CONNECTORS: Carolyn Jones from Leschenault, Paul Edwards from Australind and Heather Wade from Bunbury. **Picture: Supplied.**

Reducing the social isolation for families

THE Compassionate Community Connector program is a pilot project which sees volunteers supporting people living with advanced life limiting illnesses/palliative care needs.

The pilot has seen 23 people across the South West trained and helping families feel less socially isolated.

But more people are needed to put their hand up to do something positive in the community.

Perron Institute Research Chair in Palliative Care UWA and South West Compassionate Communities Network Chair Samr Aoun said their research found 50 percent of families that were referred to the program were living alone.

She said some of the benefits seen included improvement in social connectedness between families and their social networks, reduction in social isolation, better coping with daily activities.

"It fills the gaps in social and practical support that formal services cannot, particularly for people who live alone, and those who are socially isolated in more rural communities," Professor Aoun said.

Connectors have said the focus on mutual support and community development was what made the program important.

Professor Aoun said connectors felt there were clear benefits observed for people who were dying and their families.

"Connectors also encouraged people to become involved in the program because of the social benefits," she said.

"The connectors themselves have also benefited from the program talking positively about the impact it has had on them and how rewarding it was for them."

Feedback from families have included how the positive relationship formed with the Connector turned into ongoing friendship.

"Many families talked about the positive impact in terms of reducing social isolation which was apparent for both patients and their family carers," Professor Aoun said.

"Family carers talked about the positives for their family member (the patient) of having someone regularly for a chat as well as the benefit to themselves when these caring helpers enabled them to have some time off.

"One of the biggest initial hurdles for families was feeling comfortable asking for help and receiving help from neighbours and community members who they didn't know well."

To find out more and to express your interest, you are welcome to attend the presentation by Professor Aoun 'Improving soical connectedness in our community - we are all in this together'. The presentation will be on August 7 from 11.30 at the City of Bunbury function room. To RSVP, visit swcommnetwork@gmail.com or phone 0483 802 915

perron institute
for neurological and translational science

SOUTH WEST Compassionate Communities NETWORK
caring, dying and grieving is everyone's business

THE UNIVERSITY OF WESTERN AUSTRALIA

What is so distinct about this form of volunteering?

Compassionate Communities Australia 2025 FORUM

- Exercise more **autonomy** and have more **agency** in providing care.
- Sustainable **social capital** emerging from **genuine social encounters**.
- **Fresh** ways of engaging with the community.

"It's not a 'walk in the park' like other voluntary positions I've had; a whole different level of commitment. But I would do it again, highly recommend it"



Compassionate community connectors: a distinct form of end-of-life volunteering

Kerrie Noonan [1,2], **Bruce Rumbold** [3], **Samar M. Aoun** [1,3,4]

[1]Perron Institute for Neurological and Translational Science, Nedlands, Australia, [2]School of Social Sciences, Western Sydney University, Kingswood, Australia, [3]Public Health Palliative Care Unit, School of Psychology and Public Health, La Trobe University, Melbourne, Australia, [4]University of Western Australia, Western Australia, Australia

Public health approaches to palliative care have long promoted the contribution of formal and informal volunteering to providing effective end-of-life care in neighbourhoods and communities. A central strategy for this is a 'compassionate communities' approach that focuses on building care networks and developing community members' capacities in end-of-life care. There is anecdotal evidence of differences in the motivations and life experiences of traditional palliative care volunteers and volunteers in compassionate community programs. There is however very little research into volunteers seeking a compassionate communities orientated role. This study describes the motivations, experiences and characteristics of volunteers participating in a program called compassionate connectors in Western Australia. Twenty volunteers with a variety of caregiving experiences participated in the pilot study through submitting an expression of interest for recruitment. Analysis indicated that the compassionate community connector role



"Here I bring people who care for you to support you"







translational science


Kalamunda
Day
Hospice
Carers WA
Are you caring for a family member or friend?
There is information available for you.
Legacy Lantern Ceremony
At Kalamunda Day Hospice, we're on this journey with you.

Compassionate Connectors

You are invited to a Training Session

St Joseph's Parish, Upper Room
3 Salvado Rd, Subiaco

Thursday 30 July
9am - 4pm

Free event

Could you be a Compassionate Connector?

Our Connectors often tell us that supporting others has been one of the most meaningful experiences of their lives.

"So rewarding to watch people's quality of life improve."

"Feels like you are making a difference."

Compassionate Connectors are trained volunteers who help ensure no one in our Parish has to face serious illness, ageing, dying or grief alone.

They support people by helping build caring networks around them, connecting family, friends, neighbours, parish members and local services to provide practical, social and emotional support.

Rather than doing everything themselves, Connectors help communities rediscover how to care for one another.

Training, ongoing support and regular peer learning are provided, with each Connector matched to people according to their skills and interests.

We hope you'll join us in building a more compassionate Parish.

Please RSVP by 24 July to patricia.somers@perron.uwa.edu.au or Ph: 0407 771 079

Compassionate Communities Australia

lotterywest

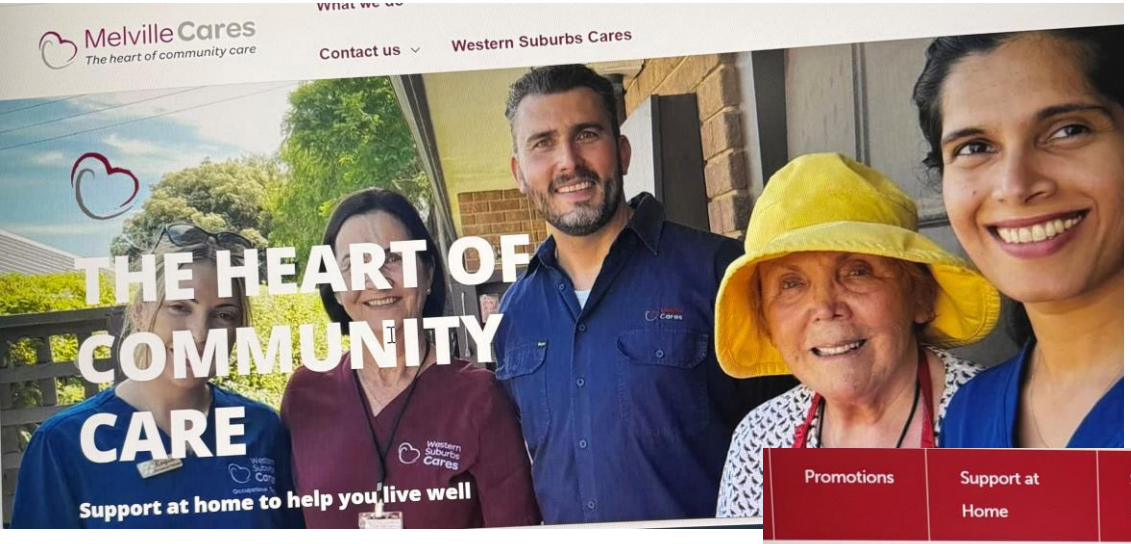
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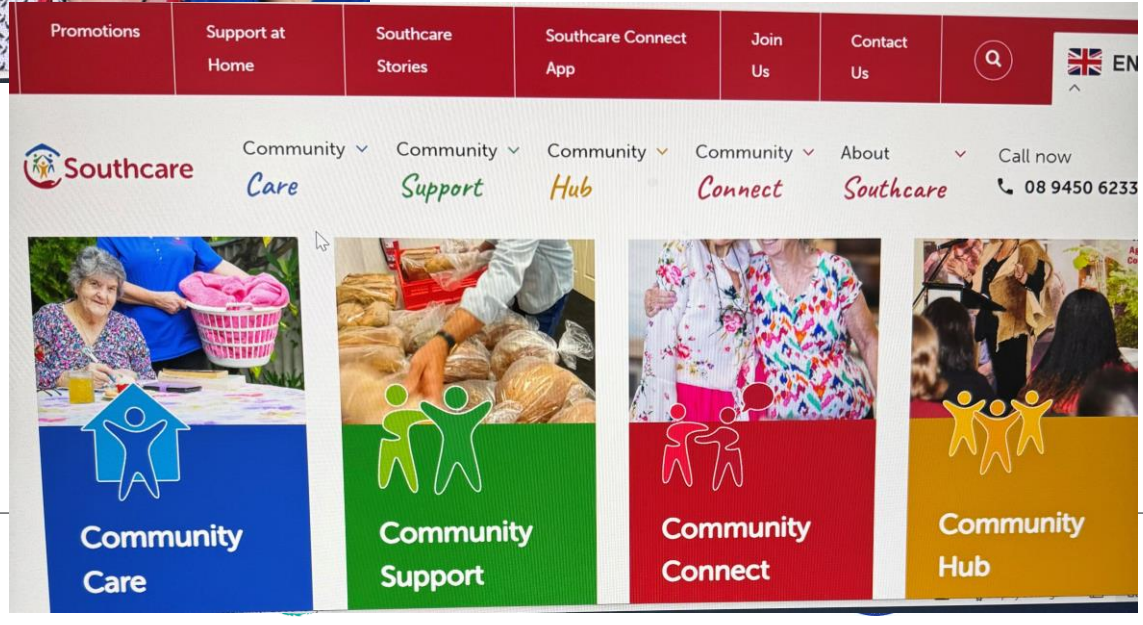
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Compassionate Connector Program
Implementation Guidelines
for
Partner Organisations and Coordinators

Draft – Version 2

Including risk management, minimum procedures and model policy requirements



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Compassionate Communities Australia

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Compassionate Communities Australia 2025 FORUM

Transforming Health Service Culture From Within: Embedding Compassionate Communities

Health service response

The Compassionate Connectors Model of Care has been adopted by HS as 'business as usual' (BAU). The Connector initiative has moved from being a time limited project to being absorbed into BAU functions of the HS and SWCCN.

The workforce compliance components required by HS is absorbed into the existing Hospital Volunteer Program and undertaken by the hospital employed Volunteer Coordinator.

The accreditation process gave the HS a star for their community engagement through this program as a quality indicator.

HS Palliative & EOL Care Strategy 2024-28

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Recommendations:

- Models such as the Connectors Program are embedded within Chronic Disease Programs across regional WA.
- The Strategy supports the roll-out of the Compassionate Communities model by WA Health.
- Support expansion of Compassionate Communities through formalised partnerships and cross-sector collaboration.
- Residents are connected to available services across the continuum of care e.g., Compassionate Communities and Connectors Programs.

Change of mind!

“The original connectors onboarding with all the HS required forms is not suitable anymore to onboard the new ones”.

“The training package doesn’t meet HS standards, because there are no outcome measures and competency-based modules”.

“Referrers (clinicians) expressed concerns about the selection, regulation and support of volunteers and was a barrier to patients being referred to the program”.

“You have done an amazing job in shining a very bright light onto this area of humanity; supporting our most vulnerable when they are dying. Without your research, HS wouldn’t be searching and trying to find ways of providing what the community needs……”

Traditional volunteering Based on a service model

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At the heart of this are contrasting institutional and social attitudes to risk management. The command-and-control stance, that characterises most institutional approaches, manages risk through rules that limit the relationships that can be formed between volunteers and clients.

Such relationships must remain task-oriented and time-limited in a way that reflects professional relational boundaries. This controls the risk to the institution that introduces a volunteer to the client.

But, it ignores the social support that could be provided through bridging and linking social capital as the networks of the volunteer engage those of the client.

Differences

Palliative care coordinators manage risk primarily through limiting engagement, while Connector coordinators manage risk primarily through oversight of the social networks that become visible through the connector's involvement.

Perhaps the clearest distinction is in the agency that can be exercised by connectors as compared with traditional volunteers.

Way forward

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To provide social support from which sustainable social capital can emerge, it must be possible for relationships between volunteers and clients to develop through genuine social encounters.

Formal services and community networks develop a shared understanding of the importance of the social dimensions of care. Moving from avoiding risk toward a style that assesses and manages risk so the community can be involved.

All settings need to work together



Advocacy Statement– Health Services

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Issue/Need: Health systems are often overstretched, medicalised, and disconnected from people's emotional, social, and cultural needs.

Shared Aspiration: Health services see people as whole and work alongside communities to enable compassionate care throughout life, dying and grieving.

Calls to Action:

-Develop a shared understanding of the importance and benefits of the **social dimensions of care** between formal services and community networks.

-Shift culture of **avoiding** risk toward one that **assesses and manages** risk so the community can be involved.

-Engage in genuine collaborative **partnerships without services imposing their institutional approach** on community led-initiatives.

-Include **community representation** and expertise alongside multidisciplinary teams in health service committees to govern and consult on community-led initiatives.

-Mentor **local clinician grassroots champions** to re-orient health service culture.

-**Educate all levels of health professionals** on the evidence and practice of Compassionate Communities models of care.

Who will support: Health Departments, Palliative Care services, Chronic Disease services, civic organisations, educational institutions.

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PUBLIC HEALTH PALLIATIVE CARE & COMPASSIONATE COMMUNITIES

ADVANCED MICRO-CREDENTIAL

Reimagining palliative care through community, connection and shared responsibility

Health services cannot meet the full social, emotional and practical needs associated with serious illness, caregiving, dying, grief and bereavement alone. The **Public Health Palliative Care & Compassionate Communities Advanced Micro-Credential** from The University of Western Australia equips professionals to strengthen the capacity of families, social networks, communities and services to support people through serious illness, end of life, loss and bereavement.

Developed with internationally recognised leaders **Professor Julian Abel, Professor Samar Aoun AM and Professor Kirsten Auret AM**, the program translates contemporary Public Health Palliative Care research and practice into practical, workplace-focused learning.

WHAT WILL YOU GAIN?

- Apply **Public Health Palliative Care** and **Compassionate Communities** approaches
- Strengthen family, social network and community involvement in care
- Build community partnerships, capacity and **death literacy**
- Apply **Circles of Care** and community asset-mapping

LEARNING THAT CONNECTS THEORY WITH PRACTICE

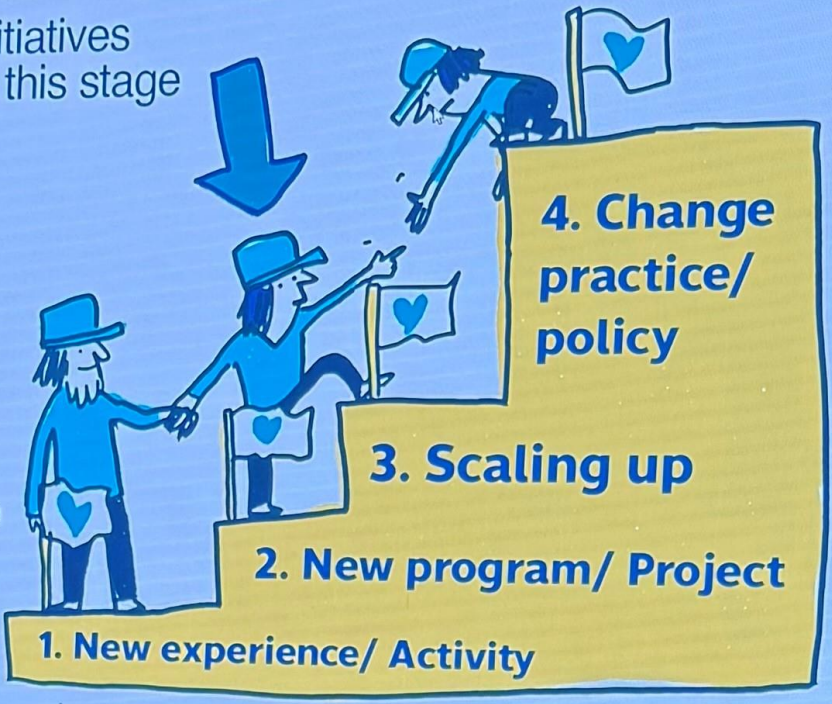
50	24	26
hours total	hours facilitated	hours inde pendent

15 interactive 90-minute workshops

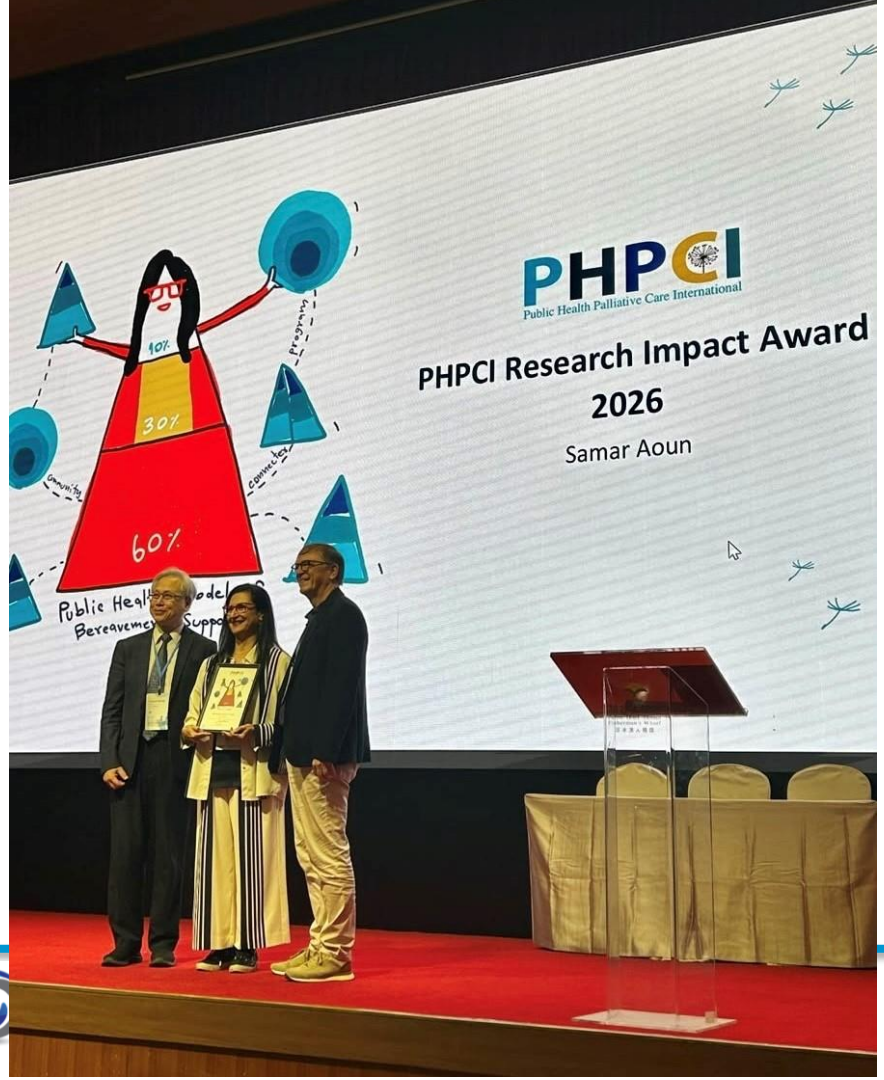
Guided reading • Reflective practice • Workplace application • Portfolio

4. Ladders of change

Most CoCo initiatives have reached this stage



Every stage holds value


PHPCI
Public Health Palliative Care International
PHPCI Research Impact Award
2026
Samar Aoun
10%
30%
60%
Compassionate
Community
Programs
Connected

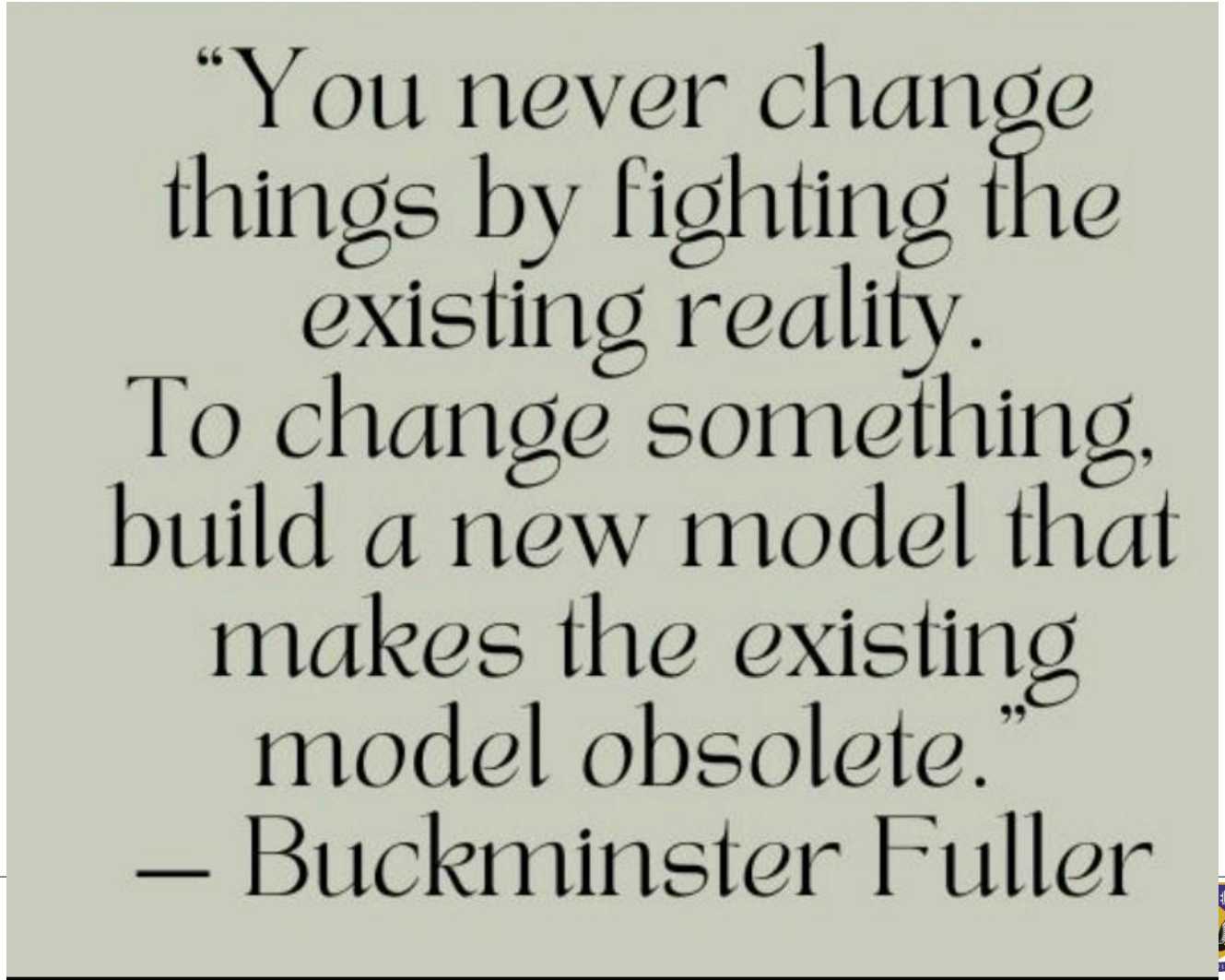

PHPCI
Public Health Palliative Care International
10%
30%
60%
Compassionate
Community
Programs
Connected
Public Health Model of
Bereavement Support
PHPCI Research Impact Award 2026
Samar Aoun
This award includes a free registration to the PHPCI conference in 2028
Prof. Luc Deliens, President of PHPCI

The Morale of the story

We cannot solve our problems with the same thinking we used when we created them.(Einstein)

***Compassion** requires creativity and something more than simply going down a well-worn path.*

It hinges on flexibility and innovative thinking in response to the unique particulars of the situation.


"You never change
things by fighting the
existing reality.
To change something,
build a new model that
makes the existing
model obsolete."
— Buckminster Fuller

2027 CCAus National Forum in Adelaide-19 April



With populations ageing at scale and palliative care demands escalating,
activating Compassionate Communities to deliver systems change is both

a moral imperative
and a practical necessity

It is absolutely everyone's business



COMPASSION AND END OF LIFE CARE

ABSOLUTELY EVERYBODY'S RESPONSIBILITY