

WARRNAMBOOL & DISTRICT  
COMMUNITY HOSPICE

# STRATEGIC PLAN

2023-2026



## Introduction

The Committee of Management have the pleasure of presenting the new Strategic Plan for Warrnambool & District Community Hospice which sets out the organisation's future direction and key priorities over the next four years.

The plan has been informed by a service evaluation and discussions with key stakeholders including service users, local palliative care and community service providers, staff, and volunteers. Consulting with them has enabled us to develop a strategy that takes into consideration our environment and the needs of the community in which we operate.

We hope to build on our successes and strengths with this plan, making the best use of available resources as we continue to support the provision of end-of-life care at home. At Warrnambool & District Community Hospice we are proud of our history and the impact we have made in the community. As we prepare to begin a new chapter in the development of our organisation, it is important to acknowledge the hard work, dedication and commitment of every staff member, volunteer and supporter who has helped us come this far. We know that with everyone contributing to our shared vision and mission, we will be in a strong position to make an impact and achieve our goals.

## Background

Warrnambool & District Community Hospice Inc. was formed in 2010 to address the barriers preventing local people from dying well in their own homes.

Former South West Healthcare Palliative Care Unit Director, Dr Eric Fairbank and specialist palliative care nurse, Deidre Bidmade joined forces with a group of community-minded people to develop a free community service that that would support the provision of end-of-life care at home. Hospice in the Home broke new ground when it was launched in late 2015, by using specially trained volunteers to provide in-home support to families caring for a loved one in the final stages of life.

Since then, Warrnambool & District Community Hospice has worked in cooperation with the Community Palliative Care service at South West Healthcare to give local people with terminal and life-limiting illness the opportunity to be cared for at home by their family and friends.

Under previous strategic plans, the service expanded to service smaller communities surrounding Warrnambool in the Moyne and Corangamite Shires and helped strengthen informal care networks, provide greater support to carers and educate the community about end-of-life care.

## Organisational Structure

Warrnambool & District Community Hospice Inc is an incorporated association, and charity registered with the Australian Charities and Not for Profits Commission. The organisation is endorsed as a Deductible Gift Recipient (DGR) and Public Benevolent Institution (PBI) with tax exempt status.

Warrnambool & District Community Hospice is governed by a Committee of Management comprising up to 9 members who meet six times a year and who also participate in several sub-committees and working groups. Day-to-day management is the responsibility of the Manager, who reports to the Committee of Management.

The Manager leads a small team of part-time employees (1.9 FTE), including a Support Coordinator, Support Assistant and Fundraising & Engagement Coordinator. The volunteer workforce is managed by the Support Coordinator with input from the Support Assistant.

## Hospice in the Home

Hospice in the Home is a free community service supporting the provision of end-of-life care at home. Our trained volunteers offer practical and emotional support that complements the clinical care provided by the Community Palliative Care team at South West Healthcare. The service also aims to fill gaps in local healthcare and community services.

Hospice in the Home is designed to be flexible and responsive to the needs of care givers and recipients and provide adequate social support to prevent carer burnout and unnecessary admissions to hospital and aged care. Volunteers perform a range of tasks including:

- Help in performing day-to-day activities, such as meal preparation and/or household maintenance
- Practical in-home support with hygiene, feeding and mobility around the house
- Transport to shops, medical appointments and outings
- Respite for primary caregivers
- Socialisation and support for caregivers and recipients

Hospice in the Home is available in Warrnambool and surrounding areas to support the wish of adults with a terminal or life-limiting condition who would prefer to be cared for at home in the last year of their life. Around 60% of people are referred to Hospice in the Home by South West Healthcare's Community Palliative Care Service. A further 20% by a family member or friend, 13% by a home care provider and 7% by a General Practitioner.

During the 2021/22 Financial Year, Hospice in the Home supported 56 people receiving end-of-life care at home and their unpaid carers with a total of 1505 hours of in-home support. Over half the Hospice in the Home recipients who died, did so at home, with the remainder achieving more time at home because of the support received.

After bereavement, we continue to support caregivers through our monthly Cuppa Club, an informal get-together at Hospice House that encourages peer support and the reconnection of carers to social networks.

Formal and informal feedback received from both clients and carers continues to be very positive. Hospice in the Home participants greatly value the support they receive from volunteers and report that it helps relieve the practical and emotional burdens associated with caring for someone at home as they approach the end of their life and significantly contributes to the success of in-home care.

## Our Volunteers

In 2021/22 we had 56 volunteers actively participate in Hospice in the Home and a further 19 volunteers contribute to our Committee of Management, volunteer training program, bereavement support, and administration.

In addition to in-home support, volunteers spent an additional 2447 hours engaged in activities such as meetings, training, and self-care sessions, helping with administration, fundraising and office maintenance.

## Community Engagement

As part of our commitment to support the provision of end-of-life care at home Warrnambool and District Community Hospice offers a range of community education and engagement events including monthly End-of-Life Preparation Workshops, hosted by our founder and Patron, Dr Eric Fairbank.

Despite the restrictions on events due to the COVID-19, Warrnambool & District Community Hospice still managed to host 15 community engagement events reaching over 300 local people wanting to learn more about end-of-life planning and be part of a compassionate community.

## Our Vision

Our vision is for a caring and compassionate community that facilitates the choice to die in the comfort of home.

This vision is an expression of our aspirations and the change we want to make. In order to realise our vision, the staff, volunteers and Committee of Management working for Warrnambool & District Community Hospice must be focussed on our mission and act in accordance with organisational values.

## Our Mission

To support the provision of end-of-life care at home.

Our mission provides a clear statement of purpose and explanation of how we intend to realise our vision.

## Our Values

**Compassion:** We act with genuine warmth, understanding and empathy when listening, and responding to the needs of people.

**Care:** We have a person-centred approach to supporting the wellbeing of our clients, carers, and the workforce who supports them.

**Community:** We recognise that it takes a village to create opportunities for people to live and die well.

**Choice:** We believe people should have care options and be able to decide how and where they spend their final days.

The values of Warrnambool & District Community Hospice are at the core of our services and the way we connect with people, both in and outside our organisation. We are proud to be a local organisation, enhancing the lives of the people who live and die in our community.

## Environmental Considerations

### Our ageing population

Like most developed countries, Australia's population is ageing because of sustained low fertility and increasing life expectancy. This has resulted in proportionally fewer children in the population and a larger proportion of people aged 65 and over. According to the 2021 census data, over 21% of the population of Warrnambool is over the age of 65, and the number of people aged 70-79 has increased almost 30% since the last census.

With an ageing population comes increased prevalence of cancer, dementia and other chronic diseases, more people needing end-of-life care and increased pressure on the healthcare system. There also becomes fewer relatives and friends able to provide care at home.

### Demand for Palliative Care

In Australia, and many other parts of the world, the demand for palliative care services is increasing due to extended life expectancy, and ageing population, as well as the increases in the prevalence of cancer and other chronic diseases that accompany ageing.

The COVID-19 pandemic has also had an impact on demand for palliative care. According to Palliative Care Australia, demand for in-home palliative care services has increased by up to 60% in some parts of Australia since the start of the pandemic. This is partly due to a reluctance to go to hospital, and partly because delays to routine health checks meant people are being diagnosed in more advanced stages of disease.

There are around 300 people who die each year in Warrnambool, and a further 180 in Corangamite Shire and 120 in Moyne (from 2019 ABS stats). The leading causes of death in Australia are dementia (including Alzheimer's disease), coronary heart disease, cerebrovascular disease (including stroke), lung cancer, breast cancer (for females) and prostate cancer (for males).

The number of people accessing palliative care locally is around 200 people a year according to stats provided at a South West Healthcare Palliative Care Working Party meeting. Throughout the course of 2022, the Community Palliative Care service at South West Healthcare, has experienced a significant rise in patient numbers that mirrors the increase in referrals to Hospice in the Home.

The level of demand for palliative care reported by local homecare providers is more mixed. It appears that fewer people are seeking support to be cared for at home in rural and remote areas outside of Warrnambool, most likely due to the limited availability of services.

### Definition of "home"

While traditionally home-based or community palliative care, has referred to care provided in a private residence or family home, the Australian Government has recently started to consider residential care facilities as "home". The Greater Choice for At Home Palliative Care initiative, which has been established to improve access to coordinated, quality palliative care services at home, including residential care facilities, through the Primary Healthcare Network considers residential care to be home, as does the Aged Care Volunteer Visitors Scheme.

This changing definition of "home" may provide an opportunity for Warrnambool & District Community Hospice to expand or add new services that support the provision of end-of-life care to people who are living in aged care.

### NDIS & Home Care Package Programs

The roll-out of the National Disability Insurance Scheme (NDIS) in 2016 and Home Care Packages (HCP) Program in 2017 has had a significant impact in the communities where Hospice in the home operates.

The NDIS provides funding and connection to community services for eligible people with disability to help them meet their personal goals including greater independence, access to new skills, jobs, or volunteering in their community, and an improved quality of life. To be eligible for the NDIS Australian citizens must have a permanent

and significant disability or a developmental delay, be under 65 years of age and need support from a person or equipment to do everyday activities.

The HCP Program was designed to give older Australians greater choice and flexibility in the services they use to assist them to remain in their own homes. Under the program funding is assigned to individuals, rather than aged care providers.

Following the introduction of the HCP Program and NDIS there has been an increasing number of community service providers enter the market, many of them offering palliative care and other services that support the provision of end-of-life care in the home.

While these service providers are filling some of the gaps that Hospice was established to address, there are still gaps and a place for Hospice to complement the support being provided by the HCP and NDIS service providers. In recent months, we have seen an increasing number of referrals come from community service providers who are unable to meet all the needs of their clients within their allocated HCP funding.

## Volunteering

According to State of Volunteering Report 2020, Victorians donated over 500 million hours to the community in 2019, providing labour that would cost \$19 billion to replace. In addition to their valuable time, volunteers contributed an average of \$1,700/year (after reimbursements) to cover expenses related to volunteering.

According to the 2021 Census Data, there are over 5,000 volunteers in Warrnambool (17.5% of the population)

The COVID-19 Pandemic has had a significant impact on volunteering. Data collected at the end of 2020 and early 2021 by Volunteering Australia revealed the following key findings;

- Volunteering has not fully recovered from the impact of COVID-19 with nearly three quarters (72%) of survey respondents reporting that their volunteer programs were either only partially operational (60%) or not operational (12%).
- Formal volunteering participation rates have declined - from one in four (26%) of people volunteering through an organisation pre-COVID (before March 2020) to one in five (21%) in the last 12 months (prior to March 2021).
- Nearly one in ten (9%) Australians have stopped volunteering through an organisation or group in the last 12 months.
- However, nearly one in 25 Australians (4%) have started volunteering through an organisation or group in the last 12 months.

WDC Hospice's engagement of volunteers throughout the pandemic has somewhat protected the organisation from the challenges being experienced by similar organisations. We have managed to attract new volunteers and maintain a workforce large enough to meet demand for service. However, we must not lose sight of what a precious resource we have and how carefully it needs to be managed.

## Strategic Goal 1: Address barriers to dying at home

*We will provide information and services that address barriers to home-based end-of-life care and meet the needs of care recipients and their care givers.*

Objectives:

- Operate free volunteer-based services that provide non-clinical care and companionship to people who are dying at home, and respite and support for their unpaid care givers.
- Ensure services remain easily accessible, flexible, and responsive to the individual needs of those giving and receiving end-of-life care at home.
- Provide education and engagement opportunities that encourage preparation and planning for end-of-life and build awareness of Hospice and other local providers involved in end-of-life care.

In its *Dying Well Report*, the Grattan Institute determined Australians want to experience better death. They want to choose where and with whom they die. Over 70% say they want to die comfortably at home supported by family and friends if they can. However, in Australia, where we have among the highest rates of institutional death in the developed world, around half will die in hospital and one third in residential aged care.

According to Palliative Care Australia, people receiving end-of-life care at home experience fewer hospitalisations, shorter lengths of stay when they are hospitalised, reduced visits to emergency departments, and fewer medical costs, leading to increased quality of life, satisfaction with care and better mental health outcomes. This benefits patients and their caregivers, but also the wider community, through the impact on our health care system.

In 2022 an analysis conducted by KPMG on behalf of Palliative Care Australia confirmed that community palliative care helps reduce the burden on the health care system and ultimately provides a positive financial return by reducing emergency department visits, hospital stays and ambulance transportations. It also frees up hospital beds for those who need them and reduces the impact of an aging population.

From our experience operating Hospice in the Home, and insight provided by key stakeholders, we have identified several major barriers to the provision of end-of-life care at home. They include:

- Lack of preparedness to provide care at home, knowledge of what is involved and awareness of the services available.
- Carer burnout resulting from the physical, emotional, and financial burden of providing care at home, social isolation and a reluctance/difficulty accessing help.
- Inability to access services when and where they are needed (ie difficulty accessing services out of business hours and in more rural locations), or to have enough coverage of support.
- Fear and anxiety around the ability to cope, from both the patient and caregiver perspectives.

The outcomes recorded by Warrnambool & District Community Hospice over the last seven years are evidence of what can be achieved when these barriers are addressed. Over half the people accessing Hospice in the Home, achieved their wish to die at home, and those who did not, delayed admission with the support received.

Carers of people with a life-limiting illness may not have the time to work, study, socialise, enjoy themselves or take care of their health, and the dynamics of their relationship with the care recipient can change. This can make them feel alone, tired, burnt out, guilty or resentful, and take a toll on their mental and physical health. In a study undertaken by Palliative Care Victoria, access to carer respite ranked 4th on the list of barriers to home based care. This makes the respite and support provided through Hospice in the Home vital to preventing burnout and socially motivated hospital admissions, along with the achievement of several key priority areas under the Victorian Carers Strategy including the achievement of better health and wellbeing, access to support and services that meet carer needs, reduced financial stress and better recognition of carers.

Service users and providers expressed that they value our service for its accessibility, flexibility and responsiveness, and the reassurance it provides people and families navigating a life-limiting diagnosis. They also noted the skill and knowledge of our volunteers, the length of time they were able to provide, and the absence of service charges, as factors contributing to the successful provision of end-of-life care at home. Therefore, we will continue to address

barriers to home-based end-of-life care and provide a free and flexible service responsive to the needs of those giving and receiving end-of-life care at home.

We will also work on building the profile of our organisation, as part of our efforts to educate and engage the community about end-of-life care. While awareness of Warrnambool & District Community Hospice is growing, most of our key stakeholders felt that more could be done to spread the word and connect with community members in need of education and support early in their end-of-life experience. Several stakeholders expressed being aware of the organisation, but not understanding what it did before getting involved.

*The respite was amazing and came at a great time to help achieve Mum's wish to die at home. The volunteers were all empathetic and we always felt they knew exactly how we felt. They were able to assist mum to be comfortable and always respected her dignity. – Hospice in the Home recipient*

## Strategic Goal 2: Contribute to quality palliative care

*We will contribute to the delivery of high-quality in-home palliative care*

Objectives:

- Cooperate with local providers of palliative, healthcare, and homecare services to provide in-home support that complements, enhances and addresses gaps in service provision.
- Build capacity to provide service in rural/remote areas surrounding Warrnambool
- Be guided by best practice as determined by Palliative Care Victoria and Palliative Care Australia via the National Palliative Care Standards (5th Edition 2018) and Victoria's End of Life and Palliative Care Framework.

Palliative care is care that helps people live their life as fully and as comfortably as possible when living with a life-limiting or terminal illness. It is a person and family centred approach that identifies and treats symptoms which may be physical, emotional, spiritual or social.

When asked to define high-quality palliative care, local providers of palliative care and home care services agreed it was care that:

- Provides well-managed pain control and the relief of other distressing symptoms.
- Offers a support system for the patients, their family or carers – from diagnosis through to bereavement
- Addresses the psychological and social factors that impact physical and mental wellness and quality of life.
- Is holistic, multidisciplinary and well-coordinated across service providers
- Encourages living before dying
- Respects and responds to individual needs and choices – including the choice to be cared for at home.

The Community Palliative Care team from South West Healthcare, who are the principal provider of in-home palliative care in the region, report that Hospice in the Home greatly influences whether their patients achieve their wish to die at home and contributes to the minimisation of time spent in hospital. The flexible support provided by Hospice volunteers helps Community Palliative Care address the psychosocial needs of their patients and caregivers and offers practical and emotional support that complements medical care. The Community Palliative Care team members expressed feeling comfortable referring to Hospice, because of the quality and reliability of the service, and the reassurance it provides patients and their families.

Increasingly, home care providers are contributing to palliative care with the coordination of support services including personal care and home help (eg provision of meals, gardening, cleaning etc). There are also several providers offering the services of private nurses and death doulas. Referrals from home care providers is an area of growth for Hospice and we look forward to growing and developing relationships to build confidence in the quality and value of our service. Building good relationships with the home care providers will also help prevent duplication of services, and ensure we continue to fill gaps impacting the quality of palliative care.

When asked about ways to improve the quality of palliative care in the region, the Community Palliative Care team members and home care providers agreed that we need to address the disparity in services available to people living in and outside Warrnambool. Warrnambool & District Hospice have an opportunity to focus on filling the larger service gaps that exist for people living in rural and remote areas within the Moyne and Corangamite Shires. It was also suggested that we could be clearer about the scope of support provided by our volunteers and communicate more regularly with the home care providers and GP's.

There are also improvements to be made in the way service providers work together. In stakeholder interviews, several service users and providers spoke about the impact of poor cooperation and communication between service providers on the quality of care provided and the experience of patients and their caregivers. There was particular concern from the service users and volunteers, that referrals to Hospice were being made too late.

It will be necessary for Warrnambool & District Community Hospice, as a key contributor to the provision of palliative care, to maintain strong and productive relationships with related service providers including Community Palliative Care, General Practitioners, Hospitals, and home care/NDIS providers.

We should also consider building relationships with aged care providers, to determine if there is a need for Warrnambool & District Community Hospice to support the provision of end-of-life care to people living in aged care facilities. When discussed in stakeholder consultation, volunteers were overwhelmingly supportive of the idea. Service users were more reserved. While the availability of support in residential care would not have diminished their determination to keep their loved one at home, it would have made them feel less guilty if a permanent or temporary move to care was required.

Victoria's End-of-life and Palliative Care Framework has been developed in line with the National Palliative Care Standards that clearly articulate and promote a vision for compassionate and appropriate specialist palliative care that is person-centred and age-appropriate. The Framework sets out five key priorities:

- delivering person-centred services
- engaging communities
- coordinating and integrating services
- making quality end-of-life and palliative care everyone's responsibility
- strengthening palliative care.

Warrnambool & District Community Hospice will look to address each of the framework's priorities and be guided by best practice as determined by Palliative Care Victoria and Palliative Care Australia peak state and national bodies for palliative care.

*"I acknowledge and applaud the volunteers from Warrnambool & District Community Hospice, who have been working on the frontline in an ever-changing world supporting more people than ever to die in their own home. I also acknowledge the contribution of Warrnambool & District Community Hospice towards educating the community about the palliative care and end of life choices." – Adj. A/ Prof Violet Platt, CEO of Palliative Care Victoria*

## Strategic Goal 3: Invest in our workforce

*We will invest in a strong and stable team of volunteer and paid staff*

Objectives:

- Provide and promote meaningful work opportunities that make a valuable contribution to the organisation and community.
- Create a safe and supportive work environment where people feel happy, engaged, valued and confident in their roles.
- Ensure ongoing opportunities for education, knowledge-building and skill development.
- Actively engage in workforce planning to meet demand for service.

It will take a strong and stable team of people to achieve our vision and meet the demand for end-of-life care at home. Our paid staff, volunteers and Committee of Management members each have an equally important role to play, making it vital that everyone feels valued, supported and equipped to do their job.

The way we invest in our workforce, will be in alignment with our people-centred values so that we can attract and retain people who share a commitment to compassion, care, community and choice.

Having a predominantly volunteer workforce brings a unique set of challenges and opportunities. A highly competitive volunteering environment, together with changing expectations from volunteers and declining rates of volunteerism, means that we must keep seeking to understand the motivations of our volunteers and ensure we are fulfilling their needs.

During the stakeholder engagement process, volunteers spoke about the high level of satisfaction they get from helping people who are dying and those who care for them. They feel that their contribution is meaningful, necessary and highly valued by the recipients of their support, our organisation and the wider community. Our volunteers say that it is a privilege to connect with the people they support, and to be let into their homes and lives at such difficult time.

Our volunteers acknowledge that the organisation serves them too. Having the opportunity to “give back” to their community, and feeling a sense of gratitude in return, is what makes the experience rewarding and worthwhile. Some of the other benefits of volunteering commonly mentioned were the chance to connect with like-minded individuals and the acquisition of skills and experiences that benefitted them at work and in family situations.

It is evident from discussion with volunteers, and with palliative care providers, that the training, ongoing education and support provided by Warrnambool & District Community Hospice is what sets the organisation apart from other volunteer programs. For providers of palliative care and community services, it gives them confidence in the Hospice in the Home service, and the ability of our volunteers to successfully support the provision of in-home care. For volunteers, training and support helps them feel equipped to do their jobs and manage situations many would find uncomfortable or daunting, making it key to the successful recruitment and retention of volunteers.

Both volunteers and staff expressed that a good relationship with management is vital to their job satisfaction and level of confidence. They want management to understand their needs/challenges and be flexible and supportive in how they respond. For volunteers, open communication and trust were also raised as important, particularly when it comes to discussing the support of Hospice in the Home participants and the recruitment of additional volunteers.

Given that Warrnambool & District Community Hospice is reliant on a small team of staff (less than 2 full time equivalent) and a pool of volunteers, workforce planning will be essential to making sure we have the right people, in the right place at the right time to achieve service continuity and efficient operation. It will also help us make best use of our limited financial resources and ensure employment related expenditure (including wages, recruitment and retention activities) is directed to make the greatest impact.

*“The volunteers and staff who are associated with the Warrnambool and District Community Hospice are highly professional, efficient, caring and compassionate with not only patients and carers, but also other key stakeholders within service provision.” – Vikki Hoy, Acting Team Leader, South West Healthcare Community Palliative Care*

## Strategic Goal 4: Achieve financial viability

*We will work to be financially viable.*

Objectives:

- Attract government investment with a focus on recurrent and multi-year funding
- Secure donations and support from individuals, businesses, community groups and philanthropic trusts.
- Maximise the potential of human and financial resources.
- Explore opportunities for income generation.

For the last four years, up until the 30<sup>th</sup> of June 2021, Warrnambool & District Community Hospice had all its operational expenses funded under the Victorian Government's End of Life Ancillary Service Grant Program. This has allowed income from fundraising activities to be invested and grown to ensure operations could continue beyond the end of the four-year funding program.

While there are sufficient reserves to keep Warrnambool & District Community Hospice running for several years, we must continue to build upon the success of our fundraising program, maintain diverse funding streams and carefully manage resources if we are to remain financially viable.

It will also be necessary to educate the community about our funding needs and the impact of their support. It was revealed through stakeholder engagement, that awareness of how the organisation is funded is very low, even among our volunteers. It is assumed by many that we are a government agency, or part of the community palliative care service.

While stakeholders were somewhat open to the idea of Warrnambool & District Community Hospice exploring income generating opportunities, most felt strongly that charging for Hospice in the Home would provide a barrier to people accessing the service, and would not be in line with the organisation's values. There was more appetite for income generation from the provision of service or education to businesses.

## Strategic Goal 5: Strengthen our community

*We will help strengthen community connectedness*

Objectives:

- Address the disconnection, loneliness and isolation that may be experienced by those who are dying, their caregivers and members of the community.
- Contribute to a compassionate and connected community that has the willingness, knowledge and skills to care for each other in times of need.

According to the Australian Psychological Society, isolation and loneliness is emerging as one of our nation's most significant health concerns. It has been linked to premature death, poor physical and mental health, and general dissatisfaction with life. Most of our key stakeholders mentioned disconnection, isolation and loneliness as issues being addressed by Warrnambool & District Community Hospice. As well as connecting with people living with or caring for someone with a life-limiting condition, our organisation is also providing volunteer opportunities that enable local people to play an active role in the community, to build their social network and make meaningful connections with others.

We live in a society where most people avoid the subject of death. This often leaves people feeling overwhelmed and out of their depth when navigating a terminal or life limiting diagnosis. According to the Grattan Institute, a failure to talk about and plan for death is one of the most significant obstacles to improving the quality of dying. Our organisation, through our staff and volunteers, are equipped to positively influence the experiences of people in our community as they approach the end of their life, or the loss of a loved one.

Warrnambool & District Community Hospice is a strong advocate for Compassionate Communities - a public health approach derived from the Compassionate Cities Charter that encourages communities to support people and their families who are dying or living with loss. We believe that building community capacity to support end-of-life care at home and sharing knowledge on death and dying, will contribute to a stronger, more resilient community, better able to cope with death, dying and bereavement.

Our volunteers acknowledge that the skills and experiences gained through delivery of Hospice in the Home, have benefits for the wider community. Our volunteers often become the go-to person when people in their families, workplaces and social networks need information or advice related to end-of-life or providing care. They are role-models who help teach others the benefits of kindness, compassion, and generosity, and make our community a better place to live and die.

## Strategic Goal 6: Effective and accountable governance

*Our Committee of Management will provide effective and accountable governance*

Objectives:

- Act in accordance with the rules of incorporation.
- Ensure there are clear roles and responsibilities for members of the Committee and its subcommittees/working groups.
- Obtain information that supports decision making and the tracking of organisational performance.
- Maintain a strong, stable, and diverse Committee with the collective skills and experiences to guide the organisation in fulfilment of this strategic plan.

Since the establishment of the Australian Charities and Not for Profit Commission (ACNC) in 2012, great attention has been paid to the governance of not-for-profits and its role in maintaining the community's trust and in preventing misconduct. Governance refers to the systems that direct and control – or govern – an organisation. According to the ACNC, 'good governance' is when charities or not for profits have practices and procedures in place that help them to do their work effectively and openly, and when the roles and responsibilities of people in the charity are clearly understood.

Warrnambool & District Community Hospice recognises the important role that good governance plays in the achievement of our vision and mission, and in the positive reputation of the organisation. Therefore, the Committee of Management is committed to providing effective leadership and being accountable for the decisions it makes in the best interest of the organisation.

During consultation with volunteers, several people raised a lack of knowledge about the Committee and the role that it plays in the operation of Warrnambool & District Community Hospice. Learning more about the Committee and its membership is also of interest to prospective funders. Knowing who is on a Committee/Board and their credentials, gives funders confidence that they are investing in a well-managed not-for-profit, that is equipped to achieve its vision and mission.

## 2022-2026 Strategic Plan Summary

Vision		
Our vision is for a caring and compassionate community that facilitates the choice to die in the comfort of home.		
Purpose/Mission	Goals	Objectives
To support the provision of end-of-life care at home	<b>Strategic Goal 1:</b> We will provide information and services that address barriers to home-based end of life care and meet the needs of care recipients and their care givers.	Deliver free, volunteer-based services that provide: <ul style="list-style-type: none"> <li>• Non-clinical care and companionship to people who are dying at home.</li> <li>• Respite and support for unpaid care givers.</li> </ul>
		Ensure services remain easily accessible, flexible, and responsive to the individual needs of those giving and receiving end-of-life care at home.
		Provide education and engagement opportunities that encourage preparation and planning for end-of-life and build awareness of Hospice and other local providers involved in end-of-life care.
	<b>Strategic Goal 2:</b> We will contribute to the delivery of high-quality in-home palliative care	Cooperate with local providers of palliative, healthcare, and homecare services to provide in-home support that complements, enhances. and addresses gaps in service provision.
		Build capacity to provide service in rural/remote areas surrounding Warrnambool.
		Be guided by best practice as determined by Palliative Care Victoria and Palliative Care Australia via the National Palliative Care Standards (5th Edition 2018) and Victoria’s End of Life and Palliative Care Framework.
	<b>Strategic Goal 3:</b> We will invest in a strong and stable team of volunteer and paid staff	Provide and promote meaningful work opportunities that make a valuable contribution to the organisation and community.
		Create a safe and supportive work environment where people feel happy, engaged, valued and confident in their roles.
		Ensure ongoing opportunities for education, knowledge-building and skill development.
		Actively engage in workforce planning to meet demand for service.

	<b>Strategic Goal 4:</b> We will work to be financially viable	Attract government investment with a focus on recurrent and multi-year funding.	
		Secure donations and support from individuals, businesses, community groups and philanthropic trusts.	
		Maximise the potential of human and financial resources.	
		Explore opportunities for income generation.	
	<b>Strategic Goal 5:</b> We will help strengthen community connectedness	Address the disconnection, loneliness and isolation that may be experienced by those who are dying, their caregivers and members of the community.	
		Contribute to a compassionate community that has the willingness, knowledge, and skills to care for each other in times of need.	
	<b>Strategic Goal 6:</b> Our Committee of Management will provide effective and accountable governance.	Act in accordance with the rules of incorporation.	
		Ensure there are clear roles and responsibilities for members of the Committee and its subcommittees/working groups.	
		Obtain information that supports decision making and the tracking of organisational performance.	
		Maintain a strong, stable, and diverse Committee with the collective skills and experiences to guide the organisation in fulfilment of this strategic plan.	
	<b>Values</b>		
	<u>Compassion</u> We act with genuine warmth, understanding and empathy when listening, and responding to the needs of the people we support.	<u>Care</u> We have a person-centred approach to supporting the wellbeing of our clients, carers, and the workforce who supports them.	
<u>Community</u> We recognise that it takes a village to create opportunities for people to live and die well.	<u>Choice</u> We believe people should have care options and be able to decide how and where they spend their final days.		