

04 Getting More Support

Corresponds to Chapter 6 in the *Palliative Care Is... A collective response to death, dying, and grief in the inner city* Resource Guide.

Purpose of the Discussion

This module explores how to build stronger circles of care and connect people with additional resources when someone is seriously ill.

Key Messages

- Frontline workers often provide significant care and support.
- No one should carry this work alone.
- Building relationships with healthcare providers and community services can strengthen support for people who are seriously ill.

Before You Facilitate

- Reflect on local resources that may support people who are seriously ill (e.g., outreach healthcare teams, palliative care services, hospice programs).
- Be prepared for participants to share frustrations or barriers they have experienced when trying to access support.

During the Discussion

- Encourage participants to reflect on what a strong circle of support might look like.
- Acknowledge the reality that systems do not always work smoothly.
- Focus on strategies for collaboration, advocacy, and teamwork.

Participants may share experiences where:

- referrals were difficult
- systems did not respond quickly
- workers felt they were carrying too much responsibility

These conversations are important and should be acknowledged.

Closing the Conversation

- Reinforce that even small conversations about wishes or values can help guide care.
- Encourage participants to continue noticing and documenting these moments when appropriate.

Discussion Guide

The support you're already giving IS a palliative approach to care.

Purpose

This discussion is meant to help frontline workers recognize the essential role they play in a palliative approach to care (often without realizing it). It encourages workers to reflect on the ways they're already supporting people through serious illness, dying, and grief, and how their knowledge of people's lives, needs, and community ties makes them a vital part of the circle of care. We'll reflect on how to strengthen support networks, collaborate with healthcare systems, and navigate barriers to accessing palliative services. It also opens space to think through what happens when someone dies and how we care for each other in the aftermath. The guide emphasizes that you are part of the circle of care and you don't have to do it all alone.



Introduction: Why it Matters

As a frontline worker, you've probably helped someone find housing, access food, get to an appointment, or reconnect with a family member. You might've seen someone through a hospital discharge, or been the one person they could count on when no one else showed up. So, you've provided a palliative approach to care.

The work you do meets people where they're at and responds to what they need. That is the heart of a palliative approach and it's especially important in the face of poverty, discrimination, substance use issues, homelessness, and trauma.

This discussion guide about recognizing that the work you're already doing matters, and looking at ways to build support around you and the people you care for. Because no one should have to do this alone; not the person who's dying, and not the person supporting them.

Case Scenario

Marc's Story

Marc is 59, living in supportive housing, and dealing with advanced liver disease. He trusts you, but he's stopped going to see a doctor because he says he feels judged every time. He's getting thinner, spending more time in his room, and says, "I just want to stay home, with my dog and my people." You've helped him get meals and rides to appointments before, but now it feels like he might need more support. You're not sure who else is in the picture or how much longer he'll be able to stay on his own.

Discussion Questions:

- What stands out to you about Marc's story? What makes you concerned?
- If you were supporting Marc, what would be your first step? What would you want to know?
- Have you supported someone like Marc before? What did you learn from that experience

Recognizing What You're Already Doing

You may not see yourself as a care provider, but you are an important part of a palliative approach to care. Supporting someone with meals, housing, connection, advocacy, dignity, and comfort is foundational to a palliative approach.

Discussion Questions:

- How does it feel to hear that your work is part of a palliative approach to care? Positive or negative?
- What kinds of things are you already doing that you recognize improve people's quality of life?
- When you've recognized that someone was on a "palliative trajectory" does that change your approach? What kinds of supports do you feel you have to help you navigate next steps in supporting that individual?

Being in the Circle: Reflecting on Your Role

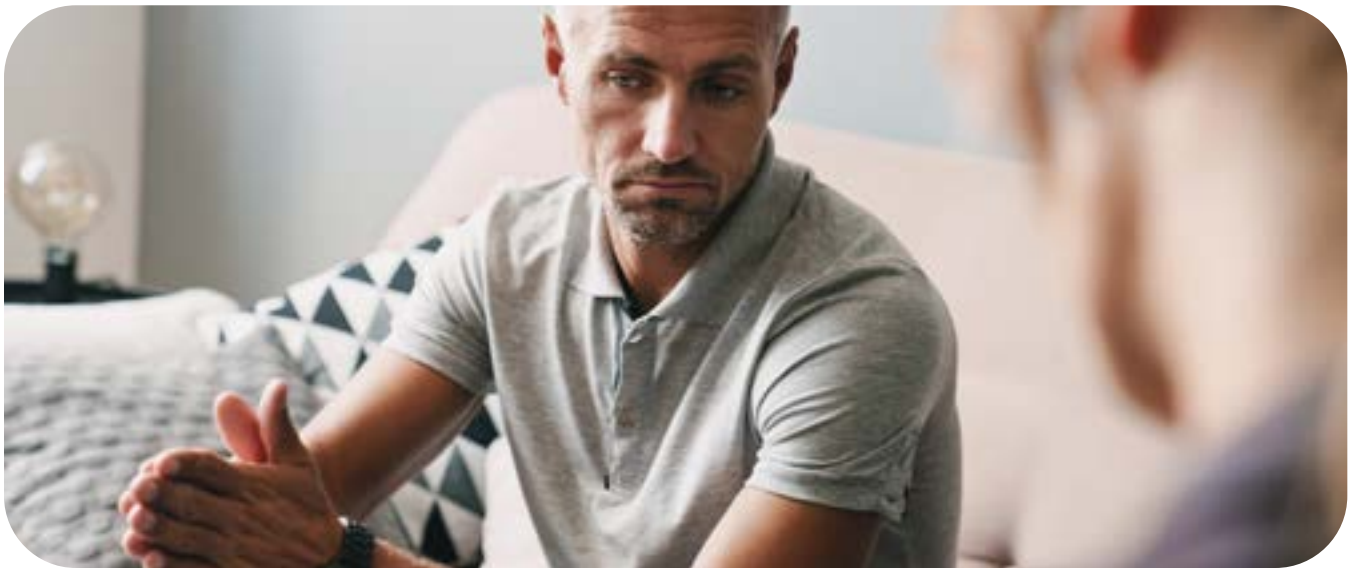
Frontline workers are often drawn into someone's circle of care because they're trusted, because there's no one else, or because it's part of the job. And sometimes, it's a deep expression of the relationship you've built over time. It's a role that can carry deep meaning, but also a lot of emotional and practical responsibility.

You might be asked to help make decisions, share insight with healthcare providers, or simply be there when things get hard. These roles aren't always straightforward, and they often aren't easy. It can stretch your role beyond what feels sustainable. And it's not something that should be done in isolation.

This next set of questions is an invitation to reflect on your own experiences being in that circle. How it feels. What it takes. And whether you're getting the support you need.

Discussion Questions:

- How does it feel when someone considers you part of their circle of care?
- Have you ever felt like healthcare providers dismissed or undervalued your contributions or insights?
- When someone asks you to take on more responsibility (like being a substitute decision maker or helping with medical forms), how do you decide what's within your role or capacity? Have you ever felt pressured to show up beyond your scope, time, capacity?

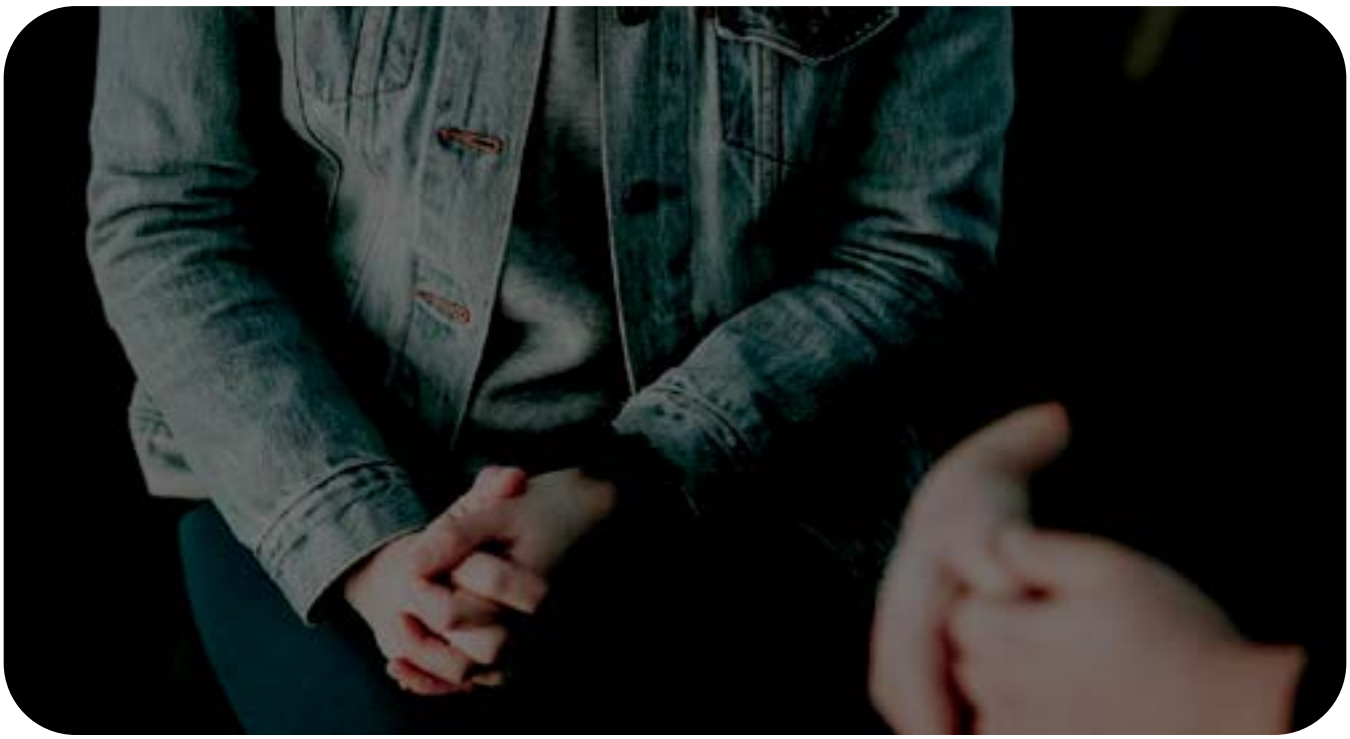


Strengthening the Circle: Building Community Support

When someone becomes seriously ill, it can be hard for one or two people to meet all of their needs. That's why building a broader circle of support is so important. As a frontline worker, you likely already know who a person trusts, who checks in on them, or who they wish they had around. Strengthening these ties, whether through family, friends, or community, is part of a palliative approach to care. It also means recognizing and working around the barriers that might be preventing others from stepping in.

Discussion Questions:

- What is your experience navigating those circle of care discussions with the people you are supporting? If helpful, refer back to Marc's Story: Who might Marc trust or rely on? Who may already be in his circle? Who else could be?
- In your work, have you identified any barriers keeping people from showing up (e.g., housing rules, strained relationships, distance, etc.)?
- How might you help someone map out who they want or don't want involved?
- Have you ever had to advocate for someone's friends or chosen family to be recognized? What happened?



Connecting the Circle: Health & Palliative Care Involvement

Many of the people we support aren't connected to healthcare or palliative care, often because of past harms, access barriers, or a lack of trust in the system. But healthcare providers can become powerful allies when they "get it" and understand the person's context. As someone who knows the person and their life well, you can help bridge that gap. You don't have to be a medical expert to be an advocate.

Your social knowledge is essential to shaping a care plan that makes sense for the person.

Discussion Questions:

- In your role, what have your experiences engaging with health care and other formal systems been like?
- Have you ever felt a provider didn't understand or respect the person's situation? What did you do?
- Have you ever seen a palliative care provider or team "get it"? What made them trustworthy or helpful?
- What has helped you (or not helped) when trying to connect someone to health care or palliative supports?
- What would help you feel more confident advocating for someone's palliative care needs? Have you felt supported to provide this type of support in the past?

Thinking About What Happens After Death

Supporting someone through serious illness sometimes means supporting them as they die, or after they've died. This can be emotional, confusing, and difficult, especially without a plan in place.

Discussion Questions:

- How does your team or organization prepare you for experiences of death, dying, and loss in your work? Do you have people, resources, or supports to help you navigate these experiences? Are they helpful?
- Would you know what to do if someone you were supporting died? Who would you call? Are there any policies or protocols you're supposed to follow?
- How involved do you want to be, or are allowed to be, in after death support?
- What are your strategies for sharing news about death in your workplace?

Closing Reflection

You're Part of This

Providing support through illness, dying, and loss is deeply human work, and it's work you're already doing. Whether you've helped someone seek out care, get to an appointment, reconnect with family, or simply feel less alone, you've been practicing a palliative approach to care.

This guide is a reminder that what you do matters. Your role in someone's life, especially at the end of life, is significant, even when it's complicated, overwhelming, or goes unrecognized. You are often the constant presence when systems fail, the person who notices when something's wrong, and the bridge that connects people to care they might not otherwise receive.

You are part of the circle of care. And just as the people you support deserve dignity and comfort, so do you. You should not have to carry this work alone. It's okay to ask for more support for yourself, for your team, and for the people you walk alongside.

