

Project lead



In Collaboration with



2025

1 January 2025 - 15 July 2025

NURTURING COMPASSIONATE COMMUNITIES IN COUNCILS

Project Activity Report



**Compassionate
Communities SA**

Program of Palliative Care SA



We are inclusive. We celebrate multiple approaches and points of view.

When we say palliative care is everybody's business, no matter their age, we mean everybody.

Acknowledgements

Our organisation acknowledges the Traditional Custodians of the lands and seas on which we live and work, and pays respect to Elders - past, present and emerging.

Palliative Care South Australia (PCSA) has undertaken this work as part of the Nurturing Compassionate Communities in Councils project, this has been made possible by collaborating with the **City of Mitcham** and **Campbelltown City Council** and funding from Adelaide Primary Health Network.

Thank you to everyone who participated in the co-design workshop which contributed to the development of this resource.

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Download at
www.palliativecaresa.org.au/

A huge thank you to the Project Working Group members (*Tara, Sonja, Lynn and Tracy*) from both councils who provided ongoing input, ideas and support throughout the project.

They generously shared this expertise, experience and time. Without them this project would not have been possible



Palliative Care South Australia is a Registered Charity (registered with ACNC - A9773) and is endorsed as a Deductible Gift Recipient (DGR), ABN: 66 185 542 917

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SUMMARY

The *Nurturing Compassionate Communities in Councils* project sought to collaborate with and mentor two local governments (Councils) in the Compassionate Communities model. The project aimed to co-design a start up model with their community members to nurture their local compassionate communities.

Compassionate Communities are groups of people and places where everybody recognises they have a role to play in supporting each other in times of serious illness, dying, death, grief and caregiving. Residents of Compassionate Communities recognise that caring for one another at times of loss, serious illness, caregiving, ageing, dying, death and grief is not a task solely for health and social services but is everyone's business. Everyone is ready, willing and confident to support each other in emotional and practical ways.

Palliative Care SA (PCSA), supported by funding from Adelaide PHN under the Commonwealth Greater Choice for At Home Palliative Care Program, led this project with two councils participating in-kind. Over a six month period, PCSA partnered with the Campbelltown City Council—leveraging an existing relationship—and established a new collaboration with the City of Mitcham to pilot a council-specific start-up model. Despite consensus that a 12-month timeframe would have allowed for deeper mentorship and integration, the condensed version of the project proved successful. Both councils demonstrated strong engagement and enthusiasm, validating the approach and recommending it as a scalable framework for future implementation in other local government areas.

Jan - July 2025

3

TOTAL NUMBER OF
COMMUNITY CONSULTATIONS
HOSTED

*(Compassionate Community conversation co-design
workshops)*

29

TOTAL NUMBER OF
COMMUNITY CONSULTATIONS
PARTICIPANTS

*(Compassionate Community conversation co-design
workshops)*

12

TOTAL NUMBER OF DEATH
LITERACY SURVEYS
COMPLETED

(Community Sample)

2

TOTAL NUMBER OF
LAST AID EDUCATION SESSIONS
HOSTED

47

TOTAL ATTENDEES TO LAST
AID EDUCATION SESSIONS

9

TOTAL NUMBER OF
REPORTS, TOOLS AND
RESOURCES
PRODUCED

The Bern Declaration 2024

Public Health Palliative Care International

Worldwide, each year millions of people experience serious illness or are grieving. In many countries, death and bereavement are kept out of sight and often kept within the confines of healthcare institutions, leaving many people unable, unprepared or reluctant to discuss openly, and leading to unnecessary additional and preventable suffering. A change in how societies support the seriously ill and bereaved is urgently needed.

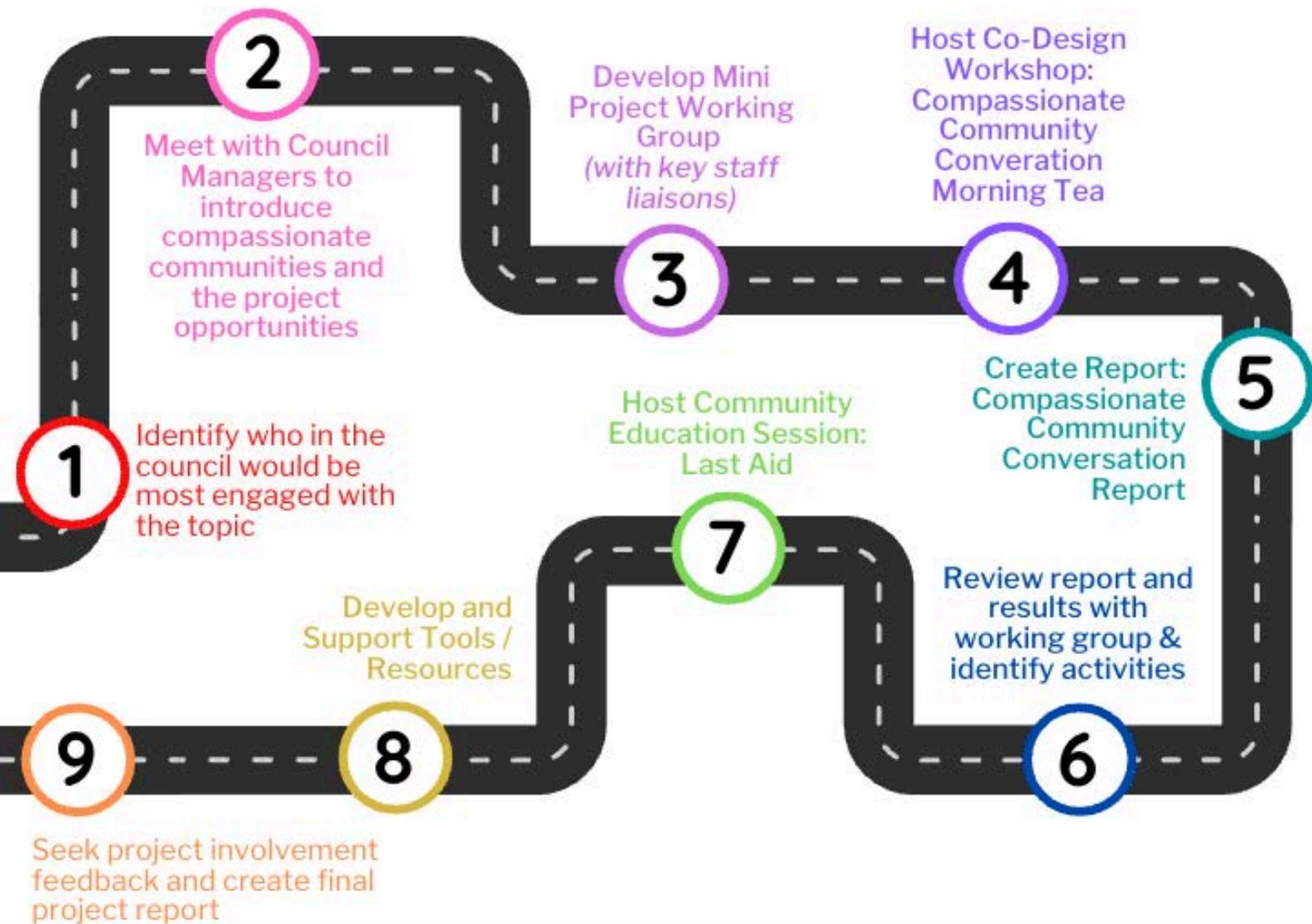
In this context, Public Health Palliative Care International (<https://www.phpci.org>) urges governments, city administrations and all civic organisations within communities and cities to commit to the following health promotion principles and actions for the end of life for ALL people regardless of factors such as nationality, culture, faith, age, gender, income or social class:

1. Support citizens to become more familiar with supporting and caring for the seriously ill and bereaved through conversations and experiences that improve health, death and grief literacy — the knowledge and skills that people need to navigate these challenging parts of every life.
2. Create learning opportunities in compassion and connectedness during caregiving, end of life, death and bereavement in the general community.
3. Share stories and experiences of people dying and grieving in everyday life from all parts of society through media and in public spaces to provide representation and a realistic understanding of what happens at the end of life and in grief and loss.
4. Actively address loneliness and promote a sense of security, connection and belonging for everyone nearing the end of life by nurturing relationships through neighbourhood and community networks, as a central part of serious illness and bereavement support.
5. Make visible the strengths and needs of informal caregivers (families, friends, volunteers and wider social networks), increasing their confidence through education and connection, and feeling supported in caregiving; acknowledging the disproportionate role women typically play in caregiving.
6. Work together to craft and amend policies to enable financial recognition to achieve sustainable and effective caregiving over days, months and even years, to support end-of-life and palliative care, and to prevent financial insecurity for people living with serious illness or who have been bereaved.
7. Promote civic policies and practices for supportive, inclusive and equitable care inside all civic sectors – from workplaces, schools, or faith groups to social clubs, cultural centres, and neighbourhoods. These include policies for marginalised and disadvantaged groups.

*<https://www.phpci.org/berndeclaration>

Project Process

PROJECT ROADMAP



Co-Design Workshops

ABOUT COMPASSIONATE COMMUNITY CONVERSATIONS

The purpose:

To host open community discussions to identify how compassionate communities can be nurtured within each council

How we promoted these:

Join the conversation and discuss how together we can build a compassionate community in your local community.

Compassionate communities are communities with networks of support around people at the end stage of life. You will receive information and participate in discussions about compassionate communities, including how to become a more compassionate neighbour and friend, what services and supports are currently available and explore what compassionate communities could look like within your local neighbourhood.

LEARN MORE ABOUT COMPASSIONATE COMMUNITY CONVERSATIONS:

www.palliativecaresa.org.au/ccca



3

SESSIONS HOSTED

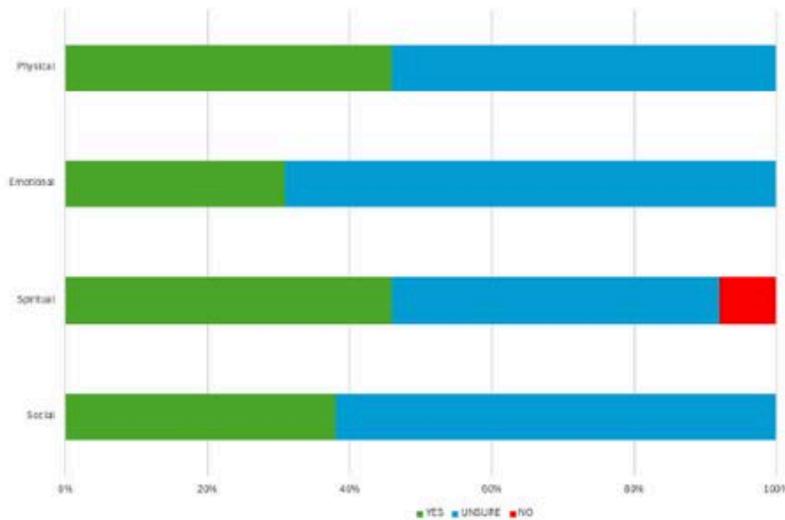
29

PARTICIPANTS

What we learnt

Do Locals feel that the current systems would meet their support needs if they had a life threatening illness?

To understand how people feel their support needs would be met if they were at the end chapter of life, we asked individuals "if you had a life-threatening illness, do you feel the current system would meet your needs in relation to Physical needs, Emotional needs, Spiritual needs and Social needs"?



Locals were not confident (in any domain) that their needs would be met by the current systems. They were most confident that their **Physical and Spiritual** needs would be met and least confident that their **Emotional** needs would be met by the current systems.

Where do Locals look for information about serious illness, dying, grief and caregiving?

To understand where people look for information, we asked participants to rank (in order of preference) where they would go for information about serious illness, dying, grief and caregiving.



Local participants ranked this option as **first**

1. GP/Health Services



Local participants ranked this option as **second**

2. Community Groups / Hubs

Are Locals comfortable in **offering** their neighbours help and support if they had a life threatening illness?



85%
YES

Are Locals comfortable in **accepting** help offered by others in their neighbourhood, if they had a life threatening illness?



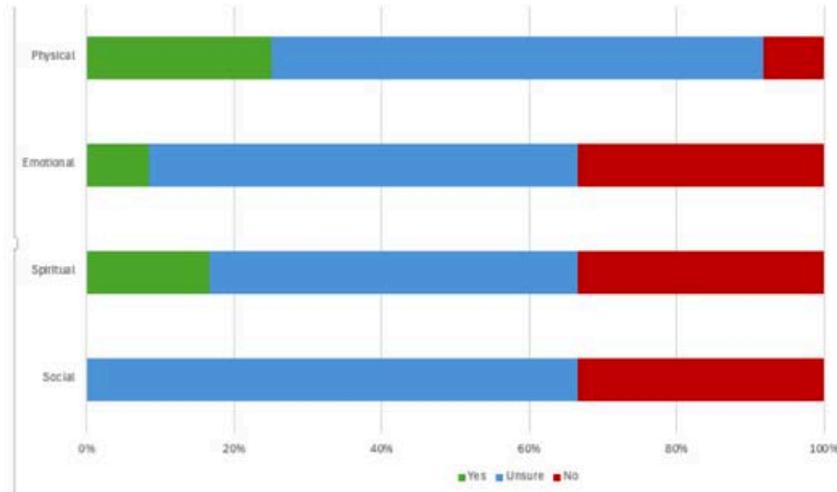
62%
YES



What we learnt

Do Locals feel that the current systems would meet their support needs if they had a life threatening illness?

To understand how people feel their support needs would be met if they were at the end chapter of life, we asked individuals "if you had a life-threatening illness, do you feel the current system would meet your needs in relation to Physical needs, Emotional needs, Spiritual needs and Social needs?"



Locals were not confident (in any domain) that their needs would be met by the current systems. They were most confident that their Physical needs would be met and least confident that their Social needs would be met by the current systems. Noting that no participants were confident their social needs would be met.

Where do Locals look for information about serious illness, dying, grief and caregiving?

To understand where people look for information, we asked participants to rank (in order of preference) where they would go for information about serious illness, dying, grief and caregiving.



Are Locals comfortable in offering their neighbours help and support if they had a life threatening illness?



91%
YES

Are Locals comfortable in accepting help offered by others in their neighbourhood, if they had a life threatening illness?



50%
YES

Reports, Tools and Resources Developed

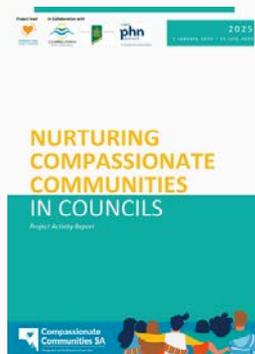
9

REPORTS, TOOLS AND RESOURCES DEVELOPED

Six tools and resources were developed as a result of the co-design workshops and discussions around the common challenges and opportunities identified by the project working group members.

While each council initially identified tools tailored to their own needs, it quickly became apparent that there were many similarities across the projects. As a result, the tools developed by one council were also relevant and beneficial to the other. This led to the sharing of all tools with both councils, effectively increasing the number of resources available to each.

In addition to the six tools, three reports have been published as part of this project.



Download here: <https://palliativecaresa.org.au/ccsa/>

Community Education



2

COURSES HOSTED
(ONE PER COUNCIL)

47

PARTICIPANTS

100%

OF RESPONDERS TO OUR EVALUATION SAID THEY WOULD
RECOMMEND LAST AID TO OTHERS

“

*I want to continue
to learn more and
assist others*

”

“

*Very well
presented.
Many, many
thanks*

”

WE ASKED PARTICIPANTS TO PLEASE SHARE A TAKE HOME MESSAGE

“

*Ensure i have made
things clear for our
children*

”

“

Don't rush

”

Project Learnings

WHAT WORKED

- Strong engagement and support from council staff, fostering collaboration and legitimacy
- Passion, lived experience and knowledge generously shared by community members during co-design activities
- The *Public Health Palliative Care International Bern Declaration** provided a clear, values-based foundation for project structure
- Experience of Palliative Care South Australia (PCSA) in delivering projects and activities in a community settings
- Co-design approach created a sense of ownership among stakeholders and boosted sustained involvement
- Funding support from Adelaide PHN to enable focus in this area
- Ongoing reflection, learning loops and flexible project model allowed for real-time project activity setting

WHAT WAS LEARNED

- Councils have deep insights into their communities—recognising diversity, needs, and cultural nuances
- There is potential in engaging non-traditional partners such as libraries, arts groups, and support groups
- Council volunteering teams demonstrated passion, community knowledge, and a strong appetite for learning
- Community members respond positively when invited to contribute their knowledge and experience
- Compassionate communities resonate across a wide range of civic services, not just health-specific areas
- Ongoing mentoring and support are critical to sustaining momentum beyond initial engagement
- Capacity building is most effective when tailored to the unique character and needs of each locality
- A shared language around compassion and care helps unify diverse stakeholders

Project key takeaways

to support other councils to nurture compassionate communities

This project demonstrated that while councils and their community members are passionate and engaged with the compassionate communities concept, many require tailored guidance and practical frameworks to successfully navigate the start-up phase—highlighting the value of providing **clear models and support structures** to foster sustainable, community-led compassionate communities approaches.

*Recognising and valuing both **formal and informal volunteering** emerged as a key insight in the development of compassionate communities. While councils can coordinate formal volunteer programs—such as Community Transport Support—informal efforts, like a neighbour helping move furniture in someones house, often fall outside council capacity due to risk and compliance considerations. Both forms of volunteering play a vital role, but **clearer distinctions and expectations** are needed to ensure safe, supported, and inclusive community involvement.*

*Although this project ran for six months, findings suggest that **extending it to 12 months would have been more beneficial**—particularly in enabling deeper engagement, stronger outcomes, and a more robust foundation for councils to embrace compassionate communities. A longer timeframe, involving two or more councils simultaneously, encourages collaboration and significantly enhances uptake in this space. It offers councils the practical evidence and local support needed to confidently demonstrate need, secure buy-in, and build momentum for sustainable community-led palliative care initiatives.*

*The project underscored the **community's strong appetite for education in this area**, with the international Last Aid training program receiving overwhelmingly positive feedback. Its accessible format and valuable content empowered participants to expand their knowledge and skills to better support others through end-of-life care. Both sessions were highly sought after, easily marketed by the council, and quickly booked out—with one even drawing a waiting list, highlighting the clear demand for the Last Aid training.*

*This project highlighted the pressures councils face in responding to a wide array of community priorities, including commitments to various 'friendly city' programs. **The strength of the compassionate communities approach lies in its natural alignment with existing initiatives**—like dementia-friendly and age-friendly cities—offering councils a unified pathway to not only support people at the end of life but also strengthen their broader community commitments.*



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