

40 STORIES IN 40 YEARS

Kevin Larkins



Kevin Larkins's journey to CEO of Palliative Care Victoria was not a straightforward one. He spent the first 15 years of his career as a priest, before working in alcohol and drug counselling and community health across Victoria, the Northern Territory and Western Australia. He eventually moved back to Victoria and took on the position of Palliative Care Victoria CEO in 2004, a role he held for 6 years.

Since finishing at Palliative Care Victoria (PCV), Kevin has taken his diverse health experience and opened his own business, offering leadership development training. He also looks after community engagement at The Peace of Mind Foundation, a brain cancer support service based in Geelong.

“I started as a priest as soon as I left school. After leaving the parish, I set up an alcohol and drug counselling and referral centre in Geelong, before moving to the Northern Territory to set up similar drug and alcohol services across the NT. This then morphed into a regional health role where I focused on community health for indigenous communities.”

“I soon moved to Western Australia and took up the CEO position at the Western Australia Alcohol and Drug Authority which I held for about nine years.”

“From there I moved back to Victoria and took up a role as the Head of Centacare, a Catholic welfare agency. I stayed there for a few years and before taking on the CEO position at PCV. So yes, you could say my journey to PCV was almost full circle.”

***“People should be able to talk honestly,
not morbidly about death and dying.”***

Kevin says he landed at PCV in a time where ‘there were a number of crises going on, including budget issues and CEO retirements.’

“At the time, palliative care was the pimple on the pumpkin of the health system– such a small component of the entire healthcare sector. The money coming in from government was not sufficient to meet the needs of an expanding sector. Historical funding commitments to existing and long-standing services meant new and developing services were really struggling.”

“PCV found itself in this dilemma – we were a peak body representing members but we were struggling to find ways to assist new and peripheral services access the level of funding they needed to develop, grow and meet the community needs. The Board, led by Dr Jane Fischer, was determined to see PCV acting in the interests of all its members and actively worked to develop a One Voice One Sector approach.

“We were also fortunate at this time to have within the Department a very active and supportive Palliative Care Branch led by Jackie Kearney. We approached the Health Minister of the day, Bronwyn Pike and sought additional support to ensure the development of the sector could balance historical funding commitments and emerging service needs. PCV pulled the services together to speak as One Voice with the Minister and the Department worked on developing a funding model (RAM-Resource Allocation Model) that saw new funds going primarily to new, evolving and marginalized services, while existing services were able to maintain their level of service as well as develop some.

“If I recall correctly it took about four budget cycles to readdress the imbalances. It was a really significant step for PCV, as it went to the heart of being a peak organisation working for the members and on behalf the people the members serve.”

“There were, and still are, other challenges within the industry, mainly around accessibility and availability of services. The issue is that of maximizing the impact of a scarce and specialised skill and resource like palliative care so that the maximum number of the population can have access.”

Kevin says that in essence, this meant sharing the knowledge and skill of palliative care providers to make it available in the broader health care system.

“This approach saw the development of training in mainstream health systems and the emergence of what then was described as the ‘palliative approach’ to end of life care. It also saw the expansion of PCV’s partnerships and collaborations with other sectors, in particular the Aged Care Sector and the Disability sector. In this vein we also decided to link more with indigenous communities by working with VACCHO – the Victorian Aboriginal Community Controlled Health Organisation, to help increase the accessibility of palliative care for Indigenous communities in Victoria.”

“I was fortunate to have worked in the Northern Territory and Western Australia so had experienced the power of cross-cultural health servicing and we became really passionate as a team about increasing accessibility of palliative care for First Nations people. We knew

from our own statistics that aboriginal families in Victoria were not accessing palliative care services. Jill Gallagher, the CEO of VACCHO was very supportive of a collaborative approach and seconded one of her best health workers Joanne Harrison to work with us two days a week. Joanne helped us set up a whole series of workshops across Victoria, bringing the service providers and Aboriginal health workers together as a way of increasing understanding and trust between the two groups.”

There was a lot of mutual understanding developed and the end result was an increase in the uptake of palliative care servicing to aboriginal communities and increased training opportunities for aboriginal health workers.

“Another thing we were able to achieve was to shine a light on volunteers and their value to palliative care. Volunteers are critical for palliative care, so we really worked hard to increase the number of people who were volunteering in the sector across client facing roles.”

“We were lucky enough to recruit to PCV Sue Salau who was both a nurse and a manager of a regional palliative care service. Sue had an enormous passion for volunteers, so we bought her in to write a volunteer training program that could be universally applied across all services. She took all of the training programs being used at the time and developed a gold standard training manual, which I believe is still being used to this day.”

“When I was growing up, you weren’t allowed to talk about sex but death was normal and we were taken to every single family funeral. Now it’s the other way around. Death is taboo.”

When it comes to the role of PCV, Kevin agrees that the organisation itself has a huge responsibility to educate people about death and dying, and work with the services and other stakeholders to change perceptions of death.

“Palliative care is about facilitating and assisting patients and families to deal with and manage death in their own way. It’s not to take over or intervene. So PCV needs to keep educating the community that that is what they can provide, otherwise we will continue to fear of death and end of life care.”

“When families experience a good quality death for their loved ones, that is engaged, assisted and open, it has a generational impact – that’s what we need to focus on.”