

## Theresa Williamson



As the Manager of Palliative Care at the Department of Health, it was curiosity and a need for a change that drew Theresa Williamson to the palliative care sector.

Theresa has been working with the Department of Health since 2006. In 2014, when she was in the quality and safety branch, an opportunity came up for a palliative care role.

"Palliative care was not an area I thought I would ever work in. However, I was looking for a change, and there just so happened to be an opportunity for a manager to cover the palliative care program for a six-month period. After a long conversation with the Director I took on the time-limited role."

"I wasn't planning on staying past the six months, but I found myself very invested. Palliative care is a very engaging and interesting area, so I stayed. Almost eight years later I am still here."

Theresa explains that her job involves a lot of stewardship, relationship management, and stakeholder engagement. She feels very fortunate to be exposed to many aspects of palliative care, such as improvements to patient care and support for carers, consulting and creating opportunities for service growth.

"A lot of our work is understanding the pressure points that are in the system and finding new ways to improve the services that we currently have on offer for Victorians. As a team, we also work with other jurisdictions to keep up with what they are doing in the palliative care space."

"It's fantastic to work directly with services to answer their questions about palliative care, advise them on new initiatives and engage in proactive discussions. We also support our colleagues across the department with queries and any issues regarding palliative care programs, who may benefit from it and how we can best service patients."

***"There is huge capacity for innovation and an ability to work closely with individuals to deliver something that is of great value and meaning to people, families and communities."***

Theresa also reflects on how far palliative care has come since she first became involved.

"Victoria has been at the forefront of palliative care since the onset and I think that Palliative Care Victoria have been instrumental in this leadership. As with everything, there has been substantial change across this time."

"In my view, palliative care was more hospital focussed in the early days. These days we're seeing a much broader group of stakeholders delivering some form of palliative care, particularly in community and home-based palliative care. We're seeing a whole range of providers, both specialist providers and other healthcare practitioners come together to support people in their homes."

"In the past seven years I have also seen improved accessibility, with palliative care integrated with other health care services and in homecare settings."

"However, I would still like to see palliative care as a part of a broader range of services that all healthcare providers offer. I think we are on the cusp of this, but we have some work to do to ensure palliative care is part of healthcare across the board."

"Looking beyond the immediate healthcare context, palliative care is about supporting each other through the phases of our lives. There will be many changes along the way but it is important that we are not isolated during these lifechanging moments. I think that's the value of palliative care. For me, it is about ensuring that we optimise the system to get the best support and best out of everything."

***"Victoria has a great system for palliative care. We are really well positioned to provide a whole range of services across multiple care settings."***

There have been many highlights and challenges throughout Theresa's time in the sector. One event that she remembers very well was when the End of Life Ancillary Service Grant was introduced.

"The End of Life Ancillary Service Grant was a particular initiative that caused many debates. It was a grant that went to non-palliative care community organisation. When this came out, there were many queries from the palliative care sector as to why we were funding non-palliative care services when we already had organisations that solely focus on providing this type of care. We soon learnt they were really there to compliment the palliative care sector and not to replace them."

"After, it was good to see that small community organisations who were competing for funding against larger providers were successful in their applications and were able to provide some sort of service to support people being cared for at home."

"But with regard to my day-to-day activities, a highlight for me is the service delivery that I am involved in which includes working with different associations, discussing the importance of palliative care and exploring the role of government in supporting end of life care for all Victorians."