

Volunteer Navigation Partnerships

A Compassionate Community Approach to Early Palliative Care
in Rural NSW: Phase 1 – **Co-production** of the Volunteer Navigator Role



Health
Murrumbidgee
Local Health District

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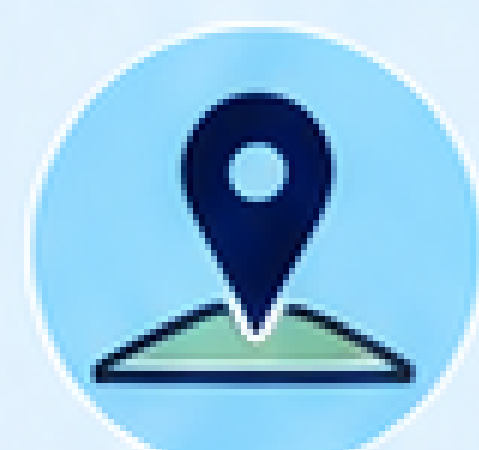
Ethics: 2026/ETH00041

*What if we empowered rural communities
with the knowledge, confidence and support
to live well, and to face death, dying, grief and bereavement together?*

Context

Rural and remote communities experience unique challenges in accessing timely, coordinated and person centred palliative and end of life care.

People often navigate health and social care systems, with limited local services, long distances and a preference to die at home or remain on Country.



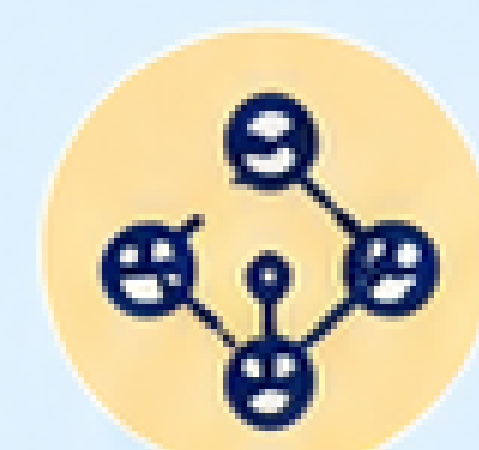
Large
dispersed
geography



Limited local
palliative care
services



Preference to
die at home
or remain
on Country



Need for
stronger
community
connections

Aim

To work in partnership with rural communities to define, design and shape the role, training and support requirements for Volunteer Navigators as part of a compassionate community approach to early palliative care.



A community-informed model that complements specialist palliative care, strengthens community capacity and maintains clinical safety, cultural appropriateness and clear escalation pathways.

Who we will involve

A diverse mix of community voices from each town/location (LGA):



People with a lived
experience (patients,
carers and families)



Community members
and volunteers



Health service
providers (primary care,
palliative care, aged care)



NGOs, local councils
and community
services



First Nations peoples
and representatives



Education, faith and
other local organisations

The bridge we are designing together



How we will Co-produce

Facilitated workshops (3–4 per town over 4–5 weeks) with 12–15 participants, combining in-person and/or virtual options.



What we expect to learn

Community-defined insights to shape a feasible, safe and sustainable Volunteer Navigator model:

- Role scope, boundaries and activities
- How Navigators are selected and trained
- Required support, supervision and governance
- Integration with health and social care teams
- Cultural responsiveness and community acceptability
- Feasibility and resourcing requirements
- Local measures of success and sustainability

What next?

- Analyse and synthesise co-production findings (NVivo thematic analysis)
- Develop a proposed Volunteer Navigator model for rural palliative care
- Inform service planning, implementation and evaluation (Phase 2)
- Build on community strengths to support earlier recognition, better navigation and more person-centred care at the end of life

Stronger communities | Earlier support | Better connections | Compassionate care for all