

help*force*

A guide to:

Helpforce
Companions



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How this guide will help you

In this guide we describe the Helpforce Companions project which is a key component of Helpforce's Back to Health framework, designed to encourage volunteers to support health and wellbeing in primary care. Building on its success in working with hospital trusts, Helpforce has, over the past 18 months, been supporting a pilot project at three GP practices in West London.

It will help you decide if a similar service would benefit your organisation, and to consider how to adapt the service to your environment.

Adapting and adopting an existing volunteer service model provides great value in terms of knowing that it is tried and tested. You can learn from other organisations' experiences and best practice is already established. Having evidence of a similar service's impact can also help you get buy-in from key stakeholders in your organisation.



About the service

The aim of the project was to explore how volunteers can support patients identified by their GP as being in need of companionship support. Most of us, when we need assistance, such as picking up a prescription, helping us get to a hospital appointment or just joining us for a walk, can probably call on a friend, family member or neighbour to help. However, many people in our communities don't have that support, suffering impaired health and wellbeing or loneliness as a result. GPs are very aware that, in addition to medical care, vulnerable patients may need social support to regain their health, which is beyond GP resources to provide.

This is where Helpforce Companions come in. When doctors or other staff in a GP practice identify a patient who they think would benefit from a volunteer companion, they can refer them to the Social Prescribing Link Worker (SPLW) attached to their practice, a role that exists in all Primary Care Networks.



About the Service

At the practices we've been supporting in this pilot, the SPLW then talks to the patient to assess whether, in addition to other SPLW support, the patient would benefit from being connected to a volunteer Helpforce Companion. If so, the SPLW refers the patient to a local partner organisation, which (in conjunction with the SPLW) matches the patient with an appropriate volunteer. Helpforce have been supporting local third sector organisations to provide this role in the pilot, recognising that recruiting, managing, training and supervising volunteers takes experience and resources.

Due largely to the restrictions of Covid, the pilot has reached fewer patients than we had hoped. Nevertheless, the reactions of patients, volunteers, the SPLWs and the practices have been extremely positive. The pilot has also provided us with important insights and lessons on how to establish and make such a primary care project work which we are sharing in this service guide.

We are delighted to report that Neohealth, the Primary Care Network, we have been working with in Kensington & Chelsea, have now committed to take on the funding of the project. Dr Yasmin Razak the local Clinical Director said "Helpforce Companions add a significant dimension to the support that our social prescribers can provide. The impact on our patients and staff are very clear and we are committed to supporting the scaling up of this service over the coming months across the whole of our primary care network"

There are many examples of volunteer projects that support primary care. Typical examples might include volunteers supporting with the promotion of health messages or volunteers supporting GP practices with vaccination campaigns or indeed volunteers supporting as part of Patient Participation Groups (PPGs). In these scenarios the volunteers tend to operate as a team. It is important to distinguish this project. Helpforce Companions are in almost all cases providing one to one support.

[Volunteer] does everything for me, whatever I need. She's very special, she helps my mood. She's like my close family.

[Patient] also helps me a lot. When I first started walking with her, I was unemployed and it was amazing to have a purpose. When I got pregnant, I was very sick but volunteering with her got me out walking. Without her there were days I wouldn't have got out of bed.

The service's achievements

What is clear from the evaluation is that everyone involved in the project GP Staff, volunteers, patients, SPLWs and volunteer managers all substantially value what was achieved. Significantly one of the PCNs has committed to funding the continuation of the project and its expansion to other practices in their PCN. The other PCN is currently examining options for continued funding.

Evaluation is an essential element of any volunteering project. In this project with the practices in NW London we were fortunate to have the evaluation independently carried out by Imperial College Healthcare Partners (IChP). Their full evaluation report can be found following this [link](#).

Overall the evaluation shows that we did not achieve the scale of impact we had hoped to achieve. There are a number of reasons for this. The negative impact of COVID 19 was very significant. The start of the project was delayed by six months and even once underway, the ongoing impact of COVID and particularly the Omicron variant at the end of 2021 were significant obstacles to the project's progression.

We did though learn some very valuable lessons from this project which will be of great benefit to other PCNs looking to adopt and adapt aspects of this service. Many of the other challenges the project faced have been addressed in the lessons learned from the project.

Resources

[Helpforce Companions Final Evaluation Report](#)

The service's achievements

Patient A: A 59 years-old woman living alone, having moved to the UK 20 years ago due to trauma experienced in her country of origin. She suffers from multiple physical and mental health problems, including mobility and eyesight problems. Based on referral by her GP, the SPLW identified her for a Helpforce Companions volunteer to accompany her on walks outside. As the relationship developed, the volunteer provided much wider support over the course of a year.

Patient A view. *I need help with many things as I have a lot of things wrong. I find it difficult to concentrate and some days I can't talk or think clearly. I didn't feel comfortable at first but [Volunteer] became everything to me. She does everything for me, whatever I need. We go for walks, shopping, and have tea together. She helps me do exercises. She bought me a massage instrument to massage my back, which I can now do myself. We give each other cards and presents. [Volunteer] makes me happy, she reads my face and does everything from her heart. She is very special, she helps my mood. She's like my close family. I don't have words to describe her.*

Volunteer A view. *I was shocked and sad at how many people spend time alone with no-one to visit or talk to. I'd already supported a 93 years-old woman who died and I missed the visits and her wisdom, so I contacted Age UK again and was referred to Patient A. The idea was to walk with her but she can't do it. I check in regularly, do whatever she needs me to do. I remind her of appointments, have taken her to the hospital, sometimes I help her to communicate with doctors over medication. I see her once a week and mostly we just talk. [Patient A] was reserved to begin with but I've noticed a difference since we met. Over time she's come to dominate our meetings, talking more, giving me videos to watch, sharing stories from her past. She also helps me a lot. When I first started walking with her, I was unemployed and it was amazing to have a purpose. When I got pregnant, I was very sick but volunteering with [Patient A] got me out walking. Without her there were days I wouldn't have got out of bed. The scheme is super-flexible and can be arranged to fit in with your schedule. The one thing I would change is better communication with the GP surgery. I have a great interaction with the SPLW but I strongly recommend surgery staff should be made aware that I'm helping a patient they have referred and am calling on her behalf and need their guidance. Patient A doesn't have family to do this for her.*

The service's achievements

Patient B: A single mother aged 46 living alone with her 22 months old daughter and with no family support. She has a history of mental health problems, compounded by the strains of becoming a single mother. Referred by GP to SPLW, who referred her to the Helpforce Companions [HFC] for support as an isolated single parent.

Patient B view. *I struggled with practical things after I had the baby, and felt isolated. I needed help, like getting the baby, buggy and shopping up the stairs on my own. [SPWL] introduced me to my first volunteer companion. We had absolutely nothing in common. She was more intelligent, better educated, older, from a different class and we had no shared interests. She was always immaculately put together, unlike me. The original idea was practical support but it came to mean much more to me than that. We used to talk for hours, though I couldn't tell you what about. We met once a week at the same time, a routine that suited us both. [Volunteer] didn't watch the clock, she was generous with her time. Seeing [Volunteer] was the highlight of my week when the baby was small. I felt isolated as an older mum, not finding much in common with other mums. I want someone who's there for me, who I can be an adult with, not a mum. What turned out to be much more important than practical help was the conversation. After about 6 months, [Volunteer] had to stop coming due to a personal crisis. I'd become very fond of her and I still worry about her. My second companion was nice but it didn't work out. She was too busy and didn't really have the time. I've had one session with a third companion but I'm not sure if it's a good match. I still think HFC is a brilliant project. There are too many isolated people and it's not just an age thing. Younger people are isolated too. It would be good if outings could be arranged with others in a similar situation. A walk, a trip to the zoo, whatever. It would be an opportunity to get to know more people and do something different together. I've been a volunteer myself and would like to become a Companion at some point.*

It was not possible to contact Patient B's primary volunteer for their perspective.

How the service operates

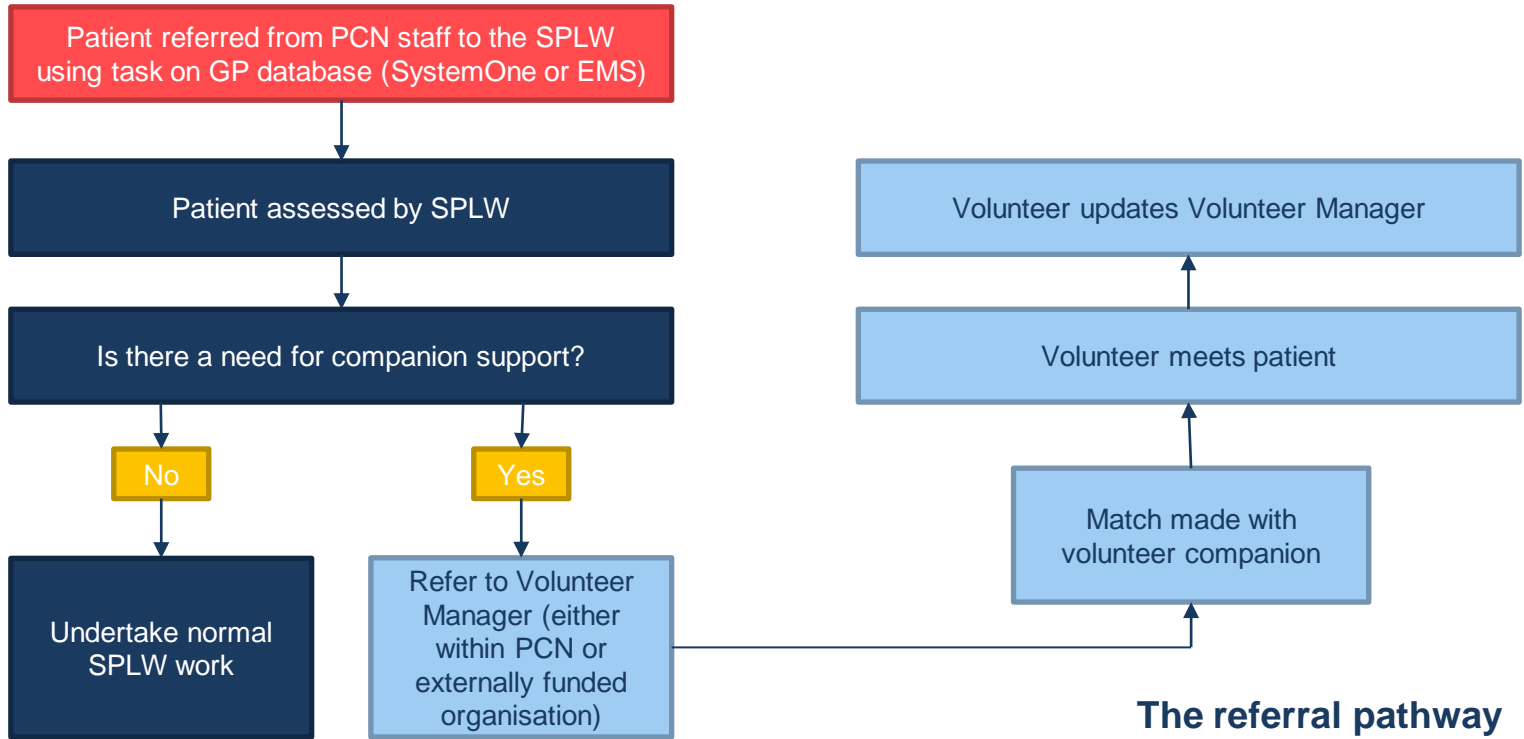
The type of tasks that volunteers can do fall into two categories:

- 1** One-off more simple tasks such as escorting to an appointment or accompanying to a community event
- 2** Those that are more related to befriending and involve an ongoing relationship.

It is likely that the kind of tasks you feel will be most appropriate in your own place of work will relate to local factors, such as the availability of existing services and community offers, the demand that comes from the PCN's patients, the skills of your own SPLWs and so on.



Patient pathway



Supporting the patient pathway

In the two practices we worked with one focussed more on one-off tasks and the others focussed more on building longer term relationships between volunteers (companions) and patients. There were local circumstances that dictated this. To try and simplify this we have set out below the pros and cons of the two different types of support.

	Pros	Cons
One-off tasks e.g. escorting to a community event	<ul style="list-style-type: none"> • Easy to arrange • Easier to find volunteers • Less volunteer training and supervision required 	<ul style="list-style-type: none"> • Less likely to demonstrate significant impact
Building longer term relationships	<ul style="list-style-type: none"> • Potential for significant impact on volunteers and patients • Potential to focus on “frequent flyers” to GPs and have an impact 	<ul style="list-style-type: none"> • Greater risks related to volunteering • Significant additional supervision, training and safeguarding required – potentially dealing with quite vulnerable people • More challenging to find appropriate volunteers that meet the patients’ needs • More time-consuming in terms of SPLW time

Service principles

There may well be (and often are) local organisations on the doorstep that are ideally placed to support the recruitment and training of volunteers. It is important to build upon the assets that already exist in the community rather than run the risk of marginalising or ignoring them

Engaging with local communities

Before starting the project, it is essential to fully understand what is already available in the community - particularly in terms of organisations already working with volunteers.

Identifying who will manage volunteers

Managing volunteers is a time consuming and resource intensive process. Recruiting, managing, training and supervising volunteers is an essential component of the service.

Led from within the Primary Care Network (PCN)

PCN's are increasingly significant players in the way that local health and care services are delivered and any volunteering project has to be led demonstrably from within the PCN .

Commitment from GPs and their staff

Commitment from GPs and their staff needs to be secured.

Work alongside Social Prescribing Link Workers (SPLW)

Our learning is that SPLWs must be part of the referral pathway and that the Helpforce Companion volunteers are seen as an additional resource for the SPLWs to draw upon

Volunteers need to be made to feel part of the practice/PCN team

This will achieve great resilience of volunteers and the volunteering offer

helpforce

Considerations for adopting a similar service:

top tips
checklists
resources



Developing the service

For others looking to replicate aspects of the Helpforce Companions project and learn from the lessons of this project we have set out some of the principles we believe are fundamental to the successful implementation of a project aimed at recruiting and successfully deploy a team of volunteers to provide companionship support to patients.

1

The project needs to be **led from within the Primary Care Network (PCN)**. PCN's are increasingly critical in the way that local health and care services are delivered and any volunteering project has to be led demonstrably from within the PCN . The project may start in one GP practice but the support from the PCN needs to be there from the start

2

Commitment from GPs and their staff needs to be secured. These staff need to be committed to the project so that they

- Commit to making referrals
- Are welcoming to volunteers
- Support the allocation of SPLW time etc

3

It is essential to **work alongside Social Prescribing Link Workers (SPLWs)**. All PCNs in England are now allocated funding for SPLWs. These individuals are there to take referrals from GP-based staff when staff identify that a patient may need support (typically non-medical) that is beyond the remit of health professions. Our learning is that SPLWs must be part of the referral pathway and that the Helpforce Companion volunteers are seen as an additional resource for the SPLWs to draw upon

4

Before starting any project it is essential that you **understand what is already going on in the local community**. Too frequently there is a lack of awareness amongst GP staff about who is already providing services in their local area. There may well be (and often are) local organisations on the doorstep that are ideally placed to support the recruitment and training of volunteers. It is important to build upon the assets that already exist in the community rather than run the risk of marginalising or ignoring them

Developing the service

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5

Sufficient numbers of **volunteers need to be in place before starting** to identify patients that may need the support of a companion

6

Evaluation is key and time needs to be allocated up-front to collect data relating to the impact of the service. This is likely to involve

- Data from patient feedback
- Data from volunteer feedback
- Data related to impact on statutory services such as:
 - GP visits
 - Hospital appointments
 - Reduction in medication, etc

7

Volunteers need to be made to feel part of the practice / PCN team - this was something that we found difficult to achieve due to the restrictions of COVID 19 but strongly recommend that ways are found to achieve this

8

Volunteers should feel part of a team, a “Circle of Companions”. Again, due to COVID 19, this was difficult for us to achieve but doing so would have achieved great resilience of volunteers and the volunteering offer

DEVELOPING THE SERVICE

Key steps: checklist

- Led by PCN
- Gain commitment from GPs and their staff
- Know what is already available in the community
- Confirm the budget and resources needed
- Plan for the time commitment
- Identify tasks for Helpforce Companions
- Volunteers in place (recruitment, training, supervision etc)
- Systems and infrastructure
- Operations (including an engagement plan)
- Measuring impact
- Identify and develop new policies you may need

Resources

[What are service principles?](#)

[What are core components?](#)

[Key tasks for Helpforce Companions project](#)

[Helpforce Companions process diagram](#)

[Presentation slides for Helpforce Companions](#)

[Helpforce Companions role description](#)

[Helpforce Companions Referral and Exclusion Criteria](#)

SETTING UP SYSTEMS AND INFRASTRUCTURE

Key steps: checklist

- Create a volunteer role description
- Identify what systems and technology are already in use/available and if they meet the needs of this service, for example: SystemOne/EMS
- Design your referral process, including the systems, and communicate this to staff teams
- Promote service and recruit volunteers
- Arrange training for volunteers
- Create a process for supervision of volunteers
- Consider the lead-time on equipment arriving and being set up
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Resources

[Volunteer role description](#)

[Advert to attract volunteers](#)

[Video to promote the service to staff with the GP practice](#)

[Video to promote the service to people on GP patient list](#)

Measuring impact

It's important to collate data and feedback, to refine and improve your service as well as prove its impact. This can help ensure ongoing organisational support and/or funding for your service.

1

Consider your service's intended impact to help decide what outcomes and ultimate goals to measure. You should do this important thinking and planning in the early stages of designing a new service or adopting an existing service.

2

Consider what evidence you need and how to gather it. It should show that your volunteers and the service are making a difference to patients, staff, volunteers themselves and your organisation.

3

Create your own outcome model and design how you will improve and evaluate your volunteering initiative. You can get started using Helpforce's Insight & Impact (I&I) service which provides:

- Access to pre-built outcome templates
- Guidance on designing your evaluation and how to collect data, demonstrate impact against outcome measures and obtain insights to support continuous service improvement
- Expertise and support to set up your target outcomes, collect the right data, and translate that data into robust evidence findings.

4

Understand your key strategic and operational priorities. It's important to identify the measures that will best demonstrate the impact and benefits of the service on these priorities.

5

Capture volunteer activity and feedback. Ask volunteers to fill in simple activity sheets or surveys so you can determine how many patients they supported and what activities they engaged in. The sheets will also help you collate feedback from staff, patients, families, friends and the volunteers themselves, and to gauge volunteer satisfaction.

MEASURING IMPACT

Key steps: checklist

- Create an outcome model – this will help you to plan effectively
- Agree the service impact measures
- Establish baseline data to demonstrate the impact of your service
- Define the measures that will support continued investment and growth of the service

Resources

[Helpforce Companions Evaluation Guidance](#)

[Helpforce Companions Final Evaluation](#)

[Questionnaire to gather information from potential volunteers](#)

Thank you

For more service guides visit the
[Helpforce Community Website](#)

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