A guide to setting up a volunteer befriending service for terminally ill people
Introduction

Given the choice, most of us would want to be cared for at home, or in a hospice, if we were terminally ill. Marie Curie Cancer Care makes this possible.

We provide high-quality care and support for people with any terminal illness and their families through our community-based Marie Curie Nursing Service and at Marie Curie Hospices.

In recent years, we introduced the Marie Curie Helper service. It is a service provided by specially trained volunteers who visit terminally ill people in their homes for a few hours each week to offer companionship and emotional support. Helper volunteers provide a friendly ear; help with small tasks; give carers a short break; and offer information on further support and services.

We have produced this guide to provide practical advice to any organisations interested in setting up a volunteer befriending service that supports terminally ill people and their families – a service similar to the Marie Curie Helper service. The step-by-step guidance and key lessons offered here are based on our experience of setting up the Helper service in various locations in the UK.

For more information

To download this free guide, visit Marie Curie’s website at mariecurie.org.uk/publicationsandevaluations

To find out more about the Marie Curie Helper service, email helper@mariecurie.org.uk
Volunteering – the case for it

Volunteers have always played an important role in supporting the work of not-for-profit organisations in a fundraising capacity.

Over the years, the role of volunteers in the charity sector has been evolving, with a growing emphasis on social and civic engagement.

Given the increasing demand for long-term and elderly care, at a time when social care funding and provision are facing unprecedented pressures, there is ‘great potential for volunteers and their work to enhance social care services and the quality of life of people receiving social care support.’

There are an estimated three million people volunteering in health and social care across England – in both the voluntary sector and public services.

Research published in 2013 by The King’s Fund highlighted the important role that volunteers play in improving people’s experience of care; building stronger relationships between services and communities; supporting coordinated care; improving public health; and reducing health inequalities.

The research also noted the challenges of the current environment for volunteering, including its role in the context of increasing private sector service provision. It explained that volunteering ‘could be an important part of a new, closer relationship between health services and the communities they serve.’

To achieve this, the critical role of volunteers in building a sustainable future for health and social care provision must be acknowledged; the management and support of volunteering adequately resourced; and the value and impact of volunteering better measured and articulated.

The time is right for organisations to consider how volunteering could be included as part of a strategic approach for meeting organisational objectives.

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1 Dr Shereen Hussai (June 2011). Volunteers in the formal long-term care workforce in England. London: Social Care Workforce Research Unit, King’s College London. p4
2 Ibid
4 Ibid, p.xvi
5 Ibid
6 Ibid
The Marie Curie Helper service

The Marie Curie Helper service was launched as a pilot service in 2009 in response to two key areas of focus in the charity.

- The first area recognised the increasing need in the health and social care sector to provide support through volunteers, and the readiness of Marie Curie volunteers to take on roles that involve working with terminally ill people and their families.

- The second area identified a gap and opportunity for Marie Curie to provide non-clinical support to terminally ill people nearer to the point of their diagnosis, and at an earlier stage in their illness.

The Helper service was first piloted in Somerset in 2009, before a second pilot was introduced in Nottinghamshire the subsequent year. In 2011, following the success of these pilots, we began the expansion of the Helper service as part of our charity’s core service offering.

At the time of the publication of this guide, we are providing the Helper service in six different areas, with each locality covering a population of between 1 and 1.5 million people. We are also committed to providing the service in more areas across the UK.

In this guide, we will provide the essential steps and processes that organisations interested in setting up a similar volunteer befriending service should consider.

“She’s actually taken me shopping and she took me to hospital – it’s lovely because I feel independent. You know, you just feel like you’re going with a pal.”

Terminally ill person who is receiving support from the Helper service in Nottinghamshire

To watch video on the Helper service, go to mariecurie.org.uk/helper
A step-by-step guide to setting up a volunteer befriending service for terminally ill people and their families

Step 1: Understanding the need

It is important, from the start, to set out clearly why your organisation wants to develop a service delivered by volunteers – and the need it will fulfil.

The impetus for the Marie Curie Helper service came from our board of trustees. They had identified two areas of need that could be addressed by a new volunteer service:

• Feedback from patients who received care from the Marie Curie Nursing Service was positive, but suggested that they, and their families, wanted help at earlier stages of their illness.

• The trustees wanted to expand the support Marie Curie volunteers were able to provide. Roles for volunteers working with patients and families were usually based at Marie Curie’s nine hospices, and there was a demand for these types of roles elsewhere in the UK.

Consequently, the Marie Curie Helper service was developed alongside a key strategic focus in our charity. This was instrumental in getting the final approval and support for the service pilot to go ahead.

“Having our Helper volunteer to help us has a very positive effect on my life, as it allows me to have a break from caring for Mum, and see friends or complete tasks that I would not be able to do otherwise. It is also comforting to know my mum is in safe hands when I’m not there.”

Carer who is supported by the Helper service in Liverpool
Step 2: Developing a service model

Before developing a new service, it is important for you to understand as much as possible about the environment in which you are launching the service.

We undertook three key steps to map current service provision and assess what was needed.

1. **We did our own research to find out if other similar services are being offered in the area.** If a service already exists, avoid duplicating its provision. Instead, you could be looking to build capacity by providing additional hours, or a service that complements the existing one. Do ensure that you identify, and engage with, all potential stakeholders or partners throughout this process.

2. **We contacted a number of organisations that use volunteers to deliver complex services – their input was invaluable in guiding the development of the Helper model.** We received advice from the Metropolitan Police, ChildLine, Royal Voluntary Service (formerly WRVS), Samaritans, Palliative Care Victoria and other organisations. Organisations with established volunteer-led services can provide particularly helpful advice on the recruitment, training and management of volunteers.

   For example, they highlighted the potential risk of volunteers becoming over-involved or experiencing a burnout – and therefore, the importance of rigorous role boundaries and the provision of appropriate support for the volunteers.

3. **We looked at academic and social research to inform us about what terminally ill people and their families want.** As it was essential for us to consult our potential and current service users, we conducted around 20 interviews with patients and carers to identify ways a volunteer could be of help.

   Our research challenged some of the original expectations we had about what terminally ill people and their carers wanted most – and this was vital in influencing the design of our service.

From our research, two key themes emerged:

- People wanted someone they could have honest discussions with, and who would be there to help them through the progression of their illness. They did not want to burden their families but wanted independent support that was different from the kind provided by their healthcare professionals.

- People felt that there was a gap in the provision of support after bereavement, when health or social care professionals cease their visits. Carers wanted someone who could continue providing support by visiting, at least a few times, to simply provide some company during the period after their loved one has died.

These pieces of research helped us to scope the service and design it to fit the needs of future users and volunteers.
Step 3: Setting aims and objectives

From the findings of the research we undertook, we were able to articulate the key aims of the Helper service, which are to:

- meet the emotional support needs of terminally ill people and their carers
- support carers and enable them to cope better and continue their caring role
- reduce the social isolation experienced by some terminally ill people and their carers
- support people through the terminal phase of their illness, particularly in the last 12 months of their life
- support families and carers for up to three months following bereavement

At this stage, you should be able to clearly identify your service aims, based on feedback from your research on what patients and carers want.

Consider your vision for the service in the short and longer term – where you want your service to be in two or five years’ time, and what that will look like. In the initial presentation to our board of trustees, we envisaged the Helper service to ultimately provide support to terminally ill people and their carers across the UK.

“I don’t like the prospect of having suddenly to come to terms with the fact that I may be dying, and to have somebody intelligent and sympathetic to chat about these things is of great help.”

Terminally ill person who is supported by the Helper service in Somerset
Step 4: Developing the business case

Cost and budgeting

It is important to set a realistic budget for your project from the outset. This will ensure that the project’s costs are manageable, and provide clear expectations for potential funders with the annual and on-going cost of the service.

The Marie Curie Helper service costs around £80,000 to run per year in each area. It is free of charge to our service users. While the service might appear to be relatively expensive to run, don’t be equivocal about the cost. A good service will require investment, and it is this level of investment that can ensure a quality volunteer-led service.

A large proportion of the costs are fixed, and there will only be small increases in the administrative costs and volunteer expenses as the number of service users increases. As the service grows to support more people, it will quickly become more cost efficient and, with experience, we have also identified ways to reduce the cost of running the service.

You will also need to consider how the service will be funded in the short term and sustained in the future. Depending on the nature of the service, you might look at securing funding from government organisations or independent bodies.

You should also always consider how you might fundraise through your own organisation as the service expands. Specific funds are often available for the pilot phases of projects, but it will be crucial for you to plan carefully how established services are to be funded in the future.

“When (the Helper volunteer) goes on holiday, she sends a card like she would to any friend, and then comes to visit as soon as she comes home. At the moment, she does feel like one of the family.”

Carer who is supported by the Helper service in Somerset
Presenting the business case

It is useful for you to take some time to consider how you can demonstrate the value your service will add. This is important, particularly if the outcomes of your service are different from those of the more established services in your organisation.

As a non-clinical service, the type of support that the Helper service offers is different from the support that is provided by Marie Curie’s nursing service.

It was vital that we were able to clearly articulate tangible examples of the difference our service would make to terminally ill people and their families – from small but helpful acts such as reading a book or making a cup of tea, to more fundamental support such as:

- allowing the carer a period of respite
- talking with the terminally ill person who may not want to burden their family
- giving people the support their healthcare professionals may not have the time to offer
- providing companionship into the period after bereavement

We knew that our service was unique in providing families with support into bereavement, and that this type of volunteer support model has been tried and tested in other organisations. We strengthened our case by emphasising the added value, demand for and viability of the service.

A case study from the Helper service in Northern Ireland

James, who is in his early sixties, heard about the Helper service when he was diagnosed with advanced cancer. A car accident in his twenties left him with severe physical disabilities, including difficulties with speech, which increased his sense of isolation.

James has been supported by Andrew, his Helper volunteer, for a number of months.

Andrew visits James for three hours each week. As well as being regular chess partners, they enjoy trips out to lunchtime recitals, visits to exhibitions and a monthly meal at a local Indian restaurant.

Andrew has also accompanied James on trips to purchase IT equipment, helping him to make better use of his computer.

James is delighted with the support that Andrew is providing and feels that it has made a real difference to the quality of his life. A member of his family agrees, saying that “Andrew has injected new energy into James and given him a routine for him to look forward to”.

Andrew also feels that his role has made a positive impact. He says: “Over the six months that I have been working with James, we have grown closer and he now openly tells me how much he looks forward to my weekly visits, and the different outings that we have.”

TOP TIP

Think of your service as a people-focused service delivered by volunteers, rather than just as a volunteer activity. It is a reliable service, as any other, with a trained volunteer workforce.
Step 5: Setting up the service

Delivering high-quality services is important to Marie Curie as an organisation. We spend a lot of time designing a service in detail before launching it, drawing on guidance from other organisations.

The central team
A central team of three members supports the work of the service teams in each area. This team provides support to set up a service in a new area; manages service developments and improvements; and determines the overall strategic direction of the service.

The role of the service manager
One of the risks we identified in setting up the service was that a volunteer-led service could be of poor quality if it is undermanaged. Therefore, the structure we have chosen places a high expectation on the service manager.

The type of service manager you might recruit will be influenced by the type of work your volunteers will be doing, and the previous experience of your organisation.

As the focus of our service is providing companionship and support, we wanted a manager who has a background in volunteer-led services, rather than a healthcare professional. Our priority was to offer an excellent service and volunteer support, without the need to medicalise the service. These priorities were reflected in the job description and person specification for this role.

We also set escalating targets for the service manager, so that by year three, each service should consist of:
- one full-time, paid manager
- one paid administrator
- 60 active volunteers
- five volunteer assessors (a volunteer trained to assess potential service users)

This structure, at capacity, can support 40 to 45 service users each month, in an area with a population of 1.5 million people.

Volunteer recruitment
The basic expectation we have of our volunteers is that they have to commit to a minimum of three hours per week for 12 months to make their role worthwhile – both in terms of the support they can offer service users, and a return on the investment in their training.

We have not found recruiting volunteers to be a problem in any of our service areas, but have worked hard to get the advertising right. Service managers tailor their recruitment techniques according to their local area. We have found regular letters to newspaper and magazine editors, as well as publicity on local radio stations, to be particularly effective.

Service managers maintain links with local groups and attend health and social care meetings and events to promote the service. We also distribute promotional leaflets and include information about the service on our charity’s website.

Potential volunteers apply for the role online and are then invited to attend an information session. Following this, they are invited to a selection conversation with the service manager.

The role of a Helper volunteer is not suited to everybody, and this initial conversation provides an opportunity for the service manager to determine the volunteer’s suitability for the role, and for the volunteer to decide if they wish to continue their application and attend the training session.

“This is one of the most interesting and rewarding volunteer roles I have done. Long may I continue.”

Volunteer assessor for the Helper service in Nottinghamshire
Volunteer training
Advice we received from other organisations was that training is like learning to drive a car – you learn to drive, and drive safely, but you haven’t been on the motorway yet.

Our challenge was to get the right balance between providing sufficient training to help the volunteers to deliver their role safely and competently, but leaving room for them to learn while they are doing their role and providing them with opportunities for follow-up support.

We have found role-playing exercises to be particularly useful, if not at first popular. It is a safe setting for volunteers to practice responding to some of the more difficult issues they might face, and to discuss them as a group.

As well as giving the volunteers the knowledge and skills they will need, training sessions should be used as an opportunity for you to see how they interact in a social setting, and identify any potentially inappropriate behaviour.

Very occasionally, following a training session, we have told volunteers that we are not offering them the role, or volunteers have told us that the role is not suitable for them. In these cases, we do our best to point them to other volunteering opportunities in our charity.

Volunteer support should not end at the training days. Ongoing professional development has become a key feature for our volunteers, either through our online learning pages, or refresher training sessions with the service managers.

In many of the service areas, our volunteers have also formed peer support groups that meet regularly to discuss their experiences and share advice.

We regularly ask our volunteers about any further development they need, and take into account feedback from our volunteer survey questionnaires.

“Lots of training and support is given to enable me to fulfil the needs of the role.”

Helper volunteer in Nottinghamshire
Five stages to recruiting and training Helper volunteers

1. Telephone conversation
   - Thanks for application and interest in the role
   - Check eligibility for role
   - Invite to information session
   - Pass on key dates for training and follow up

2. Information session
   - Introduction to Marie Curie
   - Explanation of the Helper service
   - Develop understanding of the Helper volunteer role
   - Answer any questions
   - Sign up for selection conversation

3. Selection conversation
   - Method of selecting Helper volunteers
   - Follows set criteria
   - Answers recorded on interview sheet
   - Two people conduct interview

4. Two-day training
   - Role benefits and boundaries
   - Communication skills
   - Helper confidentiality
   - End of life signs and symptoms
   - Bereavement issues
   - Increase emotional intelligence

5. Follow-up session
   - Provide further information
   - Opportunity for volunteers to practice their learning
   - Volunteers to get to know each other better
   - Disclosure application and driver declaration collected and checked
   - Complete administrative processes

Selection process

- Service manager and second interviewer make decision on whether to select volunteer
- Inform volunteer next day or soon after via a phone call
- Confirm attendance at training (only if selected)
Role boundaries
A key component of training will be the role boundaries you set for your volunteers. A useful piece of advice we were given when setting up the Helper service was not to view it through a clinical lens.

Although our service supports terminally ill people, the volunteers are not taking the place of healthcare professionals – instead, they provide a specific support role as part of a befriending service.

Inevitably, these boundaries will be challenged, and some volunteers may at times find it frustrating to have to step back. However, our philosophy is to support our volunteers to act as enablers, rather than doers. For example, if a family needs support with the housework, the volunteer will try to help them find a solution by giving them information on other services that can help – such as social services – rather than taking on the job themselves.

Boundaries are important – both from a health and safety point of view, and to prevent the volunteers from taking on too much responsibility in the lives of the people they are supporting. The over-involvement of volunteers can present difficulties for the terminally ill person when their volunteer is absent due to holiday or illness, as well as risking volunteer burnout, which was one of our key concerns from advice we received from other organisations. Maintaining boundaries is therefore helpful for everyone.

Examples of support that Helper volunteers might provide:

Companionship
- Looking through a photo album together, and talking about the family or interests
- Reading short stories, or playing chess or cards together
- Accompanying the person on a shopping trip or on a drive to a favourite place

Emotional support
- Discussing the person’s concerns about their illness, or the concerns of a family member
- Discussing what the person would like to do before they die and helping to organise this where possible
- Visiting the person in a hospital or care home

Practical support
- Accompanying the person to social meetings or appointments
- Helping to arrange equipment or practical support to help the person as their condition deteriorates

Information provision
- Finding information on benefits or writing a will
- Help with finding further information, advice and support provided by Marie Curie and other organisations
- Providing information on local support groups, hospices and adaptation for the home

Respite support
- Enabling the carer to go out or to continue their own activities

Bereavement support
- Discussing funeral arrangements with the carer
- Visiting the family for up to three months following bereavement

“ It is so wonderful to be able to give a little help in whatever way I can to the person and their family members who are going through such a troubling time.”

Helper volunteer in Nottinghamshire
Engaging with stakeholders and service users
For the service to gain acceptance and receive referrals, it is crucial for you to effectively engage with key stakeholders in the area.

Health and social care professionals, particularly district nurses, are main sources of referrals to the Helper service, so engaging with them is vital. Our service managers spend time promoting the service by giving presentations and distributing information at multidisciplinary team meetings in hospices and surgeries, and by attending the relevant events.

We felt strongly that, as our service is people-centred, we should avoid complicated referral procedures. People who would like support from the service can refer themselves by contacting their local service directly.

We have also kept the referral criteria as simple as possible – to be eligible, the person would need to be aged 18 or over, and have a terminal illness, or be caring for someone who is terminally ill.

Following a telephone assessment, the service manager or a volunteer assessor will visit the person to conduct a further assessment and determine if the service suits their needs, giving them information on other services where appropriate.

Promoting the service in your organisation
Your proposed service may be a novel type of service offering for your organisation. Although you should already have the buy-in of senior colleagues to your service proposal, you will still need to raise awareness about it with the rest of the organisation.

Set aside some time to publicise the recruitment of key team members, launch of the service and progress from the first few months. Try to publicise the service in as many different ways as possible, using internal communication channels such as staff newsletters, bulletins, briefings and lunchtime seminars.

The better the internal understanding and support of the service, the greater its success and viability for the future.

“
We had a gentleman who could sit and talk to my husband. I was quite happy because he is a person who likes a little chin-wag.
”

Carer who is supported by the Helper service in Somerset
Step 6: Piloting the service

We explored pilot locations where we knew that local stakeholders were engaged and interested in providing better end of life care and volunteer-led services.

We invested time in engaging with stakeholders to ensure that our new service would work in partnership with local service providers, before we decided on our pilot locations in rural Somerset and urban Nottingham.

These two very different locations were chosen as we did not have a hospice in those areas – this would allow us to test the delivery of the service away from easily accessible clinical support, and gain maximum learning opportunities.

A case study from the Helper service in East London

Cecilia is 69 years old and lives alone in her house in East London. As she has COPD, she struggles to do things around the house – tasks that involve physical movements are particularly challenging and activities such as cleaning the floor can make breathing very difficult for her. To go to the shops, Cecilia needs a wheelchair to help her to move about, making going out and getting around difficult too.

Cecilia first heard about the Helper service when she was admitted to the local hospice. She was interested in having someone she could talk to, so she gave the Helper service a try.

Cecilia feels very lucky to have Hannah, her 23 year-old Helper volunteer who visits her at home every week. Hannah also calls her twice a week to catch up on what she has been up to at the weekend. As Cecilia’s eyesight is not as good as it used to be, Hannah will always read aloud to her, which often helps her to go to sleep, feeling comfortable knowing that Hannah is there.

Cecilia feels that one of the most important aspects of the service is the fact that her Helper volunteer is the same person coming in to see her every week. She has many different people coming in to help her with her medications and personal care, but she can always rely on the same volunteer visiting her each time. She feels she can talk to Hannah about her worries and plans for the future.

Cecilia says: “I don’t know where I’d be without Hannah, now that I’ve had the experience of what she can do for me and the quality she brings to my life.”
Step 7: Learning from the challenges

Any new service will face significant challenges in its early stages, and it is important to be flexible but resilient through the first steep learning curve.

Finding the right balance

It is vital for you to hold your nerve as the service becomes established. We found it challenging to get the correct balance between the number of volunteers we recruited and the referrals we accepted.

In the early stages, you may find you have unoccupied volunteers, or have to turn away service users. However, with time, you will reach a point of critical mass at which the service begins to work in a sustainable way.

Getting the best match is essential

It was important for us to be able to prioritise a good match between our service user and our volunteers. We found that people who were earlier on in their terminal phase were comfortable with a short wait to allow us to find a good match for them.

During the waiting period, we encourage our volunteers to become involved in other opportunities, such as volunteering at our hospices – this helps us to keep our volunteers engaged while they wait to start their role.

Review and keep improving the service model

It is helpful to be flexible in your service model – you’ll need to be prepared to make changes early on as you learn from what works and what doesn’t. As you develop and evaluate the service, you can test the different models and respond to feedback, so that the service evolves to support people in ways where they need help most, even if this may differ from your initial expectations.

In our pilot sites, we were constantly reassessing the volunteer role boundaries according to the feedback we receive. For example, while our volunteers are not allowed to prepare any food for the people they are supporting – for health and safety reasons – an early review and adjustment allowed our volunteers to make them a cup of tea.

We are now exploring ways in which our volunteers can offer a greater range of practical support alongside the emotional and social support they are currently providing.

Reaching people at an earlier point of their illness

Experiences from our pilot sites allowed us to refine our processes in anticipation of future service launches in new areas. An early challenge we encountered in our pilots was the referrals we were getting of terminally ill people who were very close to death.

The advice we received from Palliative Care Victoria during the research phase was that service users need to be matched to their volunteers ideally between three to six months before their death. This is important to enable the volunteer and service user to establish a trusting relationship, and for the volunteer to feel that they could add value and support the service user before the point at which they are close to dying.

It is also important to ensure that you are able to provide people who do not meet your service criteria with further information on other appropriate support and services.

By refining our communications and guidelines for referrers, we were able to reduce inappropriate referrals to our service in our subsequent sites.

I feel the service enables people like me to meet a nice, friendly person who can empathise with my situation. She is very helpful and a good listening ear. It’s nice to talk to someone who is not a family member. Hopefully we should be going out to the park soon, as I do not get out often.

Terminally ill person who is supported by the Helper service in East London
Step 8: Monitoring and evaluating the service

A formal evaluation process should form part of your planning from the outset of the project. It should be included when you are setting the budget, particularly if you need an external organisation or in-house training to conduct the evaluation.

The type of information you gather and how you do so will be influenced by the focus of your evaluation. It could be focused on analysing the effectiveness of the service for the service users; providing information to current or potential funders; or measuring the impact of volunteers supporting terminally ill people.

Securing an independent evaluation of your pilot is the ideal scenario. However, if your budget does not allow for this, you should conduct internal monitoring and analysis throughout the pilot period.

External qualitative evaluation

In April 2012, market research company Ipsos MORI published its qualitative evaluation of the Helper service. 7

We commissioned this independent evaluation to explore the difference our service has made to terminally ill people and their families, and people’s perception of the service. As part of the evaluation, Ipsos MORI conducted in-depth interviews and focus groups with the service users, referrers, managers and volunteers from our Somerset and Nottinghamshire pilot services.

The benefits of the service were assessed according to four key areas of support:
- emotional support
- companionship
- practical support
- information provision

The Ipsos MORI evaluation found that the service users felt they had benefited from the service in various ways, including improved emotional wellbeing and having an outlet for their feelings. The report also made recommendations for areas of future development.

TOP TIP

How do you think success should be measured?
Do you measure success in terms of numbers reached, months of support provided, or impact on individuals? Focus on gathering data that you feel will adequately demonstrate the impact of your service.

We measure the success of the Helper service primarily through feedback from our service users – terminally ill people and their families. As a result, a large part of the data we collect is qualitative as well as quantitative.

7 Ipsos MORI: Qualitative Evaluation of the Helper service, April 2012,
**Internal quantitative evaluation**

In addition to the Ipsos MORI evaluation, we conducted an internal quantitative analysis of the Helper service data in January 2013. This analysis covered the four Helper service sites currently active at the time, examining data extracted from the database between January 2010 and November 2012.

The analysis found that:

- **724** referrals were made, and **482** assessments were carried out
- **285** people received support from the service – that’s **39%** of the total number of people who were referred. These figures reflect the fact that not all referrals to the service are appropriate, and in some cases, the person who has been referred dies before receiving any support, or they may decide that the service is not for them.

- the majority of referrals came from independent hospices, community nursing teams or Macmillan clinical nurse specialists
- the majority of people were referred to the service for companionship, emotional support and carer respite
- in **73%** of all cases, the terminally ill person was the primary service user, while at times, it was the carer (13%) or both (14%)
- in total, **4,093** contacts were made during this period – 72% of them were face-to-face contact with the primary service user, with the remaining 28% either contacts over the telephone or after bereavement

This analysis was cross-referenced with the Ipsos MORI findings, and was designed to:

- summarise the lessons learned from the pilot phase
- identify any gaps in data collection
- help the central team to identify strengths, weaknesses and development opportunities for the service before it is rolled out nationally

**Annual volunteer survey**

We have recently produced our first annual volunteer survey, which was circulated to volunteers in all service areas. The survey asked volunteers about their overall satisfaction with the service, areas which worked well and those that needed improvement.

The survey showed a 94% overall satisfaction rating. Of the remaining 6% of respondents, most rated the service as good but suggested ways in which it could be improved – for example, by extending the hours of support provided by the volunteers.

The survey also generated a series of recommendations which will feed into our continuous focus to develop and improve our service.
Step 9: Expanding the service and vision for the future

A national model

Following the success of our service pilots, we began to roll out the Helper service in other locations. The choice of sites is determined by geographical coverage, existing Marie Curie service provision in the area and the availability of funding for the service.

We are also mindful of not duplicating the service where a similar one exists, looking instead to build the capacity of volunteer services that specifically support terminally ill people.

For Marie Curie, a nationally consistent approach to the Helper service is important so that wherever we provide it, people can always expect the same high-quality service from us.

What next?

Although the Helper service has been established for almost five years, we always find room for expansion and improvement.

One of the areas we are still developing is in building the profile of the service – with our Marie Curie colleagues across the UK, as well as externally with potential referrers and service users.

We are also working on plans that will see an expanded and more flexible service offering, and a faster rollout of the service so that more people can benefit from it.

Visit the Helper web page for up-to-date details on where we’re offering the Helper service, including information for service users, referrers and volunteers, as well as video testimonials.

TOP TIP

Our single piece of advice to any organisation looking to set up a similar service:

Have the courage of your convictions and believe in the difference your service will make – we found that providing this kind of social and emotional support to people with a terminal illness really makes a difference in their quality of life.
Marie Curie Cancer Care gives people with all terminal illnesses the choice to die at home. Our nurses provide them and their families with free hands-on care and emotional support, in their own homes, right until the end.

mariecurie.org.uk

“\n\nIt’s very rewarding. I feel like I’ve got so much more out of being a Helper than I’ve given. You learn so much from people who you would probably never have met otherwise.”

Helper volunteer in Liverpool