

### **Q. Do I have to keep notes about our meetings?**

It is helpful to keep brief notes, but do remember about confidentiality and keep notes very brief i.e. “talked about home-life, friends, etc”. You will be required to record when you met the patient and when the next meeting is due to take place as well as for feedback.

### **Q. What can the Community Companion/Patient talk about?**

Absolutely anything and everything! You might find you chat about hobbies, home-life, family, friends, fashion, TV, films, celebrities, magazines, sport, music, anything. The patient might also want to talk about the future, worries, family problems etc– it is up to them. (But don't forget the confidentiality rule and protect yourself by not divulging information about you or your family).

### **Q. How will I know if I am making a difference?**

Sometimes it can take a long time before you make an effect on the patient's life- sometimes the effects will not show until after the relationship has finished - don't let that put you off. Some clues that might indicate you are helping might be:

- Confident eye contact
- Smiling and appearing happier
- Improved appearance
- Decrease in aggression or hostility
- More enthusiastic
- Improved attitude and Self Esteem

### **Q. What happens if my personal circumstances change and I can no longer meet the patient?**

Just discuss this with the Volunteer Coordinator at the earliest opportunity.

### **Q. What support do I get as a Community Companion?**

The Macmillan Unit has set up a support network with regular meetings to discuss issues. You are not expected to know all the answers. contact the Volunteer Co-ordinator.

**A huge thank you for being a Community Volunteer. We cannot express how grateful we are for doing this role.**

*providing the excellent care we  
would expect for our own families*

The Royal Bournemouth and  
Christchurch Hospitals   
NHS Foundation Trust

## *Community Companions*



## Macmillan Unit Handbook

The Community Companion scheme is funded by  
Macmillan Caring Locally  
Local charity, Local funds, Local care

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### **Q. What happens if they make racist, sexist or abusive comments or even threaten me?**

The Community Companion is not expected to put up with any of the above and if it does happen during a meeting, tell the patient that their behaviour is unacceptable. If they continue, you are within your rights to terminate the meeting immediately. You must then tell the Volunteer Coordinator or PCS about it as soon as possible. It could be very helpful to keep a diary including the date and time of potential incidents to refer back to later.

### **Q. What happens if the patient appears to be drunk or under the influence of drugs?**

The Community Companion does not have to meet with the patient if the patient appears to be drunk or under the influence of drugs. If so, the Volunteer Coordinator or PCS must be advised as soon as possible.

### **Q. What happens if the patient does not turn up?**

The Community Companion should check that the date and time is correct and the Volunteer Coordinator or PCS informed accordingly.

### **Q. What happens if I inadvertently meet the patient outside of agreed visit times and they have a problem they want to discuss?**

The Community Companion role is a formal relationship and therefore the meeting with the patient should only take place within agreed visiting times. Explain that you cannot have a meeting at this time but that you will contact them in due course to arrange a meeting as soon as possible.

### **Q. What happens if the patient becomes attracted to me or gets too “clingy”?**

It is possible that by working closely with the patient they may become attached/attracted to you. This is why personal boundaries are established and agreed. It is advisable to discuss concerns at the earliest opportunity with the Volunteer Coordinator or PCS.

## Frequently Asked Questions

### **Q. How will I get started?**

You'll be introduced to your prospective patient either through a 3-way meeting between you, the patient and co-ordinator or the Coordinator will leave a photograph of you with the patient and ask you to telephone prior to meeting up to introduce yourself over the telephone.

### **Q. How will the patient be allocated to me?**

Usually patients are selected because they have little support, may be lacking in self-esteem or confidence. All patients agree to have a Community Companion – nobody is 'forced into it'. We try to match people according to interests or support needs

### **Q. How often will I have to meet my patient?**

Usually a minimum of once a fortnight (every 2 weeks) You may want to, or be asked to meet more often, but this will be conformed during the initial introduction and subject to your availability.

### **Q. Where will we meet?**

Most often you will meet with the patient in their own home, however if you are tasked with helping to socialise someone, you may arrange to meet them out, for example at the club or society you are supporting them to attend.

### **Q. Does it matter if I already know the patient?**

The Community Companion role is a formal relationship so it could be a problem. For example, if the patient lives close by, is related to you or is the son/daughter of a friend, it might make confidentiality a bit difficult. It would be best to discuss this with the Volunteer Coordinator to see if you can support someone you don't know.

### **Q. What happens if the Patient doesn't like me or I don't like them?**

You need to give the relationship a chance but if you feel after several meetings that you really are not getting along, then you must talk to the Volunteer Coordinator.

## The Aim of a Community Companion

The aim of this handbook is to support the training you have received from the Macmillan Unit. It does not contain all the answers but we hope that it will help as an "aid-memoire" for you.

The Community Companion scheme has been created to support patients who are no longer curative in their condition. This is a frightening time for a lot of people. Some patients have no one to support them, some cannot speak freely with their relatives, some are in denial. Therefore a Companion is offered to support the patient through this difficult time by:-

- Building a supportive relationship with the patient and/ or carer
- To build trust, resilience and reduce social isolation
- To provide emotional support and someone to talk to

It is important that our Community Companions work to clear/agreed purpose and/or agreed outcomes. The budget from the Charity is not bottomless and we must always be mindful of what support was originally asked for and what boundaries could be crossed if the patient starts asking for different support.

There will always be support & guidance for you from the patient's Palliative Care Sister, (PCS), Volunteer Coordinator and the support group. Please, NEVER take home a worry or concern. Please always speak to someone from the unit who, if necessary, will put you in touch with a qualified person to talk through whatever is bothering you.

## Skills needed by a Community Companion

Motivating others, Giving information, Helping others to set realistic goals, Managing expectations, Establishing and maintain rapport, Managing self-disclosure, Using effective communication, Practising active listening, Assessing and evaluating problems, Self – direction, Identifying and exploring options, Decision making, Exercising professional boundaries, Negotiating

## Qualities

Non-judgemental, Able to give advice and then withdraw, Is consistent, Committed to the development of others, Has other interests and hobbies, Good listener, Caring, Willing to use own time on user's behalf, Discreet , Able to respect confidentiality, Open, Self-aware, Sense of humour , Reliability – Being there and keeping promises, Well informed , Conveys confidence in self and in the person being helped, A caring attitude, Calm in difficult situations and will not get emotionally attached to patients.

## Community Companion Evaluation

For the Community Companion Scheme to continue on from its pilot we will ask you and the patient for an evaluation of the visiting role. This will include:-

**Patient's Name:**

**Date of visits:**

**Number of visits made**

**If hopes were set for the relationship were they achieved?**

**Progress made**

**The benefit of any emotional support provided**

**Feedback given from the patient/family/carer during your time with them**

**Your perception of how you felt the visiting went**

Take time to reflect on the successes and issues from your experience of supporting the patient, your role and input and what the organisation did/could do better etc.

An evaluation form will be sent to both the volunteer and the patient at the end of the Companion facility (Forms will not be sent to family members if the patient has died).

Therefore the importance of keeping some brief notes regarding how each visit was for you and the patient will be extremely valuable for the evaluation process.

## Lone working & keeping safe

### POLICY

We believe that our Community Companions should be safe 'at work' and not be exposed to undue or unreasonable risk.

We recognise that Community Companions will be required to 'work' on their own and must therefore consider and be aware of the risks involved in working alone.

Where possible all communication is preferred through the Volunteer Coordinator by email and/or supplied telephone communication systems. Personal contact details may be provided for emergency use, such as cancelling appointments at short notice.

### PROCEDURE

#### Before the visit to/with the patient

- The Volunteer Coordinator should always be aware of the dates and times of your visits
- Make sure your Lone Working Buddy is also aware of your details appointment on the day including location, start and finish time as well as who to phone if you do not contact them as arranged.
- Community Companions should agree with their "buddy" a time that they will call them to let them know the visit has ended/ they are on

If no reply

Lone Working contacts should escalate the situation to the Volunteer Coordinator or main PCS number ensuring they speak to a person and not leave a message. Dorset Police can be contacted on 101 if concerned.

Anita Rigler Volunteer Coordinator 01202 705353  
PCS number 01202 705290  
Ward 01202 705291/705121

## What will I do?

Your main aim should be to **listen**, **support** and **help** by building a relationship through Trust. Building trust is the biggest aspect of the Community role. You can do this by:

- Creating a safe and supportive environment for talking through concerns & issues
- Actively listen to how the patient's week has been
- Asking questions & be a sounding board - Supporting them to make sense of experiences/actions
- Encourage & raising self-esteem - Work with them to explore future actions or where you can support them
- Supporting them to plan with their hopes and fears
- Helping on a practical level with agreed light tasks such as taking the patient to the bank/socialisation or signposting to other support services or even perhaps escalating concerns

Just being there will make the world of difference to them.

### Roles and responsibilities of Volunteer Coordinator

To manage, develop and co-ordinate the scheme including recruitment and expansion

- To train volunteers in their new role
- To seek referrals from the patient's Palliative Care Sister (PCS) and match volunteers to patients
- To provide emotional and practical support for volunteers to achieve the maximum benefit from their involvement in the scheme

## Volunteers

- To actively participate in initial and on-going training activities and support group meetings with/ feedback to the Volunteer Coordinator
- To be reliable and meet with the patients at the times agreed
- To work with the patients and their families to provide emotional support, guidance and encouragement
- To respect the confidentiality of the patient and family at all times
- **To establish and maintain appropriate boundaries**
- To work within the policy and procedures of the scheme
- To inform the Volunteer Coordinator/PCS of any concerns you might have about the person you are supporting
- To keep a record of your meetings
- To participate in the evaluation when your visits cease
- To notify the Coordinator of any change in circumstances

## Patient (including family)

- To actively work in partnership with the Companion to build a relationship within which you can work together
- To keep meetings with the Community Companion on an agreed regular basis
- To alert the Volunteer Coordinator/PCS to any problems
- To respect the confidentiality of the Community Companion
- To maintain appropriate boundaries within the relationship
- To provide feedback to evaluate the scheme

## Body Language

- Psychologists say that a person's impact depends 7% on what is said, 38% on how it is said and 55% on body language
- Smiles; frowns; narrowing of eyes – tends to show either friendliness, anger or disbelief
- “Thumbs up/down’ sign; shakes of the head – tends to show either agreement or disagreement
- Shaking hands, patting on the back – tends to show either greetings or friendship

## Empathy is the ability to;

- Listen and ‘attend to’ the patient and put yourself in their shoes
- Make sense of what you hear
- Identify their key experiences, thoughts and feelings and communicate your understanding sensitively

## Empathy involves

- The skills of ACTIVE LISTENING
- AWARENESS of your own feelings and perception
- Good COMMUNICATION skills
- SENSITIVITY and respect towards the other persons views

## Empathy enables the person to:

- Feel valued and understood
- Develop trust and openness towards the listener
- Open up about what is on their mind
- Focus on what they are trying to express
- Express themselves without pressure
- Feel supported

## Positive Communication

- Active listening involves not only hearing the words being said, but actually taking them on-board and making positive interpretations about what the patient is feeling, thinking and responding to, during their conversation with you. Some things to keep in mind when you are actively listening to another person are:
- *Active listening means being 'tuned in' to the person who is speaking and allowing them the time and space to get their point across to you*
- Allowing space for the patient to express themselves is vital in building rapport and establishing a positive relationship
- Nod in response, smile and show positive body language. This will help the patient to feel that you are engaged with what they are saying
- Try to empathise, and relate to the patient's point of view, even if it is not one you share. Empathy and compassion provide a positive platform for sharing of information without fear of a negative or judgmental response
- A pause, even a long pause, doesn't always mean that the patient has finished. Silence is okay. Don't feel as though you have to fill all the silent 'spaces'. Allow the conversation to ebb and flow as necessary
- Appreciate that the patient will have their own range of opinions, values and experiences and that these may be different to your own
- Volume, pitch and tone can help to show how the patient is reacting to what is being said
- You want to get the whole picture, not just bits and pieces, active and reflective listening takes time – don't rush it!

## Typical stages of a supporting relationship

There are 4 **key stages**; Getting to know each other, Working together, Reviewing progress, Ending the relationship

### Beginning a relationship & getting to know the person

- Being introduced
- Getting to know each other
- Being clear about what you can and can't offer and say "no" as appropriate
- Negotiating when/where you meet or call and for how long
- Knowing what to expect of yourself, the patient and the Volunteer Coordinator
- Encouraging dialogue
- Beginning to feel at ease with each other
- Exploring their issues
- Listening
- Spending time with each other

## Focusing on the issues & helping the other person develop a new perspective

### You can do this by:-

- Drawing out the issues from their 'story' through reflection and active listening
- Being clear with the patient about what you can support or help them with
- Identifying areas of potential support or encouragement
- Broadening/exploring their view of any concerns/problems
- Developing your own understanding of the person and the issues
- Working towards any hopes to be achieved
- Recognising barriers and planning to overcome these
- Planning how you will work together to get there
- Encouraging and affirming
- Evaluating
- Being prepared for not achieving as planned

### Ending the helping relationship

- Always plan ahead regarding the ending of the visiting role
- Identifying other support mechanisms
- Celebrating achievements
- Saying goodbye
- Leaving a door open for the future

## Interpersonal Skills & Behaviours

### Demonstrating Acceptance

The role of a Community Companion is to develop a professional friendship where there is genuine acceptance of each other. This means showing respect for and valuing each other.

Acceptance is demonstrated by:

- Respecting the other person's unique qualities
- Being aware of your own and the patient's personal space
- Being non judgemental

### When the other person feels accepted, this helps them to:

- Develop trust
- Respect you and feel respected by you
- Become more willing to share their experiences and feelings with you and talk about difficult subjects

## Problem solving procedure for Patients

### Help us develop the service:

The Community Companions scheme is in its infancy but strives to achieve the highest standard in all of its activities. Whilst we are developing the scheme we would appreciate your feedback about how things are working and whether the Community Companion has helped the patient in the way they envisaged

Patients have the right to tell the Macmillan Unit if they feel that the scheme is not meeting expected standards and if they are not satisfied with any part of the new service

We hope in general, that if the patient is not satisfied, they will be able to speak to the Volunteer Coordinator in the first instance to try and resolve the concern

### How can the patient register a concern?

Patients can make a complaint verbally or in writing. If patients make a verbal complaint, the Volunteer Coordinator will visit the patient and ascertain the nature of the complaint

Community Companions will then be asked for their opinion

If patient's wish to put their complaint in writing, they should do so by writing a brief letter outlining the nature of their concern and forward it to the Volunteer Coordinator at the Macmillan Unit.

The Volunteer Coordinator will aim to address any problems or complaints as soon as possible but will aim to take no longer than 28 days to respond to a concern

## Progression

### As trust builds be mindful of:

- Maintaining boundaries
- How to agree contact arrangements (mobiles are available from the Volunteer Coordinator)
- Arranging future meetings to fit in with you

### Maintaining Healthy Relationships

- Be clear about what you are there for
- Try to stay focused on your input
- Focus on your achievements together and what you have both gained from the process.

### Ending the relationship

- Visiting roles will have a limited life-span
- 'Winding-up' occurs when the relationship has achieved its set aims or goals, is equipped to cope alone or the patient dies
- Prepare for the possibility of premature endings / endings without warning

### Limits to the relationship

- Is it within the context of the scheme or initial assessment?
- Is it realistic / safe to do so?
- Am I the best person to deal with it?
- Do I need to talk to someone else about this?

## Support Networks & Other Helping Tools:

Being a good Community Companion is not about having **all** the answers or doing everything yourself, but instead, being able to sign-post the patient in the direction of people and/or resources which may help them further or additionally. For example sourcing a cleaner to help them.

### Sign-posting

Having knowledge of different contacts and/or sources of information and pointing the person you are helping in the right direction. Macmillan Unit has a resource pack which may be very helpful for this.

### Networking

Having direct contact with relevant individuals or groups and providing an introduction for your patient

### External Sources of Help

- Information agencies or advisors such as CAB
- Local Community Centres/ facilities / groups
- Other Voluntary/Support Groups/Services –
- Specific Health/condition info / Macmillan Cancer Support (leaflets or on-line)
- Internet - to search for other things...
- Our internal resources

## Confidentiality – Do's

Share *your concerns* with the PCS/Volunteer Coordinator about 'worrying things' disclosed to you by the patient

### Confidentiality Don'ts

- Please do not promise to keep a secret / collude with the patient if there is a legal implication or a health issue. Gently advise the patient that you will need to pass the information back to their key worker for their own well-being
- Never reveal ANY personal information about the patient to anyone outside of the scheme

### What if things go wrong?

- There is a complaints procedure for patients and volunteers to use. Please ask for the policy
- All allegations or complaints will be investigated and taken seriously
- It may be necessary to temporarily relieve the Community Companion from their role whilst the situation is investigated
- The Volunteer Coordinator will keep you informed of the investigation and feedback accordingly

## Confidentiality & Self-disclosure

### Self-disclosure

Always exercise caution when talking to patients. Simply answer any questions, when asked, about one's personal life without elaborating

Consider:-

- What and how much to reveal
- Always think WHY? (Who is the person in need?)
- Is it relevant or helpful?
- Keep it brief
- The patient should remain the focus. Turn the conversation around to focus on the patient to keep yourself safe
- You can easily drift into conversations about your personal life but you have to be mindful at that point to bring the conversation back to the patient

### Confidentiality Guidelines

- All patients will be made aware that any information that they give to the Volunteer Coordinator, or Community Companion (outside of their relationship with their Community Palliative Care Nurse) may only be shared within the Macmillan Unit on a need-to-know basis and stored securely
- Volunteers will adhere to the Hospital Confidentiality Policy and will not disclose any information about a patient to any person, external agency or organisation without the patient's consent and/or the Co-ordinators agreement

## Internal Sources of Help

People who can help	Who/how to contact	Where to find out more
Volunteer Coordinator	Anita	01202 705353
<b>Palliative Care Sister/s</b>	<b>Main Desk</b>	<b>01202 705470</b>
Family Support Team	Via PCS Team	Via PCS Team
Therapy Team	Via PCS Team	Via PCS Team
Chaplaincy Team - spiritual	Via PCS Team	Via PCS Team
Day Centre - social	Via PCS Team	Via PCS Team
Benefits Advisor	Via PCS Team	Via PCS Team
Charity	Neal/Geraldine	01202 705461

If there are any concerns that you have about your patient, please always call the Palliative Care Sisters Triage Desk in the first instance on **01202 705470**

## Ground Rules & Boundaries

### Difficulties can arise in maintaining boundaries if

- Personal feelings and values are not contained
- Not wanting to say 'No' to the patient
- Not knowing all the facts
- Emergency situations which you may find difficult
- A lack of understanding of the current patient situation

### So do

- Recognise your professional boundaries (eg Offering gifts such as taking them flowers)
- Avoid situations that could be misunderstood (eg accepting an invitation to dinner as a "thank you")
- Think before you say 'yes'
- Always meet the patient at the agreed place
- Tell the patient and Volunteer Coordinator if you can't make a meeting for any reason

### Please do not

- Give out your home number or address (mobile phones are available from the office)
- Take the patient to your home
- Become emotionally involved
- Accept any form of harassment or violence from the patient or family
- Accept or loan money or receive gifts. If in doubt contact the Volunteer Coordinator
- Promise to keep a secret that may have a legal implication i.e. safeguarding
- Change your meeting plans unless you inform your Coordinator and your lone working buddy

If you are at all worried about any aspect of your role, please talk to the Volunteer Coordinator

### Coping Emotionally

Regular monthly support sessions are offered to all hospital patient visitors and you are strongly advised to attend. If any situation upsets you please contact the Volunteer Coordinator who will talk through the situation with you and arrange for immediate support as appropriate.