

The Art of Dying Well

St Vincent de Paul England and Wales (SVP)

End of Life Companionship

An evaluation report

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Lay summary

Due to the increasing number of people facing long term illness and death, there is a growing demand for support during this phase of life. The pressure on the health and social care system means that the holistic needs of the dying and their families are often neglected in the death experience. Medical outcomes can inadvertently be prioritised meaning peoples' wishes, emotional, psychological, social, and spiritual needs are sub-optimally supported.

The Catholic faith has a long tradition of providing love and accompaniment during dying. Many Vincentian values are a good fit with qualities associated with supporting people through death and bereavement. Previous research on end of life volunteer-led companionship, however, is underdeveloped and innovative methods are needed to capture what is valued in companionship, what people do, and how it influences beneficiaries.

The current project undertook research to accumulate an understanding of how companionship works, for whom, in what circumstances and why. Interviews, forums extracts and catch ups with companions, observations, and brief narratives from beneficiaries helped answer the research question. In brief, end of life companions can support people to prepare for death, live well until they die, and experience a good death. These outcomes are achieved in various ways captured under four labels namely: practical support and accompaniment as a loving friend; a holistic presence with the ability to respond to the individual; a non-judgmental intermediate with a listening ear; and wrap around care and being the voice of the person. These areas of support can achieve the purported positive outcomes contingent on certain conditions including the family dynamic, the level of consciousness of the beneficiary, and the characteristics of the companion.

The report also summaries the experiences of those who attended the end of life companionship training. The evaluation showed overwhelming support for the training and that volunteers can be inspired, equipped, and enlightened to provide end of life companionship. The evaluation demonstrated upskilling of volunteers, increased confidence, increased awareness, and a strengthening of their motivation and value to undertake this ministry.

1. Report Context

This report documents a body of work that was undertaken to support the Centre for the Art of Dying Well's funded project, examining end of life companionship. The evaluation is a core deliverable for the project and provides evidence for commitments laid out in the programme plan. Principally, the evaluation provides research on the impact and scalability of the programme, evaluated the training provisions, and appraised if the project achieved its goals. In brief, the goals of the project included:

- Support families and individuals facing death.
- Provide hope and companionship at a difficult time in one's life.
- Help people be less frightened throughout the journey through a circle of support.
- Provide a community of companionship for consolidation and spiritual peace.
- Disseminate key findings so it has a long-lasting legacy.

The upcoming report will initially provide an overview of the evaluation approach undertaken. Then the evaluation tasks, and data collection procedures, will be described. The key findings will be presented thereafter in line with the above evaluation objectives. Lastly, recommendations will be made based on the conclusions of the evaluation.

2. Methods

2.1 Overview

Researching the impact of end of life companionship

The overarching approach adopted was realist evaluation, which is rooted in the philosophy of scientific realism. Realist evaluation is a form of theory-driven evaluation that aspires to explain patterns of outcomes, by building and testing theories related to mechanisms. Mechanisms in realist evaluation usually refer to an individual's responses to specific resources which are not predetermined but activated by contextual factors. The cycle of realist evaluation starts with generating initial programme theory. Programme theories are unique, practical, and accessible causal ideas developed by those with experience of programmes. The task of evaluation is then to accumulate a refined understanding of how outcomes manifest in practice. It is also encouraged to employ established theoretical models to orientate the work using abstract labels to refine portable theory in specific contexts.

The application of realist evaluation in palliative care is growing but several features of volunteering require consideration when designing research, if knowledge can capture data that is representative of real life (Table 1). Realist evaluation provides an approach which can attend to, and learn from, the unique contours of the volunteering landscape, but the design of research needs modification to accumulate understanding about volunteer led companionship.

Table 1. Features of researching volunteering that require methodological consideration.

Consideration	Implication for research methods
Volunteers do not occupy a routine space in palliative medicine	Achieving field access and routine data collection is difficult
Volunteers may be called upon at various times during the dying journey	Predicting when data collection will take place or using routine data collection templates is difficult
Many of the expected benefits may be psychological, emotional, practical, or spiritual	The measurement of these facets is underdeveloped and would require predicting what outcomes are likely to be realised, which is not possible
Volunteers usually value the relational and de-medicalised provision of care	Being present for data collection, or embedding surveys, may impose on a people's wishes and be rejected by the volunteers

To overcome methodological challenges, as outlined in Table 1, evaluation designs that empower practitioners to define good practice, the outcomes of their work, and enhance the connection to the voice of the dying were needed. The aspiration in this project was to engage those within the system, and participatory methods can attenuate issues with recruiting people who are representative of real life. A genuine collaborative, and cyclical, engagement with the voices of people within volunteer settings was therefore central to the evaluation.

The 'most significant change' technique provided the platform to realise the aims of evaluation. Those within the area of interest were consulted to generate brief accounts related to the elements that drive outcomes. The process involved inviting key personnel and training them on story generation, the research process, and ethics. During the training, collaborators devised a specific question to generate 'change stories' with the beneficiaries of companionship.

Evaluation of training

Evaluating the end of life companionship training involved a more traditional evaluation format and collating feedback about training satisfaction, changes to understanding and skills, and any altered beliefs and intentions about companionship. Quantitative data provided levels of agreement pertaining to

questions that covered the aforementioned areas, whereas qualitative data provided rich responses that provided information explaining their experiences.

2.2 Data collection procedures

Researching the impact of end of life companionship

The phases of the research are outlined in Figure 1. The initial development of programme theory involved document analysis, participation observation, and semi structured realist interviews. Document analysis helped identify concepts and map the palliative care, and volunteer, landscape and eight local documents were used to advance the understanding of what volunteering was conceptualised as, what benefits it was envisaged to generate, and record implicit or explicit mechanisms of action. Participant observation (March 2021- May 2022) involved attending monthly meetings to hear about training updates, plans, ambitions, challenges, and volunteer catch ups. Journaling was a data collection tool noting 'what stood out' advancing thinking about prudent concepts and their interrelationships. Semi-structured realist interviews with six key programme architects (42.8 ± 15.2 mins) were utilised to glean initial ideas about how volunteering works and what factors facilitate its impact.

Once initial candidate theories had been generated, volunteers who had completed the end of life training, were invited to become co-evaluators, and five attended a workshop on transformative evaluation, one participatory approach. The workshop explored their role in generating most significant change stories, developed acceptable data collection procedures for within their settings, and agreed a set of ethical principles to guide the story generation with beneficiaries. The group then undertook a period of story generation opportunistically sampling beneficiaries and seeking written consent to collect a brief narrative on the most salient aspects of companionship to them. Four stories were captured in written format as brief statements which beneficiaries and companions recorded at the time of data collection.

Volunteers were also invited to share their experiences of companionship through semi-structured interviews which were recorded and transcribed verbatim. Seven interviews (25.4 ± 12 mins) were undertaken. Proxy most significant change stories were also collected, and volunteers provided five narratives which were transcribed verbatim. Regular volunteer meetings were also recorded and examined to extract key data about how companionship worked, in what contexts, and how, to refine the initial programme theories. Lastly volunteer forum contributions, from those who had completed the training, were examined to extract relevant data.

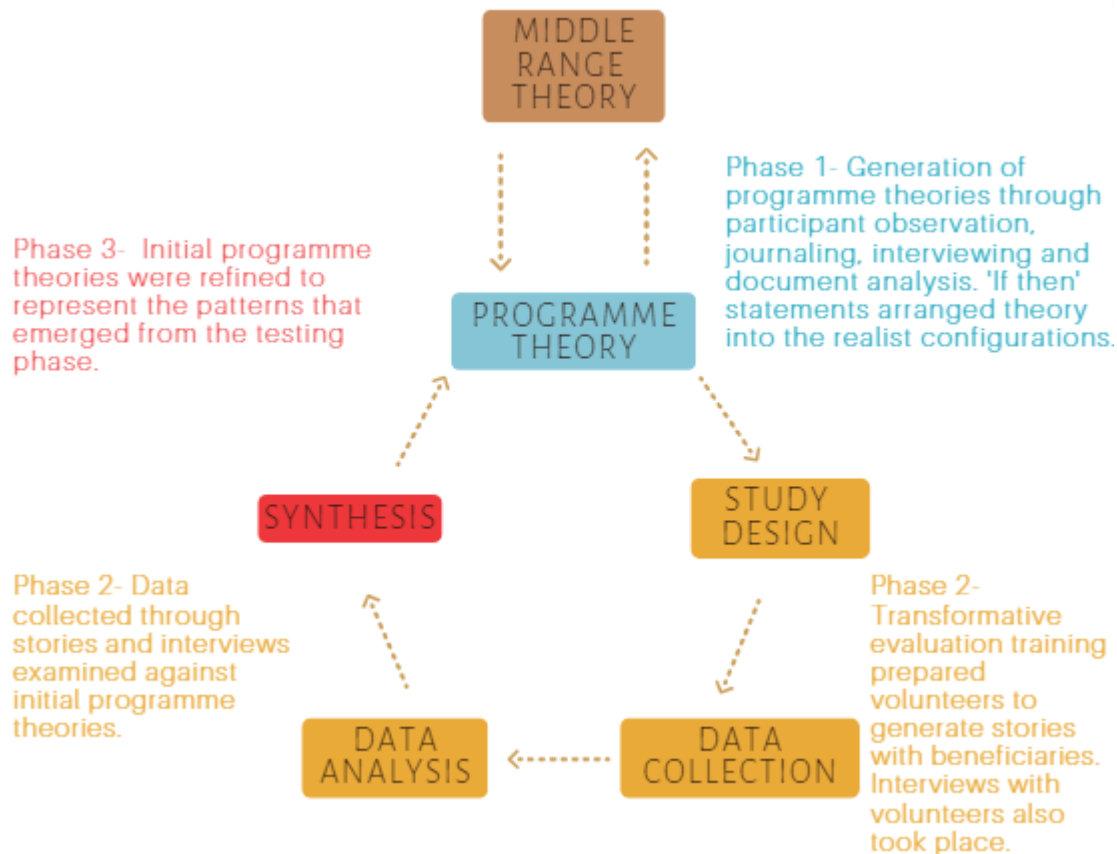


Figure 1: The research phases and data collection methods for the research.

Evaluation of training

A standard post training feedback form was issued to attendees at the end of the training. Quantitative outcomes utilised a four item Likert scale and open textboxes followed open ended questions to stimulate reflections about how the training may have changed their perspectives and/or intentions.

2.3 Data extraction and analysis

Researching the impact of end of life companionship

The analysis adopted a realist qualitative procedure. In brief, all the documents and transcriptions were read and analysed by coding any passages of text, which was indicative of necessary conditions, active ingredients, or successful outcomes. These passages were then examined and 'if then' and 'if then because' statements were generated where possible to arrange data to explain outcomes. This allowed assumptions to be arranged into causal configurations that pinpointed the assumed root causes, likely outcomes, and explanation of effects. While each statement did not always offer complete realist configurations, they often provided complementary aspects of explanation or essential context to emerging theory areas. In addition to the 'if then' process, each statement was issued with an inductive code to represent a theory area. Each inductive code, and realist statement, was then reappraised to

consolidate, abstract, and redescribe the 'if then' statements in a more condensed fashion.

The context, mechanism, outcome heuristic was used as a heuristic to organise data into causal configurations during theory testing, in addition to the if then statements. Once all data had been scrutinised across the theory areas, mechanisms were examined against established formal theories to abstract results to a middle range, helping to increase the portability of learning from this research.

Evaluation of training

Responses were exported to a Microsoft Excel document. Descriptive statistics were generated pertaining to the Likert scales for each question. Reflexive thematic analysis was used as a framework to analyse the qualitative responses. Level 1 codes were generated through axial coding and once they had been completed consolidation was undertaken through a constant comparison approach. Each code was considered against higher level theme names to check if they were conceptually different. Where codes could reside in established theme labels, they were engulfed and where novel contributions were found, new conceptual themes were generated. This process was done by importing the Excel document into NVivo 12 to sort, categorise, and reduce the data into prudent themes.

3. Summary of findings

Researching the impact of end of life companionship

The research proposes that end of life companionship confers benefits including living well until you die, being better prepared for death, and experiencing a good death, yet these outcomes cover diverse features of wellbeing (Table 2). The results indicate that these outcomes are achieved through four unique theory areas namely: practical support and accompaniment as a loving friend; a holistic presence with the ability to respond to the individual; a non-judgmental intermediate with a listening ear; and wrap around care and being the voice of the person. There are essential conditions which allow each of these areas to achieve the desired outcomes which will be outlined below.

Table 2. Illustration of the features of wellbeing that reside in each conceptual outcome of this research.

Outcome	Improvements
Living well until you die	Anxiety, engagement, vitality, joy
Being better prepared for death	Anger, distress, calmness, open, advocacy
Experiencing a good death	Peace, forgiveness, relaxation, isolation, comfort, space,

Living well until you die

The outcome of living well until death was principally enhanced through practical support and accompaniment as a loving friend. Humanistic caring, a well-established concept in palliative care, encapsulated the main facets of this theme. It was noted that humanistic support provided hope, distraction, sharing of stories, and filled beneficiaries with life. Although humanistic care can attend to many features of wellbeing, the current data indicated the main effect was through supporting storytelling, reminiscing, confirming, and celebrating self-identify.

“And it's that retelling with somebody who's a fresh pair of ears and I think most of us; there are some things in our lives that we do like to talk about and retell and with a fresh pair of ears”.

Being a loving friend was not restricted to exchanging life narratives, as humanistic care also involved ‘being there’ and being sensitive to the person’s needs. This humanistic presence also supported living well by providing stimulation and comfort.

“I remember one of them. I sat with overnight in hospital and at one point during the night I let go of her hand and immediately she was different. And I took the hand back and she was calm again”.

The realisation of this outcome was contingent on companions being able to gel with the beneficiary, being trusted by the beneficiary, and instances where beneficences were largely isolated.

Being better prepared for death

A greater preparation for death can be enhanced by volunteers in a diverse manner. Personhood is a useful concept to encapsulate the overarching tenants of how this outcome can be achieved. Where the person is in overwhelming pain or unconscious, being present with a good awareness of the varying needs of the situation, enhances the dignity of the person.

“I think it's more a feeling thing you can experience and maybe because she she was bedridden, and she wasn't able to move or say very much that the experience of the maybe the spiritual experience what she felt was what she needed at the time”.

In a similar vein, when there is limited capacity, or anxiety to have conversations about death, from family or health care providers, and the companion provides a non-judgmental intermediate with a listening ear, people feel heard, respected, and recognised.

“But as someone who's not a relative you provide a different space. And very often those things that have been troubling the person who's dying, and they don't want to worry or concern that their relatives with, they will talk to you about it”.

Lastly, where the companion has appropriate characteristics, and can provide loving accompaniment, it provides the opportunity to be reassured and gain closure, show shared vulnerability, and a realigning with their sense of identity.

“Sometimes people need to forgive someone and at the time of their death that comes to them, and they want to talk about it. And I think it's always good that there's someone there who can listen nonjudgmentally to them and help them through that process and reassure them”.

Experiencing a good death

The quality of the death experience can be enhanced through the concept of spiritual care. Spiritual care was not always synonymous with religion but permeated all aspects of care. Fundamentally it concerned reciprocal interactions about purpose, meaning, acceptance, and emotions. Easing suffering is a well-known theoretical framework in palliative care literature that describes the key messages from the data in this research. Suffering is conceptualised here as more than a physical issue but also involves psychological, emotional, existential, spiritual, and social dimensions.

Where the companion has the appropriate characteristics to offer practical support and loving accompaniment it enhanced the dying experience through caring. Likewise, when the person can't talk or move, the loving and practical support makes people feel cared for and they can seek forgiveness.

“Maybe there were things in her past that she hadn't said to me, or to her family, that she just needed that forgiveness at the end of her life. And that's what happened”.

Alternatively, the death experience can be enhanced when companions are well suited to the role, but it does not rely on actual interaction. A sensitive presence alone can help beneficiaries with the acceptance of death.

“After you left, she seemed so much calmer...she knew it was all ok that we understood she was leaving and seemed to accept it”.

Another important condition proposed was when the family are anxious about discussing death, but people yearn to converse about their journey. Here a non-judgmental intermediate, between the health professional and the family, provided a listening ear and on-going presence helping to experience a good death through reassurance, comfort, and less fright.

“It was with a young mother. She had two teenage sons, and she was anxious how they would be after she had died. So that was a lovely opportunity for me to talk through with her, to share with her about the boys' strengths and characters and to assure her that they will be able to cope”.

Lastly, where the family are experiencing grief, the companion can provide wrap around care, support the practicalities of the dying process, and advocate for the voice of the dying, which may ease suffering through advocacy and giving the beneficiary a sense that the family will be experiencing less distress.

“So I immediately asked whether she talked to the GP. And I said, you know, do you think we should bring the GP so we did. She asked me to talk to them because she was feeling quite emotional. And then we called the on-call GP back. A different one came and verified the death and then we got a friend to come and stay with her. And I stayed there until the friend arrived. We waited until the undertaker was there and took his body. But I made sure that she had plenty of time with him because I didn't want her to feel rushed and be taken away before she had a chance to say goodbye”.

Evaluation of training

Table 3 provides a summary of feedback gathered from attendees who completed the end of life companionship training. In brief, 164 people completed the evaluation form and, on average, 161 responses were gathered for each evaluation domain. There was consistent positive feedback with 82% indicating the training very enjoyable, 87% finding the training very informative, and 80% perceiving the training to be very useful to develop their skills. The supporting materials were rated at 5 out of 5 stars by 80% of the attendees, and 83% of the cohort rated their overall satisfaction as 5 stars.

A core deliverable of the evaluation was to examine if the training stimulated any changes in the people who completed the course. Two key areas, covered within three questions, were examined in more detail to assess this aim. These three questions covered how people feel they would change their approach on how to be with someone who was dying, what would they share with others about how to be with those who are ill and/or dying, and what key take away message they gained from the training. The latter two questions were analysed under the label 'lessons learnt'.

77% of people indicated that the training changed their perception on how it is to be with someone who is nearing the end of their life. 68% of the cohort suggested that their perception changed a lot compared to 9% who thought it had changed 'a bit'. The following paragraph will present a narrative summary of key themes from within these three questions.

Table 3: Overview of feedback responses from those who attended the training.

Outcome	Not at all	Reasonably	Slightly	Very	Total
Enjoyable					
Session 1	0	26	1	136	163
Session 2	2	27	1	132	162
Session 3	1	25	2	130	158
Informative					
Session 1	0	21	1	142	164
Session 2	1	19	3	139	162
Session 3	0	16	2	143	161
Useful to develop skills					
Session 1	0	34	0	128	162
Session 2	0	30	3	129	162
Session 2	0	30	2	127	159

Has the course changed your perception of how it is to be with someone who is nearing the end of their life?

There were five broad themes that emerged from the feedback regarding the above question. Interestingly, for attendees, the training seemed to provide an educational, transformative, and enlightening experience. Attendees routinely discussed being more equipped to work in this area, felt empowered and validated, alongside experiencing a transformative view on death and the role of humanity in this mission. The five themes include: ways to be with the dying, awareness of the volunteer role, offering companionship as a privilege, greater confidence/less anxiety, and knowing the community of support.

1. Ways to be with the dying

This theme describes attendees' ideas of what is required to be a companion. Although the theme included many responses from people who felt more equipped to undertake companion related tasks, it also encompassed situations where people's horizons were broadened. Many spoke about understanding the need to balance 'doing' with 'being' and having a greater appreciation of the holistic needs of the beneficiaries. Many volunteers felt they would be better placed to a) use appropriate skills and knowledge and b) balance the use of skills with being present, respecting privacy, and using silence.

"One of the main things that struck me was the notion of not taking refuge in activity but rather to be a calming and benevolent presence".

The training also facilitated a deep reflection on what is needed to provide companionship. The training style helped people navigate their own thoughts, experiences, and values to appraise what skills are paramount. This was particularly evident in those with a history of companionship, as it helped them to examine their practices through a holistic lens and gave them a vocabulary to describe their experiences.

"My perception hasn't changed as I have experience of end of life care, but I found the course stimulated a different perspective for me and a clearer understanding of the level of commitment required to be successful in this role".

2. Awareness of the volunteer role

Another dominant theme related to an increased understanding of the dying phase of life, the settings where volunteering may take place, and understanding the roles of companions in various scenarios. Responses showed how understanding the dying process itself helped familiarise volunteers with the setting and then act accordingly.

"It has greatly helped me recognise certain signs and stages and to appreciate what might best be required of me".

In addition, being more aware of the various settings where companionship may unfold, the limits of the role in each scenario, and the breath of value it can offer, served as a facilitator on how volunteers would approach companionship in the future.

"I think it has widened my knowledge, especially in how the experience varies in different types of settings, and in breadth of ways a companion might serve".

3. Offering companionship as a privilege

The training provided a space for attendees to articulate their own values, appraise their experiences, and validate their beliefs about supporting the dying. Specifically, the training format helped to cement many attendees' views about the need for person centred support near the end of life.

"I think it confirmed and made explicit ideas I certainly had in mind but needed someone else to articulate".

A large proportion of responses outlined how the training had given them space to appreciate the privilege of supporting people during this time. It was seen that this viewpoint transformed volunteers' demeanour and their sense of duty was magnified because they felt obligated to maximise this experience for families.

"I begin to feel that accompanying dying people is not a sad thing. I hope that I can help the dying people and their family members to go through this difficult time with peace in their mind".

The gravity and honour of the role, alongside seeing dying as a unique part of someone's life, meant volunteers perceive death not as a mournful time but one to be experienced to its fullest, while respecting the wishes of the families involved.

4. Greater confidence/less anxiety

The training enhanced interest, enthusiasm, priority setting, and motivation of many of the attendees. This was explained for reasons including reinforcing values, positively addressing emotions, and giving attendees more confidence to work in this area.

"It has egged on my enthusiasm to continue on this journey, and I so look forward to doing so".

The training increased confidence and eased anxiety as attendees felt empowered, knowledgeable, understand the roles, and the boundaries of those roles. Correspondingly, attendees saw it as something they could do and were committed to the mission.

"I will feel more confident now that I know how not to overstep the mark and have tips to help me do it better".

5. Knowing the community of support

Alongside feeling more prepared to offer companionship and having greater confidence and motivation to pursue this mission, was attendees feeling part of a wider community. The wider network seems to serve two purposes, firstly, it helped attendee's feel that there was a community of people they could reach out to for support, further information, and advice. The role of the SVP was commended here for its approach, visibility, and mission. Secondly, attendees felt the wider community

offered them worthwhile resources and future training to bolster their practice, as there was an appetite for on-going learning in the companionship role.

“I feel if something comes up sudden and unexpected there are people I can turn to for helpful information and support if needed”.

Lesson Learnt

Four dominant themes were uncovered from the two questions centred on lessons learnt. Nonetheless, there was copious rich information in these responses that verified previous findings from earlier sections of this report, which will be briefly summarised before detailing the four main themes.

Within the responses attendees outlined the role of the SVP and the importance of a network for reassurance and additional resources. Attendees reiterated that end of life companionship is a great privilege which confers two way benefits. Attendees spoke routinely about the ministry to support people to die with grace which can be achieved in a variety of ways. For example, holding the hand of the dying can help them feel recognised, at peace, and comforted. Being attentive to hold a space for non-judgmental conversations about their past and death can help give reassurance, peace, and acceptance. Coming from a Catholic Christian organisation, SVP members purposed that the work of our Lord must be person centred and love people unconditionally which was illustrated by many. Attendees also detailed the need to be a calm presence and use music and silence to fit the needs of beneficiaries. Lastly, attendees discussed the importance of self-care to ensure the quality of companionship. This area was discussed in terms of managing the demands of companionship, not overpromising, and using reflection and prayer to be most effective whilst maintaining personal wellbeing.

1. Being there alongside

The presence of the companion was deemed by many as the most important facet of companionship. Attendees outlined that the commitment to be with people who may be suffering, and show them they are loved, underpins the mission. In many cases, there are no words required, however, how the person presents themselves can decrease agitation, increase comfort, and human connection. Companions are required to be calm, sensitive to the person's wishes, and comfortable with death and silence.

“Just to be present and calm in the situation is often enough”.

2. Embodying the compassion of the Good Samaritan

The characteristics of the Good Samaritan (Luke 10:25-37) was referenced many times throughout the feedback responses. Offering compassion and non-judgmental support to show people they are equal and loved encapsulated attendees' responses in this domain. Additionally, this involves showing respect and advocating that the person is heard and their wishes attended to. Central to achieving this is

remembering the human being behind the illness to find out, and be sensitive, to their values and wishes.

“I would say to them, that for me, the most important thing is to reach out to the person as Christ would, with love and compassion from the heart. To accept and respect how they are feeling and to listen carefully to what they say and do and to do what you can to respond to their needs”.

3. Leaving yourself at the door

An important area of good companionship related to presence. Quoting material from the training, attendees spoke about “leaving yourself at the door” but carry your “spiritual backpack”. To fully offer yourself as a companion you must be adaptable to the circumstance which means being sensitive to the beneficiaries’ needs and not imposing an agenda or belief system into the sacred space. Many attendees spoke about how, as companions, they would be “available but not lead” and step away from their everyday thoughts, activities, and motives to allow them to be fully present. The idea of the spiritual backpack was comforting for many as it provided reassurance that their faith would give them guidance to take on this mission in an authentic and open minded manner.

“The importance of stepping away from your everyday cares to give yourself wholly to the dying person, fortified by your own faith”.

4. Being a vessel for the Holy Spirit

Following on from the above theme, many discussed how their faith provided guidance during companionship to cement their thoughts on appropriate courses of action. In this way, the act of companionship was seen as being a vessel of God’s love. Many spoke about how their presence was “taking God into the room” and regardless of someone’s faith provided an asset as a companion. This helped companions listen to their instinctive voice and manifest the principles of the Good Smartian as alluded to earlier.

“Regardless of beliefs Christ and our Blessed Mother will be with us and the dying throughout the journey”.

Recommendations

The current evaluation has consolidated the benefits of end of life companionship, and how it may lead to positive outcomes. The evaluation of the training has brought to light the transformative potential to equip volunteers with the skills, confidence, and motivation to pursue end of life companionship roles.

Against a backdrop where volunteering has been popular, but under researched, the current work pinpoints outcomes which can now be researched in the future. This work also advances the understanding of how established palliative theories operate in context, as often they remain as abstract concepts lacking in applicability. There is now a need to employ more participatory and theory led work in this space, which

hinges on a greater acceptability of volunteering, and diverse research methods, within end of life settings.

The training was well received by volunteers, sparked interest, and equipped people to provide companionship that aligns to Vincentian values whilst also demonstrating features from palliative theories of dying well. Comprehension of the training, commitment to the role, and satisfaction was overwhelming positive, demonstrating the potential to scale up this work, increase the capacity of the community, and exposure of end of life companionship for the dying.

Conclusion

The results of this evaluation provide demonstrable evidence that the project aims were satisfied. The training generated capacity in the community leading to additional support for families, accompaniment, increased wellbeing of beneficiaries, and cemented a community of volunteers who can issue holistic support, as proposed in the project plan.

Additionally, the evaluation indicated that the training was acceptable, relevant, and persuasive to the attendees empowering them to undertake end of life companionship. The purported benefits of end of life companionship did not seem contingent on specific settings or environments, which may help with the scalability of provisions. Benefits to beneficiaries can be realised if the companions have appropriate characteristics, various family, and beneficiary circumstances, as well as key normative views about dying. Therefore, if companions can embody fundamental characteristics including “leaving yourself at the door”, “being comfortable with the dying”, “respecting and tending to the person’s wishes/needs”, and “being a consistent non-judgmental presence” the model of volunteer led end of life companionship is portable to other settings, and has the potential to be scaled up.

Project outputs

Bassett L., Fong A. D., Downey, J., Doherty, M., & Cornwall, J. (2022). End of life companionship: Equipping volunteers with basic skills to offer support in the community. *BMJ Supportive & Palliative Care*, 12, A17.

<http://dx.doi.org/10.1136/spcare-2022-HUNC.40>

Basset, L., Dubeibe Fong, A., Downey, J., Doherty, M., Cornwall, J. (2022, November). *End of life companionship: Equipping volunteers with basic skills to offer support in the community [poster]*. Hospice UK Conference, Glasgow, UK.

Basset, L., Dubeibe Fong, A., Fernandes, L., & Downey, J. (2022, September). *St Vincent De Paul end of life companionship*. The Art of Dying Well Conference. St Mary’s University, Twickenham, UK.

Downey, J., Fornasiero, M., Bassett, L., Cooper, S., Dubeibe Fong, A., Doherty, M., Cornwall, J. (2022, October). *Volunteer companionship: Developing theory on what works, for whom, in what circumstances and why? [poster]*. Global Research &

Future Innovations in Best Care for the Dying Person. International Collaborative for Best Care for the Dying Person, Seventh Annual Research Conference, Liverpool, UK.

Downey, J., Fornasiero, M., Cooper, S., Bassett, L., Doherty, M., Dubeibe-Fong, A., Bradley, N., & Cornwall, J. (2023). Combining realist evaluation and transformative evaluation to advance research in palliative care: The case of end of life companionship. *Palliative Medicine*, in press.