Befriending works:
building resilience in local communities

A report into an intervention that can help improve health and well-being at all levels of need

What the projects say about "Befriending works"

This excellent report provides evidence that formally recognises what many of us in the voluntary sector have known for a long time. It shows that befriending is an extremely valuable and cost-effective intervention; utilising local community resources which enable vulnerable and socially-excluded people to live more independent and fulfilled lives.

Kyra Bond
Manager, Womankind

This is a very timely report which clearly sets out the need for befriending services and reflects why our organisation commits time and resources to prioritise the development of our service. This will be a useful tool to promote the credibility and value of continuing to invest in this area.

Felicia Job
Team Leader, Framework Housing

This report reflects the fact that volunteering is an essential part of a healthy society. It enhances well-being in so many ways and therefore should not be seen as a discretionary extra. The report is one more tool in the armoury that will help volunteering to be taken seriously.

Steve Lawless
Chief Executive Officer, Brighton and Hove
Neighbourhood Care Scheme

The Buddy Scheme has brought in some amazing feedback from service users. I have witnessed also remarkable personal growth in many of our volunteers. This type of one-to-one, informal support really does make a huge difference to individuals' lives.

Fran Lewis MBE FCMI FRSA
Executive Director, Splitz Support Service

Foreword

Never has it been more important to understand and to foster the resources of communities to prevent, delay or meet health and social care needs. Befriending can be effective and cost-effective in many ways and in a wide variety of circumstances. The case studies in this very useful report illustrate how and why. As Britain's care system faces up to new economic challenges, there will be renewed interest in the roles that communities can play. The evidence here will help to ensure that befriending is a key component.

Martin Knapp
Director, NIHR School for Social Care Research
London School of Economics and Political Science

Acknowledgements

Contents

This report provides an overview of how befriending can contribute to improving the health and well-being outcomes of vulnerable people at risk of social isolation or exclusion from mainstream society.

It aims to inform commissioners, practitioners and clinicians working in the health and social care system, including acute, primary, mental health and community NHS services, NHS Foundation Trusts, local authorities and partner organisations in the voluntary, community and wider third sector, about how befriending is being delivered in local communities to improve health outcomes, reduce social isolation and contribute to wider local priorities.

Key messages from the report

- Befriending can be used as an effective intervention to support people with complex health and social care needs, challenging the misconception that befriending is simply a low-level intervention.

- Befriending can help improve health and well-being outcomes if used as an early intervention to aid re-ablement and build resilience, which in turn may help reduce future dependency on more costly health and social care services.

- Befriending can play a significant role in helping to create a social care environment that can help local authorities and their partners achieve the total transformation of adult social care within localities.

- Commissioners have the planning and quality assurance tools to build befriending provision into an integrated package of health and social care support that can contribute to the future health needs of local communities.

Our recommendations are calls to action to continue to measure the value and cost-effectiveness of these interventions, to continue the dialogue with commissioners and funders on the future design of services, and for national and local recognition of the importance of maintaining investment and support in preventative community services such as befriending schemes.

Introduction

Befriending is an intervention that is widely used to address the human-to-human support needs of vulnerable people, often during times of transition, or periods of mental or physical ill-health. For people in receipt of befriending the social and emotional support they receive from a volunteer befriender can often be their only opportunity to make contact or communicate with another person or be able to access local community resources or amenities. Without befriending support many would experience long periods of isolation, feelings of loneliness and social exclusion, which in turn could impact negatively on their future health and well-being.

The individuals that feature in the following case studies have all experienced what it is like to be socially isolated, fearful of others or unable to access community resources either as a result of poor physical or psychological health, disability or as a consequence of an age-related condition. Many have experienced multiple forms of disadvantage such as poverty, breakdown of family structures and lack of work and/or access to training opportunities that have impacted significantly on their quality of life and future life chances. However, the solutions to reducing social isolation, exclusion and improving health and well-being for those vulnerable members of our society can be simple and often require small amounts of social investment.

This report examines the potential of befriending as one of those solutions and how it has been funded by Local Authorities, Primary Care Trusts and other statutory agencies to reduce isolation, exclusion and improve health and well-being for people living in their communities. As a result of having a volunteer befriender, the quality of life has improved significantly for many of the people featured in the following case studies. Participation in community activities, ability to cope with everyday tasks, increased social networks and feelings of belonging are just a few of the positive outcomes that have been achieved as a result of having a volunteer befriender as part of a wider package of care and support.

This report highlights a number of areas in which befriending can help ease pressure on statutory health and social care services and how, as part of a wider integrated package of care and support, it can help statutory healthcare providers plan for the improved health and well-being of their local communities and meet the future demographic and transformational challenges ahead.

… imagine a society in which we might all have someone to turn to throughout our childhood years and thereafter in times of crisis or transition. A community where the talents of each contribute to the well being of all, where we might each expect to receive support when we need it and give it when we can and where such support is common place and second nature.
Side by Side
(Community Links, 2008)

Case study approach

The case studies in this report include examples of befriending activities currently being delivered by third sector voluntary and community organisations that are either paid through contract or grant-funded by the statutory sector to help improve outcomes for local people with complex needs. They are a sample of the number of case studies from befriending projects which contributed to the contents of this report.

Based on the principle that services developed through working in partnership are more effective than those that exist in isolation, the case studies in this report demonstrate how Local Authorities and Primary Care Trusts are working with befriending providers to design and deliver high-quality services based upon the care needs of the local population that will achieve the desired outcomes.

The figures quoted in the case studies relate to the financial year 2009/2010.

The befriending landscape

Befriending at its most basic level is a form of 'one-to-one' human social contact which is provided by trained volunteer befrienders to people who find themselves isolated from their communities or are unable to cope, usually as a result of ill-health, disability or social disadvantage. Befriending has been unfairly defined as an informal chat. Whilst informal communication is central to the act of befriending there is also aspiration towards, and focus on, independence and recovery/re-ablement.

Throughout the UK there are voluntary and community organisations organising and delivering effective and professional befriending support to people with learning or physical disabilities, children and young people, families, people with mental ill health and older people. These projects, through their trained befrienders, provide a wide range of low-level, social and emotional support to help reduce social isolation, promote independence and improve the health and well-being of their service users.

For example befriending schemes can:

- Increase independence for older people living on their own by assisting them with practical tasks inside and outside of their home and widen social networks (Brighton & Hove Neighbourhood Care Scheme)

- Reduce isolation and improve well-being for people with mental ill health by providing a visiting service to users in their own homes or assisting them to access local amenities or participate in recreational activities to increase confidence and self-esteem (Voluntary Support Scheme, Tiverton)

- Increase independence for people with learning disabilities and provide respite for carers by assisting service users to engage in leisure and social activities on a regular basis (Side by Side, Exeter; BUILD, Norwich)

- Reduce social isolation for those people living with dementia and provide respite for their carers by providing regular home visiting to provide mental stimulation and improve mental well-being (BUDS Befriending Service, Sandwell)

- Increase the opportunities for victims of domestic violence to re-engage within their communities and enter the workplace by volunteering as buddies to support current victims of domestic abuse (Splitz Support Service Buddy Scheme, Trowbridge)

Many befriending schemes operate at a grassroots level and have generally been set up by voluntary and community organisations to fill the social and emotional gap that may not be met by existing statutory health and social service provision.

Having a befriender was helpful as the visits gave me something to look forward to each week. It has made me feel a happier person doing things that everyone else does like going to the shops and eating out. I used to just stay in, sleep and watch TV. [Womankind - service user]

Befriending services can also be set up by voluntary and community sector organisations as stand-alone services to respond to an unmet need within their communities. In many areas, befriending provides an additional service to complement existing practical or functional services and can help vulnerable people within their communities build resilience and better cope with adverse situations.

When I was away at college I had a busy social life and lots of friends. After my course finished and I returned home I was very lonely and isolated and became really depressed. I wanted to do all the things that everyone else my age was doing like going to the cinema, bowling and getting a job. I helped set up the charity as there was no other service that helped people like me participate in young people's activities. I now have four befrienders who I regularly spend time with and my social life is great.
(R, 26, has cerebral palsy)

For people like R, lacking social contact, isolated from their peer group and from community participation, befriending can help to address isolation and exclusion. In all cases a volunteer befriender can help make a positive and lasting difference to people's lives continuing into later life.

Defining befriending

The term befriending is given to the development of a relationship in which one individual, who is not family, a close friend or under a professional obligation, voluntarily gives time to support and encourage another during a time of transition or crisis. The voluntary and regular nature of the relationship is highly valued by those befriended who regard them as distinctively different from those formed with professionals (Andrews et al. 2003). It is often considered to be a mutually beneficial relationship whereby both the volunteer befriender and service user gain from the relationship..

Both myself and my befriender have similar backgrounds in teaching and are both fluent in languages in which we often converse. I have been teaching my befriender Italian as she is going on holiday to Italy soon and hopes to be able to use what she has learnt to help her converse with the locals.
(E, 95, is an ex- teacher and travel writer, she is currently writing her autobiography with the help of her befriender as she is no longer able to use a computer due to age-related health conditions.)

For E and her befriender, befriending is a two-way process with dual outcomes for both service user and befriender. Befriending has helped E maintain a high level of intellectual stimulation which in return has helped her befriender learn a new skill.

The befriending relationship is facilitated and managed through a third party, usually a voluntary and community sector organisation. It is the responsibility of the host organisation to implement a framework within which befriending can be safely and effectively delivered in order to provide the greatest benefits to its service users and volunteers. This framework should include as a minimum the recruitment and training of volunteers, Criminal Records Bureau and reference checks, on-going contact and support including personal development for those volunteers that require it and the reimbursement of out-of-pocket expenses.

Many schemes operate in accordance with the requirements of the Approved Provider Standard (APS), the national standard for mentoring and befriending. It is specifically designed for mentoring and befriending projects and is externally verified. It is supported by key government departments and other funding agencies.

> *The Voluntary Support Scheme is professional and has been set up and managed properly by people that understand what I am going through. Having a befriender is simply a blessing.*
> (J, 63, is a carer for her husband who has a terminal illness and her 37 year old disabled son. J has a chronic and debilitating illness which often prevents her from leaving the house. This has led to J becoming socially isolated and emotionally distressed)

A befriending relationship is often an informal and supportive social relationship which is flexible over a period of time. The achievement of goals within a befriending relationship is not central to the relationship and may be defined only in broad or limited terms. Befriending relationships can be time-limited but usually come to an end once the individual has become more resilient and feels able to cope independently without support or as a result of the individual moving into residential care or end of life.

Traditionally befriending has involved a one-to-one relationship based on face-to-face meetings. However, this has evolved to include other models such as group and telephone befriending.

Models of befriending

There are a variety of befriending models currently in use by the voluntary and community sector to support individuals. Table 1 illustrates the various delivery models and how they are being used to provide preventative support to vulnerable individuals.

Model of befriending	Use
One-to-one	Widely used throughout the sector to provide regular face-to-face contact to those who have become, or are at risk of becoming, socially isolated. Can play a strongly proactive, preventative role in helping to develop new horizons, social skills and encourage friendships when undertaken by peers. Can be used to support older people who have become isolated due to mobility issues, bereavement or recent hospital discharge. It is also used to support younger people with learning or physical disabilities, or those with enduring mental health issues to help build resilience and enable them to participate in social or mainstream activities. This model is commonly used by voluntary, community and user-led
Telephone	Typically used to provide regular one-to-one or social group support to a service user or group of users in their own home via a telephone link. Often delivered by volunteers and facilitated from either the office of the host organisation or a volunteer's home. Frequently used to support older people living in rural areas for which geographical barriers limit opportunities for face-to-face volunteer support. Also used by national organisations to provide specialist targeted support/ advice and guidance to those individuals or families recovering from, or learning to live with, a specific health condition.
Group	Provides service users or individuals with a shared interest or similar concern the opportunity to meet with one another on a regular basis in an informal and friendly environment. Group befriending provides opportunities to exchange information and share worries with others who have a shared understanding and can offer solutions based on their own experiences. Often facilitated by volunteers and usually takes place on a weekly basis. Frequently used to support individuals who face similar problems, for example a specific health condition or for carers responsible for the support of a family member with a learning or physical disability. Also widely used to help promote active living for those at risk of developing a long-term health condition.

Name: BUILD
Project: BUILD BeFriends
Locality: Norwich
Key Funder: Norfolk County Council
Funding Awarded: £45,000 per annum (for 3 years)
Number of current clients: 50
Number of current befrienders: 32

Project Overview

BUILD provides individuals with learning difficulties the opportunity to access and enjoy social activities within the community. BUILD provides a number of peer-led programmes to help equip service users with the skills and confidence needed to engage in community-based activities and social networks.

Client needs

The clients supported by BUILD demonstrate a wide range of learning, sensory and physical difficulties ranging from mild to profound. Some clients also demonstrate other health problems such as mental health issues, asthma and epilepsy.

Key factors affecting client group:

• Deprivation
• Discrimination
• Exclusion from mainstream activities in the community
• Isolation

Outcomes for service users

• Building equality
• Improved relationships
• Increased confidence and self esteem
• Increased independence and inclusion in community
• Increased opportunities to participate
• Informed choice
• New skills and knowledge
• Reduction in social isolation

Case study: Client C

C is a wheelchair user and lives at home with his family on the outskirts of town. Many of the community facilities in the town have limited access for wheelchair users and public transport is also inaccessible. C attends day services but due to the 30 mile daily commute finds he has limited time to access facilities within his community during day light hours. C feels discriminated against as local facilities do not cater for individuals with mobility issues, deprived of the opportunity of engaging fully in his community and as a result feels isolated from his community.

Befriending Intervention

C has a keen interest in motorcycles and was matched with a befriender with the same interest. C's befriender introduced C to the North Norfolk Motorcycle Club who meet weekly in a local pub. C and his befriender regularly attend the club. C has now joined the club committee as newsletter editor and actively takes part in local activities arranged by the club. C's family have also benefited from his involvement with the club as they now go out and visit friends during C's club nights.

Service user quote

' I like having a befriender because it helps me to get out of the flat and go out to different places like the pub, football, walking, cycling, shopping and going into the city for a cup of coffee and a chat.'

Volunteer quotes

'As a volunteer befriender I really enjoy my days and evenings out with the people I befriend. I am new to the area so it also helps me to find new places and meet new people'
' It is an enormously rewarding feeling that I can have a positive effect on my befriendee's life and the perspective she views this from'.
'Tracy is now more confident in going into places where there are lots of people and doesn't panic quite so much. Her ability to deal with money is improving.'

Project: Womankind Befriending Service
Locality: South Gloucestershire
Key Funder: South Gloucestershire Council Community Care Department
Funding Awarded: £12,953
Number of current clients: 13
Number of current befrienders: 16

Project Overview

Womankind is a befriending service for women with mental health problems. The befriending service works in partnership with a local community mental health team. The objective is to provide weekly and consistent support to women with mental health problems, helping them to gain in confidence, alleviate social isolation and engage in community activities.

Client needs

Includes women with learning difficulties and mental health problems who suffer the stigma of their condition and are experiencing problems of low self-esteem, poor community engagement and social isolation.

Key factors affecting client group:

- Deprivation
- Discrimination
- Exclusion from mainstream activities in the community
- Stigma
- Isolation

Outcomes for service users

- Improved relationships
- Increased confidence and self esteem
- Increased independence and inclusion in community
- Increased opportunities to participate
- New skills and knowledge
- Reduction in social isolation

Case study: Client M

M is in her mid-forties, with mild learning difficulties and a long history of mental health problems. She experienced an abusive childhood and is estranged from all family members. When M was younger she spent a considerable amount of time in hospital. M was living in supported accommodation and receiving regular visits from her Community Psychiatric Nurse (CPN). During the initial visit to assess her needs for a service M said that she did not want to be living in her flat as she did not get on with any of the other residents. She also said that she found it hard to get on with people as she had been badly hurt in the past. Her main reason for wanting a befriender was to provide a source of support and somebody with whom to do things.

Befriending Intervention

The partnership was initially difficult with M, as she was withdrawn and mistrustful. The befriender was very reassuring and eventually M began to trust her. They spent their time going to the gym, for walks, shopping and going to cafes. Later M decided that she wanted to move house. When she was offered a new flat in a different area, her befriender helped her move in and furnish it.

At the end of the year, the co-ordinator visited M in her flat and was greeted with warmth, M appearing much happier and more confident. M said that she felt she had made a new life for herself with a flat she loved and new neighbours. It was evident that the relationship she had with her befriender enabled M to feel more confident in making new friendships.

Feedback from M's CPN was also positive. She said that M "had benefited enormously from having a befriender. Her confidence has improved and she is able to recognise and deal with her mood changes". The CPN's involvement prior to the befriending had been considerable (at least weekly and sometimes more when crises arose). M is now able to manage her life more effectively and is much less dependent on statutory support.

Service user quotes
'Having a befriender was helpful as the visits gave me something to look forward to each week. It has made me feel a happier person doing things that everyone else does like going to the shops and eating out. I used to just stay in, sleep and watch TV.'

'Having someone to talk to has given me the confidence to talk to others and make new friends.'

'My befriender was very committed, which helped me to see myself more positively, we got on very well and have decided to stay in touch.'

'My befriender was very patient and gave me a lot of support and encouragement. I now feel more confident and independent – I hadn't been able to go out on my own for over ten years and now I can get my own shopping and go to the post office.'

Volunteer quote
'M was very unhappy when we first met and it feels good to know that I played a part in helping her. I have also gained some new friends from volunteering which has improved my life.'

Name of Organisation: Framework Housing Association
Project: Framework Befriending and Mentoring Service
Locality: Nottingham
Key Funders: Framework, One Nottingham, Nottingham City Healthcare Trust
Funding awarded: £30,000 (per annum)
Number of current clients: 75
Number of current befrienders: 72

Project Overview

Framework provides housing, support, training, care and resettlement services to a variety of individuals with varying needs such as mental health issues, young people and care leavers, vulnerable women and families and older people. The befriending service was set up to provide on-going support to individuals who are vulnerable and isolated in their communities in need of additional one-to-one support to help promote independence and reduce social exclusion.

Client group

The clients supported by Framework demonstrate a wide range of mental health issues such as depression, schizophrenia, agoraphobia, panic attacks and anxiety. Framework also supports clients with physical disabilities such as cerebral palsy, fragile X and fibromyalgia. Many clients suffer from social stigma which compounds their isolation.

Key factors affecting client group

- Isolation
- Lack of confidence to form social relationships
- Reduction in social networks
- Stigma

Outcomes for service users

- Increased confidence and self esteem
- Increased independence and inclusion in community
- Needs and aspirations met
- Reduced loneliness and isolation
- Reduction in mental health issues

Case study: Client X

X was referred by her daughter who lived away. She was worried about her mother as she had become withdrawn and had no family nearby. At the initial assessment X explained that she had recently lost a close friend who attended a local group in the area with her. This had led to X no longer wanting to attend the group and becoming more detached from her community.

Befriending Intervention

X welcomed the opportunity to have a befriender and felt like someone actually cared about her. As a result of having a befriender and being involved with Framework X is now actively involved in some of the services other schemes and has received benefit support and home safety support from the fire service to improve the safety in her home. X's quality of life has improved significantly as has her emotional well-being.

Service user quote
'Since having a befriender my self confidence has improved, everyone comments on it! I feel far more in control of my life than I used to.'

Name of Organisation: Bury Council
Project name: Bury Befrienders
Locality: Bury
Key Funder: Aiming High
Funding Award: £16,000 (per annum)
Number of current clients: 30
Number of current befrienders: 24

Project Overview

The scheme provides autistic children with an adult role model to help support them to learn new skills and access social and leisure opportunities within their local area. The scheme also operates to enable parents of autistic children the opportunity to have individual time to spend with one another or with other siblings.

Client group

Bury Befrienders support children with an ASD diagnosis who live in the Bury area. Many children demonstrate poor social skills including how to make and keep friends.

Key factors affecting client group

- Loneliness
- Isolation
- Lack of confidence and low self esteem
- Poor social skills
- Increased reliance on family

Outcomes for service users

- Increased confidence and self esteem
- Increased social skills
- Increased number of peer friendships made
- Improved mental health
- Reduction in family break ups

Case Study: Client P

P lives at home with his family, his mother suffers from mental health issues and finds it difficult to leave the family home, P rarely manages to engage in social activities due to his mother's condition. P is also in his final year of primary school and will be soon moving into secondary education. P is concerned about having to start a new school and his concerns are exacerbated by his mother's condition as he knows he will have to travel to his new school on his own.

Befriending Intervention

P was matched with a befriender who meets with him regularly. Meetings often take place within the family home with P and his befriender engaging in conversation and playing games although there are times when the befriender takes P out on social excursions. P's befriender has spent time helping P to improve on his social skills which has now resulted in P making friends with his peers. P has gained increased confidence in his own ability and has now joined a gym with his new friends. P's befriender is so pleased with his progress that she now wonders if P would rather carry out leisure activities with his friends.

Service user quote
'I really enjoy having a befriender as she takes me out to places when I probably wouldn't have gone out.'

Meeting new challenges in social care

Putting People First: a shared vision and commitment to the transformation of Adult Social Care (2007) sets out a shared ambition to transform adult social care through a reform of public services that will enable people to live their lives as they wish, confident that services are safe and of a high quality and will promote their individual needs for independence, well-being and dignity.

Putting People First describes the development of a personalised adult social care system that puts people at the centre of their care planning, enabling them to have maximum choice and control over the care services they want to receive to help them live their lives in the way they want.

In order to achieve total transformation of adult social care within their local communities, local authorities and their partners need to focus on four key areas:

• Enabling access to universal services
• Increasing choice and control
• Providing early intervention and prevention
• Increasing social capital

Befriending has a role to play in all of these areas and can help local authorities and their partners create communities in which people want to live and the social care which is right for them.

When I first met J he was difficult to engage with, withdrawn and anxious around other people. He wanted a befriender to help support him to travel alone by bus as he was dependent upon his elderly mother. As my visits progressed my initial role seemed to change from providing support whilst travelling, a kind of safety net whilst he became more confident, to one where J no longer needs me as he is now travelling independently and meeting friends which is the best outcome that could have been achieved.
[Volunteer befriender, Framework Housing Association]

Access to universal services

People need easy access to **universal services** in order to live independently in their own homes and participate in their local communities, undertake training or gain meaningful employment.

Befriending can help people access universal services by assisting them on public transport to attend local recreational or leisure facilities, provide them with the tools to seek advice and guidance on other universal services they can access in their communities, provide practical assistance to help them deal with day-to-day administrative tasks to help them live independently. Low-level but timely support helps to build confidence to overcome barriers which cause isolation.

Increasing choice and control

Those who receive social care support from statutory, third or private sectors, including those people that fund their own social care, are entitled to have choice and control over the support they need, which service best provides for their needs and how they receive this support. People eligible for social care can choose whether to continue receiving support as they always have done or to use personal budgets to purchase their own care in the way they want.

Through a series of changes giving people in receipt of statutory social care the freedom to purchase the services they want, we envisage more people eligible for statutory-funded social care choosing to purchase befriending services to help maintain their health and well-being. This will also help promote independence for as long as possible thus assisting them to participate fully in their communities.

In order to achieve success in this area, Local Authorities and their partners will need to work with stakeholders, voluntary, community and private sector organisations and their service users to make sure that there is a wide range of preventative services such as befriending available to those eligible for statutory care and support, as well as those outside the care of statutory social service. Management support, training, out-of-pocket expenses and operation costs for volunteer-involving services needs to be recognised, unit costs distilled and paid from individual budgets and access to information about how to access befriending services and other choices developed. Already some voluntary and community sector organisations are providing befriending support to individuals who have used their personal budgets to purchase befriending services.

MBF is working with the befriending sector to support them to adapt and develop the potential to make their services more person-centred, co-designed with, and useful to people with or without personal budgets.

Early intervention and prevention

Putting People First makes the case for increasing targeted investment in services which provide for early intervention before problems reach crisis point, as well as in preventive services which focus on providing the help at an early stage to stay independent for longer, recover from a long-term illness, help to manage a long-term condition or assistance to undertake daily activities. The recent evaluation of the POPPS pilots *(National Evaluation of Partnerships for Older People Projects Final Report, 2010)* has established sound evidence of the value of this approach.

In order to achieve success in this area, Local Authorities and their partners will need to ensure there is a mix of services providing both the practical or functional support a person needs to remain independent, such as telecare, and services supporting their social and emotional needs.

Befriending can help to provide the social and emotional support that a person who is isolated or disadvantaged as a result of a long-term illness or condition may require. As part of a wider care package of support befriending can help build resilience to adversity, increase social networks and provide support to amenities or access to other services helping to improve future mental health and well-being.

For those individuals who find themselves not eligible or on the edge of needing statutory social care because their care needs are considered to be moderate to low, preventative interventions such as befriending are necessary to reduce the likelihood of these individuals entering the system at a later and more acute stage of their life.

> *People's expectations and sense of optimism are key to their quality of later life. But not making the most of opportunities can result in inactivity and loneliness, reducing an individual's well-being.*
> Building a society for all ages - consultation response (2010)

MBF is working with stakeholders to encourage their recognition of the relevance of befriending to the personalisation agenda and the need to continue commissioning preventative services such as befriending that can help reduce future demand on more costly health and social care services.

When I first met J he was difficult to engage with, withdrawn and anxious around other people. He wanted a befriender to help support him to travel alone by bus as he was dependent upon his elderly mother. As my visits progressed my initial role seemed to change from providing support whilst travelling, a kind of safety net whilst he became more confident, to one where J no longer needs me as he is now travelling independently and meeting friends which is the best outcome that could have been achieved.
[Volunteer befriender, Framework Housing Association]

I like having a befriender because it helps me to get out of the flat and go out to different places like the pub, football, walking, cycling, shopping and going into the city for a cup of coffee and a chat.
[Build - service user]

Prevention for all

As a preventative intervention, befriending has the unique ability to operate across all levels of the prevention framework. It can be used to support people with low to moderate health and social care needs to prevent people from entering into the system and requiring social care for the first time. It can also be used to maintain the equilibrium so that further deterioration of an existing condition is prevented and the need for extra care is diminished. Befriending can also be used to support people with high-level complex needs to help reduce long-term dependency upon acute service provision such as residential care.

Table 2 demonstrates how befriending can be applied in practice to support people with differing levels of need (Transforming Adult Social Care, 2008).

Table 2: Application of befriending at differing levels of need.

Promoting well-being – primary prevention

Primary prevention is aimed at people who have no particular social care needs, symptoms or illness. At this level, befriending can be used to maintain independence, promote good health and well-being, provide opportunities to engage in social activities, increase social networks and provide people with information about other services and support available.

Early intervention - secondary prevention

Secondary prevention is aimed at identifying those people at risk in order to slow down or halt further deterioration. At this level befriending can help identify those most at risk within our communities because it operates at the local/neighbourhood level to support those most hard to reach individuals who do not regularly access statutory health support and who may not be eligible for social care and whose health needs tend to go unnoticed. As a result of receiving regular visits from a befriender a service user's health needs can be monitored and any deterioration in health or difficulties with maintaining independence can be identified and treated at an early stage.

Maximising independence – tertiary prevention

Tertiary prevention aims to reduce disability or deterioration from established health conditions or complex social care needs. At this level befriending can help support other social care interventions such as rehabilitation or non-residential domiciliary personal care to maximise a person's functioning and independence by supporting the emotional health and well-being of the individual. Befriending can also operate as a low-level intervention after other interventions have ceased, as a continuation of support to build and maintain resilience.

In contrast to time-limited social care and support services such as those used to deliver tertiary prevention usually at the point of crisis, befriending can provide low-level support to those most in need during times of crisis or transition. With its distinctive focus on voluntary one-to-one contact, befriending can be tailored to help improve the emotional health and well-being of the service user through regular contact and can be delivered flexibly over time to reflect their changing needs and desired outcomes.

As part of a flexible, tailored package of support, befriending can bridge the gap that many other forms of health and social care cannot, by supporting the individual as a whole to become more socially and emotionally resilient.

M is in her mid-forties, she has mild learning difficulties and a long history of mental health problems. M lives in supported accommodation and receives regular visits from her Community Psychiatric Nurse. When I befriended M she was not happy where she lived and found it difficult to get on with people as she had been badly hurt in the past. M wanted someone to spend time with and who would take her out so she could get out of her house. We regularly went to the gym, for walks, shopping and often went to cafes. I also helped her move house when she was offered a new flat. M is now happier and confident; she has made a new life for herself and has new neighbours that she gets on well with. M is now able to manage her life more effectively and is much less dependent on statutory support.

[Volunteer befriender, Womankind]

Reducing dependency on high-cost services

Befriending is well placed to help reduce the pressure on often overstretched NHS resources, such as GPs or mental health teams, as it helps to build resilience by improving or maintaining the social and emotional well-being of the service user which, over time, can lead to a reduction in service need.

If befriending is used more to support the emotional needs of people as part of a targeted support package, it can contribute significantly to building resilience so people are better able to cope independently and dependence on other, more costly, healthcare services is reduced.

> *I used to visit my GP every week, I am not sure if it was really necessary but it gave me the opportunity to talk about how I was feeling. Since having a befriender I now only go to my GP about once every month.*
> (A, 48, left full time employment to care for his mother who has now moved into a nursing home. As a result of caring for his mother during her illness A cut himself off from his peers and rarely participated in mainstream activities. Social isolation has impacted significantly on A's mental health, confidence and self-esteem.)

A's response was quite typical and was reiterated by many of the service users interviewed for this study. Many reported visiting or telephoning their GPs almost weekly, prior to having a volunteer befriender, while some also received additional home visits from statutory mental health or community support teams. In the majority of cases, the perceived need for more specialist support appears to have lessened as the service user's emotional health and well-being improved or their involvement in wider social networks or activities such as volunteering increased.

Bracey (2010, p. 35), in an article looking at services and support for older people, cites an example from POPPS of 'how a low-level, community-based initiative can play a key role in reducing the need for secondary care and in improving older people's lives:

> *Betty lived alone in a rural part of Dorset and was becoming increasingly isolated. Betty rang the ambulance service to the cost of £19,000. Betty did have a health condition but the calls to the ambulance service were not because of this, it was because she was becoming increasingly lonely and isolated. Betty's GP put her in touch with a community befriending scheme which cost £2,000 to set up. Betty has not rung the ambulance service since.*
> Dorset County Council, (2009)

As a result of chronic and deteriorating ME I am very fatigued and rarely get to go out. My befriender really understands what I am going through and as a result of our weekly meetings my mood has improved and I am now thinking about other interests as opposed to my condition.
[B, 54, has had chronic ME for 15 years, she is often very fatigued and struggles to undertake everyday tasks, as a result of ME. B had become extremely isolated and suffers from reactive depression.]

Increasing social capital through befriending

Social capital measures the capacity of society to offer everyone an opportunity to be part of a community and experience through interaction, the friendships and care that can come from families, friends and neighbours.

A community or neighbourhood rich in social capital can be characterised as a socially cohesive, cooperative and caring community and one in which people work together for mutual benefit. In contrast a community that is poor in social capital, might be described as one where people become isolated, suspicious of others and one in which people are reluctant to participate in social, economic and political life.
Sixsmith and Boneham, (2003)

Developing opportunities for people who have care and support needs to participate fully in community life is central to not only building social capital within communities but also to improving their health and well-being. Approaches like befriending that can help people develop and extend their social networks, help them connect with their local communities and provide them with a sense of purpose will be essential in helping Local Authorities and their partners to develop a community rich in social capital.

My befriender was very patient and gave me a lot of support and encouragement. I now feel more confident and independent – I hadn't been able to go out on my own for over ten years and now I can get my own shopping and go to the post office.

[Womankind - service user]

In order to reduce some of the associated social- and health-related effects of demographic change it will be necessary to increase opportunities that help build social capital in order for people to feel more connected, supported and cared for within their communities. The Department of Health report, Confident Communities, Brighter Futures: a framework for developing well-being (2010), sets out a cross-governmental and cross-sector programme of action to improve the mental health and well-being of the population and improve the quality and accessibility of services for people with poor mental health. Interventions and approaches that help build social capital, help people have a sense of purpose, develop strong relationships with others and have opportunities to be active citizens are considered to be intrinsic aspects of well-being.

The report highlights the significant contribution that volunteering can play in helping to improve mental health and well-being of local citizens. It also builds upon the wider personalisation agenda by stressing the importance of building social capital within local communities to help reduce social isolation, improve mental well-being and increase resilience to adversity through having wider support networks.

> *Volunteering can offer the opportunity to address some of the contextual and environmental factors that can undermine emotional and mental well-being; volunteering improves quality of life, particularly when involving face-to-face contact with others.*
> Confident Communities, Brighter Futures: a framework for developing well-being (2010)

Volunteering is widely recognised as an activity that can help build social capital as it can combat feelings of personal isolation, foster social inclusion, and contribute to the wider government agenda of building strong and cohesive communities (Volunteering Works: volunteering and social policy 2007). For many years voluntary befriending has played a key role in providing one-to-one support to those most at risk of isolation and exclusion to help them integrate and feel part of their communities. It has also provided a volunteering opportunity for those who have themselves been in a similar situation to those they are supporting. Mutual aid or self-help volunteering such as befriending can often provide people with shared problems, challenges or conditions with the opportunity to support one another in a mutually beneficial relationship that can help build social capital and improve health and well-being outcomes.

> *As well as improving outcomes for patients and the recipients of health and social care, volunteering can also bring health benefits to the people who actually volunteer.*
> Baroness Neuberger in Volunteering Works: volunteering and social policy (2007)

The uniquely reciprocal benefits of befriending can help support Local Authorities and their partners to build social capital in their areas and address wider health improvements within local communities. As a voluntary activity, befriending not only helps those volunteering to build upon and maintain their own social capital in order to ameliorate their own challenges. It also enables volunteers to draw upon their own existing stocks of social capital to help develop the social networks of those they are seeking to support.

M was very unhappy when we first met and it feels good to know that I played a part in helping her. I have also gained some new friends from volunteering which has improved my life.
[Womankind - volunteer]

When I met D he was lacking in communication, literacy and numeracy skills and required a lot of prompting to engage in conversation. His mother had moved away with her new partner and D was living in private rented accommodation. I have been supporting D for three years and we regularly engage in activities such as cycling, walking or going ten-pin bowling. D is much more confident and outgoing and is more settled in himself. He has taken up hobbies and activities and now volunteers with a local charity.
[Volunteer enabler, Exeter CVS]

Volunteering: involving people and communities in delivering and developing health and social care services

The recent Department of Health strategic vision for volunteering (Volunteering: involving people and communities in delivering and developing health and social care services, 2010) identifies the long-established place of voluntary activity in health and social care settings and its importance in complementing and reducing pressure on mainstream statutory services to improve their quality of care. The report highlights many volunteer roles, including peer support, mentoring and befriending, through which volunteers provide vital support that contributes to prevention and well-being of those most in need.

The report describes how volunteering can play a key role in the delivery of public services that help to improve health and well-being and identifies befriending as a good example of how volunteering can have mutual health benefits for those involved. It echoes MBF's views that although volunteers are by definition unpaid, volunteering itself, in any sector, still requires investment to ensure that volunteer involvement is properly supported. Where services are commissioned, there should be a recognition of the need to cover the costs of recruiting, training and managing volunteers to ensure they enjoy sufficient support to fulfil their role. As well as initial training the on-going costs of management support, refresher training and out-of-pocket volunteer expenses all need to be met in order to maintain a motivated volunteer force.

The Department of Health report is due to be refreshed. MBF hopes the commitments contained in the present report, to encourage investment in preventative services such as mentoring and befriending, and build local community capacity and social capital, will remain. MBF would also would welcome its encouragement of greater partnership between commissioners and providers to improve understanding and explore the future potential for joint initiatives in this area.

Name of Organisation: Brighton & Hove Impetus
Project: Brighton & Hove Neighbourhood Care Scheme
Locality: Brighton & Hove
Key Funder: Brighton & Hove County Council
Funding award: £59,324 (2010-2011)
Number of current befriending clients: 208
Number of current befrienders: 221

Project Overview

The Neighbourhood Care Scheme is a project run by the Brighton & Hove Impetus and is a good neighbour scheme which operates in nine neighbourhoods. The scheme aims to support older people and people with physical/sensory disabilities living on their own by recruiting local volunteers to provide them with social and practical support and assistance with a variety of tasks. The overall aim of the scheme is to create healthier, safer, caring inclusive neighbourhoods.

Client group

Over one-third of scheme members are aged over 85 and display a variety of age-related infirmities including mobility problems which are very common. Many suffer from mental health problems, in particular depression.

Key factors affecting client group

- Depression
- Deprivation
- Loneliness
- Mobility problems
- Social isolation

Outcomes for service users (scheme members)

- Increased self esteem
- Increased social networks
- Reduced feeling of loneliness and isolation
- Reduction in care home placement
- Reduction in falls
- Reduction in hospital admissions
- Reduction in mental health problems

Case study: Client F

Client F was 83 years of age and suffered from Parkinson's disease and depression. F lived in sheltered accommodation with her long-term partner who was 86 and suffering from prostate cancer until his death in 2008. Unfortunately two days after her partner's death F had a fall and was admitted to hospital.

Befriending Intervention

F had been in touch with the scheme for nine years and it was only after her partner died that she was willing to accept help. On admission to hospital a volunteer collected her post, arranged her partner's funeral and liaised with the hospital's social work department to find F a suitable short-term placement. On leaving hospital F's volunteer helped her to move home and continues to phone her every day and visit her once a week to help with paperwork or take her out to the shops.

Name of Organisation: Voluntary Support Scheme
Project: Befriending Scheme
Locality: Tiverton, Devon
Key Funder: NHS Primary Care grant
Funding Award: £5,910 per annum
Number of current clients: 19 + 13 self help group members
Number of current befrienders: 19

Project Overview

The Voluntary Support Scheme supports individuals with mild to moderate mental health problems who are finding it hard to cope. The scheme provides one-to-one befriending support to help individuals reduce barriers to good mental health and improve their local understanding of mental health issues in order to increase independence and reduce isolation.

Client group

Many of the clients supported by the Voluntary Support Scheme experience difficulties ranging from levels of anxiety or depression which can make life extremely difficult to people who have become housebound as a result of their difficulties.

Key factors affecting client group

- Deprivation
- Disempowerment
- Harassment
- Loneliness
- Rejection
- Social isolation
- Stigma

Outcomes for service users

- Improved confidence
- Improved relationships
- Improved emotional health and well-being
- Increased independence
- Increase self-worth
- Increased social networks
- Reduction in hospital admissions

Case study: Client J

J is in her 60's and has suffered from chronic ME for 10 years; she lives at home with her son, who has physical disabilities, and her husband, who has a terminal illness. J and her husband moved to Devon from the city just before J became ill. Unfortunately as a result of the move J found it hard to fit in and make new friends and as a result felt isolated and cut off which led to her becoming emotionally distressed. J was suffering from fatigue and became bedridden for a long period of time. ME was later diagnosed

Befriending Intervention

J has had her befriender for the last 10 years. Initially J hoped a befriender would help motivate her to get better quicker but unfortunately J's condition has deteriorated over the years. J's befriender visits J once a week to listen and have a chat with her. Social outings are rare due to J' s fatigue but together they have set up a local Christian community group in order to bring Christian members of the community together. They have also set up a ME support group. Despite J's deteriorating health as a result of ME, J and her befriender have a unique relationship which both have benefited from. J now has access to new social networks and feels part of the community that she felt so isolated from.

Service user quotes
'Being able to get out of the house and have a coffee with someone else rather than sitting at home on my own is absolutely wonderful'
'Since having a befriender the days seem shorter now I am less socially isolated.'

'I am more confident in myself and look forward to going to the self help group.'

Name of Organisation: Young and Free
Project: The Future of Integration
Locality: Bristol and surrounding areas
Key Funder: Big Lottery
Number of current clients: 20
Number of current befrienders: 25

Project Overview

The Young and Free charity offers a social befriending service to young people aged between 16 to 25-years-old. It aims to enable physically and /or sensory disabled young people to build a social network of non disabled friends to help alleviate the feelings of social isolation that disabled adults often experience on leaving full time education.

Client group

Cerebral palsy is the main disability affecting Young and Free's members. However, visual and hearing impairment are also prevalent.

Key factors affecting client group

- Social isolation
- Lack of confidence and low self stem
- Depression and anxiety
- Reduction in social networks
- Stigma
- Disempowerment

Outcomes for service users

- Reduced social isolation
- Increased social networks of disabled and non disabled friends
- Learn new skills
- Access to education and employment
- Increased confidence and self esteem
- Increased independence.
- Increased perception of social cohesion

Case study: Client R

Client R is a 25 year with cerebral palsy. R had been living independently during her teens at college where she had had a fantastic social life. On returning home after completing her 3 year course she found herself socially isolated with no opportunities to socialise or utilise her learnt skills. She also became isolated as a result of her mobility issues. R became very depressed and regularly shut herself away in her room so that she did not have to talk to anyone. She became increasingly socially and physically isolated and had suicidal thoughts.

Befriending Intervention

R decided to set up the Young and Free charity to provide individuals like her with the opportunity to socialise and engage in mainstream activities. With the support of her befrienders who are mostly university students, R now regularly engages in activities such as the cinema, bowling, concerts and discos. R has undertaken a number of additional college courses and is currently looking for employment in computer design.

Name of Organisation: Age UK North Tyneside
Project: Life Choices Befriending
Locality: North Tyneside
Funder: Part funded through Local Authority Contract as part of Community Support Service
Number of current clients: 51
Number of current befrienders: 16

Project Overview:

Age UK North Tyneside supports individuals 50+ who have a range of mental health needs, physical disabilities, learning difficulties and dementia. The scheme was initially a visiting scheme but now encompasses an enabling aspect. The scheme addresses the growing isolation amongst older people by offering a bespoke befriending and support service to meet individual's needs and aspirations to improve quality of life.

Client group:

The clients supported by Age UK North Tyneside demonstrate various disabilities which prevent them from leaving their home. Disabilities include dementia, mobility difficulties, difficulty reading and writing, deterioration in sight and/or hearing. These disabilities can sometimes lead to other issues such as depression and isolation.

Key factors affecting client group:

- Isolation
- Poverty and deprivation
- Reduction in social networks
- Breakdown of family structures
- Transitional issues
- Bereavement
- Deteriorating health.

Outcomes for service users:

- Reduced isolation
- Increased social networks
- Increase/ maintained independence
- Improved confidence and self esteem
- Reduced likelihood or relief from depression/anxiety
- Carer relief for their loved ones which has an overall positive impact on the service user
- Individual goals and aspirations met (e.g. developing life skills, cookery classes, reading and writing, etc)

Case study: Client D

D was referred by Macmillan Cancer Support and the referral stated that he "…wants to get out and enjoy the sea air". D had terminal cancer, was unable to go outdoors without the aid of a wheelchair but didn't have the strength to manoeuvre it himself. While he had a friend who was his unpaid carer but she was not strong enough to push the wheelchair. He had visitors to the house but was still socially isolated due to his disability and could not access his local community without support.

Befriending Intervention

An assessment and support plan was completed with D and his carer to promote choice and find out the type of support they would like to access. D wanted a male volunteer to accompany him outdoors and to take him to enjoy the sea air, and a visitor to chat to on days when the weather was not suitable for outings. As part of the bespoke support plan, we checked the existing support D had in place (welfare benefits, home care, day services, etc) and matched him with a male volunteer who takes D to the coast in fine weather and chats with D at home when the weather is not suitable

Service user quote
'My befriender is very kind and listens to me, she has a lovely smile and I really look forward to Tuesdays when I know she will be coming to see me.'

Commissioning befriending services

In order to achieve the range of choices required by a more personalised approach to health and social care, Local Authorities will need to work in partnership with local stakeholders including voluntary sector service providers, their users and carers to assist the expansion of preventative interventions. These can empower people to stay independent for longer and reduce the demand for social care and health services whether or not they are eligible for funded social care. In order to develop or expand preventative interventions centred on improving well-being and promoting independence, Local Authorities and their partners will need to invest in services that are more cost-effective, reduce demand on the health and social care system and provide better outcomes for individuals.

Adding value

The call for more localised sector collaboration to strengthen local service delivery (Transforming Adult Social Care, 2008), echoes a steadily growing acknowledgement that the third sector is well placed to offer effective interventions at the local or neighbourhood level. MBF's recently published report Promising Returns: a commissioners guide to investing in mentoring and befriending programmes (2010) gives several instances of why commissioners have been impressed by the ability of local groups to provide targeted support, For example

> Sam Hay is the commissioner for the Carers Strategy at Sandwell Council and works closely with the commissioning team for the Dementia Strategy. He explains:
>
> *BUDS (Better Understanding of Dementia, Sandwell) showed that they had carried out a good mapping exercise of local services and were developing complementary and innovative services, rather than simply duplicating. The project had shown a good understanding of the local area and the needs in relation to the older population, and it worked hard to build a good relationship with us. By tapping into the Carers Strategy and Dementia Strategy, the project has linked two areas of funding for the benefit of the service users.*

The commitment to the creation of a Big Society by the Coalition Government acknowledges that the local voluntary and community sector have a part to play in delivering good value in both service delivery and cost. The sector can also provide added value by contributing its local knowledge and expertise in reaching all communities (Building the Big Society, 2010).

Outcome-based commissioning

In a climate of public service cuts, a rise in the care needs of an ageing population and increased demand for high-quality services that are both personalised and promote health and well-being, commissioners of health and social care services need to ensure they commission services that achieve the greatest health gains, deliver on investment and reduce health inequalities.

Over the last two years MBF has been working to promote benefits of using and implementing an outcomes-focused approach and, as a result, many befriending providers are now monitoring and evaluating client outcomes and the wider contribution their services can have on local strategic priorities.

Measuring service user outcomes not only demonstrates the capabilities of the voluntary and community sector to adapt to change but also illustrates their readiness and ability to engage in new working processes at a strategic level with statutory partners.

Local partnership working

Joint commissioning frameworks have been introduced to bring together those responsible for planning and commissioning public services on behalf of local populations. The Joint Strategic Needs Assessment is the key resource for local joint planning and commissioning of public services and this will remain the case under the proposals made in consultation paper Local Democratic Legitimacy in Health issued as part of the White Paper, Equity and Excellence: Liberating the NHS(Department of Health July 2010)

This joint approach to commissioning aims to provide a more strategic and long-term approach to commissioning health and social care services that will help Local Authorities, Primary Care Trusts and GP practice-based commissioning consortia, in partnership with their local communities, promote health and well-being, improve health outcomes and deliver on wider local priority improvements.

This framework for commissioning health and well-being provides a number of new opportunities for the third sector to become involved in local commissioning by:

- Providing evidence about local need.
- Providing information about local services available for a variety of client groups.
- Sharing knowledge of what works well and what does not.
- Influencing, shaping and possibly delivering services.
- Building social capital within communities through volunteering.
- Strengthening community cohesion.

- Ensuring a level playing field of service delivery and capacity building.
- Increasing innovation.

An example of how local engagement with the local voluntary and community sector, service users, carers and other statutory support agencies can play a significant role in local commissioning comes from Norfolk Adult Social Services Department. Norfolk ASSD identified the need to build the capacity for local Third Sector providers of befriending services to respond to commissioning opportunities and contribute to improving quality of life for the local community.

In collaboration with MBF, Norfolk ASSD invited stakeholders, service providers, service users and their carers to meet and discuss how best this could be achieved. The work from this initial consultation planning meeting was carried forward, and following several further meetings, a draft document has emerged aligning agreed outcomes with necessary quality standards (based around the MBF's Approved Provider Standard) that befriending services will be expected to meet.

These fall into four key areas

- Informed choice and control.
- Improved quality of life, health and emotional well-being through safe and effective services.
- Equality of access.
- Making a positive contribution by involving clients and volunteer befrienders to be part of the design, development and delivery of services.

The current draft of this is shown in Appendix 1. It is envisaged that following more work this will, in principle, guide the future commissioning of befriending services in Norfolk.

Recommendations

For national and local statutory bodies

- Department of Health to advocate for befriending as an effective intervention in social care planning so that it is recognised and adopted as part of integrated packages of care and support for people at all levels of vulnerability.

- Commitment by health and social care commissioners at national and local level to investment in preventative community services such as befriending schemes, in recognition of their particular effectiveness at times of fiscal constraint.

- Local Authorities and health commissioning bodies to identify and include representation from befriending schemes in the development of joint strategic needs assessment and preventative commissioning strategies, at an early stage of planning.

- Local Authorities and health commissioning bodies to continue the capacity for direct contract or grant funding third sector organisations providing befriending services in local communities to help them achieve local early intervention and prevention targets.

- Befriending to be recognised by commissioners and care managers as a legitimate activity that can be purchased by individuals eligible for social care budgets.

For befriending projects

- To continue to develop outcomes measurement systems which build evidence of the impact of their work on improving health, well-being and quality of life.

- To continue to engage with local commissioners in the design of future services to increase the capacity for effective local early intervention and preventative activities.

- To address the challenges of personalisation by making the adjustments to planning processes, financial and office systems and workforce support necessary to provide choice and flexibility for service users, whether funded or unfunded by social care.

- To create opportunities that will enthuse and enable young people to become volunteer befrienders to help build social capital and increase the numbers of young people volunteering in health and social care.

For the Mentoring and Befriending Foundation

- To undertake thorough research to measure the value and cost benefits of befriending interventions at all levels of need, including the potential savings in reduced dependence on high cost services.

- To continue to broker links between befriending projects and commissioners and service planners to achieve effective commissioning of befriending services.

- To provide a range of practical support provision which enables projects to develop a creative response to the personalisation agenda.

Glossary

Added value - an improvement that would not have happened without the additional action proposed.

Approved Provider Standard (APS) - APS is a national benchmark for organisations providing one-to-one/group, volunteer mentoring or befriending. It aims to provide programmes with a badge of competence and safe practice in mentoring and befriending.

Befriendee - the person who is befriended.

Befriending - offers supportive, reliable relationships through volunteer befrienders to people who would otherwise be socially isolated.

Capacity building - can include a wide range of support, techniques and initiatives that aim to build the capacity of individuals, organisations or communities, e.g. developing an organisation's internal structures and systems, and external relationships.

Full cost recovery - the process by which voluntary groups delivering public services ensure that the full costs of their activities are reflected in the price they expect for the contract or service level agreement.

Individual budget - what a service user can spend on the help they need to achieve what is important to them.

Joint Strategic Needs Assessment - a process that identifies current and future health and well-being needs in light of existing services, and informs future service planning taking into account evidence of effectiveness, identifying "the big picture" in terms of the health and well-being needs and inequalities of a local population.

Outcomes - the changes, benefits or other results that happen as a result of your activities.

Outputs - the services or products you put in place in order to achieve the desired change/outcomes.

Personalisation - government agenda to reform public services with every person who receives support, whether provided by statutory services or funded by themselves, to have choice and control over the shape of that support in all care settings.

Personal budget - sometimes used instead of the term 'Individual Budget'. Some definitions say personal budgets only include Adult Social Care funding while individual budgets can include other funding sources.

Practice based commissioning - enables GPs to commission care and other services that are directly tailored to the needs of their patients.

Re-ablement - the active process of regaining skills, confidence and independence.

Self-directed support - social care support which service users choose, organise and control to meet their needs in a way that suits them, using resources available to them to achieve what is important to them.

Social enterprise - a company run on a not-for-profit basis (which may still include making charges) to fulfil a social need.

Third sector - generic collective name for charity, voluntary, community, non-government and campaigning organisations.

Volunteer - someone who willingly gives unpaid help in the form of time, service or skills, through an organisation or group.

Appendices

Appendix 1

Aligning commissioning outcomes with quality standards

Alignment of outcomes identified by Norfolk ASSD that commissioned befriending services will be expected to meet, with elements of the quality standards framework provided by MBF, the Approved Provider Standard.

Choice and control through supporting and encouraging people's choices • Clients have a clear idea of the service enabling them to make an informed decision on choice of service available • Creating an understanding of the service. • Highlighting what is and is not included. • Making client aware of how long the service is available for (short and/or long term)	**Element 1** - The befriending project (or service) has a clear rationale and purpose **Element 4** - There is a clear process for the identification and referral of service users which takes into account their needs and suitability for the service **Element 5** - Service users are fully briefed and/or prepared for their involvement in the project
Improved quality of life, health and emotional well-being through: • Enabling staff and volunteers to achieve experience and ultimately professional qualifications and employment through the provision of training opportunities • Safe containment of befriending relationships achieved through induction, supervision and regular contact. • Matching clients and volunteers enabling good relationships between partners leading to improved health and social well-being • Safe and effective delivery of the service by professional, well-trained staff. • Clear and demonstrable evidence of benefits of befriending relationships through reviews, feedback from clients/befrienders and case studies. • Influence changes in service delivery to make it more responsive to their needs	**Element 2** - There is an effective organisational and management structure in place to support the project **Element 3** - The competence of staff involved in the project is developed and maintained **Element 6** - There is a rigorous and robust recruitment and selection process in place for potential befrienders **Element 7** - There are appropriate arrangements in place to safeguard the involvement of participants in the project **Element 9** - There is a clear and consistent process in place for matching service users with befrienders **Element 10** - There is on-going supervision and support provided for befrienders to help them develop in their role **Element 11** - The progress of relationships is regularly and routinely monitored to determine whether they are functioning successfully **Element 12** - The overall effectiveness of the befriending project is evaluated to improve its service and outcomes
Freedom from discrimination • Ensuring services are available to people from all backgrounds regardless of age, gender, sexuality, disability, faith, ethnicity or religion • Information is provided in client's first language and mediums other than the written word	**Element 4** - There is a clear process for the identification and referral of service users which takes into account their needs and suitability for the service **Element 5** - Service users are fully briefed and/or prepared for their involvement in the project
Making a positive contribution • Involving clients and volunteer befrienders to be part of the design, development and delivery of services, and be involved in the monitoring and evaluation processes • Influence changes in service delivery to make it more responsive to their needs • Enabling clients to influence the change in service delivery to make it more responsive to their needs	**Element 4** - There is a clear process for the identification and referral of service users which takes into account their needs and suitability for the service **Element 8** - Befrienders receive adequate preparation and training so that they can offer effective support to service users **Element 11** - The progress of relationships is regularly and routinely monitored to determine whether they are functioning successfully **Element 12** - The overall effectiveness of the befriending project is evaluated to improve its service and outcomes

Appendix 2

Existing research and evidence to support befriending as a preventative intervention

In the UK, befriending programmes have been in existence for the past 30 years, with a distinct rise in one-to-one and group support schemes since 1998 (Home Office, 2003). Since the change in focus of service provision to 'community care' in the 1970s, befriending services have been identified as an effective way of addressing the issue of social engagement for all potentially isolated and vulnerable people within the community.

There is a growing body of literature documenting the influence of social relationships on the physical and mental well-being of individuals, particularly older people (Pillemer and Suitor, 1996; Bradshaw and Haddock, 1998; Blaxter and Poland, 2002). In the more recent Mental Health Foundation/Age Concern survey of 2005 (Lee, 2006), social networks were one of the five themes to have specific relevance to address the needs of this client group. McGowan et al.'s (2009) paper 'highlights the potential of social intervention for investigating the gaps and opportunities for [one-to-one support] services for people living with Asperger Syndrome'.

A 1998 study explored the role and impact of befriending within community care and identified that befriending has a large role to play in the relief of social isolation for many sectors in society. The study highlighted that befriending, as a useful complement to other statutory services, can make a valued and valuable contribution to peoples' lives. The role of the volunteer was also shown to be integral as the befriender is under no professional or family obligation to offer support and this was considered to place volunteer befriending apart from other forms of social/health care for isolated people, pointing to the uniqueness of befriending support in the eyes of the user (Dean and Goodlad, 1998).

A study into the mental health needs of asylum seekers and refugees in London (Palmer and Wood, 2007) recommends that health providers offer befriending services to support mental health for this group of users who are likely to experience poorer mental health as well as higher levels of exclusion and vulnerability than native populations.

Studies undertaken with older people demonstrate the value and effectiveness that befriending can bring. The Report of Older People's Inquiry into 'that little bit of help' (Raynes et al., 2006) documents gaps in service provision for older people living in their homes with befriending identified as a useful service and ranked fifth in importance out of 13 most popular services required. Research generally shows that factors associated with 'successful ageing' include increased physical activity, higher self-rated health and increased social contact/activity/support.

Social interaction is also significantly associated with good mental health and improving social interaction amongst the oldest old is potentially a far less costly challenge than providing health services for improving physical quality of life (Successful Ageing and Social Interaction, 2007).

Many project evaluations and other studies around befriending have demonstrated positive outcomes achieved. However, despite the increased development of provision and the broad recognition that befriending is an effective form of prevention, research about its impact across all service user sectors is still relatively low.

A very recent study into understanding Britain's unmet needs found it to be a psychologically fragile society with soaring levels of individual isolation and stress. The report highlights the added value of the voluntary sector in filling the gaps in government social policy areas including isolation and social support and identifies befriending as an effective form of social support that can help to address these unmet needs. However, despite being a good initiative that can help tackle isolation, build resilience and support transitional needs befriending still remains very much on the margins of policy and small in scale (Receding Tide: understanding unmet needs in a harsher economic climate, 2009).

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How MBF can help you

We hope you have found this report interesting and informative. If you need any more information, help or guidance, please don't hesitate to get in touch. We provide a range of services to encourage the growth and development of mentoring and befriending across all sectors.

Some of the specific support we can provide funders or commissioners, includes:

Our dedicated team of staff based in the nine English regions can talk to you in more depth about the programmes we work with in your area. We can put you in touch with APS-approved programmes in your area so you can see how they operate and the impact they are having on local people and communities.

Or alternatively, our online APS directory lists all mentoring and befriending programmes in England that have attained APS. You can search this directly at www.mandbf.org.uk/directory/

We can advise on the development of assessment frameworks to support the funding or commissioning of mentoring and befriending programmes.

We can provide bespoke training to groups of funders or commissioners on the what, why and how of mentoring and befriending.

Our website contains many mentoring and befriending related resources, including a guide for funders or commissioners about funding mentoring and befriending programmes

Some of our main services for mentoring or befriending projects include:

- Approved Provider Standard (APS): the national benchmark for safe and effective practice in mentoring and befriending
- Training: we run a specialist two-tiered training programme specifically for people with or without mentoring or befriending experience
- Bespoke training and consultancy: we have experienced trainers who can tailor training to your specific needs and deliver it in-house
- Resources: we have an extensive bank of training packs, toolkits, publications, reports, research, information sheets, DVDs and so on… all available on our website

For more information about any of the above please visit our website or contact us.

Tel: 0161 787 8600
Email: info@mandbf.org.uk
Website: www.mandbf.org.uk

About the Mentoring and Befriending Foundation (MBF)

MBF is a national charity that encourages the growth and development of mentoring and befriending programmes throughout England. We do this by providing a source of expert guidance, inspiring excellence and creating a force for change.

Our vision is of a society where mentoring and befriending can empower all people to reach their full potential and improve their future life chances.

Our mission is to support the expansion of quality mentoring and befriending provision across all sectors.

Further information about the MBF, its activities and projects can be found at www.mandbf.org.uk