Conference 2011

Befriending Network Scotland

November 2011

Quality of Life and Befriending November 2011

Befriending Networks (formerly Befriending Network Scotland) Annual Conference 2011 was held in Edinburgh on 11th November at the end of a year which has been uniquely challenging for the befriending sector in two key ways:

• The profile and demand for befriending services is very high. Feedback and enquiries from service coordinators, referral agencies and potential clients tell us clearly that people know what befriending is, what it does and are asking for more of it to be available to client groups of all kinds.

• Economic conditions determining the future sustainability of the sector have been more stringent than ever before, making it harder for both existing and new services to secure funding.

Those of us who work in the sector all know first hand the enormous benefits that having a befriender can bring to someone who is lonely and isolated. We KNOW that it is making a difference to that person's quality of life. But can we measure this impact in a rigorous way and if so, how can this measurement be used to pave a route to sustainability for befriending services in the future? In other words, if we can really prove that we improve quality of life – and in a way which no other service can – then we have a very strong case for continuing and increasing resources to be invested in befriending.

This, then was the challenge laid before the 97 Befriending Networks members and partners who attended the 2011 conference. Presentations from Professor Suzanne Skevington of the World Health Organisation Centre for Quality of Life Studies and Gerald McLaughlin, Chief Executive of NHS Health Scotland set the context for considering these challenges both in terms of how quality of life can actually be measured and of why improving quality of life is a matter of national importance and a key priority on the present health and social care agenda. Maureen McGinn's introduction was a call to the befriending sector to ensure that we are making the best possible case for ourselves through our evaluations – an overriding imperative in the current climate. The afternoon workshops gave delegates the opportunity to explore issues around quality of life measurement in more detail in relation to particular client groups and one workshop was able to try out the new World Health Organisation Quality of life questionnaire (WHOQOL). The day ended with a celebration of members' achievements during the past year.

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Quality of Life and Befriending: Opening Remarks from Big Lottery Chair

Big Lottery Chair, Maureen McGinn

The Chair of Befriending Networks, David Shipley, welcomed delegates to the 9th BNS Annual conference and commended them for taking time out for vital reflection and networking at a time when pressure of work and resources is perhaps greater than ever. He urged them to be confident that, working together, the befriending sector could meet the challenges of the present and noted that the topic of the conference is a valuable starting point from which to begin to construct our strategy for doing this.

He introduced Maureen McGinn as a long-standing and energetic supporter of befriending. Both in her role as a funder and as former Chief Executive of the Laidlaw Youth Trust she has been able to significantly support the development of the sector in Scotland.

Maureen began her opening address by recounting her first ever encounter with befriending. As newly-appointed Chief Executive of the Laidlaw Youth Trust it was her job to decide on the allocation of funds to support children and vulnerable young people in Scotland. The decision had already been made to support valuable one-to-one mentoring services, but during a consultation meeting, someone stood up and asked whether she knew what the differences were between mentoring and befriending. The individual went on to explain the unique benefits of befriending concisely and convincingly – drawing on clear facts and figures – until she was in no doubt. That person was Mike Nicholson, founder and former Development Manager of Befriending Network Scotland, and from that moment on, the Laidlaw Youth Trust – and subsequently many major funding bodies – have explicitly recognised the unique identity of befriending.

This experience, Maureen continued, shows that timeliness and clarity can lead to real breakthroughs and can effect real change. In her example from the past – nearly 10 years ago – the real imperative for the befriending sector at the time was to be able to give befriending an identity and to be able to articulate exactly what this particular form of support consisted of and aimed to do. The speaker at the consultation meeting was able to do both of these things – and to draw on clear evidence which was meaningful to those he was addressing - and so the case for befriending was won.

Today the challenges for befriending are different. Befriending has achieved its identity, and Befriending Networks has formulated a code of practice and continues to develop valuable support structures for coordinators across the country. The imperative now is for the befriending sector to be able to demonstrate its impact on both individual and society – in a consistent and robust way, which is meaningful to those from whom we seek support and investment. This is not an easy challenge, and is one which will require cooperation and close working within the sector, but if we want to continue to make the case for befriending – and ensure a lasting commitment to befriending among those responsible for investing in services, we will need to have these facts and figures at our fingertips.

Maureen ended by welcoming the exploration of the impact of befriending on quality of life as a valuable step in creating an evaluation framework for befriending which will clearly demonstrate the unique difference our services make.

Speaker Profiles

MAUREEN McGINN
Maureen is currently Chair of the Scotland Committee of the Big Lottery Fund, an advisor on social justice to the Paul Hamlyn Foundation and is also member of Scotland Funders' Forum. Her career spans research, campaigning, policy development, and grant making in both the public and voluntary sectors. She is a long-standing and energetic supporter of befriending and, in her former role as Chief Executive of the Laidlaw Youth Trust, she was able to support the development of the sector in Scotland. Maureen was also a volunteer befriender herself for several years.

PROFESSOR SUZANNE SKEVINGTON
Suzanne holds a Personal Chair in Health Psychology at the University of Bath where she is Director of the World Health Organisation Centre for the Study of Quality of Life. Since 1992, Professor Skevington has been a Consultant to the World Health Organisation (WHO), and is a lead in their international multidisciplinary collaboration - the WHOQOL Group. She is author of 'Psychology of Pain' (Wiley, 1995/2010), co-author of 5 other volumes, and has published around 120 peer-reviewed journal articles, chapters and official reports.

GERRY McLAUGHLIN
Gerry McLaughlin is Chief Executive of NHS Health Scotland. A social sciences graduate, Gerry worked for 20 years as a local authority social work manager. Following a period as Glasgow's principal child protection officer, he moved to the Royal National Institute for the Blind, Scotland, as Assistant Director, in 1998, before joining the British Red Cross as Director in 2000 and taking his place on the senior management team.

What Does it Mean to Have a Good Quality of Life?

Professor Skevington began her presentation by referring to the various definitions of quality of life and other related concepts such as happiness, wellbeing and life satisfaction as there tends to be a lot of confusion – even among academics – about what these concepts actually mean[1]. For this reason she didn't promise to have any definitive answers but hoped to clarify some points, one of which is that people in different places mean different things by quality of life. Therefore, when attempting to measure it, it is essential to take these subjective elements into consideration. She summarised this point in the following way:

"People derive their judgements about their quality of life from their experience and from what is meaningful to them in their lives. What is meaningful to you may not be meaningful to me and so on."

Another point is that, as a general approach, concepts such as wellbeing, happiness, life satisfaction and even standard of living (which refers more to material considerations) can be regarded as aspects or elements of quality of life. One final introductory point is that quality of life does not necessarily increase as material circumstances improve. She referred to the Easterlin paradox, which suggests that a society's economic development and its average level of happiness are not linked. So as far as measuring the impact of befriending is concerned, this perspective enables us to see that the lack of social relationships may be a determining factor of quality of life even where the person concerned has a good material standard of living.

Professor Skevington then went on to describe the World Health Organisation's project to create a universal and objective measure of quality of life. It was begun in the 1990s and involved initial consultations with academics from 15 countries, known as the WHOQOL group. The attempt was to find issues common to quality of life for people throughout the world and, despite the monumental nature of the task, in 1993 the group produced this definition of quality of life
:
"An individual's perception of their position in life, in the context of the culture and values in which they live and in relation to their goals, expectations, standards and concerns."

This is the first definition ever to put individuals and culture at the centre of understanding quality of life and this awareness makes the WHOQOL findings so invaluable.

The WHOQOL group went on to identify priority groups for quality of life assessment and these were:

- people with chronic diseases
- caregivers
- those living in potentially highly stressful situations such as migrants or refugees
- people with communication problems

An assessment tool would also be created for well people.

The findings of WHOQOL research are potentially of use in a wide variety of contexts, including in health and social care as a means of assessing the relative effects of different treatments and to evaluate services. To date, such a measure is not used systematically within the NHS, but there are some indications that this might be achieved in the near future.

Could such a measure, focused on people who are socially isolated become a way of evaluating the impact of befriending services in the future?

Professor Skevington then explained the complexities of creating a cross-cultural research tool and described the painstaking care and meticulous consultation which the WHOQOL group employed in the creation of their quality of life questionnaires. The WHOQOL (bref) is a questionnaire which has been designed in such a way that it can be meaningfully trans-

lated into any language to produce cross culturally comparable data. It is based on the analysis of 24 different facets of quality of life, grouped into 4 wider domains – physical, psychological, social and environmental. The evaluation of any form of input into a person's life – including, for example, a service aimed at reducing isolation – would be interpreted in terms of its impact upon the various domains and facets of quality of life .

Recent work has involved the interpretation WHOQOL data in terms of socio-demographic features such as age, gender and educational level. As has been said before, different things matter more to different people in different times and in different places. This has led to the development of specific add-on modules for the WHOQOL questionnaire, for example national modules and modules applicable to particular social groups, such as very young children or people living with chronic pain. A module on poverty is currently being developed but is still in the early stages.

Could an add-on be developed to gather data on people who are socially isolated?

Finally, in addition to this wider comparative significance, the WHOQOL questionnaire can also be used to generate significant information about individual lives and to monitor changes throughout the lifespan – this is the subject to be explored in the afternoon's WHOQOL workshop (see Outline of Discussion Workshops later in report).

1 More information on the domains and facets of relevance in the WHOQOL questionnaire and on the work of the WHOQOL group can be found on the following website: www.bath.ac.uk/whoqol

"Improving Scotland's Health and Tackling Inequalities: The National Policy Context For Befriending"

Gerald McLaughlin introduced his presentation by telling conference delegates about his voluntary-sector background. He has worked for both the British Red Cross and RNIB Scotland and in both of those organisations there have been befriending services. Prior to that he worked as a social worker and he described the role which volunteer befriending had in the statutory sector in Glasgow as part of the fostering and adoption process. Indeed, he had personal experience of being a befriender in this context.

His current role is as Chief Executive of NHS Health Scotland. Health Scotland is the national agency for improving population health in Scotland and charged with working towards reducing health inequalities. Rather than clinical intervention, Health Scotland aims to address the root causes of ill health and health inequalities and has a role in influencing public, private and voluntary sector partners to recognise the role that they play in improving health, particularly in respect of prevention and early intervention.

(At this point Mr McLaughlin paused to reflect on the fact that the befriending sector traditionally favours the word 'project' to describe operational units. He advised that 'service' is a preferable term in the current climate – particularly if we seek to take a more central and sustainable role in the delivery agenda. 'Project' implies a temporal dimension – a start and finish – rather than an ongoing method of support.)

He then went on to talk about the significance of recent public sector reform in this context. The Scottish Government has been committed to improving public sector performance for a number of years – Scotland Performs, NHS HEAT targets and local authority Single Outcome Agreements have all been part of this. Most recently, the report of the Christie Commission has outlined the challenges for the public sector, which Mr McLaughlin summarised in the following way:

"The report says that future arrangements must empower individuals and communities by involving them in the design and delivery of services; that there needed to be a much better integration of service provision and a whole set of improved outcomes by ensuring that public services work in partnership. (Christie) suggested that we needed to pay much more attention to preventative spend to reduce demand and inequalities that we simply can't afford at the current levels and that there needed to be a real drive to improve the efficiency to raise performance and reduce costs."

He concluded that it is a time when public services have to reform to become more focussed on outcomes for individuals and communities and one in which it is necessary to develop approaches – and to work with voluntary sector partners amongst others – which address this.

He then went on to look at some of the issues around health improvement and

health inequalities agenda. “Better Health Better Care ” provides the overarching policy framework for this agenda. One of the main objectives is the improvement of health behaviours generally – individually, within communities and societally – and this needs to be complemented by the delivery of topic-based interventions such as are currently underway with, for example, smoking cessation, obesity, physical activity, alcohol awareness and infant nutrition. Community-led health organisations are particularly effective in the successful delivery of these interventions.

Given that social isolation has been identified as a risk factor for mortality on a par with smoking and obesity, would it not be valid to ask that Health Scotland develops a topic-based intervention on this subject?

The next topic Mr McLaughlin raised was that of tackling health inequalities. The main national policy document guiding this work is “Equally Well ”. He quoted a colleague, Gerry McCartney’s definition of health inequalities: “Health inequalities are the unjust differences in health which occur between groups occupying different positions in society.” Reducing these differences is a huge challenge and Health Scotland’s approach is based on the premise that to maximise impact it is necessary to address the issues such as early years, poverty, employment, life circumstances, physical environment, transport, alcohol and drugs.

Could the profile of social isolation be raised and made more explicit in the work of Health Scotland?

This led to a consideration of the policy framework around what is increasingly being referred to as “co-production” and “capacity building”. The essence of these concepts, which are central to current approached to health and social care, is that decision making needs to be devolved to individuals and communities, supporting them as partners to identify the assets that they have available and to use them to support positive change. In practical terms this means working with individuals, communities and local voluntary organisations to design services which are suitable to local needs. At this point, Mr McLaughlin referred to the work of the community-led health sector, which is a driving force in Scotland at the present time, and then went on to summarise the idea of an “assets-based” approach to health, which is also being promoted by the NHS and which ties in with ideas of individual resilience and community coherence. In such an approach, social isolation is a significant barrier to achieving both of these.

We wonder whether services, like befriending, which are aimed at reducing isolation and tackling loneliness, are seen as an integral part of the community-led health movement?

The final part of Mr McLaughlin’s presentation was given to an illustration of some of the befriending projects in which Health Scotland has played a role in recent years He pointed out the high quality and positive feedback from initiatives such as “Brighter Futures” and “Braveheart”. He commented that unfortunately such initiatives are often seen as exceptions rather than as genuinely new approaches which alter more fundamentally the established models of service delivery. Such a future could be possible – befriending does contribute to the outcomes of the wider policy context in that it can contribute towards physical, social and mental health improvement and can also play a part in improving outcomes in relation to the growing gap in health inequalities. His presentation ended with the observation that if we want to achieve a more sustainable role for befriending within this wider context, then there’s an even greater need to evidence what’s working and why – and this is the main challenge for befriending in the current climate.

References:

2 The term ‘HEAT targets’ stands for Health Improvement, Efiiciency, Access and Treatment targets. These are fully described in the NGHS Quality Strategy 2011.

3 Better Health, Better Care, Scottish Government, 2007

4 Equally Well - The Report of the Ministerial Task Force on Health Inequalities, Scottish Government, 2008

5 See www.gamh.org.uk and www.braveheart.uk.net respectively for details.

Befriending Network Scotland

Outline of Discussion Workshops

Conference delegates were allocated to one of four client group–based workshops: Mental Health; Children, Young People and Families; Disability, Sensory impairment and Long-Term Health Condition; Older People. In addition, there was a fifth workshop run by Professor Skevington looking at the practical use and interpretation of the WHOQOL Bref questionnaire. The objectives for the 4 client group-based discussion workshops were as follows. By the end of the workshop, participants would have:

- considered the aspects of QOL which are of most relevance in an evaluation of the impact of their own projects and client groups
- begun to explore relevant questions which might form the basis of a QOL questionnaire for their project
- explored other potentially effective methods of gathering information on these domains from clients and from other sources
- be aware of the relationship of Wellbeing measurement and Quality of Life measurement and of its potential usefulness in the assessment of their own projects' impact
- begun to consider how QOL assessment fits in with existing monitoring and evaluation at their projects
- a list of relevant policy documents and information on how to access key figures in the current public policy context
- identified the main issues of relevance in promoting the impact of befriending on quality of life.

Amongst other areas of discussion, participants were asked to feedback on the following questions:

1. What domains / aspects of quality of life do you think are most relevant in assessing the impact of befriending projects working with your client group?
2. Are there any potential difficulties with gathering quality of life information from your clients using questionnaires?
3. Are there any other methods of gathering quality of life information about your clients which are important to consider?
4. You have one minute to make a pitch to a group of MPs, MSPs and NHS Chief Executives about the impact of befriending on quality of life and why befriending should become a core healthcare service, available to everyone who needs it. What would you say?

A full report of feedback from the five workshop sessions will shortly be available to download from the BNS website: www.befriending.co.uk

Annual Update: a Snapshot

Professor Steve Platt gave an update on the Befriending Networks / University of Edinburgh research into Befriending and Wellbeing. Further information can be obtained by emailing martha@befriending.co.uk

John Nicholls, Quality Assurance Consultant, was invited to make the following presentations to members:

- Quality in Befriending Award to Kim Taylor, Edinburgh Headway Group Befriending Project
- Quality in Befriending Excellence Award to Fiona Couper, Glasgow Befriending, The National Autistic Society.
- Vital Skills in Befriending Training Certificate to Maureen McCurley, Alternatives WD CDS; Lesley Kerr, British Red Cross; Jean Pryde, Companions Befriending Scheme; Lyndsay Sutton, Positive Help; Jane Anderson, The Food Train and Food Train Friends; Karen Moses, Age UK Newcastle; Beverley Lockhart, Volunteer Centre East Dunbartonshire.
- Vital Skills in Befriending Accreditation Certificate to Fiona Jardine, Alcohol and Drugs Support Befriending Service.

Finally, BNS Chief Executive, Liz Watson, gave an update on the year's work and thanked staff, members and supporters for their valuable contributions. Then, to a flourish of trumpets, she announced the organisation's name change (from Befriending Network Scotland to Befriending Networks), which members had voted on earlier in the year, and unveiled the new logo.

Key Messages & Quotes from the Day

- Quality of life CAN be effectively measured. Decades of academic work and international collaboration have led to the development of tools which can be used and adapted to inform the process of creating more effective evaluations of the impact of befriending.

- It is up to us to ensure that we develop a rigorous means of evaluating the unique impact of befriending on quality of life and of finding a way of communicating this which is meaningful to decision makers.

- The person-centred support provided by befriending services to some of the most vulnerable members of society fits perfectly with the vision of healthcare underpinning policy in Scotland today and contributes to many government and NHS outcomes.

- The befriending sector has developed a robust network and code of practice over the past 10 years. We know what we are doing. We also know that proper and sustainable support is essential for the development of befriending services throughout Scotland in the future. We now need to make a concerted effort to work together to make this happen.

"Befriending should become a core healthcare service but should always be delivered by voluntary agencies. Otherwise part of what makes it work would disappear."

"A lot of work would be needed to effectively perform a WHOQOL questionnaire on a very young child"

"3/4 of our referrals come from the NHS but we have no funding from the NHS. If we are supporting their work, this should be formally recognised. It's not a partnership if it only works one way"

"Is loneliness a cross-cultural issue?"

"There is a need to make health professionals aware of quality befriending services. How do we do this? Does it need a centralised approach?"

"The conference has given me ideas of how to link local initiatives into health strategies"

"The depth and range of experiences of members in the workshops was inspiring"

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