



TURNING THE TIDE EVENT – SUMMARY REPORT

The Derbyshire Trusted Befriending Network (DTBN) was established in 2012 as part of Derbyshire County Council’s Adult Care Prevention Strategy. Following a tendering process, South Derbyshire CVS was chosen as the strategic delivery partner and since that time has managed the project. The aim of the Network is to ensure that: ‘every adult who needs befriending support has fair and equal access to it and that those who use befriending services can be confident that the service they receive is safe and well run.’

The Network also exists to provide a support mechanism for befriending providers across Derbyshire and to raise the profile of befriending services across Derbyshire. As part of raising the profile it was agreed at the DTBN quarterly meeting/workshop held in January 2018 that a showcase event would be held during 2018. This purpose of this event would be to take forward the findings of the ‘Befriending in Derbyshire – An Independent Assessment of its Value and Impact’ report published in 2017¹ and to share successes and learning, inform the future of the Network and explore how all partners can work together to tackle isolation and loneliness across Derbyshire.

The ‘Turning the TIDE – Tackling Isolation and Loneliness Event’ was planned and took place at the Assembly Rooms in Chesterfield on 11th July 2018. The format for the day included a keynote speaker, primary speakers, a panel and afternoon ‘Round Table’ workshops and 64 delegates from 45 wide-ranging organisations/groups attended.

The keynote speaker was Shelagh Marshall (OBE) from the Age Action Alliance who gave her presentation on ‘Tackling Loneliness in the UK’:



Tackling Loneliness in the UK

Turning the Tide Conference, 11 July 2018

Shelagh Marshall OBE
Ambassador - Campaign to End Loneliness

Supported by



This was followed by Richard Murrell from the DTBN who presented on the ‘DTBN – past, present and future’:



Derbyshire Trusted Befriending Network -
Past, Present and Future:
Richard Murrell, DTBN Co-ordinator

¹ https://www.sd cvs.org.uk/images/Befriending_Research/DTBN_Report_FINAL_web.pdf

Dave Radford, from the Volunteer Centre, Chesterfield and NE Derbyshire then presented on the work of the Volunteer Centre:



The audience then watched videos of people supported by local projects. *Videos available on South Derbyshire CVS website.*

Peter Stone, from Peter Stone Consulting, then presented his DTBN Value and Impact research:



Befriending in Derbyshire

Peter Stone Consulting

A panel discussion then followed where delegates asked Shelagh about her work, asked Peter about the research and asked Dave about the befriending offer in Chesterfield.

The afternoon Round Table workshops were led by 6 different organisations/services active in tackling Isolation and Loneliness – Age UK Derby & Derbyshire, Derbyshire Carers, Peter Stone Consulting, South Derbyshire CVS, Voluntary & Community Services Peaks & Dales and Volunteer Centre Chesterfield and NE Derbyshire – and attendees discussed issues and obstacles faced by services and their users, as well as suggesting solutions to these issues and obstacles. All comments were captured and included:

- The **main issues** that came up from the session were: Rurality & large areas; Services in silos; Everyone has potential to become isolated (including carers, old and young); Complex needs - Dementia and mental health; Bereavement a big problem; Eligibility of service user; Some services only run in specific areas and; Funding cuts.
- The **main obstacles** were: Not easy (for carers) to get out – even harder in rural areas; Financial impacts – on individuals, on carers; Recruiting volunteers; Stigma; No transport; Time limited support from other services; Data protection; Amount of referrals – demand on services and; Trying to find sufficient funding.
- The **main solutions** were: Use currently funded provision, such as local Befriending Service, vSPA; Work to improve partnerships; Merging of schemes/Co-ordination of different services; Reduce provision to be able to offer ‘something’ (e.g. telephone befriending instead of 1:1 or group support); Use DTBN to bring power of SROI to Impact Assessment and sustainability plans; Make befriending a statutory responsibility (NHS/Council)?; Need to look at the wider community and how it can work; Develop skills support sessions; Peer-to-peer support / carer-to-carer support and; Group support.

See Appendix A for the detailed outputs.

What was clear from the event was that there are some key issues that must be faced if loneliness and isolation are to be truly addressed in Derbyshire in the future – these include:

- that there is a great **demand across the county which isn't being met** and this is only likely to increase because of an ageing population and the increase in loneliness and isolation for people with more complex needs, such as dementia and mental health;
- that the **lack of funding** – and **funding coming to an end** – will mean that fewer people in Derbyshire will be able to access support so this will result in an increase in the number and extent of lonely and isolated people across the county;
- that there are opportunities to provide services / activities that tackle loneliness and isolation but **new ways of working** by everyone will be needed. This will need to include:
 - working with funders to safeguard and grow provision of services in Derbyshire
 - improving the way we work together within communities and across sectors to share information about what is available
 - building on existing models and develop new befriending models based on evidence of what works (groups, peer led, social media, telephone etc.)
 - encouraging more people to give time to address loneliness & isolation
 - explore new funding models.

The next steps following the TIDE conference will be to look at how we can solve the issues – for example by working to make sure that:

- **Commissioners recognise the statutory relevance to tackling loneliness & isolation and work with communities to develop a consistent offer** – *via e.g. a strategic meeting with commissioners to discuss joint approach and explore leverage of grant aid;*
- **Loneliness and isolation are a part of the wellness offer in localities** – *via e.g. discussions with Public Health on how loneliness and isolation can be incorporated into the wellness offer;*
- **Development of informal opportunities including peer to peer initiatives are developed** – *by e.g. collating learning from DTBN members and micro grant funding recipients to make the case and inform new activity;*
- **Promotion and development of alternatives to 1:1 befriending are explored** – *as above and e.g. through the development of a 'safe and well run' quality mark for groups plus involvement of the voluntary and community sector;*
- **Communities are involved in tackling the issue to maximise community assets (buildings and people)** – *via e.g. promotional campaigns with a call to action for communities linked to local resources;*
- **Awareness is raised to encourage more people to volunteer formally and informally** – *via e.g. press releases for Befriending Week and joint campaigns organised by DTBN;*

- **Cross agency and sector working is encouraged specifically in non-traditional ways**
– *via joined up working and;*
- **New funding models are explored (including charged for services)** – *this can be explored as part of strategic approach to resources befriending in Derbyshire.*

A full report of the Turning the TIDE conference is available from Richard Murrell at the DTBN: tel 01283 219761 or email richm@sdcv.org.uk.

NB: Since the Turning the TIDE conference government has published its Loneliness Strategy [**“A Connected Society. A strategy for tackling loneliness – Laying the foundations for change”**](#) which the DTBN very much welcomes and looks forward to helping the government deliver.

DTBN, 5th November 2018

APPENDIX A - ROUND TABLE WORKSHOP OUTPUTS

Yvonne Cohen, Age UK Derby & Derbyshire

ISSUES	OBSTACLES	SOLUTIONS
<ul style="list-style-type: none"> Large geographical area. Increasing demand but no more money. Befriending services knowing what other services are available to offer alternatives or additional social contact. 	<ul style="list-style-type: none"> Recruiting volunteers to match client's specific needs. Terminology of 'befriending' can be a barrier so projects focusing on another task e.g. knitting. 	<ul style="list-style-type: none"> Community partnerships taking local information into the decision-making process. Corporate partnerships & opportunities from social value elements of contracts. Charged for services to improve sustainability & provide more capacity. Timeswap as another way of contacting people & creating additional contacts for people. Really good data – databases of local groups & services.
<ul style="list-style-type: none"> Continence Can't access groups due to lack of transport/ mobility/ don't want to travel alone Available services vary depending on where you live 	<ul style="list-style-type: none"> Funding – lack of Sometimes volunteers don't like taking money from service users Trying to keep befriending visits just about service user's wellbeing, rather than other things like shopping etc. Try to get them to keep in touch with other services. Referrals from other organisations/ services e.g. First Contact. vSPA – sometimes people say they are interested in befriending initially then change their mind when the befriending service gets in touch with them – wastes time. Sometimes potential service users can find it hard to let volunteers into their homes/ socialise/ take steps to change their lives Volunteers going shopping for service users – Position of trust, how to work out money and log transactions? 	<ul style="list-style-type: none"> Paid for service – to cover volunteer mileage and expenses/ or everyone pays something e.g. £8 for a 1-2hr home visit and £12 for a trip out within a radius of 6 miles of the service user's home, more for extra mileage. Age UK's Befriending+ is a paid for service, which caters for trips out, a wider range of befriendees and activities. Age UK charge new referrals only, so the people that started using the service when it was free still get it for free. They invoice service users directly so no financial transactions need with the volunteer, who doesn't know whether they are visiting a paying customer or not. DBS checks Receipt book Secure funding – grant in place for several years rather than 1 year at a time

<ul style="list-style-type: none"> • Large geographical area • More people want to go out on the befriending plus scheme • Matching people with suitable befrienders with similar interests who are not to remote geographically • People who can't afford it won't be able to pay 	<ul style="list-style-type: none"> • Funding and lack of reliable funding • Some befrienders don't like the fact that the service is charged for • Mobility of service users – if on waiting list, can't even get to local services • Admin of planning trips if something goes wrong e.g. driver not available at last minute 	<ul style="list-style-type: none"> • Befriending Plus service – users pay towards it. Charging helps cover costs but not whole service. Home visit £8, trip out within 12 miles radius £12. Try to make service users feel they are paying for the service rather than paying for a friend. • Could you put two small groups together and then get transport for all the people together
<ul style="list-style-type: none"> • Increase (Befriending Plus) – requests to go out • Can't measure how many don't access it due to £ • Volunteer expenses 	<ul style="list-style-type: none"> • Geography • Finding matches 	<ul style="list-style-type: none"> • Charged for service – scale contributions £ • Interim offer e.g. phone contact • Covered by £
	<ul style="list-style-type: none"> • Capacity and limitations on what is funded • Transport/mobility that's suitable/reliable • Someone to go to groups with – matching service users/volunteers 	<ul style="list-style-type: none"> • Paid-for service developed – carers • Volunteer mileage costs • £8 home visit • £12 trip out (within 6 mile radius) • Vols accompany for first few visits
<ul style="list-style-type: none"> • Historically services were free • Becoming a business because being paid for? • Number of referrals – had to close for 12 months and focus on volunteer recruitment 	<ul style="list-style-type: none"> • People can't afford it? • How many people are put off from befriending because of charge – can't know this fig • Matching vols & service users • Different areas – geological area too far • Different services only cover areas – can't cross borders • Different communities have different attitudes to services and can be right next to each other geographically positive / negative etc. 	<ul style="list-style-type: none"> • Paid for - people wanting to go out – charged to contribute to vols mileage • Ask question – contribute to mileage or no befriending service • Contact other local orgs if in some area to see if can find solution – DTBN helps with this

Louise Scott, South Derbyshire CVS

ISSUES	OBSTACLES	SOLUTIONS
<ul style="list-style-type: none"> • Gaps analysis – Bolsover and South Derbyshire & links to Compassionate Communities Projects. Multi-funding routes. • Huge remit 18+ & area. • Funding & do more for the money & funding insecurity. • Multiple funders = multiple reports and expectations. 	<ul style="list-style-type: none"> • Mobility even to and from the bus or car park • Limited capacity in other services so increase complexity and lack of support. E.g. no CPN or mental health long-term support. • Volunteer recruitment and v. high level of skills needed and re-recruitment of volunteers in a constant demand. 	<ul style="list-style-type: none"> • Befriending groups • Transport
<ul style="list-style-type: none"> • Age • Ill health – people who have to give up work, have agoraphobia • Disabilities (physical and learning) • Mental health – increasing referrals across ages • Carers • Mobility • Transport • Limited number of other services & cuts in statutory services e.g. 6 weeks statutory support for mental health only, then get passed on to befriending service 	<ul style="list-style-type: none"> • Wide remit – any adult 18+ who is lonely or isolated. Many referral pathways & a broad range of needs • Wide location area • Different funders with different requirements – jigsaw funding. • Huge waiting list, not enough volunteers for 1 to 1 befriending • Funding cuts • Age restrictions on some services – leaving gaps • Services having to set a limit due to demand – e.g. over 50's only • Increasing amount of service users with mental health problems – lack of training/ staff can't cope/ hard to match younger people who have higher levels of support with volunteers • Lack of mental health services to refer people n to 	<ul style="list-style-type: none"> • Befriending groups as well as 1 to 1 – more people served with less volunteers and people start to befriend each other • Possible specialised befriending service for people with mental health issues • U3A can accept younger people • Secure funding • Getting neighbours and local communities involved – like Befriending Champions project – acts of kindness • Better transport and more of it • More tea groups like the ones run by Contact the Elderly. SDCVS run an afternoon tea group at a volunteers house • Big community get together with groups attending to advertise their services
<ul style="list-style-type: none"> • Age range very large so broad remit • Referrals come from organisations or self-referrals • Health, physical and mental can prevent people getting out 	<ul style="list-style-type: none"> • No local transport or can't walk to bus stop • Lack of volunteers to cope with numbers • Different funders require different things • Time taken to apply for funding, recruit new volunteers. How to 	<ul style="list-style-type: none"> • Groups rather than 1:1 • Telephone befrienders increased would be helpful. People not so easy to recruit • Transport available for people and GPs.

<ul style="list-style-type: none"> • People with mental health issues can be agoraphobic because of physical health • Lack of transport • Lots of cuts to other helpful services or services only temporary • For CVS funding is a problem and long term unknown • High demand for services • Volunteer shortfall • Many people prefer 1:1 chat rather than group offer 	<p>prioritise? Constant juggling and not able to offer the service itself</p> <ul style="list-style-type: none"> • People don't take up offer of telephone befriending so much as face to face 	
<ul style="list-style-type: none"> • Health – all • Mobility • £ • Transport • Limited number of services • Plus time limited service • Cuts to statutory increased voluntary • Pressure to do more for less • High demand area 	<ul style="list-style-type: none"> • Broad referral criteria • Strand of funding • Systems • GDPR • Changes in team • Poor information sharing 	<ul style="list-style-type: none"> • Signposting • Assessments early • Brightside • Groups – (professional networking)
<ul style="list-style-type: none"> • Service has very broad remit – any socially isolated adult • Health/mobility and transport • Eligibility thresholds for statutory services has increased demand and complexity of needs • Funding 	<ul style="list-style-type: none"> • Demand – waiting list • Unable to drive/use public transport so cant access social activities • Not enough volunteers to meet demand • Funders – various demands/expectations • Capacity 	<ul style="list-style-type: none"> • Befriending groups • Transport provided • Door-to-door / accessible
<ul style="list-style-type: none"> • Lack of generic befriending in SD • Health – physical/ mental • Mobility – can't get to groups • Limited no. of other services and increased demand for befriending • Lots of changes – new social workers/CPN – don't know about services • High turnover of funding and staff, projects only funded for 1 year 	<ul style="list-style-type: none"> • Time limited support from other services • Update on personal help budgets – poor – staff don't know enough about these budgets to utilise them so people don't buy service they need (for people who have a long term health condition) (NOT personal budgets) • Don't get given info on what's going on area • Lack of cross-working between social care & NHS 	<ul style="list-style-type: none"> • Transport improvements • Provide transport for people to get to groups • Support needed by neighbours etc. • Creativity and joined up thought • Coordination of different services

Jane Yeomans, Derbyshire Carers

ISSUES	OBSTACLES	SOLUTIONS
<ul style="list-style-type: none"> • Carers at risk of social isolation for a wide range of reasons. • DCA currently 'find' carers and complete Carers Assessment. • Rurality – a 'double whammy'. • Young carers & the impact of caring in the long term. • Long-term relationship e.g. adults with LD, sibling relationships. 	<ul style="list-style-type: none"> • Financial impact of carers' role. • Loss – role / status, social time & flexibility to join outings etc. • Complicated role e.g. managing a personal budget. 	<ul style="list-style-type: none"> • vSPA type services & DTBN to provide. • Close working and an advocate with DCC to resolve issues. • Befriending services recognising carers' needs & providing befriending even if they don't live alone. • Develop skills support sessions.
<ul style="list-style-type: none"> • Carers can become isolated because: <ul style="list-style-type: none"> - they have to give up work - have a change in income - lose friends due to not being available to go out due to caring - friends drop away - transport – finance - finance - rural areas are worse 	<ul style="list-style-type: none"> • Some carers are excluded from befriending services due to the fact that they don't live alone • Guilt • Loss of social confidence • Can be tricky to get people to go to groups alone • Carers immediately talk about the person they care for, rather than thinking about their own wellbeing • People worry about what the community will think of them, especially in rural areas • Numbers of referrals are going up • Not everyone gets a social care package 	<ul style="list-style-type: none"> • Smaller support groups – less formal, less pressure • Carers grant to improve the health and wellbeing of the carer – funded by DCC. Carer's assessment. • Partnership working e.g. with dementia services if people care for someone with dementia – who else is running groups? • Peer support, sharing problem • Refer to respite services e.g. Shared Lives • Possible telephone befriending service for carers
<ul style="list-style-type: none"> • Carers more aware that they can be isolated people • High numbers of young carers • Offer advice, support, help • Huge risk of being isolated • Friends seem to give up asking carers to come out and so lose contacts • Peer groups not always the answer as some people don't want to be in a group • Diversity of needs as huge variety of needs 	<ul style="list-style-type: none"> • Lack of transport due to financial restrictions • Rural communities little access to services • Lack of social contact with people makes it difficult for some to access groups • Social activities have to fit around caring • People not feeling they can justify a day for themselves 	<ul style="list-style-type: none"> • Emergency card for carers • Carers budget to improve health and wellbeing of carers to give practical help • Financial advice and support • Peer support to share experiences. Peer support groups • Training e.g. First Aid for carers

<ul style="list-style-type: none"> • Carers and isolation • Help – financial info, assessment • Health and wellbeing • Communication needs (diminished) • Diversity of carers • Social confidence 	<ul style="list-style-type: none"> • Befriending service might not take on carers as not 'alone' • Social service but not respite as such • Loneliness within relationships 	<ul style="list-style-type: none"> • Signposting • Short term befriending • Engagement activities – e.g. walks • Offer training
<ul style="list-style-type: none"> • Carers: <ul style="list-style-type: none"> - financial issues - need peer support - the “guilt factor” (cared for person needs me) 	<ul style="list-style-type: none"> • Don't always self-identify as carers • Not easy to get out, even harder in rural areas, cost can be an issue • Not eligible for befriending because not living 'alone' • Focus tends to be on the 'cared for' • Few free services 	<ul style="list-style-type: none"> • Sitting or buddying the cared for person so the carer gets respite – need to be confident the person would be safe • Carer to carer support • Someone to do things with when respite is offered • Befriending that involves going out of the house • Bespoke/flexible services
<ul style="list-style-type: none"> • At what point do you draw a line identifying yourself as a carer? • Social isolation of carers – friends stop asking because can never go out • Lack of engagement from carers • Going to something on your own • Who will care for person whilst carer is gone? • People don't realise that they could get another carer in whilst they go out • Who would know if you are a carer and advise the carer? • Promotion/signposting • Health – mental • Carers not being in contact with anything • Isolation – no internet • Not know it's for you • Guilt – at what point do you admit you've had enough? 	<ul style="list-style-type: none"> • Lack of social contact with people makes it difficult for some to access groups • Social activities have to fit around caring 	<ul style="list-style-type: none"> • health and wellbeing of the carer – funded by DCC. Carer's assessment. • Partnership working e.g. with dementia services if people care for someone with dementia – who else is running groups?

Juliet Short, VCS Peaks & Dales

ISSUES	OBSTACLES	SOLUTIONS
<ul style="list-style-type: none"> • Rural lifestyles, geography. • Very close communities with histories between people. 	<ul style="list-style-type: none"> • Preventative action – talking to people much earlier to get them to ‘lonely proof’ their lives. 	<ul style="list-style-type: none"> • Skype / digital solutions as part of a suite of support – good for some people, not for others. • Dronfield Together – Dronfield T.V. (Mark Bracken) • Fit as a Fiddle x Box bowling league etc.
<ul style="list-style-type: none"> • Limited lifestyle due to health issues • Geography & rurality • Limited access to transport for medical appointments • Poverty – paid for services not an option for everyone • Age can be a barrier to social interaction • Men can be less inclined to seek help • Life limiting health conditions e.g. cancer & people affected by cancer • People outside criteria – not eligible for services in their area • Dementia • Some services only offer short term help with the expectation that for e.g. people with a life limiting condition will pass away in that time but that isn’t always the case. 	<ul style="list-style-type: none"> • Dependence both ways – can be difficult if befriender or befriended die • Volunteer recruitment • Size of area – geographical limitations • Rurality – not safe for volunteers to visit some service users due to poor roads / inaccessible areas • No transport – no busses • Some service user’s houses are cluttered / they have poor personal hygiene / wild animals – e.g. untrained dogs, which can put volunteers at risk. • VCSPD can take referrals for service users with early onset dementia but then they have to withdraw as the condition progresses, as they are not medically trained. 	<ul style="list-style-type: none"> • Help people to get out of their ‘bubbles’ and help themselves • Run training to help people become more resilient to loneliness • Refer people to Cruse helpline • CBT (Cognitive Behavioural Therapy) helpline – help people manage problems by changing the way they think and behave (waiting lists could be an issue) • Intergenerational projects – getting schools involved e.g. VCSPD have 6th formers visiting people (coordination can be an issue with children) • Informal befriending – e.g. incorporate into projects that send volunteers to do one off visits to e.g. mow a person’s lawn or change a lightbulb • Paid for service
<ul style="list-style-type: none"> • Rural areas – getting to people in a rural area, isolated properties and people • Recruitment of volunteers – difficult • Sometimes people more acute than can deal with • Support of volunteers important and needs time • May have a care package but don’t have anyone to spend time with 	<ul style="list-style-type: none"> • No transport • Funding can prevent work • Vicious pets or volunteers allergic to animals • A lot of effort to raise small funds • Can feel worthless as carers don’t have time to give to their clients • Need co-ordination of services 	<ul style="list-style-type: none"> • Some volunteers will visit more than one person • Trying some group sessions • Practical help taking people to appointments • Some fundraising and will try to do some more • Perhaps get more corporate support

<ul style="list-style-type: none"> • Volunteers ay only be available for a short space of time 		
<ul style="list-style-type: none"> • Emotionally draining • Recruiting vols an issue • Rural demographic • Transport • Lifestyle choices e.g. pets/smoker • Boundaries • Dementia 	<ul style="list-style-type: none"> • Cultural differences/engagement • Safety of volunteers • Area – geography • Hard to monitor 	<ul style="list-style-type: none"> • Connected – relationship building • Door knocking – targeted • Understand the community • Person centred approach • Asset based audits • Consider different matching processes • Dementia training
<ul style="list-style-type: none"> • Geography – rurality • Long waiting list • Ill health, bereavement • Dementia / mental health 	<ul style="list-style-type: none"> • Transport • Rural isolation • Lack of confidence • Lifestyle choices e.g. Smoking / pets (wild ones) • People don't want to admit to being lonely or ask for help • Volunteer training 	<ul style="list-style-type: none"> • Recruiting volunteers who like a challenge! • Recruiting for specific situations / needs • 'Accidental' befriending through practical help • Specialist training for vols/services • Specialist services
<ul style="list-style-type: none"> • Recruiting vols an issue • Rural demographic • Transport 	<ul style="list-style-type: none"> • No transport • Funding can prevent work • Vicious pets or volunteers allergic to animals • A lot of effort to raise small funds 	<ul style="list-style-type: none"> • Refer people to other social groups e.g. IT skills groups, cancer support groups • Get the cultural sector involved e.g. Calke Abbey project. The cultural sector seem to be glaringly absent from the issue of loneliness and isolation.

Peter Stone (replacement for Helen O'Connor, Alzheimer's Society)

ISSUES	OBSTACLES	SOLUTIONS
<ul style="list-style-type: none"> • The value of SROI / evaluation. • The potential for being part of the 8 partnerships (Public Health). • Likelihood of loss of £80m November from CCG & impact on the effectiveness of other funding (e.g. DCC). • Money & PS posed idea of charging. 	<ul style="list-style-type: none"> • • Befriending services working together to reduce costs. 	<ul style="list-style-type: none"> • The financial value should be considered strategically to retain its value. • The power of the DTBN – stronger together. • The potential for Health & Wellbeing Boards, social prescribing etc. • DTBN being the catalyst to get providers to have a shared charging policy.
<ul style="list-style-type: none"> • Funding cuts • Lack of sustainability 	<ul style="list-style-type: none"> • How to cut costs? • How to make sustainable? 	<ul style="list-style-type: none"> • Merging schemes? Though doesn't really work • Charging for services • Harass politicians • Telephone befriending rather than 1 to 1 • Make befriending a statutory responsibility of the NHS/ Council – is this realistic? • More volunteer led services – need less funding. E.g. small services like Hathersage Careline who are moving into home visits • No paid staff or limited staff – 1 or 2 to manage volunteers • Ask for DBS check free as part of group • Community wellbeing centre - get isolated people involved to run centre as volunteers for less fortunate people
<ul style="list-style-type: none"> • How to get befriending services to keep going • Issue of people not able to afford paid for services • Reduction in staff 	<ul style="list-style-type: none"> • Funding • Means testing embarrassing as would know what people can afford in older generation • Identifying some of the really acutely lonely but 'hidden' people 	<ul style="list-style-type: none"> • Merge schemes • Paid for services? Means tested? Donations a better method? • Look at how many isolated/lonely people could become befrienders themselves

<ul style="list-style-type: none"> • Costs • CCG in £ dire straits • Impact on services and more pressure and ACUTE care • Sustainability • Impact on vols 	<ul style="list-style-type: none"> • Short-sighted funders • Heart and head cultures 	<ul style="list-style-type: none"> • “Give us this £1” save £m • Lobby groups • All organisations to SHOUT • Sharing REAL impact
<ul style="list-style-type: none"> • Services in silos or with narrow criteria • Demand exceeds availability • Funding cuts 	<ul style="list-style-type: none"> • Eligibility criteria can act as a barrier • Lack of resource • Potential cuts/loss of services will get worse 	<ul style="list-style-type: none"> • More flexible services ‘can do’ • SROI/HACT research as evidence base for investment in services • Make the case for prevention
<ul style="list-style-type: none"> • Holistic impact on people • Support for befriending (<u>all</u> types) 	<ul style="list-style-type: none"> • Recruiting volunteers • Volunteers can feel they have less responsibility than paid staff 	<ul style="list-style-type: none"> • Telephone befriending – reach more people, less costly

Dave Radford, Volunteer Centre Chesterfield and NE Derbyshire

ISSUES	OBSTACLES	SOLUTIONS
<ul style="list-style-type: none"> • Funding – CCG problems not of our making. • Increasing referrals & making our money stretch to cover capacity & demand. • Need to look at the role of CICs (e.g. Bolsover) & private sector investment etc. 	<ul style="list-style-type: none"> • VCS being unfairly targeted in cuts. • V. broad, sweeping cuts, decisions not looking at impact & value. • For existing services the scale of funding to replace is too huge. 	<ul style="list-style-type: none"> • Need to look at integrated picture and impact of cuts / restricted funding on the agendas e.g. the Derbyshire wedge, joined up care. • Jem Brown noted the need for CCG's to understand the SROI befriending value and understand the cumulative impact.
<ul style="list-style-type: none"> • Bereavement • Deafness • Sight loss • Disability • Mobility • Lack of services available – narrow remit • Funding cuts • Everyone has the potential • Lack of family/friends locally 	<ul style="list-style-type: none"> • People don't want to go to groups alone • Volunteers are open to having service users at their homes e.g. for Sunday lunch but not allowed as whole family not DBS checked • Funding • Amount of referrals • Paid for services fall down – service users don't want to pay 'a friend', feel they are visited by a professional, rather than a volunteer wanting to visit them. • Time Swap - no DBS checks 	<ul style="list-style-type: none"> • Market differently to potential volunteers e.g. 'Adopt a granny' scheme – target e.g. students at university who may feel lonely and homesick themselves • Target services to areas that lack one e.g. Bolsover • Sharing DBS checks so organisations don't have to do new ones for people already checked. DCC have brought in new DBS checks for volunteers. Safe service?
<ul style="list-style-type: none"> • Bereavement a big problem • Retirement can be a shock as not what expected • Breakdown of communities, not the same belonging to groups • Parents feel isolated when children leave home • Tend not to know neighbours anymore • Rowntree research showed that service users didn't feel same benefit from the service 	<ul style="list-style-type: none"> • Not so many retirement planning sessions • Make sure services are there for people to access • If service stops then volunteers will stop befriending as don't have the support 	<ul style="list-style-type: none"> • Need to look at the wider community and how it can work rather than people in same street
<ul style="list-style-type: none"> • Getting older • Bereavement • Health • Retirement • Assuming it (Loneliness) won't be "us" • Asking for help - FEAR 	<ul style="list-style-type: none"> • Funding via CCG is done and dusted it FEELS • Attitude shift needed • Motivation • Emotional wellbeing 	<ul style="list-style-type: none"> • Hit Emotional • Centres to get message across • Radical look at retirement • Transitions • Raising profiles

		<ul style="list-style-type: none"> • Take notice of how we <u>all</u> are • <u>Community</u>
<ul style="list-style-type: none"> • “Cliff edge” retirement • Bereavement 	<ul style="list-style-type: none"> • Sudden loss of social contact • Worse in some vols e.g. farming • Social attitudes e.g. to death (dying) bereavement culture • Isolated by social media • Automation e.g. self-service checkouts isolate people 	<ul style="list-style-type: none"> • Tapered retirement • Preparation for life changes and loss • ‘Proper shop’ project?
<ul style="list-style-type: none"> • to become socially isolated • Some areas are very well catered for / some not – location • Rural areas – isolation 	<ul style="list-style-type: none"> • When advertise for volunteers get more service users than volunteers getting in touch – can’t aggressively advertise 	<ul style="list-style-type: none"> • Paid for service – mixture of paid for people & volunteers so service users can’t tell which they’ve got – balancing act between expectations