



from the source...

Little drops of water, little grains of sand,
make the mighty ocean, and the pleasant land.
So the little minutes, humble though they be,
make the mighty ages of eternity.

Julia Carney, Little Things

...to the sea

Understanding how befriending can
help Fife Health & Social Care
Partnership address its priorities

Threading
the
Needle



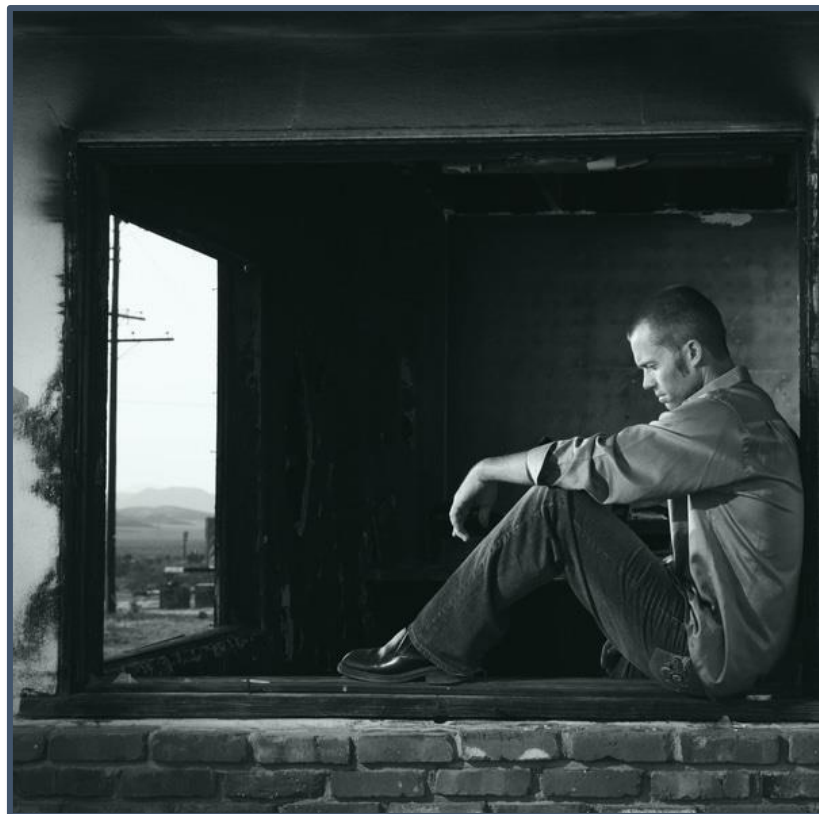
You may copy or use this publication in part or whole for non-commercial reasons with the exception of photographs on page 12 and you must credit Evaluation Support Scotland.

Contents

Strategic context.....	5
The purpose of this document	5
Loneliness, isolation and exclusion in Fife.....	6
Why befriending?	10
Layers of support	11
What’s involved in providing befriending?	12
Befriending in the wider environment	13
Who benefits from befriending?	14
Outcomes for befriending	16
The difference befriending can make... ..	17
National Health and Wellbeing Outcomes	21
Examples of how befriending can help	22
External factors.....	25
Appendix 1: Background	26
Appendix 2: Theory of Change	27
Appendix 3: Lead Partner Agencies	28
Appendix 4: Sources of further information	29
Appendix 5: Funded Projects.....	29
Appendix 6: Contributors.....	30

“ The need for contact is an innate human need in the same way that feeling hungry or thirsty or tired or in pain is. ”

Derek Young, Age Scotland



Strategic context

Legislation to implement health and social care integration in Scotland came into effect on 1st April 2016, bringing together NHS and council care services under a partnership arrangement. Partnerships have a statutory duty to involve the **third sector** in the planning and design of integrated services.

Scottish Government has identified nine high-level [National Health and Wellbeing Outcomes](#) [p21] to represent what it hopes integration will achieve. Partnerships are required to report against these.

In addition, Fife Health and Social Care Partnership's Strategic Plan 2016-19 is based around the following **four key priorities**:

1. Prevention and early intervention
2. Integrated and coordinated care
3. Improving mental health and wellbeing
4. Tackling inequalities.

The Integrated Care Fund [ICF] forms part of the support provided to partnerships by the Scottish Government to develop local Strategic Commissioning processes to help focus on prevention, early intervention and care and support for people with complex and multiple conditions.

The Fife partnership wanted to find out more about how **befriending** could help it achieve its priorities. It therefore decided to use ICF monies to commission [a range of befriending services](#) throughout the region. Funding was matched by Fife Council and is planned for 3 years (2015-18).



The purpose of this document

This document was written by staff from funded befriending services, Fife Council link officers and [Fife Voluntary Action](#) with support from [Evaluation Support Scotland](#). [[Appendix 1: Background](#) p26; [Appendix 6: Contributors](#) p30]

It explains how, and to what extent, befriending may be able to support individuals in Fife in line with the priorities and outcomes outlined above - a theory of change. [[Appendix 2: Theory of Change](#) p27]

Over the next two years, the 11 funded befriending services and their link officers will test this theory of change through ongoing evaluation. Services will report specifically against the identified outcomes. It is anticipated that by the end of the 3 year period of funding (2018) a substantial body of useful evidence will have been gathered. This will then be collated and will be available to inform future strategic commissioning decisions.

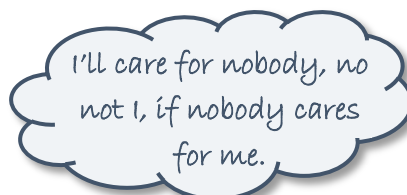
Loneliness, isolation and exclusion in Fife...

...are common

A significant proportion of Fife's population (all age groups) is vulnerable to being **lonely** / **isolated** / **excluded**. This proportion is likely to continue to grow.

Reasons for this (some endemic throughout the country, "an epidemic of loneliness"¹, and some more specific to Fife²) include:

- culture (e.g. having a stiff upper lip and not seeking help, or being wary of public services)
- individuals having a lack of links within their community³
- geography^{4,5} (e.g. difficulties accessing transport / meaningful activities / amenities)
- pain / ill health / frailty⁶
- prejudice and stigma for some social groups^{7,8}
- poverty⁹
- the significant seasonal variations in the composition of many Fife communities
- the aging population¹⁰.



¹ ...among people who are: students, new mums, single/divorced, working from home, retired, carers, in isolated careers, in minority groups, socially excluded, bereaved, older, disabled, deaf, ill. ([Loneliness is a health issue](#), Brenan, 2016)

² [Our Place - Living in Fife 2016](#) (Fife Council Research Team)

³ [Our Place - Living in Fife 2016](#) (Fife Council Research Team, p17)

⁴ Cattani (2002) in [Loneliness and Isolation Evidence Review](#) (Age UK, p12)

⁵ [Working for Fife](#) (Fife Voluntary Action, p41, section 11.3)

⁶ 59% of adults aged over 52 who report poor health say they feel lonely some of the time or often, compared to 21% who say they are in excellent health (Beaumont, 2013 in [Loneliness Research](#) page of Campaign to End Loneliness website)

⁷ Scottish Government [Equal Opportunities Committee Age and Social Isolation Submission from LGBT Health and Wellbeing](#) (2015)

⁸ [Attitudes to Mental Health in Scotland](#) (2013, p58, 6.8)

⁹ [Loneliness and Isolation Evidence Review](#) (Age UK, p10)

¹⁰ 17% of older people are in contact with family, friends and neighbours less than once a week and 11% are in contact less than once a month (Victor et al, 2003 in [Loneliness Research](#) page of Campaign to End Loneliness website)

Over half (51%) of all people aged 75 and over live alone (ONS, 2010 in [Loneliness Research](#) page of Campaign to End Loneliness website)

Two fifths of all older people say the television is their main company (Age UK, 2014 in [Loneliness Research](#) page of Campaign to End Loneliness website)



Nearly half of older people (49% of 65+ UK) say that **television** or **pets** are their main form of company



Albert by cielokatie is licensed under CC

***Loneliness and Isolation
Evidence Review, p2
Age UK website, 2014***

Several services have found that many of their **volunteers** are also at risk of being isolated, excluded and/or lonely. For them, volunteering appears to be a way of preventing this from becoming a reality. For a variety of reasons, they seem to be in a better position to self-manage than those people who become befriendees.

...carry health risks

Loneliness / isolation / exclusion are known to have a negative impact on individuals' physical and mental health, leading to **increased morbidity and mortality rates**. [See [Evidence of the problems caused by loneliness, isolation and exclusion](#), p9]

For example being lonely, isolated and/or excluded can:

- make it more difficult for people to tackle problems themselves and/or ask for help
- reduce people's self-confidence and ability to act in their own interest
- further reduce their connection to their networks and lead them to become estranged from their existing community and family.

...don't help the economy

As well as having negative outcomes for individuals, high levels of loneliness / isolation and/or exclusion have a **negative impact on the economy** as people may:

- develop an over-reliance on public and community services
- be less able to contribute to their community (e.g. by working / volunteering).



...are problematic for the public sector

The public sector is frequently **overwhelmed** due to funding cuts and increased demand. This makes it difficult / impossible to deliver preventative services.

Although the public sector recognises the inherent risks for people who are lonely / isolated / excluded, it shouldn't be its role to tackle these issues directly.



We recommend that the Scottish Government...

- ... develops a national strategy on social isolation that ensures that the issue is *integrated within all policy considerations* so that the impact of isolation and loneliness is understood and tackled across Scotland
- ... ensures that the issues of social isolation and loneliness are *built into the plans and strategies of health and social care partnerships* across Scotland
- ... should engage with stakeholders to design a *national publicity campaign* to tackle stigma on loneliness, show what communities can do and highlight the importance of social contact for everyone, no matter what their age
- ... invests in the *evaluation of existing best practice* in order to develop future interventions and improve the link to preventative health spending decisions that will improve the lives of people affected by isolation and loneliness.

Equal Opportunities Committee, Age and Social Isolation

Published 28th October 2015 SP Paper 816 5th Report, 2015 (Session 4)
[emphasis added]



Evidence of the problems caused by loneliness, isolation and exclusion

Loneliness and social isolation are harmful to our health: research shows that lacking social connections is as damaging to our health as smoking 15 cigarettes a day (Holt-Lunstad, 2010). Social networks and friendships not only have an impact on reducing the risk of mortality or developing certain diseases, but they also help individuals to recover when they do fall ill (Marmot, 2010).

Loneliness and social isolation are... worse for us than well-known risk factors such as obesity and physical inactivity.

Campaign to End Loneliness website, 2016

Although some of the variations in older people's health are genetic, much is due to people's physical and social environments – including their homes, neighbourhoods, and communities.

People from disadvantaged backgrounds... those with the fewest opportunities and the fewest resources to call on in older age, are also likely to have the poorest health and the greatest need.

*Fact sheet N°404, September 2015, **World Health Organisation***

*Dr Beard, Director of the Department of Ageing and Life Course, 2015, **World Health Organisation***

As many as one in 10 patients who visit GP surgeries could be visiting not because they are medically unwell, but because they are lonely *Reuters*

The Campaign to End Loneliness surveyed more than 1,000 family doctors, more than three quarters of whom said they were typically seeing between one and five patients every day whose main reason for seeing the doctor was loneliness. One in ten GPs said that the figure was even higher – around 10 patients per day.

***The Independent*, Friday 15 November 2013**

Why befriending?

This document is based on the following **definition** of befriending:

Befriending is an activity which should be seen as **part of a continuum of social care provision**. It is:

- a service offered to people who are identified as having particular needs, usually involving social isolation, often within a specific geographical location
- a relationship between a volunteer befriender and a befriende (usually, but not always, 1:1) which is initiated, supported and monitored by a voluntary or statutory agency.

[Befriending Networks, 2014]

The theory underlying this model (drawing on the collective experience of befriending services as well as external research) is that befriending, as an early intervention, promotes better short, medium and long-term outcomes for individuals who are lonely, isolated and/or excluded. It can help people preserve / improve their quality of life and is therefore a cost-effective service delivery model.

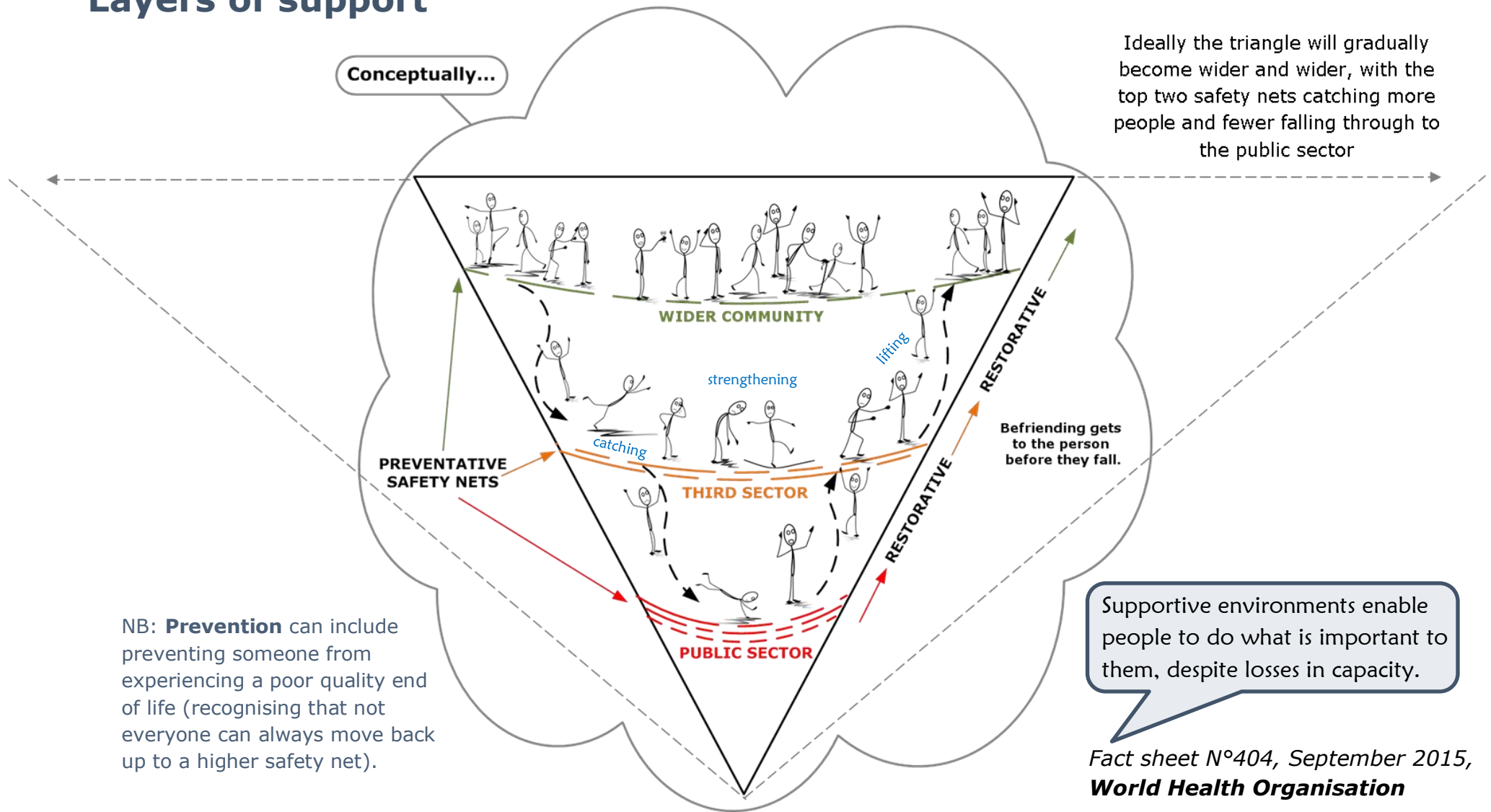
Rather than simply being a drop in the ocean, it can be a very effective tributary.



A note on terminology

It should be noted that the language used in this document won't be that preferred by everyone. The convention used here is: **Befriendees** (befriending services' clients) and **Volunteer Befrienders** (volunteers, recruited and trained by a befriending service, who support Befriendees).

Layers of support



What's involved in providing befriending?

Typically, **befriending coordinators** are responsible for a wide range of tasks to ensure befriending services are effective and safe. These usually include:



Managing the project

- maintain records
- manage finance
- ensure appropriate compliance

Communicating

- raise awareness
- advertise
- liaise
- network
- link with referrers & other organisations
- map & signpost to other services

Assessing & managing risk

- seek references
- apply for disclosures

Connecting people

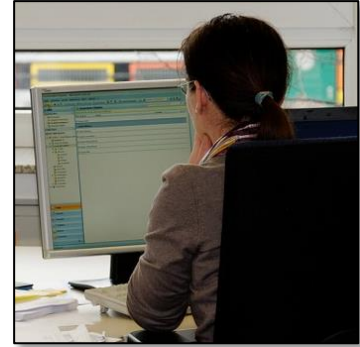
- set up social groups
- arrange activities

Managing matches

- support & supervise
- conduct reviews
- manage endings

Monitoring & evaluating

- gather, analyse, learn from and report on evidence
- adjust service



Working with volunteers

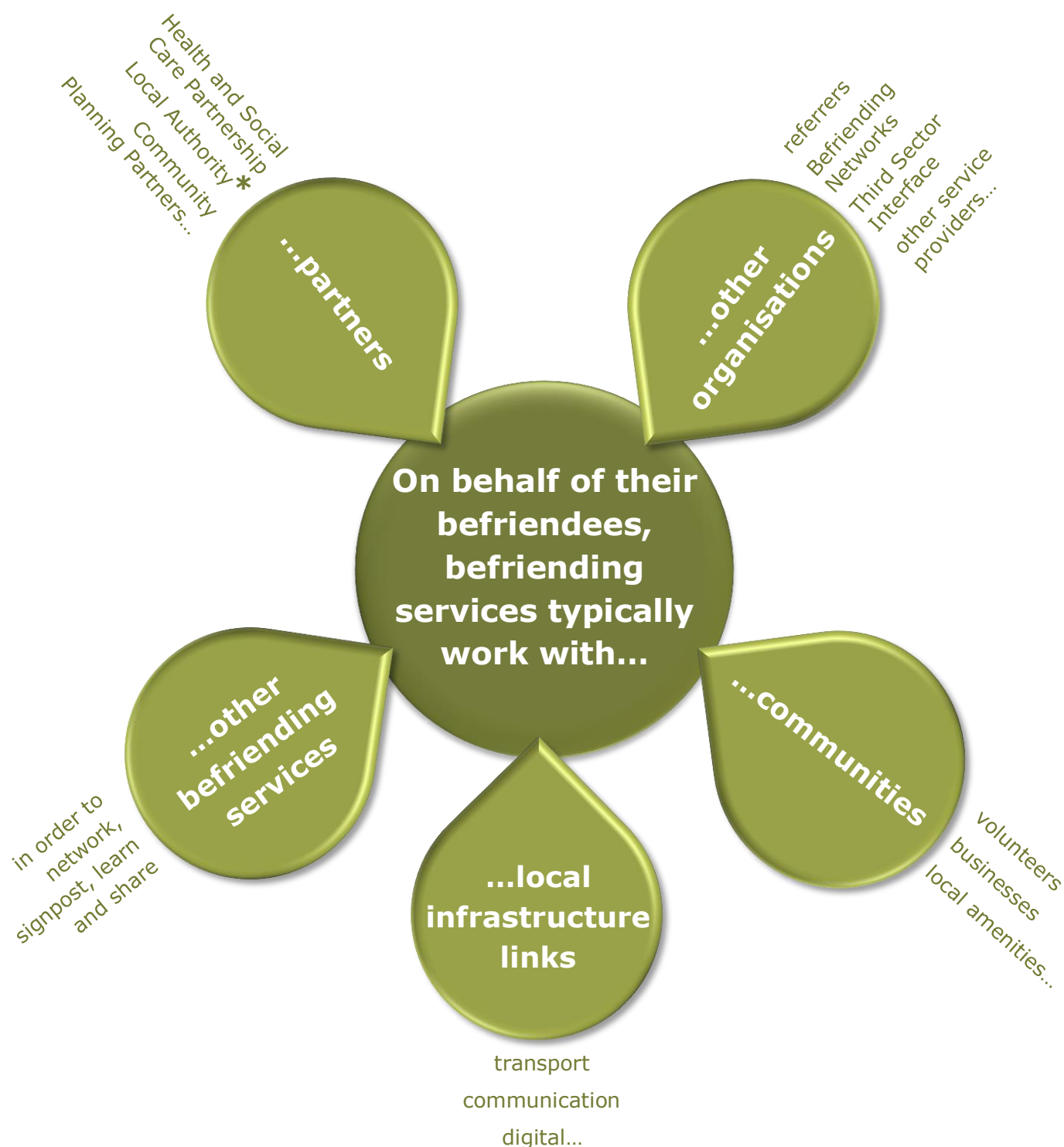
- recruit
- induct
- provide training
- match with befriendees
- continue development
- organise peer support groups / activities
- provide recognition

Working with befriendees

- process referrals
- assess referrals
- signpost
- match with volunteers
- overcome barriers (e.g. transport, digital, attitudes...)



Befriending in the wider environment

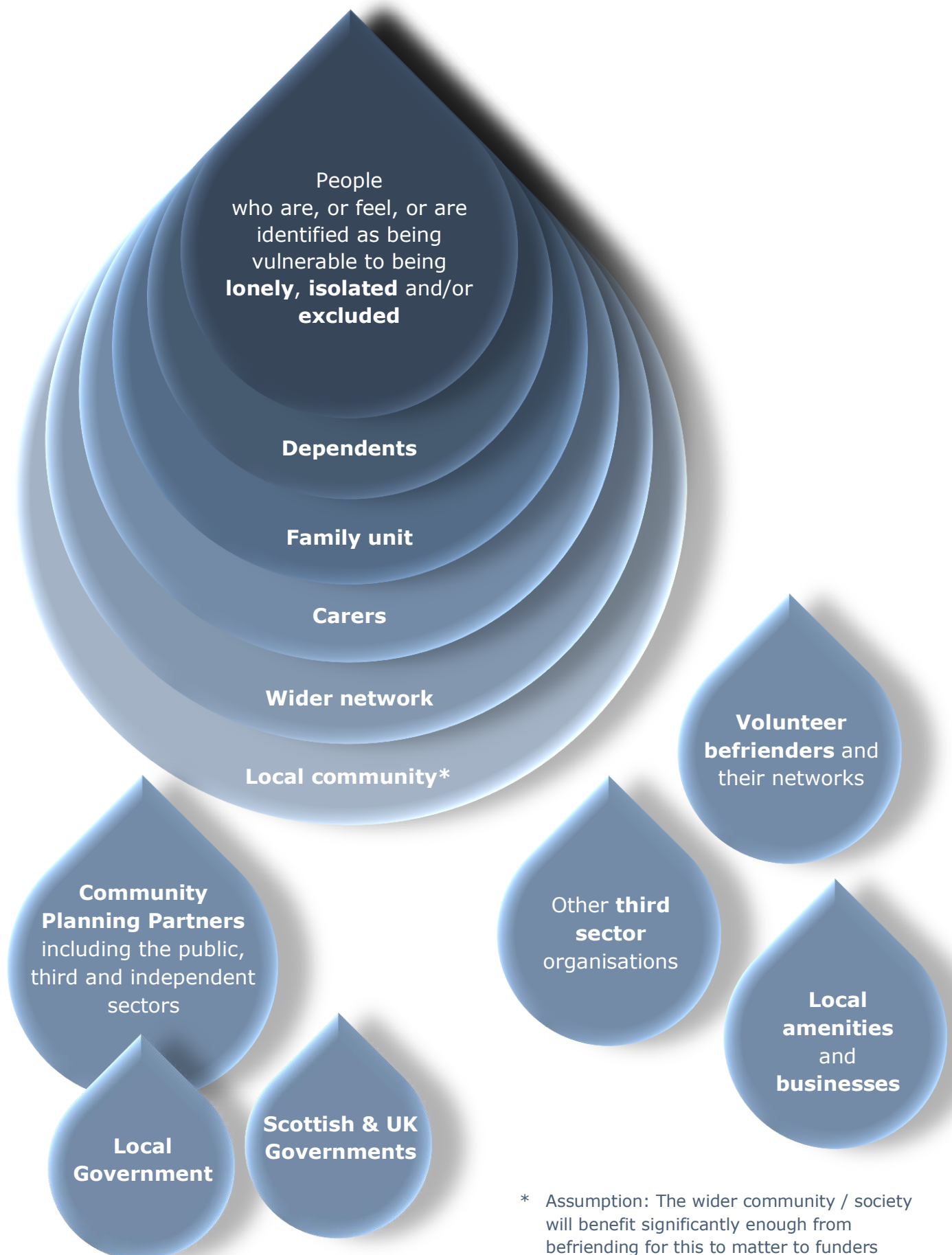


* The whole is greater than the sum of the parts

Contact between services enhances their effectiveness. (In Fife this was supported by Local Authority Link Officers as a result of group commissioning of befriending and engagement with the *Threading the Needle* programme.) E.g. services can:

- refer clients to each other
- accurately identify gaps in service provision
- signpost potential volunteers
- share resources and materials etc.

Who benefits from befriending?



Examples of how befriending can benefit different groups



Some befriending services routinely carry out light touch **home safety checks** as part of their assessment process. Befriendees may be referred to the **Scottish Fire and Rescue Service** to have smoke alarms fitted or to **Police Scotland** for security advice.

Benefits for:

- the befriender
- their dependents and family unit
- the public sector.

A family carer was signposted to a befriending service by the NHS and Social Work after panic attacks made it difficult for her to go out alone. Over time the carer and her volunteer befriender developed mutual trust.

They **started going out** to the garden centre, beach and shops.

The carer reported less stress and started managing her caring role more assertively. As a result, but unexpectedly, the cared-for person started making small improvements. The carer's befriender was added to her **Safe Plan** (after careful consideration).

The volunteer befriender welcomed **advice and support from her befriender** about losing weight.

Benefits for:

- the befriender
- the person they care for
- the volunteer befriender
- local amenities and businesses
- the NHS & wider public sector.



A recently bereaved woman with partial sight loss felt she required **specialist statutory support** but she wasn't eligible. Joining a befriending group led to: significantly improved self-esteem, a greater understanding of the actual impact of her sight loss, increased autonomy, a willingness to deal with her grief and address other more serious health issues.

Benefits for:

- the befriender
- the NHS and social services.



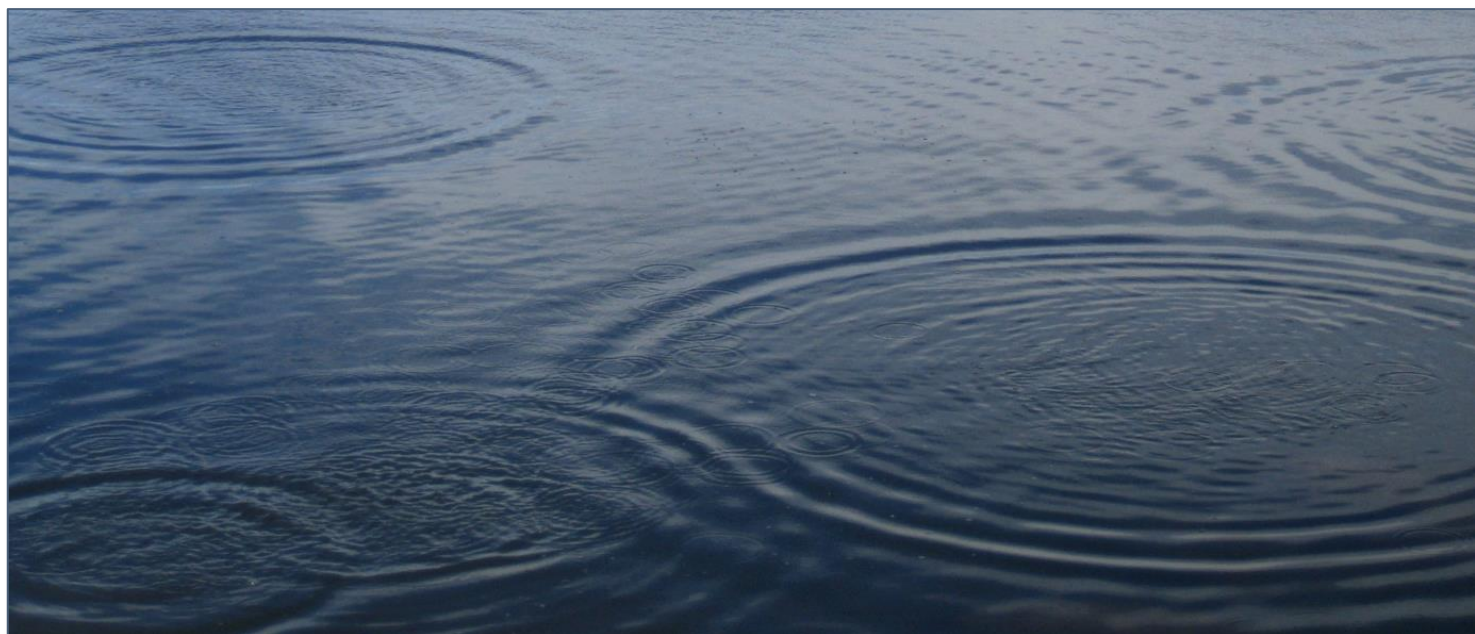
Outcomes for befriending

The following pages contain some **possible outcomes** for befriending.

Efforts have been made to make these relevant to a range of different models of befriending for a variety of client groups. However, **not all befriending services will be able to achieve all outcomes.**

The following **assumptions** should be borne in mind when considering these possible outcomes:

- that befriending is less costly than other services.
- that services have adequate resources:
 - there is a limit to how many one to one matches a coordinator can safely support [see *Good Practice in Befriending*, 2014, [Befriending Networks](#)]
 - in the group of 11 Integrated Care Fund funded services within Fife:
 - several services only have one part-time member of staff
 - it takes time to set up new services
 - volunteer recruitment is challenging and slow as all services are likely to be targeting a similar pool of potential volunteers
 - some services report having long waiting lists.



There are many strengths in modern society, but one of its weaknesses is the breakdown of many of the old structures and networks that supported people in times of crisis and need. Whenever we lose a strengthening element in society, we need to replace it with alternative systems as quickly as possible. Befriending schemes are a crucial part of this process, because they fill the gap that social erosion has left in the lives of so many vulnerable people.

Richard Holloway, former
Bishop of Edinburgh

The difference befriending can make...

...in the short-term

catching people

People referred for befriending have an increased awareness of the support available to them.

Befriendees' immediate networks (e.g. family, neighbours, friends) start to feel more supported / less alone.] → extends into medium term outcomes

People who **are**, or who **feel**, or who **are at risk of being**...

...**isolated** are more connected to their community.

...**lonely** feel more loved & cared about / appreciated.

...**excluded** are more accepted / included.

ASSUMPTION: Befriending is an effective way to reduce loneliness, isolation and exclusion.

Befriendees have...

... increased wellbeing.

... greater self-confidence.

... more opportunities to interact.

... more opportunities to participate.

→ "are more accepting of who they are" in the medium term

Volunteer befrienders have...

... the motivation to continue.

... increased wellbeing.

... greater self-confidence.

... a reduced risk of becoming isolated, excluded and/or lonely.

Other services (statutory and third sector) have more referral routes available to them.

Local communities have...

... more people involved in volunteering.

... an increased positive perception that the public sector is "putting its money where its mouth is".

Communities (including Community Planning Partnerships [CPPs]) have...

... a better understanding of the impact of loneliness / isolation / exclusion.

... a better understanding of the extent of loneliness / isolation / exclusion.

...in the medium-term

strengthening people

Befriendees...

- ... have more established community connections.
 - ... have more positive relationships (quality and/or quantity).
 - ... have an improved sense of self-worth.
 - ... are more accepting of who they are.
 - ... have a wider range of life skills to draw on.
 - ... take more control over their own lives.
 - ... use support services more appropriately.
 - ... have a diminishing over-reliance on statutory services.
- extend into long-term

Befriendees' immediate networks (e.g. family, neighbours, friends)

- ... are less worried.
- ... have a more balanced relationship with the befriender.

Volunteer befrienders...

- ... have more established community connections.
- ... feel more involved in meaningful activity.
- ... are in a better position to seek employment / other volunteering opportunities / study.

Communities...

- ... have a better understanding of befriending.
- ... (including CPPs) have a better understanding of how to tackle loneliness / isolation / exclusion.]→ leads into "cohesion" in the long-term
- ... are more inclusive.
- ... are better at picking up people who are at risk of being lonely / isolated / excluded.
- ... experience a greater demand for local amenities.]→ extends into long-term
- ... are more active.



...in the long-term

lifting people

Befriendees...

- ... have wider support networks.
 - ... are better able to achieve their best possible health and wellbeing.
 - ... feel supported to look after their own health and wellbeing*.
 - ... are more likely to access the right support at the right time*.
 - ... can remain in their own home (or a homely setting) for longer.
 - ... live in good health for longer.
 - ... maintain or improve their quality of life.
 - ... are no longer lonely, isolated or excluded.
- [NH&WB⁺ outcome 5](#)
- [NH&WB outcome 6](#)
- [NH&WB outcome 3](#)
- [NH&WB outcome 2](#)
- [NH&WB outcome 1](#)

Befriendees' immediate networks...

- ... have stronger networks of support.
- ... are able to make better long-term decisions*.
- ... have reduced pressure.

Local communities...

- ... are stronger.
- ... are more cohesive.
- ... are more vibrant.
- ... have an increased sense of ownership.
- ... have a positive culture shift.
- ... are more pro-active.

Conceptually....

The top net is stronger: people are less likely to slip through and need support from the third and/or public sectors [See [Layers of support p11](#)]

Volunteer befrienders...

- ... feel more valued.
- ... are more resilient.
- ... feel more involved in meaningful activity.
- ... have more established community connections.
- ... are in a better position to seek employment / other volunteering opportunities / study.

Local amenities and businesses...

- ... have more custom.
- ... have a greater diversity of customers*.

⁺ "NH&WB" refers to the [National Health and Wellbeing Outcomes](#) listed on p20

^{*} links to Self-directed Support

Befriending services (and the wider third sector)...

- ... are more confident about responding to local need.
- ... have a more central voice in the commissioning process.
- ... are more trusted as outcome delivery partners.

→ [NH&WB outcome 8](#)

The **commissioning process** is better informed.

→ [NH&WB outcome 9](#)

Commissioned public services are better targeted to need.

→ [NH&WB outcome 4](#)



"Happy People Live Longer" by marg is licensed under CC BY 2.0

National Health and Wellbeing Outcomes

- ← **Outcome 1.** People are able to look after and improve their own health and wellbeing and live in good health for longer.
- ← **Outcome 2.** People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- ← **Outcome 3.** People who use health and social care services have positive experiences of those services, and have their dignity respected.
- ← **Outcome 4.** Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- ← **Outcome 5.** Health and social care services contribute to reducing health inequalities.
- ← **Outcome 6.** People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
- Outcome 7.** People using health and social care services are safe from harm.
- ← **Outcome 8.** People who work in health and social care services feel engaged with the work they do, and are supported to continuously improve the information, support, care and treatment they provide.
- ← **Outcome 9.** Resources are used effectively and efficiently in the provision of health and social care services.

This model illustrates that there are **strong links** between the identified outcomes for befriending and the nine National Health and Wellbeing Outcomes.

It also becomes apparent that **using befriending to tackle loneliness, isolation and exclusion** will help Fife Health and Social Care Partnership to meet its **strategic priorities**:

1. Prevention and early intervention
2. Integrated and coordinated care
3. Improving mental health and wellbeing
4. Tackling inequalities.

Examples of how befriending can help

(drawn from projects' experiences)



Situation:

- Wendy is a single mother and the full-time carer for her seriously ill young son who requires suction every 4 hours.

Consequences for Wendy:

- A high degree of ongoing **stress**.
- It is very difficult to go out for any length of time so Wendy becomes **socially isolated**.
- When she does go out, the stigma of having a disabled child and the lack of shared experiences with other parents makes her feel **excluded**.
- Wendy feels she has no-one she can really talk to and is **lonely**.

The befriending solution:

- After talking to Wendy, the befriending coordinator suggests that, rather than going out, the befriender could visit her at home in the first instance:
 - o they will have longer to spend together
 - o it will be easier as they won't have to have to prepare and take specialist equipment with them
 - o it will be less stressful.
- The befriending coordinator considers Wendy's needs and personality before matching her with a trained volunteer.
- The coordinator introduces Wendy to her volunteer befriender.
- The volunteer then visits Wendy at home for 2-3 hours every week.

The difference befriending makes:

- Wendy **feels supported**, less alone and "more like a normal person".
- The volunteer feels that they matter, that they are **giving something** to society and that they are **gaining experience** in social care.
- Over time Wendy becomes calmer which benefits her **health** and helps to improve her relationship with her son.

In the longer term:

- The pair might decide to supplement / replace the visits with phone calls.
- With her befriender's support, Wendy might feel more confident about going out and gradually be able to build up further links with her local community.

Home Visits



Befriending responds to individuals' emotional and practical needs

Situation:

- Callum's health fluctuates a great deal. He is often too unwell to leave home or even to have visitors.
- He has recently lost his job as a result of being off so much. After years of unexplained symptoms he has finally been diagnosed with lupus.
- Callum lives in a very rural area. His brother, who lives fairly nearby has a young family and now works off-shore so is away a lot.



Consequences for Callum:

- Callum's **geographical isolation** means he gets few visitors. He needs to be sure he is feeling really well before making the effort to go into town.
- The delay in diagnosis has contributed to his **anxiety** and **depression**.
- He has **lost contact** with his ex-colleagues. He has **lost his sense of identity** and feels that everyone else is moving on without him.

The befriending solution:

- Callum was referred for befriending by his GP.
- After visiting Callum at home, the coordinator suggested matching him with someone who has experience of living with a long-term health condition.
- Callum was resistant to the match as he worried that his befriender would drive all the way to see him only to discover he wasn't well enough for a visitor or could only manage to talk for a few minutes.
- The coordinator suggested telephone befriending instead and Callum agreed. He and his befriender aim to talk twice a week. The length of the call varies from only a couple of minutes up to 45. When Callum's brother is at home, Callum speaks to his befriender only once a week.

The difference befriending makes:

- Callum and his befriender have gradually built up a good rapport. His befriender's empathy with and understanding of his situation have helped him to feel **less alone**. Having regular contact with someone has helped him feel **less excluded**.

In the longer term:

- Callum is no longer so anxious about letting his befriender down and is beginning to talk about arranging for his befriender to visit occasionally.
- He has even mentioned the idea of going out for a coffee one day.

Telephone Befriending



Befriending is flexible enough to accommodate varying situations



Situation:

- Alice is a very effective volunteer befriender who maintains clear boundaries with her befriender.
- Alice disclosed her own mental health issues to the manager of the befriending service. She has always found social settings very stressful and, having cared for her mother since the age of 11, has never worked.
- One of the reasons Alice volunteers is she knows that one day she is likely to be lonely herself.

Consequences for Alice:

- Although Alice would like to do more volunteering, she feels that to do this she needs to get better at being in group situations.

The befriending solution:

- Alice's befriending coordinator offered to refer her to another befriending service's "lounge" - an informal drop-in café for people with enduring mental ill-health.
- It was agreed that her befriending coordinator would accompany Alice the first time she went along.
- Alice has been visiting the lounge once a week.

The difference befriending makes:

- Without having had the opportunity to become a volunteer befriender in the first place, Alice might well have become more and more isolated.
- The network of befriending projects in Fife meant that Alice's befriending coordinator could refer her to another project which could support her with her anxiety about being in group settings.
- Alice has enjoyed meeting other people in an informal space. Everyone who visits the lounge has their own difficulties; Alice has been happy to listen to others and has had the **confidence** to share her own concerns.

In the longer term:

- Alice has gradually started extending her trips by going on to St Andrews afterwards and doing some shopping, rather than just going straight home.
- She is **more confident** in group settings, has **more social contacts** and is now **much less likely to become seriously isolated**.

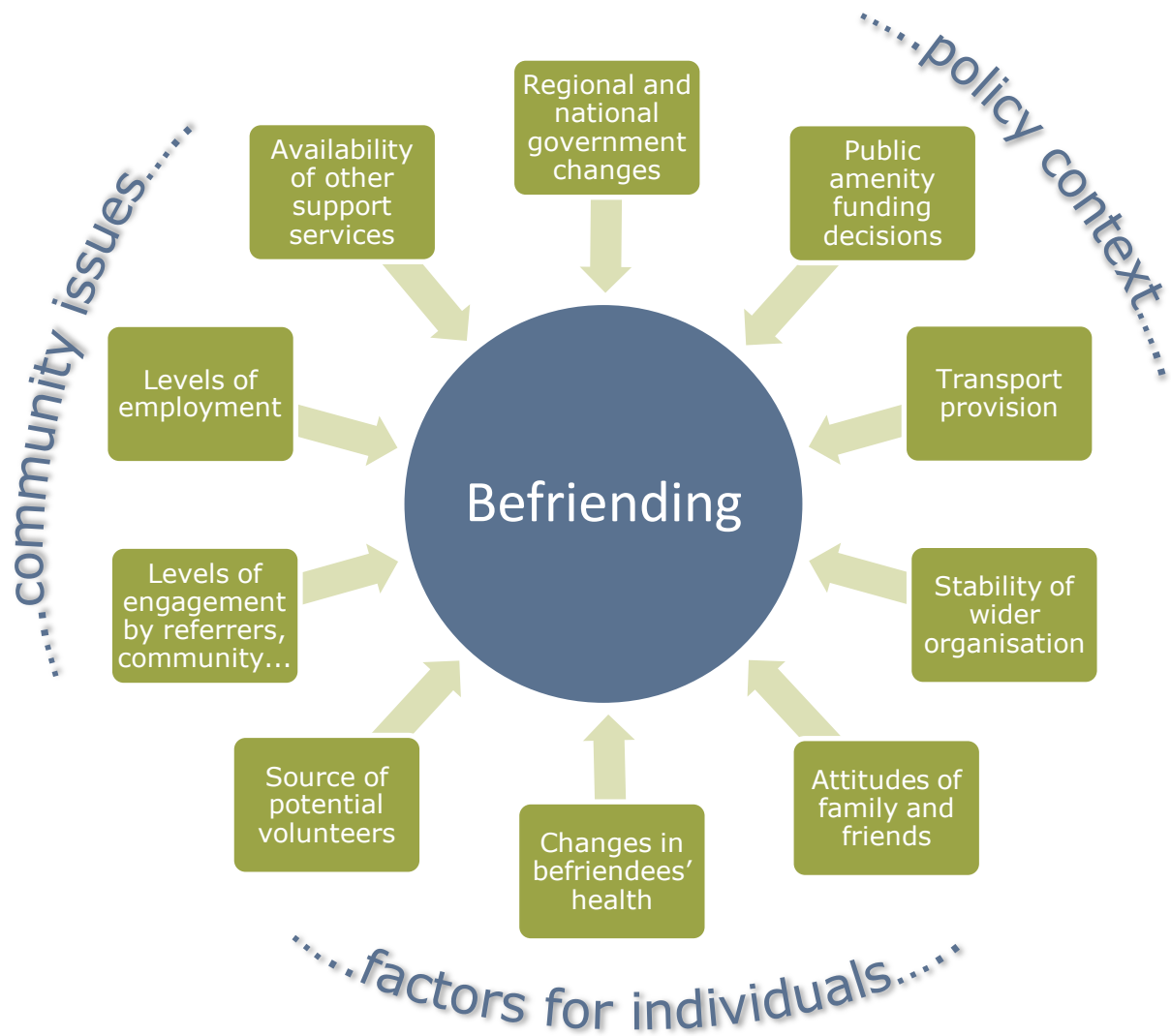
Group Befriending



Befriending
can also play a
preventative
role for
volunteers

External factors

These are elements outwith services' control which can influence the impact of befriending.



Appendix 1: Background



Threading the Needle

In the context of health and social care integration and the move to strategic commissioning, the Scottish Government wanted to:

1. Improve understanding about how the new Integration Authorities and lead agencies really make decisions, so barriers to achieving outcomes could be addressed.
2. Support those involved in the strategic planning groups to embed learning from, and about, third sector evidence in decision-making.
3. Produce sharper third sector 'what works' evidence about some selected interventions to ensure better decision-making.
4. Generate generic lessons about third sector interventions and outcomes that could be applied to the planning and procurement of services for all client groups.

Evaluation Support Scotland [ESS] was funded to work with four of the new Health and Social Care Partnerships in a programme called *Threading the Needle*.



Fife

Fife Health & Social Care Partnership had made a strategic decision to fund 11 befriending services using the Integrated Care Fund and matched funding from Fife Council. They wanted to find out if, and how, a variety of different models of befriending could help the Partnership achieve its priorities and the 9 National Health and Wellbeing Outcomes.

This document

The theory of change (logic model) described in this document was developed by representatives from funded befriending services, local authority link officers and Fife Voluntary Action. It illustrates how it is believed befriending services can contribute to Fife's priorities and the National Health and Wellbeing Outcomes.

Evidence collected by funded services and their link officers during years 2 and 3 will be mapped to this model. It is hoped it will also prove useful to commissioners, Health and Social Care Partnerships and befriending services from elsewhere.



Appendix 2: Theory of Change

Logic models are used to show a causal connection between an identified need, the services designed to address this need, and the difference these services make for individuals and communities. A **theory of change**.

The working group used a logic model template (below) to explore how befriending may be able to help Fife Health and Social Care Partnership achieve its priorities. The resulting logic model was the basis for this document.

	Situation / need	Resources	Activities	Participants	Outcomes		
					Short term	Medium term	Long term
<i>We asked ourselves these questions:</i>	What problems can befriending potentially help to solve?	What resources do services draw on to provide effective befriending?	What do befriending services do ?	Who is involved in befriending?	What difference can befriending make?		
<i>Our answers are here:</i>	Strategic context <i>p4</i>	What's involved in providing befriending? <i>p12</i>	What's involved in providing befriending? <i>p12</i>	Why befriending? <i>p10</i>	The difference befriending can make... <i>p17</i>		
	Loneliness, isolation and exclusion in Fife... <i>p6</i>	Befriending in the wider environment <i>p13</i>		Befriending in the wider environment <i>p13</i>	...in the short-term <i>p17</i>	...in the medium-term <i>p18</i>	...in the long-term <i>p19</i>
				Who benefits from befriending? <i>p14</i>	National Health and Wellbeing Outcomes <i>p21</i>		

	Assumptions	External Factors
<i>We asked ourselves these questions:</i>	What (reasonable) assumptions are we making when drawing up this theory of change?	What elements, outwith services' control, can influence the impact of befriending?
<i>Our answers are here:</i>	Who benefits from befriending? <i>p14</i>	External factors <i>p25</i>
	Outcomes for befriending <i>p16</i>	

Appendix 3: Lead Partner Agencies

At the time of writing (summer 2016) lead partner agencies on the **Fife Partnership Board** are:

Fife Council

Education and Children's Services

- Education
- Children & Families & Criminal Justice Services

Enterprise and Environment

- Asset Management and Building Services
- Economy, Planning & Employability Services
- Fife Cultural Trust
- Transportation & Environment Services

Finance and Corporate Services

- Audit & Risk Management Services
- Human Resources
- Legal Services
- Financial Services
- Procurement
- Revenue & Shared Services
- Democratic Services
- Assessor Service
- IT Service
- Business Support Service

Communities

- Community & Corporate Development
- Customer Service Improvement
- Corporate Services Resources
- Housing Services
- Area Services
- Emergency Resilience
- Fife Sports & Leisure Trust

Health and Social Care

- Adult Services
- Older People's Services
- Social Work Resources Service

Police Scotland

Scottish Fire and Rescue Service

NHS Fife

Scottish Enterprise

Fife Voluntary Action

Skills Development Scotland

Fife College

St Andrews University

Scottish Government

SEStran

Appendix 4: Sources of further information

Befriending Networks

www.befriending.co.uk

Campaign to end loneliness

www.campaigntoendloneliness.org

Learning from A Stitch in Time? A Commissioning Guide

www.evaluationsupportscotland.org.uk

Appendix 5: Funded Projects

The 11 befriending services funded through the Integrated Care Fund and by Fife Council (2015-2018) are:

- | | |
|---|---|
| - Age Concern Glenrothes | <i>older people</i> |
| - Castle Befriending Scheme | <i>adults with mental ill-health</i> |
| - Crossroads Central Befriending | <i>adults / older people</i> |
| - East Neuk of Fife Befriending Service | <i>older people</i> |
| - ENeRGI | <i>adults with mental ill-health /
substance misuse</i> |
| - Fife Action on Autism (→ mid 2016) | <i>adults / older people with ASD</i> |
| - Fife Carers Centre | <i>adult unpaid carers</i> |
| - Fife Society for the Blind | <i>older people with visual
impairment or blindness</i> |
| - Kingdom Companions | <i>adults / older people</i> |
| - Lead Scotland | <i>adults / older people</i> |
| - LinkLiving Real Living Project | <i>older people</i> |
| - Marie Curie Helper Service (mid 2016 →) | <i>people with a terminal illness</i> |

Appendix 6: Contributors

This document was developed in 2016 by:

Helen McFadden	<i>Befriending Project Co-ordinator</i> Fife Carers Centre
Joanna Clark	<i>Project Manager</i> Fife Voluntary Action
Lesley Haycock	<i>Volunteer Coordinator</i> Castle Befriending Scheme North East Fife
Mig Geggie	<i>Link Officer</i> Fife Council Health & Social Care Partnership
Rosemary Abbott	<i>Community Engagement Coordinator</i> Fife Society for the Blind
Ruby Urlotti	<i>Project Officer</i> East Neuk Frail Elderly Project
Susan McLean	<i>Link Officer</i> Fife Council Health & Social Care Partnership

with support from:

Martha Lester-Cribb	<i>Evaluation Support Manager</i> Evaluation Support Scotland
----------------------------	--

All funded projects and representatives from Fife Council had the opportunity to comment on the document before it was finalised.





Threading the Needle



Evaluation Support Scotland [ESS] works with third sector organisations and funders so that they can measure and report on their impact.

Evaluation Support Scotland

5 Rose Street
Edinburgh
EH2 2PR

0131 243 2770

info@evaluationsupportscotland.org.uk

www.evaluationsupportscotland.org.uk

 @EvalSupScot

Evaluation Support Scotland is a registered Scottish charity No. SC036529 and a company limited by guarantee, registered in Scotland, No. SC284843. VAT number: 923 2102 72.

Supported by:



November 2016