Befriending in Derbyshire

An Independent Assessment of its Value and Impact

Prepared for Derbyshire Trusted Befriending Network

Peter Stone Consulting

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Contents

The Value and Impact of Befriending in Derbyshire

Executive Summary

1. Loneliness levels are highest amongst those aged under 25 and over 55. Amongst older people those especially at risk include ethnic minority elders.

2. Many factors affect levels of loneliness and isolation from physical and mental health to income level and from gender to life stage.

3. Loneliness poses a significant threat to health and is a significant risk factor for a wide range of mental and physical health problems, including depression, high blood pressure, sleep problems, reduced immunity and cognition in the elderly.

4. People with stronger social relationships had a 50% increased likelihood of survival than those with weaker social relationships.

5. Older people who are lonely or isolated have substantially increased chances of developing dementia. For such older people, loneliness is associated with high blood pressure, an increased number of GP visits, and higher incidences of falls. There is also evidence that loneliness can lead to earlier admission to a care home.

6. Mitigating loneliness will improve quality of life and may also lead to reduced health and social care costs. It can have a modest but significant effect on depressive symptoms in the short and long term when compared with usual care or no treatment.

7. Most organisations offering befriending in the voluntary sector are being affected significantly by a combination of reducing support from statutory agencies and other funders, increased demand for services, and uncertainty caused by political change.

8. Derbyshire Trusted Befriending Network consists of 28 organisations offering befriending services to over 1,100 people with an additional 1,600 waiting for such support at any given time. 765 volunteers give 70,000 hours support each year worth, at the Real Living Wage, £672,000 per year.

9. The benefits for befriendees of receiving support through a befriending scheme are significant and include: a reduction in isolation (reported by 86% of people); an increased feeling of being part of the community (86%); increased independence (57%); an increased ability to socialise (70%) and; improved physical and mental health (49% and 73% respectively).

10. The benefits for those undertaking the befriending include increased employability (48%) and improved physical and mental health (76% and 86%).

11. In addition, there are a range of benefits for others involved – such as the families and carers of those being befriended and the statutory agencies who would have increased workload and costs if the schemes were not in operation.

12. The Network offers extremely good value for money – it costs around £800,000 to deliver all befriending services but this delivers over £7,000,000 of value per annum – a return of almost 9:1 for each pound spent.

A: The Value and Impact of Befriending in Derbyshire

1. Introduction

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 objectives of the Derbyshire Trusted Befriending Network are to:

- Provide a support mechanism for befriending providers across Derbyshire to include improved networking, peer support, and training & development; and help befriending providers with funding bids and other income streams including the pooling of resources, and sharing of information;

- Increase the membership and support members to achieve the Derbyshire Trusted Befriending Network Quality Mark;

- Promote Derbyshire Trusted Befriending Network and raise the profile of befriending services across Derbyshire targeting users (and potential users) of the service, volunteers, and health and social care staff;

- Recruit, train and support a network of community based befriending champions across the county;

- Advertise, promote, administer and monitor befriending champion micro-grants through local communities and appropriate service providers, aiming to build natural communities of people, away from services, that help combat loneliness and social isolation;

- Encourage and establish an outcomes-focused approach to monitoring across befriending provision to enable services to demonstrate the impact their services have on clients' lives and;

- Refer potential clients on to befriending providers as a result of their 'first contact' assessment.

2. Research Brief

In 2016 the Derbyshire Trusted Befriending Network commissioned a piece of independent research to assess the benefits of befriending in general and the impact made by befriending providers in Derbyshire in particular.

The Network prepared a brief for the project, sought expressions of interest from suitably qualified organisations and received a number of submissions. These were assessed by a panel from the Network and a shortlist of potential suppliers was interviewed by three representatives. Following this process Peter Stone Consulting Limited was appointed to undertake the project on the Network's behalf.

The commission required the appointed consultant to undertake research into the impact and social return on investment of befriending services in Derbyshire. There were two distinct phases contained in the tender brief; the first was a phase of research into existing evidence of the impact of loneliness and isolation on both physical and mental health outcomes and the gathering of data evidencing the delivery of befriending across Derbyshire. The resulting data would be combined with an analysis of the environment facing befriending organisations to produce, in effect, a 'state of the sector' report on befriending in Derbyshire.

The second phase of the commission sought to build upon the first and generate a comprehensive evidence database of befriending provision in the county including providers, types of service, area of coverage and volumes of delivery. This would be complemented by the evidence gathering phase of the project. In this element, the plan was to liaise with providers to ensure that the scope, outcomes, impact and value of the work they are providing was recorded and analysed. Providers were also to be asked to identify suitable individuals whose experiences would be worth recording as individual stories. In addition to recording these personal stories, the value of the befriending services – in terms of the social value of the work provided – would also be assessed. The aim was also, if possible, to assess which models of befriending were most impactful and which provided best value for money.

A copy of the brief requesting Expressions of Interest is attached at Appendix One.

3. Phase One – Evidence and Delivery

Under the first phase of the project the two separate work elements were: to undertake research into the availability of evidence of the impact of loneliness and social isolation on both physical and mental health outcomes and; to gather data evidencing the delivery of befriending across Derbyshire. These two distinct elements are dealt with in the following sections:

3.1 Evidence of the impact of loneliness and isolation

This section of the overall project seeks to identify, analyse and summarise existing research evidence into the impact of loneliness and social isolation on health and wellbeing and how different models of befriending can make a difference. In order to identify evidence linking loneliness and isolation to health and wellbeing, a desk based research study was conducted. Search engines and sites reviewed included:

- *Google*
- *PubMed*
- *NICE*
- *Google Scholar*

Search terms included:

- *loneliness*
- *lonely*
- *social isolation*
- *social exclusion*
- *befriending*
- *befriend*
- *mentoring*

These terms were cross-searched with terms relating to health effects. Network members were asked to provide details of any research reports they had produced or of which they were aware. Relevant references cited in studies were followed up. All sources are listed at Appendix Two.

3.2 Definitions

Almost all of the studies reviewed noted that 'loneliness' and 'isolation' are terms that are often used as if they are synonymous, but made the point that they are distinct concepts.

- Befriending Networks of Scotland states 'Loneliness is characterised by negative feelings relating to the quality of an individual's social relationships whereas isolation relates to the numbers and frequencies of social contacts of an individual.'
- Cattan et al, (2005); Windle et al (2011) state *'Loneliness is a psychological state. It is a subjective, negative feeling associated with a lack or loss of companionship. If you feel lonely, you are lonely.' 'Social isolation is a sociological category relating to imposed isolation from normal social networks. This can lead to loneliness and can be caused by loss of mobility or deteriorating health.'*
- DTBN defines befriending as *'a service where one person (usually a volunteer) provides one to one support and encouragement to another person. The volunteer is someone other than a family member or friend and the relationship is usually set up and supported by a group or organisation.'*
- Mead et al (2010) define befriending as *'an intervention that introduces the client to one or more individuals, whose main aim is to provide the client with additional social support through the development of an affirming, emotion-focused relationship over time.'*

3.3 Prevalence

Estimates of prevalence of loneliness vary widely.

- Ubido and Scott-Samuel (2014) state of loneliness: *'Levels are highest amongst those aged under 25 (9%) and over 55 (9%). Amongst older people, those especially at risk include ethnic minority elders (24%-50%).'*
- Victor and Yang (2012) reported that 6% of adults in the UK were lonely *'all or most of the time'* while 21% felt lonely *'sometimes'*.

3.4 Factors affecting loneliness and isolation

There are huge range of factors which affect loneliness and isolation:

- *'Anyone can experience social isolation and loneliness. While social isolation is more commonly considered in later life, it can occur at all stages of the life course. Particular individuals or groups may be more vulnerable than others, depending on factors like physical and mental health, level of education, employment status, wealth, income, ethnicity, gender and age or life-stage.'* Durcan D and Bell R (2015)
- Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, mobility or income. Windle et al (2011)
- Victor and Yang (2012) found a prevalence of 9% of severe loneliness amongst those aged under 25 in the UK.
- Data from the European Social Survey 2006 showed that 9% of women felt lonely *'most or all of the time'* compared with 6% of men. Victor and Yang (2012)
- Jivraj et el (2012) found that poorer and lower-educated adults were more likely to be socially isolated in terms of civic participation and cultural engagement than adults who were wealthier and better educated.
- ELSA data showed that social isolation was more common among separated, divorced and widowed participants, as well as those who had never been married. Jivraj et el (2012)
- Young people who care for others have an increased risk of social isolation. When young people are required to take on too many caring responsibilities or carry out caring roles that are not appropriate, their health, wellbeing, safety and development can be adversely affected. Jackson (2010)
- Social isolation is one of the biggest predictors of subjective loneliness. Age UK (2010)

Other groups for whom loneliness may be an important issue would include young care-leavers, refugees, those with mental health problems, homeless people, unemployed people, mothers with post-natal depression, people abusing drugs or alcohol and people from minority groups. However, no specific published evidence on loneliness within these groups has been identified.

3.5 Impact of loneliness and isolation on health and wellbeing

An individual's health and wellbeing can be severely affected by loneliness and isolation:

- *'Loneliness is a threat to health, with evidence that it is a significant risk factor for a wide range of mental and physical health problems, including depression, high blood pressure, sleep problems, reduced immunity and cognition in the elderly.'* O'Lunaigh and Lawlor (2008), Masi et al (2011), Hawkey et al (2010)
- The quality and quantity of social relationships affect physical and mental health and risk of mortality. Social relationships affect physiological and psychological functioning and health behaviours, as well as risk of morbidity and mortality.
- Being lonely has a significant and lasting effect on blood pressure, with lonely individuals having higher blood pressure than their less lonely peers. Such an effect has been found to be independent of age, gender, race, cardiovascular risk factors (including smoking), medications, health conditions and the effects of depressive symptoms. Hawkley et al (2010)

- The Mental Health Foundation commissioned a survey in 2010 which found that 42% of respondents said that they had felt depressed because they were alone. Griffin J (2010)
- Lonely people experience more difficulties sleeping, and sleep deprivation is known to have the same metabolic, neural and hormonal regulation as ageing. Cacioppo and Patrick (2008)
- Having satisfying social relationships may be as important as not smoking when it comes to your lifespan. A 2008 meta-analysis found that people with stronger social relationships had a 50% increased likelihood of survival than those with weaker social relationships. Ollonqvist et al (2008)
- Social isolation in childhood is associated with isolation in adolescence and adulthood and social isolation in adulthood is in turn associated with cardiovascular risk factors (such as being overweight and having higher blood pressure) at the age of 26. Caspi (2006)
- Older people who are lonely or isolated have substantially increased chances of developing dementia and Alzheimer's disease, compared to better connected individuals. Fratiglioni et al (2000), Wilson et al (2007)
- Loneliness is also associated with depression (either as a cause or a consequence) and higher rates of mortality. Windle et al (2011)
- For older people, loneliness is associated with high blood pressure, an increased number of GP visits, and higher incidences of falls. There is evidence that loneliness can lead to earlier admission to a care home. People with a high degree of loneliness are twice as likely to develop Alzheimer's as people with a low degree of loneliness. University College London (2015)

3.6 Models of befriending & positive difference
In the DTBN Mapping Report (December 2015) models of befriending were described as follows:
- Home visiting
- Buddying
- Mentoring
- Telephone
- Email
- Supported friendships
- Group befriending

In most of the studies reviewed for this report, mentoring was differentiated from befriending due to it concentrating on achieving agreed individual goals: *'Mentoring is defined as a relationship between the volunteer and the individual, based on meeting agreed objectives set at the outset and where a social relationship, if achieved, is incidental.'* Philip, K. and Spratt, J. (2007). Mentoring has not been examined for the purposes of this report.

3.7 There is no firm body of research that compares the efficacy of the different models of befriending:
- No studies were found which evaluated group or distance (letter and email) befriending schemes, which suggests more research is needed on these forms of befriending. Roberts (2014)

3.8 Many studies point to the success of befriending:
- The review by Windle et al (2011) cites several studies demonstrating how mitigating loneliness will improve quality of life. It may also lead to reduced health and social care costs.
- In a report for the Joseph Rowntree Foundation, the researchers conclude that befriending is not a radical solution to tackle social exclusion. It does not seek to tackle root causes of disadvantage, and does little to challenge untenable situations. However, for some users the work of befrienders does ameliorate the worst aspects of isolation and exclusion from community participation.

Befriending was found to make a valued and valuable contribution to people's lives. Dean and Goodad (1998)

- A systematic review on the effectiveness of befriending found that it had a modest but significant effect on depressive symptoms in the short and long term when compared with usual care or no treatment. Mead et al (2010)
- A more recent study by Bekhet et al (2012) concluded that intervention programs designed to prevent or reduce loneliness in older adults may be beneficial for preserving their mental health.
- The studies by Pitkala et al (2009) and Cohen et al (2006) gave details of how group-based loneliness interventions also resulted in reduced health service use.
- Cattan, Kime and Bagnall (2011) describe how their older participants reported feeling "less lonely as well as less anxious since joining the telephone befriending service"
- People who use befriending services report that they were less lonely and socially isolated following the intervention. Windle et al (2011)
- There is significant literature suggesting that social support affects the onset, course and outcome of depression, and individuals with distress appreciate emotional and social support. Mead et al (2010)

3.9 Research shows that befriending is cost effective and reduces the burden on other services:
- If befriending is used more to support the emotional needs of people as part of a targeted support package, it can contribute significantly to building resilience so people are better able to cope independently and dependence on other, more costly healthcare services is reduced. Mentoring and Befriending Foundation (2010)
- A typical [befriending] service would cost about £80 per older person, compared to savings of about £35 in the first year because of the reduced need for treatment and support for mental health needs. Taking quality of life improvements as a result of better mental health into account the monetary value of savings would be around £300 per person per year. Knapp M et al (2010)

3.10 Befriending can be applied to support people with differing levels of need:
Promoting well-being (primary prevention): Aimed at people who have no particular social care needs, symptoms or illness; used to maintain independence, promote good health and well-being.

Early intervention (secondary prevention): Aimed at identifying those people at risk or to slow down or halt further deterioration; regular visits from a befriender means a service user's health needs can be monitored and any deterioration addressed quickly.

Maximising independence (tertiary prevention): Aims to reduce disability or deterioration from established health condition or complex social care need; can help support other social care interventions to maximise a person's functioning and independence.

3.11 Volunteering is vital to the success of befriending:
- *'Befrienders are volunteers. Users in the survey valued the fact that the befriender chooses to spend time with them, rather than being under a professional or family obligation to do so.'* Dean and Goodad (1998)
- *'The voluntary nature of the befriending service was an important feature, for it conveyed the notion that the visitor chose to come.'* Andrews G et al (2003)
- *'It is important that befriending services are free to the client 'Service users indicated that they felt a loss of self-respect and dignity in having to pay someone to come into their homes for company'.* Andrews G et al (2003)
- *'As well as improving outcomes for patients and the recipients of health and social care, volunteering can also bring health benefits to the people who actually volunteer.'* Neuberger (2007)

3.12 The relationship is valued by the person who is befriended:

- Befriending was found to be highly valued by the people who are befriended. The personal relationship formed with the volunteer is important to the user, as is the opportunity for social activities and new experiences. Dean and Goodad (1998)
- Many older people look forward to 'their' befriender visiting every week. For some, their befriender is the only person they see during the week who is not coming simply to fulfil a physical care need. There is huge importance attached to this relationship. Befriending Networks (2015)
- The significance of friendship for the emotional wellbeing of individuals is widely recognised. Friendship attachments provide a sense of security and a sense of belonging which potentially counters isolation and loneliness. Andrews G et al (2003)

3.13 The client needs to feel 'equal' to the befriender

- *'...it is suggested that mutually convenient visiting times should be discussed, that the arrangements for the visits should be jointly agreed between the client and the befriender, and that both parties should have a degree of control.'* Andrews G et al (2003)
- Reciprocity in the befriending relationship was regarded by clients as important and they needed to feel that both they themselves and their befrienders were getting 'something' out of the relationship. Andrews G et al (2003)

3.14 Summary

A rapid evidence review conducted by Ubido and Scott-Samuel in 2014 found that the evidence on effective interventions was not always that strong and the quality of the studies varied, with further research being recommended. Many of the studies conducted into the effects of interventions on health and well-being are not well conducted, with no control groups or inadequate matching of comparison groups, small sample sizes and limitations in the synthesis all affecting the reliability of conclusions. There is a need for more longitudinal, randomised controlled trials that incorporate standardised quality of life and cost measures. Windle also found that, as with much research in statutory social care and third-sector provision, future evaluation needs to concentrate on appropriately measuring (rather than merely assessing) quality-of-life outcomes and cost-effectiveness.

'While information-gathering is so patchy, it is impossible to collect robust evidence of effectiveness. There needs to be further joint work done to tackle this challenge if befriending services are to be able to demonstrate conclusively that what they do has an impact on the lives of people they support.' Befriending Networks (2015).

There are numerous schemes and projects providing a valuable service to lonely and isolated people throughout the country. Many schemes are not well evaluated and cannot therefore provide empirical evidence of impact. Evaluation must be built into interventions if organisations are to demonstrate impact and their Social Return on Investment.

4. Trends in the Sector

The country is in a time of significant political, system and structural change and, although the effect of much of this change is as yet unclear, there are some emerging trends that are influencing – and will continue to influence – befriending schemes across the county. Key amongst these are:

4.1 Public spending
The budgets of local authorities and CCGs have been in decline for a number of years and Derbyshire County Council is no exception to this. To date the overall council budget has been reduced by over £170m[1] meaning that a significant level of service provision has also been reduced. As well as the reduction of direct services such as supported living schemes and housing related support voluntary organisations were given notice that grant aid support for non-statutory services totalling £1.1m would end with effect from March 2017. Following a consultation period grant funding was extended for a further 12 months but the future after April 2018 is very uncertain. Continued austerity measures are likely to result in further reductions in funding for the voluntary sector. This will lead to the closure of many befriending services or, at best, to services which require befriendees to fully fund the support they receive – which may people will be unable to afford.

4.2 Reduction in statutory delivery
As well as the impact of reductions in funding for voluntary sector organisations the public sector has another significant impact on the people who might be assisted by organisations offering befriending services. The financial situation means that services offered by the public sector itself are also being cut and/or eligibility thresholds are being raised meaning that those with less acute needs can no longer access support or no longer receive a personal budget to purchase them. These reductions are likely to lead to people being less supported, more isolated and, perhaps, more likely to require befriending services as well as other services from the voluntary and community sector.

4.3 Voluntary Sector pressure
The reduction in public sector funding, leading to a reduction in public sector provision, is, in turn, leading to increased pressure on the voluntary sector to provide those same services and/or to support people who are no longer eligible for such statutory provision. This is all happening at a time when the income received by the sector is also in decline meaning that it is coming under an unprecedented squeeze. This is having the predictable effect of an increased number of charities having to restrict their delivery as they seek to balance their budgets or even, in extremis, having to close.

4.4 Income sources
As well as the constriction on public sector funding for the voluntary sector, a number of other pressures are affecting organisations working within it. Organisations are seeking to maintain their levels of delivery meaning that the pressure on other sources of income – whether that be grants from trusts and foundations or sales from shops – is greater than ever. In the case of grant making trusts it would appear that grant levels have now recovered to pre-recession levels[2] having previously reduced by £1.9bn over a three-year period. Whilst this is good news there is anecdotal evidence that the volume of applications being received by some funders is as great, if not greater, than ever. This means that the need for organisations in the sector to submit top quality applications is also greater than ever, and the chance of securing funding worse than in better financial times. Since some of these trusts and foundations work on the basis of spending interest earned on endowments a prolonged period of low interest rates means that they too may have lower levels of funding to distribute.

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[1] Derbyshire County Council, *At a glance guide to the budget*, 2016
[2] DSC, *Sector Insight: UK Grant-making Trusts and Foundations,* 2015

In addition, more and more public services are being put out to competitive tender; an area in which many voluntary sector organisations need to improve. There are many organisations which need to upskill quickly if they are to compete against an increasing number of professional companies bidding to provide the sorts of services which were previously the domain of charities. In Derbyshire, there seems to be a pattern of grant funding for voluntary sector services being replaced by larger, more tightly defined, countywide contracts (or at least covering more than a single local authority area). While Derbyshire-based voluntary organisations have successfully bid for contracts these organisations have tended to be larger charities with the capacity to deliver (and expertise to bid successfully for) contracts on this scale. Eligibility gaps and the replacement of some provision with more specifically defined contracted services may also emerge – but most are still in the early stages of delivery.

The disposable income of members of the public also remains under great pressure although there is evidence that, in the last couple of years, donations levels have been maintained. The Charities Aid Foundation were reporting in 2015 that they could be seeing the start of *'early indications of a decrease in charitable giving amongst individuals'*[3] something which, if maintained, could lead to even greater pressure on charities' income levels.

4.5 Increasing poverty levels
One of the consequences of the tightening of the economy and the general climate of austerity is that an increased number of people are experiencing a greater level of poverty. This in turn is increasing pressure on projects which are focussed on helping those in need – whether that be food banks, credit unions, community transport schemes or befriending projects. All of these are experiencing high levels of demand for their services through the 'perfect storm' of reduced public services and reduced funding for the voluntary sector.

4.6 Political change
A number of political changes have happened, and are still happening, where their consequences are, as yet, unclear. The extended period austerity announced by the Chancellor of the Exchequer in 2016, when he abandoned the plan to eliminate the deficit by 2020, seemed unlikely to mean that additional funds will be available to the voluntary sector – rather, it seems that the general pressure on the economy is likely to go on for longer than was originally intended. The result of the general election in June may mean that the austerity measures are reduced as a result of political negotiations.

The vote, in June 2016, for the United Kingdom to withdraw from the European Union will clearly have ramifications for all parts of society in the run up to withdrawal and beyond. At this stage, the nature of those effects is impossible to predict but organisations will need to watch carefully as the picture develops. If nothing else, it seems certain that voluntary sector organisations will no more be able to access grant funding from European Union funds.

Locally, the change in Derbyshire County Council from a Labour to a Conservative majority administration may also impact on the environment for voluntary sector organisations – but it is not yet clear what that impact will be.

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[3] CAF, *UK Giving 2015*, 2015

5. Survey Analysis

As part of the work undertaken during this project it was decided that a new online survey would be issued to update and expand the mapping surveys conducted in 2012 and 2015 and to give an evidence base to guide the rest of the evaluation. A detailed analysis of every question in the survey is attached at Appendix Three. The following is a summary of the major trends emerging out of the survey.

5.1 Delivery of befriending
As would be expected, there is a broad range of befriending services being delivered across the county from services for older disabled and vulnerable people to adults with disabilities and from lonely and isolated people to those with life limiting conditions.

Types of befriending services
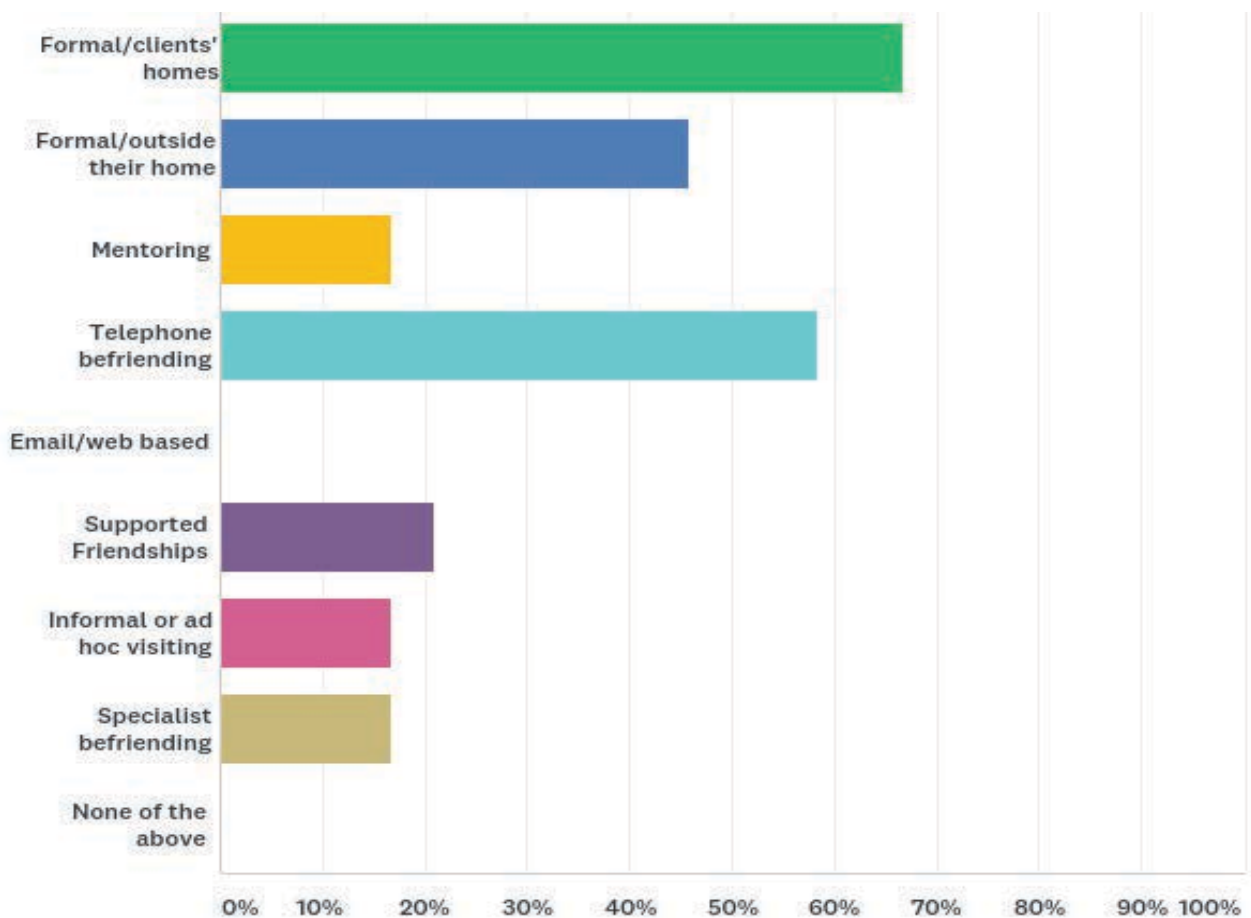
Two thirds of organisations who responded indicated that they provided formal befriending in clients' own homes whilst telephone befriending and formal befriending which allowed clients to participate in activities outside of their own homes were also provided by significant numbers of organisations (58% and 46% respectively).

5.2 Service users
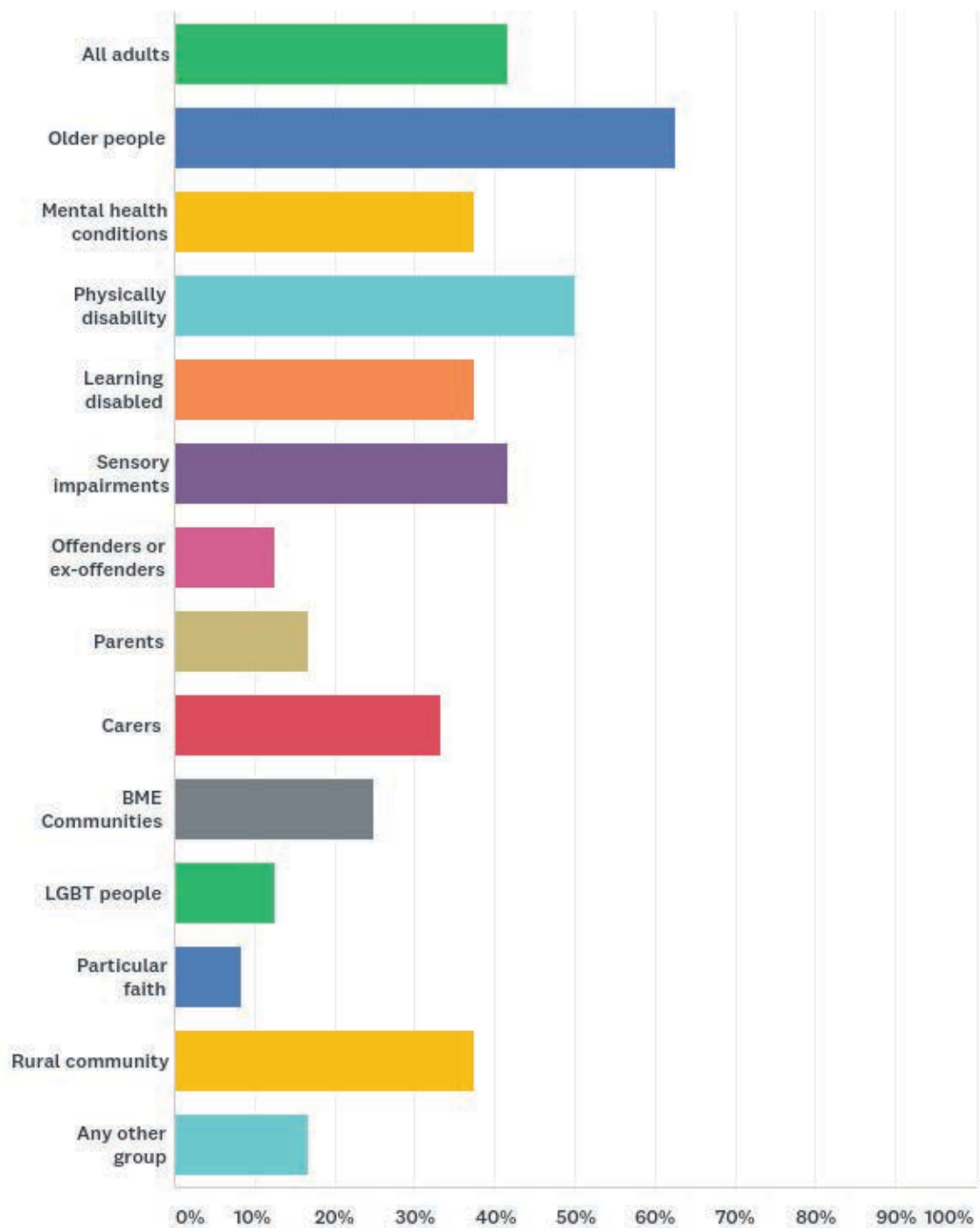
In terms of the users of the services, there is a good representation of befriending services available to most groups; the question – which will be explored in the second phase of the evaluation – is whether there is universal coverage across all groups and all areas.

5.3 Geographical delivery
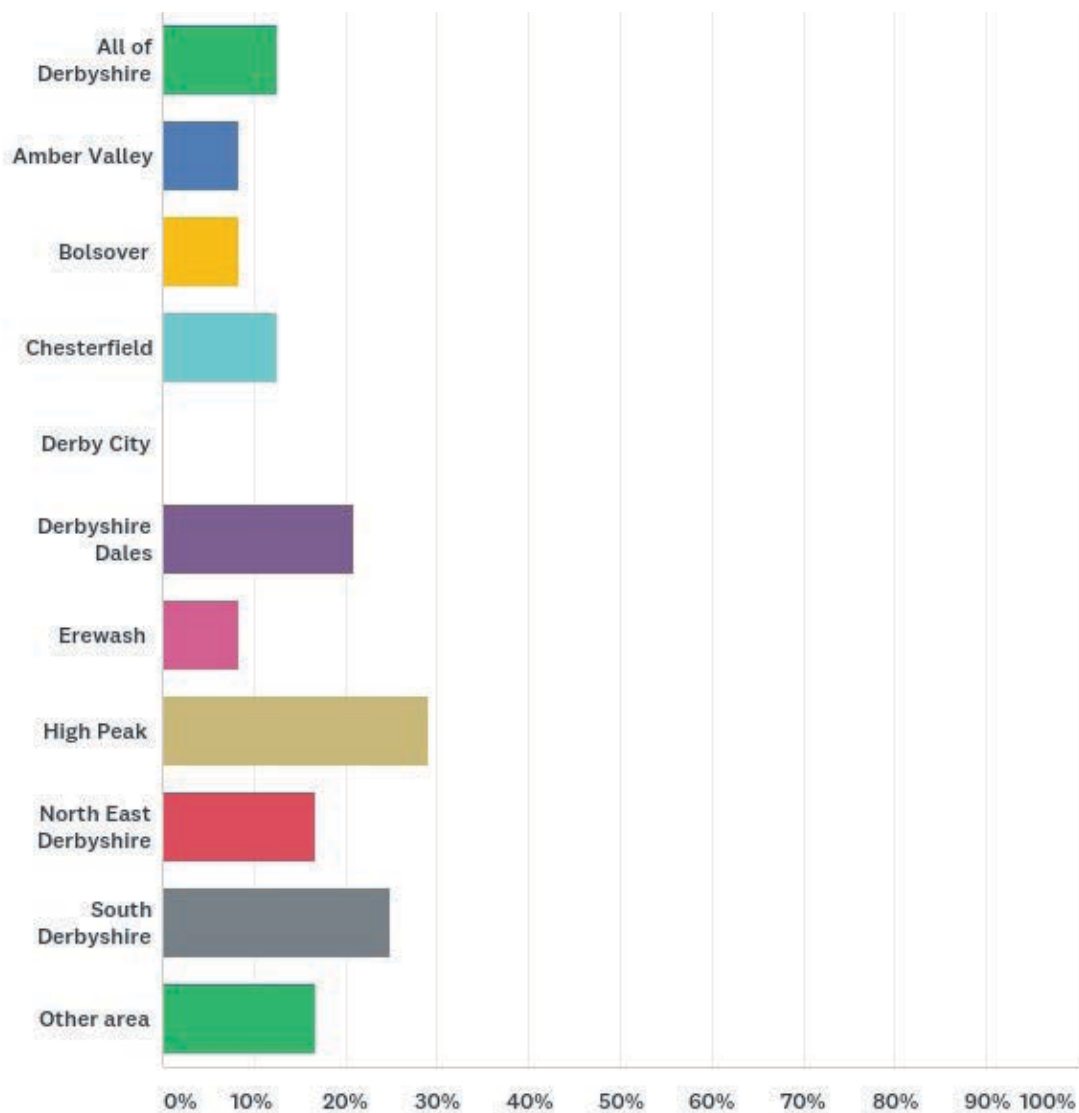
In terms of the coverage across the county there is some representation across all areas – although the areas where fewer responses were received were Amber Valley, Bolsover and Erewash.

5.4 Charging

The vast majority (96%) of befriending services offered by Network members are provided free of charge to clients[4]. It is also striking that the services receive referrals from a number of public service routes (social workers, DCC brokerage team, district nurses, etc.) whilst, from 2018, organisations face the prospect of further reductions from the public sector. If services are to be maintained there may need to be a re-evaluation of the decision not to charge for services.

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[4] PSCL, *DTBN Survey*, 2017

5.5 Referrals
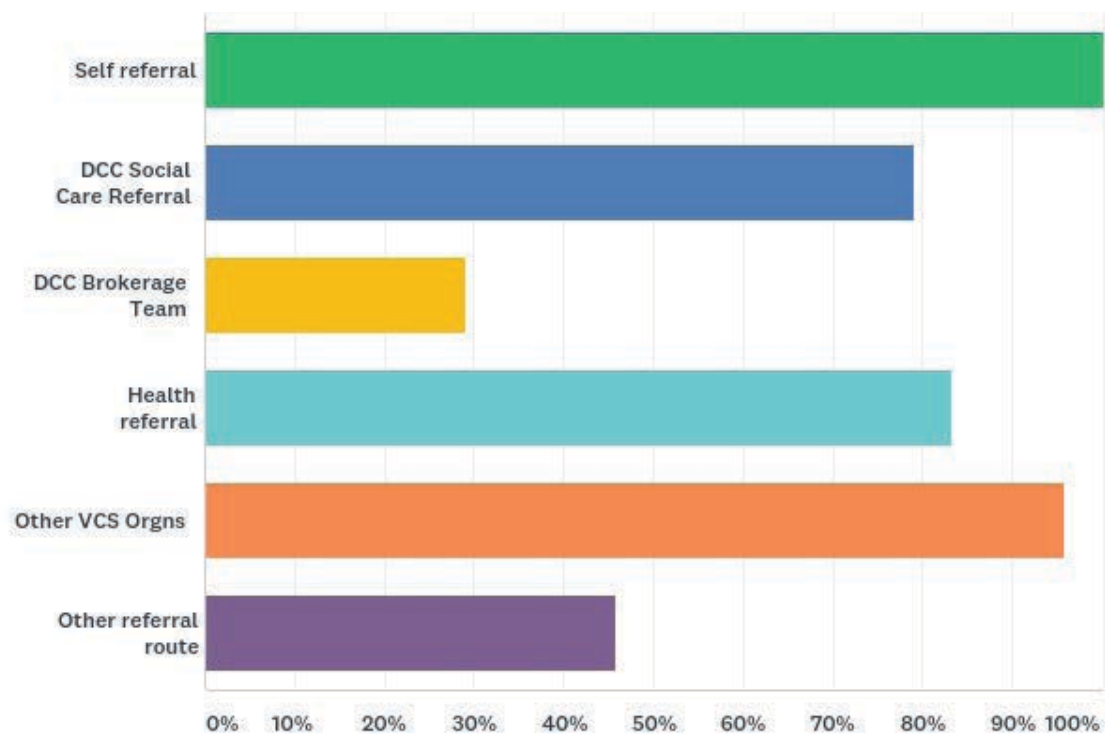
Most befriending services accept referrals from a wide range of sources and some from all of the above sources. Some of the more specialised services tend to receive more of their referrals from one or two primary sources reflecting that more specialised nature of service provision. In terms of the volume of referrals it is difficult to produce meaningful averages but it is interesting to note that the responding organisations reported a total of up to 150 referrals were being received each month. This reinforces the fact that around three quarters of organisations reported that they sometimes found some difficulty in accommodating the people referred to them.

5.6 Personnel
Most organisations (87%) reported that they had paid staff involved in the delivery of their befriending service whilst all reported that they used volunteers in its delivery – some very heavily indeed. Across all responding organisations, a total of around 765 volunteers gave an average of 2 hours' support each week – giving a potential total volunteer contribution of over 79,000 hours per annum in Derbyshire. At the National Living Wage rate of £7.50 per hour (from April 2017) that would amount to £596,700 p.a. At the so-called Real Living Wage of £8.45 per hour it would amount to around £672,282 p.a.

Almost two thirds of responding organisations also used volunteers to undertake other tasks; these included: administrative work; running specific sessions; recruitment; fundraising; website development and undertaking research. The major route for the recruitment of volunteers was a combination of the organisations' own recruitment materials and, as ever, word of mouth.

5.7 Clients
The 24 organisations who responded indicated that they supported a total of 971 befriendees at present – an average of 40 per organisation. If this were to be extrapolated to all 28 current members of the Network, it would mean that more than 1,100 people were being supported at any one time. A total of 14 organisations reported a waiting list with a total of 795 people waiting to receive befriending services. Extrapolating that to all DTBN members gives a potential figure of almost 1,600 on waiting

lists. Across the entire Network this suggests around 2,700 people could be either in receipt of, or waiting to receive, befriending services at any one time.

5.8 Waiting times
Potential clients/befriendees experienced a variety of lengths of waiting list; in some cases, organisations are not operating a waiting list at all whereas in others waits of up to 6 months or longer were reported. The reason for these waiting times can, of course, be a lack of funding to operate as extensive a service as would be desirable or to meet the volume of demand. In many cases, it was reported that the wait was due to a lack of volunteers and/or the need to find the right match of volunteer to client.

5.9 The future
Responding organisations reported that 70% of them were looking to develop their services. The ways in which such development will take place were also varied – a number were still hoping to expand by securing more funding and/or volunteers whilst others were continuing to develop the accreditation for their service(s) or to widen the geographic area in which they operate.

There was clear feeling that there are still areas of the population which would benefit from additional befriending services. In some areas this will mean ensuring that sections of the population who do not currently access services can do so (such as those with dementia or those who are very isolated). In other cases, it would be through the introduction of a wider range of services such as telephone befriending or through the expansion of services into areas of the county with fewer services than at present.

5.10 Funding
The responses received present a stark picture of the future of befriending services across the county; many organisations receive substantial grant funding from the County Council for their schemes but all of this funding is due to cease from March 2018. Others secure grant funding to deliver their services but this is usually on an annual basis and few have any long-term commitment for such funding. At the present time it would appear that without significant income diversification and development there will be a substantial reduction in service delivery from 2018 inwards.

5.11 Data recording
As part of the work to measure the reach of the Network, a question sought to assess the outputs and outcomes which are being measured. The picture which has emerged is one of a vastly different range and scale of data being recorded. Some organisations measure very little and this may, in large part, be due to lack of available resources to do so. Others record very detailed information which allows them to report specific outputs of their work and the outcomes achieved. The variance in recorded data means that it is very difficult to present a county-wide picture of delivery.

6. Sustainability

As part of the first phase of this evaluation it was agreed that recommendations would be included on how the trends in funding, and the general environment in which befriending services operate, need to be handled to give the best chance of an optimum level of befriending services being maintained in future years. From the research that has been undertaken a number of clear conclusions can be drawn:

- There are wide range of studies which show a clear detrimental impact of increased levels of loneliness and isolation on both physical and mental health outcomes.
- There are also a number of studies which show that befriending services provide a cost-effective solution to reducing loneliness and isolation.
- It is therefore reasonable to assume that any service which reduces loneliness and isolation will provide reductions in expenditure on physical and mental health services.
- It is also clear that such services will provide better health outcomes for the people able to access these services.
- The reduction in funding for befriending services, without those services being replaced by a viable alternative, will result in an increase in loneliness and isolation and, in time, a decrease in the physical and mental health of the previous participants and will, therefore, result lead to an increase in health and social care costs.

From April 2018, it is quite possible that there will be no County Council grant funding available to any organisation in the Network (or, in fact, to any organisation working in the voluntary and community sector). As has already been demonstrated, a substantial number of members of the Network rely significantly on that grant support to deliver their services. It is to be hoped that plans are already being developed to try to replace that funding when it is removed but the difficulty of doing so should not be underestimated.

It is to be hoped that the evidence gathered during this evaluation further evidences the worth of the befriending services supplied to such an extent that the statutory services decide to continue to fund the provision. It would not be advisable to assume this at present – the grant support from local authorities is not being reduced because they see no value in the work being undertaken but because, they say, they have insufficient funds (because of central Government cuts) to fund much work which is non-statutory in nature. It may be possible to use the evidence generated by this evaluation to convince funders (and especially CCGs) of the benefits of funding such work to avoid other cuts in due course.

In the meantime, it is suggested that all organisations working in the Network need to conduct an urgent reassessment of the future funding of their befriending schemes to determine how best to fund them if and when such grant support has been removed. It is clear that there are only a number of ways in which the schemes can be funded:

- Develop a sustainability and funding plan which assesses the costs of the service and seeks to balance the budgets of the scheme in the short to medium term;
- Lobby all local authorities and CCGs for continued grant support – even though the chances of securing such support must be considered very unlikely;
- Undertake as much fundraising to support the service from supporters, trusts and others as possible;
- Consider the implications of a partially charged-for service to help defray the costs of the service; implement as necessary;
- Look at cost reduction: is it possible to reduce staffing costs where there are any;

- Look at whether there are ways of saving costs either through partnerships, collaborations or mergers and;
- Use reserves in the (very) short term to keep schemes going whilst the other areas on this list are addressed.

Without taking the steps outlined above, a number of schemes will cease operations during the financial year 2018/19. Urgent action will be required in the period from now until March 2018 if this is to be avoided.

B: A Deeper Analysis

1. Introduction

The second stage of the evaluation seeks to assess the value and impact of befriending by:

- Calculating the amount of befriending being undertaken across the county by members of the Derbyshire Trusted Befriending Network
- Extrapolating those figures to make an informed estimate of the amount of befriending being undertaken across the county by all organisations offering befriending
- Utilising the data available to calculate the value of those befriending services
- Seeking to reflect any differences in value and impact between schemes offering differing types of befriending services and the areas in which they are offered
- Gathering and recording a series of case studies which describe, at a one-to-one level, the impact that befriending has on the individuals it assists

2. Volume of Befriending

The survey undertaken in the first stage of this report produced some significant figures for the amount of work being undertaken by the members of the Derbyshire Trusted Befriending Network as follows:

- *28 organisations offering befriending services*
- *1,132 people accessing befriending services at any one time*
- *1,600 people waiting to access befriending services at any one time*
- *765 volunteers giving an average of 1.5 hours' support each week*
- *70,000 hours volunteering per year*
- *£672,000 value of volunteering (at Real Living Wage of £8.45 per hour)*

Conversations with representatives of the Network suggest there are no known medium to large befriending organisations that are not Network members. However, it is thought that there are a number of smaller organisations delivering befriending services that are not members, although it was also felt important not to overstate their contribution to the numbers described above. Therefore, using the figures submitted by smaller Network members as a guide, an additional 25% has been added to the above calculations to create what is hoped to be a more accurate and reasonable assessment of the total effect of befriending services being delivered across the county:

- *35 organisations offering befriending services*
- *1,400 people accessing befriending services at any one time*
- *2,000 people waiting to access befriending services at any one time*
- *950 volunteers giving an average of 1.5 hours' support each week*
- *87,500 hours volunteering per year*
- *£840,000 value of volunteering (at Real Living Wage of £8.45 per hour)*

3. Calculating the Value of Befriending in Derbyshire

3.1 Measuring social impact

Much has been written in the last 20 years about the measurement of non-financial impacts of activities undertaken by organisations working in the voluntary sector and beyond. This 'social impact measurement' aims to understand and assess the effects on various groups of people which occur as a result of a range of activities. Such impacts can be positive or negative, and can be intended or unintended, or a combination of all of these. An activity can have immediate and direct impact on some people but can also have a more far reaching effect on people and organisations which are not directly engaging with it.

There are many ways in which the calculation of social impact can be undertaken depending on the complexity of the activities, the resources available for such calculations and, indeed, the overall philosophy of the organisation undertaking the evaluation. Whichever method is followed they all require the organisation undertaking the evaluation to be clear about the detail of the activity being undertaken and the specific outcomes which were established for the project at its outset. Once those have been defined it is necessary to measure – to evaluate – the performance of the project against those outcomes before a clear measurement can be undertaken.

3.2 Social Return on Investment

One of the leading methodologies for the calculation of social impact is Social Return on Investment (SROI) which is a '*method for measuring and communicating a broad concept of value that incorporates social, environmental and economic impacts*'. This is a way of measuring the value created by the activities being assessed and the contributions which made the activities happen. As Social Impact Scotland put it, it is also '*the story of the change affected by our activities, told from the perspective of our stakeholders*'.[5]

The process of measuring SROI involves assessing what matters to stakeholders. Such factors are often things for which no market values exist such as reductions in isolation, improvements in health or greater self-esteem. These changes are of great value to the stakeholders in particular as well as to society in general since they may involve costs savings to public services or may generate a greater contribution to society from the individuals concerned.

The SROI measurement process seeks to measure the effectiveness of funds spent achieving the desired outcomes against the impact on society. SROI can encompass all types of outcomes whether they be social, economic and environmental but it is based on involving stakeholders in determining which outcomes are relevant. There are two types of impact which can be measured:

- **Evaluative SROIs** which are conducted retrospectively and are based on outcomes that have already taken place,
- **Forecast SROIs** which predict how much social value will be created if the activities meet their intended outcomes. These are useful at the planning stage of a project or where an organisation has not been collecting the right kinds of outcomes data to enable it to undertake an evaluative SROI.

SROI places a monetary value on outcomes so that they can be added up and compared with the investment made. This results in a ratio of total benefits (a sum of all the outcomes) to total investments.

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[5] What is SROI?, *Social Impact Scotland*, 2017

For example, an organisation might have a ratio of £4 of social value created for every £1 spent on its activities.

In order to make an assessment of the value of these changes, SROI measurement uses a series of alternative calculations (financial proxies) to assess the implications if the change had not taken place. The process then involves discounting the monetary value of the financial proxies by considering how much of the change would have happened anyway (called 'deadweight'), if creating savings in one area may have incurred costs in another (called 'displacement'), and the contribution of other factors or services in making the change occur ('attribution'). These calculations seek to ensure that the process does not over-claim the value delivered but presents a realistic picture of the impact.

3.3 Principles of SROI
SROI was developed from social accounting and cost-benefit analysis and is based on seven principles[6] which underpin how SROI should be applied and are often defined as follows:

- *Involve stakeholders*
- *Understand what changes*
- *Value the things that matter*
- *Only include what is material*
- *Do not over-claim*
- *Be transparent*
- *Verify the result*

3.4 Implications
A key factor which needs to be considered when calculating the SROI of the befriending provision by the Derbyshire Trusted Befriending Network is the diversity of the Network's members, activities, geographies and stakeholders. Put simply these are too varied to allow a detailed assessment of the SROI of the entire Network – it would take an inordinate amount of time and money to do so and, it is suggested, would not yield so much additional data to make it worthwhile. Instead it has been necessary to make reasonable assessments from a range of other data available to the authors.

3.5 Stakeholders
It is critical to identify the stakeholders involved at the beginning of any SROI process. It is clear the stakeholders which might be involved in the measurement of the SROI of the Network are as follows:

- Befriendees
- Volunteer befrienders
- Families and/or carers of befriendees
- Referral agencies

Primary data was available for befriendees since these were, inevitably, the most assessed and surveyed group. In addition, some data is also available for volunteer befrienders.

It was not intended that this report would assess the impact on families of those individuals who are being befriended under the scheme since no data is available which demonstrates the impacts that the scheme has on that group. Nevertheless, it is important to note that these relatives and carers also experience a series of beneficial impacts as a direct result of the befriending scheme. Such beneficial impacts have been reported to the author as including:

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[6] A Guide to Social Return on Investment, *SROI Network*, 2012

- Needing to take less time off work to look after their loved one
- Reduced costs of travel (in some cases, with families living a long way away, this was reported as being quite significant)
- Improved physical – and especially mental – health
- Less isolation and improved social networks due to the ability to pursue their own interests

Whilst no data has been seen relating to these impacts it seems perverse to omit them completely from the report and so a nominal value of the impact has been added. This is so conservative a figure that it is hoped that readers will feel able to accept that the value would be at least at this level, if not more.

Lastly, the impact on the internal costs of referral agencies is the most difficult to assess. Whilst there is considerable data available about the direct costs (relied extensively in this evaluation's costing – see Appendix Four) there is little data available about the internal costs of these organisations. For this reason, such effects have been omitted. It is, again, important to note that there are likely to be significant and lasting benefits for such organisations. These will include 'hidden' costs to local authorities, CCG and others such as the cost of: administering increased volumes of services to the individuals if higher numbers of people were presenting to receive services; higher numbers of social and healthcare worker visits and; general increases in calls for support to police, ambulance and other services. These costs will be significant and, once again, it seems odd to omit completely *all* impact value from the report so, as with families and carers, a nominal value has been included which, it is hoped, will also be felt to be a reasonable value which would in reality be exceeded.

For each group of stakeholders it is important to seek to assess the outcomes – or benefits – reported.

3.6 Befriendees
In terms of the benefits reported by befriendees these were initially derived from the Chesterfield Volunteer Centre's SROI report on its Elderfriends project[7]:

Outcome	Percentage reporting
Something to look forward to	100%
Feelings of happiness and well being	94%
Conversation and mental stimulation	92%
Knowing more about what goes on locally	91%
Having the ability to socialise	87%
Being less isolated socially	87%
More confidence	85%
A sense of independence	81%
A sense of feeling part of the community	75%
Feelings of safety and security	74%
Getting out and about in my local area	66%
Better physical health	49%
An ability to follow interests and hobbies	47%

These outcomes were translated into more useable outcomes in terms of the quantification of the SROI of the Network. A number of organisations helped to measure the percentages of befriendees reporting the improvements as defined in the third column of the table below:

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[7] Elderfriends and Making Time Project, *CVC*, 2013

Outcome	Noted by:	Percentage reporting achievement of outcome
Reduced isolation and increased feeling of being part of the community	People feel more connected to their communities, are less likely to move into supported housing as quickly, and make fewer visits to doctor seeking support	86.0%
Increased sense of independence	People feel able to look after themselves more and require fewer support services	56.8%
Increased ability to socialise	People can access social activities of their own choosing and do not require access to more formal day care activities as a result	69.6%
Improved physical health	People feel they have better physical health as a result of their engagement in the activities	48.8%
Improved mental health	People feel better and report fewer problems with mental health	73%

3.7 Befrienders

In terms of the benefits to volunteer befrienders Chesterfield Volunteer Centre again produced some very useful outcomes[8]:

Outcome	Percentage reporting
Increased understanding of the issues facing elderly or isolated people	96%
Improved skills and knowledge	82%
Increased friendships and social networks	72%
Improved personal development	60%

As will be seem from the data at Appendix Four it was decided to use some slightly different financial proxies for those providing befriending support. Whilst the defined measures are useful it cannot be assumed that these would be required had people not decided to volunteer. Rather the proxies take the approach of valuing the benefits which arise as a result of them volunteering. The selected proxies were therefore used as follows:

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[8] Elderfriends and Making Time Project, *CVC*, 2013

Outcome	Noted by:	Percentage reporting achievement of outcome
Increased employability as a result of volunteering	People are more easily moved into employment as a result of the skills they gain	48.3%
Improved sense of health and wellbeing (physical health components)	Fewer appointments with the healthcare system	75.8%
Improved sense of health and wellbeing (mental health components)	Fewer appointments with the healthcare system	85.8%
Contribution of volunteer time	The value of volunteering to wider society	100.0%

These were felt to be reasonable proxies which society would be interested in replicating if the volunteering opportunities did not exist and whose value was therefore worth including in the impact calculation.

3.8 Calculating the SROI of the Network's activities as a whole

In seeking to make an assessment of the value of the Network and its activities it is important to make a series of reasoned, and reasonable, judgements about the costs that are saved as a result of the work that it undertakes. In Appendix Four the detailed calculations behind the following calculations are explained. The process for an individual outcome (in this case, one for Befriendees) was as follows:

a) For any particular outcome, the total number of people who could have been be affected is reported - a figure of 1,132 was used since this is the number of people befriended at any one time by the Network members.

b) For each outcome, this was then multiplied by the percentage of people reporting the outcome calculated from a series of Network members' data[9] to give the average number of people who reported that outcome.

c) A series of assumptions have then been developed to indicate the types of savings that are effected as a result of the befriending delivering the outcome. In the case of reducing isolation the assumption is that 10% of people would have to move into the equivalent of extra care if the befriending scheme was not in operation. This is a critical calculation to get right if one is to avoid overstating the potential savings delivered.

d) A series of financial proxies have then been generated which describe the financial savings that are delivered under each of these headings and which represent the financial implications if the outcome was not delivered.

e) Finally, the impact is discounted by factors representing how much of the change would have happened anyway (deadweight) and the contribution of other factors or services in making the change occur (attribution).

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[9] SROI calculation spreadsheet, *PSCL*, 2017

3.9 SROI over time

For any cohort of people involved in the befriending project the value from that project will not be limited to one year. Even when people stop receiving befriending services it is reasonable to assume that some of the benefits of being a part of the project will remain with them after they have left. Such benefits would include areas such as better social networks, improved physical and mental health, and increased support in the community. Calculating the lasting effect in these circumstances can be difficult although anecdotal conversations with service users suggest that the benefit can be quite long lasting. It was decided to assume that only 5% of people would leave the scheme in any year and that, in order not to overstate the residual benefits, it would be assumed that the impact of the project would decline by 25% p.a. and that it would have no value after 5 years. In reality, it is likely that for many befriendees there would be long lasting benefit which would stay with them long after they leave the scheme.

3.10 Summary of Network value

The decision was taken to cost those outcomes which would involve a significant financial cost if befriending schemes were discontinued and to omit those which would have (relatively) little financial value to give a realistic value of impact. Below is a simplified table of impact calculations; the detail behind this can be found at Appendix Four:

Befriendees	
Changes observed	**Calculated impact value**
Reduced isolation & feeling part of the community	£2,381,775
A sense of independence	£305,542
Having the ability to socialise	£848,065
Better physical health	£347,845
Improved mental health	£883,908
TOTAL	**£4,767,136**

Befrienders	
Changes observed	**Calculated impact value**
Increased employability as a result of volunteering	£133,728
Improved sense of health and wellbeing (including physical and mental health components)	£28,483
Contribution of volunteer time	£672,282
TOTAL	**£834,493**

Families and carers	
Changes observed	**Calculated impact value**
It is assumed that 80% of befriendees have a family member or carer and that the nominal value of the benefits to that 80% can be valued at one hour per week at £8.45 per hour (Real Living Wage).	£397,921
TOTAL	**£397,921**

Agencies (local authorities, CCGs, Police, etc.)	
Changes observed	**Calculated impact value**
It is assumed that 50% of befriendees would, without the befriending scheme, cause agencies to incur higher costs estimated at £8.45 per hour (Real Living Wage) and 2 hours per week.	£497,401
TOTAL	**£497,401**

In addition to these impact figures there are residual impact values which can be ascribed to people leaving the scheme (as befriendees or befrienders) in any year but 'taking some value with them' as described above. This value has been calculated as follows:

Total year impact value (excluding savings to agencies): £5,999,549	
5% of the year impact value would be £299,977	
Year 1 out of scheme (25% loss of impact):	£224,983
Year 2 out of scheme (25% loss of impact)	£168,737
Year 3 out of scheme (25% loss of impact)	£126,553
Year 4 out of scheme (25% loss of impact)	£94,915
Year 5 out of scheme (assumed no impact remaining)	£0
Total 'carried forward' value	£615,188

3.11 Assessing the overall impact of the Network

From the figures described above it can be seen that the Derbyshire Trusted Befriending Network is delivering:

Impact value for befriendees:	£4,767,136
Impact value for befrienders:	£834,493
Impact value for families and carers	£397,921
Impact value for agencies	£497,401
Lasting impact of SROI:	£615,188
Total impact value:	£7,112,138

3.12 Costs of the Network as a whole

Assessing the cost of delivering all of the Network's befriending schemes and, therefore, generating the value described above is not straightforward to calculate. To produce an accurate picture of the costs of the scheme would require access to the detailed costs of all 28 Network members. There are many different types of scheme with a vastly different range of costings – in some cases the befriending schemes are projects which operate as part of a larger organisation (as in the case of Age UK Derby and Derbyshire for example) whilst in others it is the entire project (as in the case of Crich Careline). In order to make some attempt to define the costs of the Network we have looked at staffing. We know that 87% of members reported having some staff in the befriending projects they run. From data received we believe that it would be reasonable to estimate an average scheme as having one full time person together with some administrative support. From this we have produced an average of costs per project, including staffing, admin support and all office costs of £34,500 per annum. With 28 organisations in the Network (of which 87% have staff = 24) this gives a potential Network cost in the region of £828,000.

Social Return on Investment

Looking at the estimated costs of the Network and the Impact Value, it can be seen that £7.1m worth of value is being delivered for a cost of £828k. **This gives a return on investment in the region of £8.59 for every £1 invested.**

3.13 Types of schemes

Across the Derbyshire Trusted Befriending Network befriending services are provided in a number of different ways: formally in clients' homes; formally outside clients' homes; via mentoring; telephone befriending; through supported friendships; through informal/ad hoc visiting and; through specialist befriending.

The difficulty in making formal comparisons between different types of befriending schemes is that, with the exceptions of befriending in people's home and telephone befriending, there are relatively few examples of each scheme upon which to base an analysis. Furthermore, even these two types of befriending are executed in ways that are very different in reach, resources and style. What is possible is to look at the general way in which schemes run, the likely costs that would be associated and the potential benefits to befriendees which might accrue as a result. This can also be compared against more generic schemes such as day centre activities and social groups.

The benefits reported by recipients of befriending schemes appear to be significant and fairly similar whichever style of befriending is being delivered. Whilst it would, perhaps, be understandable to expect that face to face befriending, in clients' homes, would be seen as more valuable and more personal than telephone befriending, no evidence was seen to support this. This may, in part, be down to the fact that few people experience more than one style of befriending so they do not necessarily know 'what they are missing'. It seems, however, that direct one to one intervention is of great value whichever the method of delivery. Befriendees value the fact that they can have a significant, direct and personal conversation with another individual.

Whilst other types of social activity are also valued, they are not seen to deliver the same sorts of benefits as befriending schemes. For many individuals such group services are inaccessible; they may not be able to travel due to health or age-related reasons and the costs of transport can be significant especially for those living in rural communities. Such travel costs cannot be afforded by many and most local authorities and charities now have insufficient funds to meet such costs. In addition, although such groups are deemed to provide significant benefit they are not seen as providing the close personal relationship which is delivered by befriending projects. They do provide a social outlet and friendship for those who are able to attend but this is a more general and less supportive relationship to that delivered via befriending.

In terms of cost efficiency within befriending services it is obvious that, if it is taken that the befriending services are equal whichever style of befriending is offered, the scheme with the lowest unit costs would be likely to be the most cost efficient. As with all activities in the voluntary sector this tends to mean that those with the greatest reliance on volunteers will demonstrate the lowest cost per unit of delivery.

Once a scheme develops almost all need to recruit at least some staff capacity to undertake the more administrative functions – including rostering, safeguarding and liaison with funders. For most schemes, however, this is as far as the need for staff appears to go – unless the scheme needs to cover very significant numbers of befriendees, or a large geographical area, in which case some additional capacity will be required.

What is notable, however, is just how low the average costs of a scheme are in comparison with the impact of those schemes. As an example of the cost of delivery, one member of the Network demonstrated the following figures:

- Total number of hours befriending provided: 3,500
- Total number of befriendees supported: 70

- Average number of hours per befriendee: 50 hours per annum
- Costs of befriending activity: £38,000
- Cost per befriendee/hour: £10.86

This sort of cost per hour seems to compare very favourably with the true cost of providing a range of other services as follows:

- Private sitting services: £16 - £25 per hour
- Private care services: £15 - £20 per hour
- Attendance at day centres: £20 - £70 per day (varies widely depending on organisation running centre, number of attendees, etc. – and charges have increased significantly in some centres recently)

3.14 Rural vs urban

Looking at the issue of the cost/efficiency of rural and urban schemes it is clear that each presents a range of different challenges. In the rural environment befriendees are likely to be more dispersed leading to greater travel times for befrienders and higher travel costs (although many schemes have volunteers who do not claim these costs back whatever the distance). In addition, there are likely to be fewer people receiving befriending services since the population is more dispersed. In urban areas, there are likely to be many more people requiring befriending – and therefore creating a need for more befriendees as well as more staff coordination – but the journey costs are likely to be lower (again, if they are reclaimed at all). These factors create a situation where the cost efficiency of delivery is difficult to measure but it appears as though there is little to judge between essentially rural schemes and urban ones.

3.15 Large vs small

From the data which has been received it would appear that the most cost efficient schemes are the smallest – as one might expect – because they are the schemes which have the lowest requirement for staffing and the greatest contribution from volunteers. However, with that comes a fragility known to all who work in the voluntary sector where outputs depend significantly on volunteers; their contribution can stop temporarily or, even, permanently without notice leaving the delivery of the required outputs in jeopardy. The addition of some paid staff seems to be essential as schemes grow to: ensure that the greater volume of demand can be met; provide more continuity of delivery and coordination and; give a central point for stakeholders.

The largest befriending schemes would appear to be those with a maximum of three or four personnel; beyond that limitations of funding, coordination and geographical area seem to mitigate against further growth. This ensures that even these relatively large services offer good value for money.

4. Evidence of the Impact of Befriending

Throughout this project the authors have been shown a significant number of case studies which evidence the huge impact which a variety of befriending services have on the lives of those accessing those services. A selection of these case studies have been interspersed with the key data in this report; they are all summarised below along with a couple of further examples:

4.1 Reduction in the feelings of isolation, loneliness, and anxiety amongst befriendees

Case study: Mr A – from South Derbyshire CVS

Connect Befriending received a referral for a gentleman who was 100 years of age. He is still living independently with the support of carers. His daughter lives abroad and visits twice a year for several weeks at time. His grandchildren live in the UK and visit when they can, although they do not live locally. He spends lots of time therefore on his own and has poor mobility and is visually and hearing impaired.

Mr A was visited at home and an assessment visit was completed. As Mr A has not been able to get out independently anymore it was suggested to Mr A to try the Befriending Group. He had previously really enjoyed social groups so wanted to give it a try.

Mr A attended a Befriending Group but found it really difficult due to his vision and hearing loss. He struggled to hear what people were saying to him and could not see well what was going on. Despite attempts by staff and volunteers to speak with him and explain what was happening it was just too difficult. Mr A is a very sociable and witty man and really enjoys company. He decided however that the group was not for him and stayed on the waiting list for a one to one befriender.

A volunteer has now been introduced to Mr A to visit on a weekly basis and this is a much better arrangement for him as he is able to communicate well when one to one and enjoy his sense of humour with someone.

4.2 Improved wellbeing and self-esteem amongst befriendees

Case study: Mrs S – from Age UK Derby and Derbyshire

Mrs S has recently had heart problems so was advised by her doctor that it would be best for her to move into care. However, shortly after moving into care she found out that her heart condition was not as serious as previously predicted so now feels that she moved into care too quickly.

She misses her independence and being able to go out. She also feels that she is unable to make friends at the care home because the other residents are so unwell. Mrs S wanted to use the befriending scheme for companionship and to be able to leave the care home for visits out.

Since using the befriending scheme Mrs S now feels happier and content, her wellbeing has improved and she now has more independence and a better quality of life. Having

support to leave the care home has meant that she feels more comfortable with the choice made for her to go into care and feels that befriending provides her with the social contact that she needs.

> "The service has given me more independence and more contact with the world outside these four walls, as such, communities tend to become a world apart if we don't have many visitors"

4.3 Increased independence and social activity

Case study: Mr B – New Mills Volunteer Centre

Mr B was referred with mental health issues. He was initially very reluctant to receive any support and it was very clear how lonely and socially isolated he was. It was evident that he had very low self-esteem and was depressed. After discussion, he agreed to try the home and telephone befriending services to see if they helped.

Mr B was matched with a volunteer in a similar situation who had been a service user previously. He had got so much out of his engagement that he wanted to *"put something back"* but was unsure what he could do. After discussion, he agreed to give the befriending service a go.

The pair have been matched up now for more than eight months and think it is great. They are both getting so much out of it. Mr B drives but had lost all his confidence but has now started driving again and the two of them go off each week to shop at Aldi. The volunteer loves this too as he doesn't drive. Mr B has also got himself a dog and they walk the dog together or if Mr B doesn't feel up to it the volunteer will walk the dog for him.

Mr B is also receiving morning phone calls from the telephone befriending team and he really looks forward to them. Mr B was recently asked to attend the six-monthly focus group meeting and this was his input:

Are you actively participating in new social activities?
"Yes I am getting out more with my befriender and feel less isolated and lonely. I am so glad you persuaded me to try it."
What difference has it made to your life?
"It has made a massive difference, I really appreciate what everyone is doing."
Is it meeting your expectations?
"Yes it's gone above expectations."
Are the volunteers reliable and friendly?
"Yes everybody is very nice."
What could we do better?
"Nothing you are all doing an amazing job and I really appreciate it."
General feedback?
"When I went in hospital at Christmas I called you up to see if something could be arranged about walking the dog, you were amazing and as well as my befriender walking the dog you managed to get more volunteers to come and walk him. When I came out of hospital they came to see me and they were all so nice. I can't thank you enough. It was a huge weight off my shoulders knowing that the dog was being cared for whilst I was in hospital"

4.4 Carers are supported and have improved wellbeing

Case study: Mr G – from Age UK Derby and Derbyshire

Mr G was referred to the scheme by his niece who is his primary carer. Mr G lives alone but his niece visits every day to help him on a practical and emotional level because Mr G can get confused and anxious.

Mr G's niece works full time so was finding the daily visits emotionally draining and constantly worried when she could not visit – as she knew he relied upon her. Since using the befriending scheme Mr G is less anxious and worried because he looks forward to his befriending visit. Mr G expressed an interest to his befriender about having more social contact so the option to attend a Day Centre was suggested to Mr G and his niece.

Mr G now attends the day centre twice weekly and enjoys getting out of the house. This has given extra respite for his niece who now only needs to visit four times per week – her own anxiety has reduced as she now feels confident that her uncle is happy and safe.

4.5 Volunteers are valued and achieve personal satisfaction through befriending

Case study: Ms N – from Erewash CVS

Ms N has been involved with the organisation for eight years; her involvement started through Linda Brown [Volunteer Manager] who organised a volunteer to take her, and her wheelchair, to big band concerts on a regular basis.

Ms N then started to volunteer herself with Linda – her first task was to volunteer as a befriender for an elderly lady – she fulfilled this role for a year until the lady's death. Ms N says that without her involvement with the organisation and the Centre she does not know *"what I would do with my life"*. Her volunteering gives her a real sense of fulfilment – especially as she doesn't have children and grandchildren.

She loves the company and the friendship that her volunteering gives her. In her words *"if I did not attend the Centre I think I would be in a mental home"*.

Case study: Mr A – from Chesterfield Volunteer Centre

"Regarding the questions about volunteering and my physical and mental health. My answer is that it helps both, mental health is the main one for me as it lifts my mood to know that I am helping others and focuses my mind on something positive. It gets me out of the house and makes me feel that I have a purpose and role in life even though I have retired. I feel valued and needed by others and that gives me a sense of wellbeing and comfort.

Physical health is a little different for me because I have had and am still recovering myself from physical ill health. However I find that helping others helps me to forget my own aches

and pains a little and while I am out of the house doing my befriending role I am generally more active than I would have been at home. I do have to be careful though as the temptation is to help the person as much as I can and sometimes I can go home with increased aches and pains if I have overdone things."

Case study: Mr Pete Foulds – from Erewash CVS
Pete retired from work early and, after a couple of years saw a notice for the organisation in the local doctor's surgery. He met with [the Volunteer Manager], the organisation gave him training, and he now feels he is *"accepted as one of the family"* and that it feels like he has *"known them all my life"*. He feels appreciated just for turning up – he commented that all the staff were fantastic.

He volunteers for the befriending service with two people and spend a couple of hours a week with each of them. He has also undertaken some shopping service volunteering as well. He says that the people he befriends seem to really value the service – every now and then they will say *"bless you for coming"* or *"I don't know what I'd do without you"* and that this is wonderful to hear. He gets the feeling that he makes a difference somewhere and that means a great deal to him.

Pete says that, in his work life he was used to people needing his input and that volunteering for ECVS helps him to feel that he still has something to contribute. He feels perfectly able to say if he cannot cope with what is being asked of him and knows that the organisation will back him up and respect his judgement/decision. He says that the Granville Centre acts as a conduit between what he wants to achieve in life and people who need his help.

5. Conclusion

The befriending services being delivered by the members of the Derbyshire Trusted Befriending Network are considered by those in receipt of such support as being of huge benefit. These services ensure that people are: able to remain in their homes; able to live more independent lives; feel more supported; feel more engaged with society and; able to continue to undertake activities which they enjoy. As a result, they are happier, healthier (both physically and mentally) and require fewer interventions from health services, social care and other agencies. This, in turn, reduces both demand and cost pressures for public sector services considerably.

For every £1 spent in the Network around £9 of value is delivered in society. It is important to remember that this £1 represents all of the funds spent on befriending – not just funding from local authorities and the CCGs. It is estimated that the support from those two sources may currently run at around 50% of turnover – meaning that the return on investment in terms of that grant support is more like £18 per £1 of grant support. These figures would be likely to double again if the true savings to other stakeholders were able to be calculated. Reductions in funding will run the very real risk of losing this return on investment.

As well as all the documented benefits for befriendees, their families and carers, befrienders and statutory agencies, befriending also delivers a range of other, less visible, benefits. Some people will, after contacting a scheme, choose not to pursue befriending but will ask to be referred on to other services. In other cases, the befriending projects will suggest that other services or projects might suit them instead or as well. All of these referrals and, subsequently extra delivery, are delivered on top of the impact and value referred to in this report. Thus, the befriending schemes form a critical part of the supply of services to individuals both directly and indirectly.

It has been said by some that one to one befriending represents a 'gold standard' that can no longer be afforded and that other options – such as group social activities – could take the place of such befriending schemes. This report finds that such group activities can be more expensive than befriending and that, in any case, deliver outputs which would not usually meet the needs of many people in receipt of befriending programmes. Many befriendees could not get out to attend such group activities at all and, of those who could, they would consider the social groups as offering very different benefits from one to one befriending.

The authors are of the opinion that befriending services offer a low-cost way of: maintaining physical and mental health; reducing isolation and loneliness and; improving quality of life. As such there is a need to ensure that funding for such activity is protected or, even, increased. Considerable investment has been made over the last six years to develop a befriending network which is viewed as a leader across the country and this investment needs to be protected. Without the Network the costs to local authorities (in terms of care services), CCGs (in terms of healthcare activities) and other agencies will be significantly higher than they are now and far greater than any funds saved by funding reductions.

Peter Stone
August 2017

APPENDIX ONE – REQUEST FOR EXPRESSIONS OF INTEREST

THE VALUE AND IMPACT OF BEFRIENDING IN DERBYSHIRE – RESEARCH BRIEF
Deadline for expressions of interest 14 November 2016
Derbyshire Trusted Befriending Network is seeking expressions of interest to carry out a piece of research that will evidence the impact and social return on investment of befriending services in Derbyshire.

This will involve working with a number of befriending services across the county and looking at a range of different models of befriending.

Up to £15,000 is available for this piece of work.

STAGE ONE – to be completed by 31 Jan 2017
- Identify, analyse and summarise existing research evidence into the impact of loneliness and isolation on health and wellbeing and how different models of befriending can make a difference
- Pull together and analyse data already available from befriending providers in Derbyshire
- Analyse the external environment and demographic trends and what this is likely to mean for befriending in Derbyshire
- Agree with Derbyshire Trusted Befriending network a framework and timetable for carrying out stage 2.

STAGE TWO – to be completed by 31 May 2017
- Work with befriending service providers around the county to develop an evidence base involving different providers, types of befriending and geographical areas (urban/rural and in different parts of the county).
- Evidence the scope, outcomes, impact and value of current befriending provision in this area. This should include both quantitative and qualitative data including case studies based on beneficiary/volunteer 'stories'.
- Carry out an analysis of the Social Return on Investment for befriending provision in Derbyshire
- Present all the evidence as a written report

EXPRESSIONS OF INTEREST
If you are interested in carrying out this piece of work please send a written proposal by 9am on Monday 14 November to kerrief@sdcvs.org.uk

This should outline:-
- How you would approach this research
- Details of individuals who would be involved in carrying out the research and a short summary of relevant skills/experience
- Examples of any similar research you have carried out
- Costs for Stage 1 and Stage 2. The total cost should not exceed £15k.

Additional resource has been set aside to present key findings and stories in imaginative and accessible formats that we can share with potential volunteers, service users and funders. This could be in any format including interactive online content, animation, film or print media. If you would be interested in carrying out this piece of work in addition to the formal research please also tell us in your proposal how you would approach this.

More about Derbyshire Trusted Befriending Network can be found at www.sdcvs.org.uk/community/derbyshire-trusted-befriending-network

If you have any questions about the research please contact Kerrie Fletcher, Community Development Manager, South Derbyshire CVS on 01283 219761 kerrief@sdcvs.org.uk

BACKGROUND INFORMATION

Derbyshire Trusted Befriending Network was established in 2012 as part of Derbyshire County Council's Adult Care Prevention Strategy. South Derbyshire CVS was chosen to act as the strategic delivery partner and has managed the project since then.

The aim of Derbyshire Trusted Befriending Network is to ensure that every adult who needs befriending support has fair and equal access to it, and also to ensure that those who use befriending services can be confident that the service they receive is safe and well run.

The network currently has 29 members, all of whom are providers of befriending services within the county of Derbyshire (excluding Derby City). A recent mapping report (attached) found that 1039 befriending volunteers with 33 befriending services give approximately 1598 hours each week. The types of befriending offered include home visiting, buddying, telephone and email support, group befriending and supporting people to develop peer friendships.

APPENDIX TWO – REFERENCES

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APPENDIX THREE – ONLINE SURVEY

An online survey was circulated to all members of the Derbyshire Trusted Befriending Network; all recipients were reminded of the required completion date at least twice and, in some cases three times. By the deadline, a total of 26 responses had been received. The following is a detailed transcript of all of the submitted data.

Q1: Organisation name

Responses were completed by the following organisations:

- Volunteer Centre Glossop (now The Bureau)
- New Mills & District Volunteer Centre
- Readycall Macmillan
- Enrych
- Home start high peak
- Derbyshire Gypsy Liaison Group
- South Derbyshire CVS
- VCS Peaks and Dales
- Home Start South Derbyshire
- Amber Valley CVS
- Crich Careline
- Farming Community Network
- Age UK Derby & Derbyshire
- Fun 2 Do
- Community Concern Erewash
- Derbyshire Carers Association
- Royal Voluntary Service
- Age Concern Chesterfield & District
- Chesterfield Timebank
- Rural Action Derbyshire
- Careline
- Erewash Voluntary Action
- The Volunteer Centre Chesterfield & North East Derbyshire
- Derbyshire Asbestos Support Group
- Hope Careline
- The Volunteer Centre Chesterfield & North East Derbyshire

Q2: Contact details

Contact details were provided by all 26 responding organisations

Q3: What are the main aims of your organisation?

26 organisations responded as follows:

To work with the Glossopdale community to identify local needs and develop volunteer led solutions. We do this through formal volunteering and flexible solutions that connect people with new and/or existing community solutions.
The Volunteer Centre aims to help people in need, through the direct actions of local volunteers. We seek to identify gaps in community care which can appropriately be met by volunteer activity. Currently we directly promote the welfare and community involvement of people who have needs arising from being elderly, disabled, physically or mentally ill, house-bound, socially isolated, visually or hearing impaired, or from learning difficulties. Our assistance takes the following forms: car transport to hospitals, surgeries, clinics and some social activities; shopping for the house-bound; shopping trips for the elderly and disabled; befriending, telephone & home befriending; computer training; gardening and other general practical work for people with physical incapacities: social groups, a chair based exercise group, groups for carers and a men's group.
Readycall Macmillan aims to provide befriending and practical support to help older, disabled and vulnerable people to continue to live independently within their community.
Enrych Support helps adults with disabilities to enjoy leisure, sporting or learning activities through personalized volunteer partnerships, social activities and events, health and wellbeing groups, befriending services and supported introductions to other services in the area.
Each Home-Start scheme is an independent voluntary organisation which works towards the increased confidence and independence of the family by: - offering support, friendship and practical assistance - visiting families in their own homes, where the dignity and identity of each individual can be respected and protected - reassuring parents that difficulties in bringing up children are not unusual and encouraging enjoyment in family life - developing a relationship with the family in which time can be shared and understanding can be developed; the approach is flexible to take account of different needs - encouraging the parents' strengths and emotional well-being for the ultimate benefit of their own children - encouraging families to widen their network of relationships and to use effectively the support and services available within the community.
Equal access to accommodation, health care and education. Derbyshire Gypsy Liaison Group provides valuable assistance and information to the Gypsy community in and around Derbyshire. DGLG also has close relationships with local authorities and services to aid managing Gypsy culture with knowledge and respect. DGLG work is not exclusively in Derbyshire.
We are a voluntary sector infrastructure organisation. We seek to improve the quality of life for people and communities in South Derbyshire
The befriending scheme is aimed at lonely and isolated people who live in Buxton and the surrounding areas. Befrienders act as a 'good neighbour' by visiting someone in their home and offering support and companionship
To recruit and train parent volunteers to provide practical and emotional assistance to vulnerable families in South Derbyshire.
Amber Valley CVS is proud to support its community and its people with voluntary action. Our aims are to support groups and individuals involved in a wide range of voluntary activities and initiatives, which will help improve the quality of life for people in our area.
To help prevent loneliness and social isolation among the elderly in our community
Providing pastoral & practical support
To tackle the symptoms of loneliness and isolation amongst older people in the areas of Derbyshire Dales, Glossop, High Peak. It is hoped that through visits and telephone calls we can improve the

emotional wellbeing of older people, enable and empower them to re-engage in their community and to retain independence.
To enable people with learning disabilities to access leisure activities in the company of someone who enjoys the same activity
To provide services to enable people to live independently as long as possible in their own home
Derbyshire Carers Association has supported Carers throughout Derbyshire for thirty years offering Carers Assessments, information, advice, support, signposting, training, peer support groups as well as many other Carer support services.
To enrich the lives of older people and their families.
To address all matters in relation to Ageing and the welfare of older people - Our services are for older people , their families and carers
To create an informal and inclusive network of people who are able to help each other in a variety of community and neighbourly activities
To support rural community development. To address rural disadvantage and counter the effects of isolation. To improve access to services for people living in rural communities. To inform and challenge statutory service providers about the needs of rural communities.
A FREE telephone befriending service calling older and vulnerable people in the community. Aims are to reduce social isolation, increase feelings of confidence and well-being, enabling people to remain living at home independently for longer.
We are a Council For Voluntary Service and a Volunteer Centre. We support voluntary and community activity through a wide range of activities.
The Volunteer Centre is an independent organisation providing brokerage support to people and organisations across Chesterfield and North East Derbyshire. We believe that volunteering is integral to delivering and supporting a diverse range of services and activities that enrich communities.
Supporting asbestos related disease sufferers and their families throughout the East Midlands. Help and advice on benefits and government compensation, support group meetings, bereavement support and befriending service.
A telephone Befriending service for isolated, lonely people of any adult age.
To promote volunteering across our communities and to work independently with Volunteer Involving Organisations to further the concept of volunteering. We believe that volunteering is integral to delivering and supporting a diverse range of services and activities that enrich communities.

Q4: Befriending service name

25 of 26 organisations completed this question as follows:

Community Companions
Befriending Service
Readycall Macmillan
Enrych Support
Home Start High Peak
One to one
Connect Befriending Service
Befriending Service Buxton
Home-start South Derbyshire
Amber Valley CVS Befriending Service

Crich Careline
Age UK Derby & Derbyshire's Befriending Service
FCN
Fun 2 Do
Community Concern Erewash Befriending Scheme
Derbyshire Good Neighbours
Care Line telephone befriending and support service
Circles of Time
Derbyshire Agricultural Chaplain
Careline
Erewash Voluntary Action - Befriending
Elderfriends
Derbyshire Asbestos Support Bereavement Support & Telephone Befriending Service
Hope Careline

Q5: Please briefly describe what your befriending service does and how it works.

24 of 26 organisations completed this question as follows:

For people who need a little bit of extra support. It helps people look after their health, stay active, live independently and develop friendships with others in the community. Companions focuses on the positive things in people's lives. It is not a "one size fits all" instead it provides personalised support delivered by a team of volunteers and staff. Referrals are taken statutory services, adult care and health professionals, family, friends and self-referrals. Each person is offered a choice of support whether it be transport, shopping or home visiting. More recently we have added telephone befriending. We also offer mentoring as part of our life skills project.
We offer a home befriending service where a volunteer will befriend on a one to one basis. We also offer a telephone befriending service. The telephone befriending service can be on a one to one basis if that is what the service user requires or they can receive a call each morning from a volunteer who comes into the office each morning Monday to Friday. The befriending coordinator will initially visit each service user and complete an information sheet and find out what the service user wants out of the befriending. The coordinator will then match up with an appropriate volunteer and go out with the volunteer on an introductory visit. For example if someone is housebound they may just want someone to go in and chat with them or have a game of dominoes, scrabble or other board games. However if they are a little more mobile they may enjoy going out for a drink and having a run around the Derbyshire country side. We have volunteers that will do both and it is a case of matching the right volunteer to the right service user.
Readycall is a befriending service that provides social contact to older, disabled and vulnerable people who have little or no social contact. Our volunteer befrienders visit the service user either at home, or on a trip out together enjoying a shared activity, a hobby, film, theatre, show, meal out or perhaps a walk in the countryside. Befriending support in the service user's home may involve a chat over a cup of tea, playing a game of Scrabble together, creating a memory book, researching past history via the internet, listening to music or watching a DVD together. Additionally, we will provide simple practical help. The help provided will be tailored to the individual needs of the service user, provided at a time and frequency that works best for them. The support provided will be varied, and could include shopping, dog walking, helping with correspondence (non-financial) or perhaps just reading a story to someone.   Volunteers are matched to service users according to their interests and passions - we have an excellent track record of ensuring a good match, and many Readycall befriending relationships continue for extended periods with the volunteer and service user becoming real 'friends'. The

focus of the befriending relationship is to provide friendly contact to help reduce loneliness and isolation and to give people a visit that they look forward to each time. A service for those affected by cancer and other life limiting conditions'

We carefully match individuals (members) with volunteers who want to share an activity, hobby or skill with someone with a disability. We aim to find the right volunteers for each member - someone who can and wants to help, someone our member can trust and get along with. The impact of these partnerships is life changing for some of our members and their families and also our volunteers. Members can feel less isolated and feel more confident.

We recruit and train parent volunteers from the local community to offer emotional and practical support on a one to one basis. Our volunteers support local families who are not coping as well as they would like, to enable their children to have the best start in life. Volunteers visit the family in their own home for approximately 2-3 hours each week. We are the only voluntary service in the High Peak to offer this type support.

Family Support:
• Non-judgemental, confidential befriending
• Encourage parents' strengths and emotional well-being
• Using local knowledge to encourage families to access services
• Volunteers help establish routines and positive discipline, model play and engage parents with their children's learning and development.
• Staff and volunteers work in partnership with families and other agencies to achieve outcomes relating to Common Assessment Framework actions, Child In Need or Child Protection Plans
• Volunteers use their life experience to develop skills in families such as cooking, meal planning, budgeting and running the home
• Focus groups allow families to talk about experiences regarding parenting and issues within their community, enabling us to tailor the service to their needs
• Free activities for the whole family, providing new experiences to help improve the wellbeing of the family by having fun together
• Encourage parents to look to the future through signposting to further education courses to enhance their skills, build confidence and socialise thus improving their employability

Why Home-Start works:
• Families choose to access our support
• Families are in control of the type and length of support
• Staff and families develop an individual support plan together
• Volunteers do things with families not for them
• Families welcome our service and recognise volunteers are there because they care not because they are paid to be – this goes a long way to building trust and achieving a positive outcome

Why Volunteers join us:
We pride ourselves on providing a robust and supportive package for all Home-Start volunteers that includes:-

• Free 40 hours comprehensive Preparation Course
• Access to Derbyshire County Council's VIC passport qualification
• Free DBS (formerly known as a Criminal Record check)
• All travel expenses paid
• On-going training throughout the year to enhance skills and knowledge
• Opportunities to access further education and obtain qualifications
• Regular supervision and personal development plans

• Grounding to increase the volunteer's confidence to access employment • Social gatherings for volunteers to feel part of a fantastic team and make new friends • Universities and colleges recognise that Home-Start is a credible work experience placement and encourage students to become a volunteer as part of their course.
Support to elder members of Gypsy/ Traveller community who do not have family of their own. Often this maybe someone who has gone into housing. We keep in touch by phone to some clients and give them a regular call. We also support those who suffer from mental health problems or cannot get out due to disabilities.
We offer befriending for adults 18 +, living within South Derbyshire, who are vulnerable and socially isolated. We offer this support through 1-1 contacts/home visits, telephone befriending, Befriending Groups. Our befriending volunteers support us and help us to deliver befriending through these various ways.
Befrienders act as a 'good neighbour' by visiting someone in their home and offering support and companionship. Their roles can involve; visiting for a chat, helping with small bits of shopping, or taking you out for a short walk. In addition they'll be able to provide helpful information about other services and act as a crucial link with the community.
Trained parent volunteers visit families in their own homes once per week for two hours per week to provide confidential, emotional and practical support for as long as needed in the South Derbyshire area. Families engage with our service as it is none judgmental and volunteers have parenting experience themselves, which enables an instant empathy and shared bond.
To provide companionship and support for socially isolated people in Amber Valley. We do this by recruiting & training volunteers, assessing service users, and then matching and introducing them to each other - for social conversation and companionship, visiting on a regular basis at the home of the service user. The relationship is monitored and managed by the Befriending Project Worker, by gaining regular feedback from both parties on a regular basis, keeping calendars on who visits when, and with monthly report sheets from the volunteers. As we have a higher demand and need for the service than the level of volunteers recruited, we support waiting service users with a weekly 'Phone Buddy' call, which maintains contact and support with them. We also have service users who receive the 'Phone Buddy' support only. We fit the support and service to the needs and appropriateness of the person being referred to us. Throughout the process our service users can be signposted for other information, support and services, as and when needed e.g. at first referral stage, or after they have been matched and have ongoing visits.
We make regular telephone calls to our service users as little or as often as they wish. This is usually just a friendly chat about almost anything they want to talk about. It gives them contact with outside world when otherwise they might have little. We can also pick up on any issues they may have that need addressing. We can pass this on to the appropriate contact.
- Provides the company of others and an opportunity to talk to someone through regular home visits and telephone calls (we also run a friendship group in Fairfield Buxton) - Provides the opportunity for people to engage in social activities or outings. - Provides information on other services or agencies - Encourages people to join local clubs and other community activities - Provides an opportunity to enjoy an interest or supported activity in their own home - Provides support to carers - Recruits, trains, and supports local volunteers to deliver the service The Befriending visits or telephone calls are carried out by volunteers and paid befrienders.

Visits are normally made weekly or every two weeks and last for two hours. Accompanied outings can take place and we occasionally can incorporate a little practical help – such as taking someone shopping, out for a walk, the introduction to a social group, or helping with letters or forms.

We hope to offer a flexible service tailored to individual needs. The eligibility criterion for referral to the service is broad and inclusive. On the existing grant service there were restrictions on who we could support, but with the Befriending+ service we now have the scope to provide support to a broader range of referral pathways and service users. People can now self-refer as well as families and carers.

Service users are charged for the befriending service. The charge covers the cost of volunteer expenses. We work with service users to ensure their income is maximised so that the service can be afforded. The Befriending+ service has the same aims and objectives as the original befriending service and operates in the same way.

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1. Provides a telephone helpline
2. 33 county groups, 400 volunteers in UK
3. Provides pastoral and practical support to farmers, farming families, farm employees, farm contractors
4. Handles referrals via phone and visits
5 signposts when appropriate
6. Confidential, non-judgemental service

Once an individual with a learning difficulty is referred we meet with them to find out what activity or activities they want to do and then we seek a volunteer befriender with that interest

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We train volunteers to undertake one to one home visits for an hour a week. Our client base includes those who are lonely isolated. The area that we deliver our service is to clients in the Ilkeston area.

A volunteer is matched with a service user, they can then meet them every week or every two weeks. This usually involves having a tea and a chat, or occasionally the service user and the volunteer will go out together.

Our team of trained volunteers give telephone befriending and support to our service users to help to reduce social isolation and to assist them with day to day problems which they face

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Circles of Time is a telephone befriending service which matches people with similar interests until a small circle of people is formed. The aim is to help reduce loneliness and feelings of isolation and help build friendships with other people

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Agricultural Chaplains proactively visit the farming community in their place of work offering holistic pastoral support. Chaplains also have a weekly presence at Bakewell Livestock Market and coordinate public events such as a carol service in the store ring at Bakewell market attracting over 300 people. The chaplaincy takes referrals from various organisations including rural clergy and picks up issues and concerns through conversation at Bakewell Market initiating follow up visits and / or telephone support. The chaplaincy also works closely with the Farming Life Centre and the Farming Community Network to cross refer.

Careline operates a FREE telephone befriending service with the aim of alleviating isolation, loneliness and social exclusion amongst elderly and vulnerable people in the area. Founded in 1997, the charity celebrates its 20th anniversary in September 2017.

Telephone calls are offered free to service users and are made 365 days a year. The telephone calls are made by a team of over sixty volunteers, who volunteer for on average 4 hours a month. On average, Careline currently makes 400 calls a week, which adds up to just under 22,000 calls a year.

The service aims to help service users avoid crisis situations and to support them in living independently in their own homes. Follow up telephone calls are made to family members or other contacts should we not be able to reach a service user during a calling session, providing an early warning system in case of potential problems. We keep in regular contact with family members and raise any concerns to intervene early and avoid crisis situations.

Its objectives broadly are:
Vulnerable and older people in Derbyshire & East Staffordshire will experience reduced feelings of social isolation and improved psychological well-being, helping them to maintain their independence and live in their homes for longer.
Monitoring indicators are set to meet this objective.

Volunteers in East Staffordshire will gain new skills and confidence which will increase their ability to take up new opportunities in training, education or employment.

Monitoring indicators are set to meet this objective.
More detailed objectives are also set in order to meet funder's requirements.

Our service accepts referrals from a wide range of health professionals, people can also refer into the project. Once a referral is received the volunteer manager will then visit the client to see what is needed and what interests the client may have to match them to the right volunteer. New volunteers undertake volunteer training and DBS checks.

We also have befrienders on our Mental health project who will meet people at groups to enable them to attend.

Elderfriends is a one to one befriending project run by the Volunteer Centre and it is aimed at lonely and socially isolated people over the age of 50.

We have identified a number of typical areas in which help is needed; these include: Visiting and keeping someone company; Shared leisure activities; Escorting to appointments; escorting and helping with shopping.

Help is provided on a 'Good Neighbour' basis by volunteers who are recruited and trained by the Volunteer Centre. The training covers such topics as listening skills, barriers to listening, personal boundaries and practical solutions.

In addition to ongoing befriending we also run a project called Safe & Sound which offers 'One Off' assistance to elderly individuals.

Telephone Befriending that links people are struggling with bereavement through an asbestos related death with someone who has gone through a similar journey. Provides monthly support groups for the bereaved. Regular telephone contact with a befriender, monitored and supervised by bereavement support worker. Monthly bereavement support newsletter sent to all contacts who have been bereaved.

A group of trained volunteers provide a daily 'phone call to our users between nine o'clock and about ten thirty. There is a rota for the volunteers. Users may have a call daily or on days to suit their requirements. E.g. Mon, Wed, Fri.

We have a room in Caroline Court from where calls are made. The 'phone has an answering service should a user or their family member need to contact us.

Each call probably lasts about five or ten minutes and focuses on a brief chat about what each

user may be interested in, the news, the weather etc.

There is an incident book should we need to record any concerns, each user has two contact numbers should the need arise and personal details are locked in a filing cabinet in the room where calls are made.

Committee members are contactable should the need arise.

Q6: Which of the following best describes your befriending service? Please tick all that apply.

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Formally organised befriending - in clients' homes	66.7%	16
Formally organised befriending - supporting people to take part in activities outside their home	45.8%	11
Mentoring	16.7%	4
Telephone befriending	58.3%	14
Email/web based befriending (e.g. Skype)	0.0%	0
Supported Friendships	20.8%	5
Informal or ad hoc visiting/"good neighbour" support	16.7%	4
Specialist befriending service e.g. Sitting service for carers (please give details below)	16.7%	4
None of the above accurately describes our service (please give more details below)	0.0%	0
More detail - if you need to tell us more please use the text box below.		5

Text responses:
- *We do occasionally offer support to carers who may need to visit hospital themselves or need a break.*
- *Our telephone befriending is a 'Phone Buddy' phone call on a weekly basis, for a short chat and to maintain contact and friendly support - undertaken by a group of volunteers at the CVS offices. This usually takes place whilst people are waiting for a visiting volunteer to be recruited, or they can receive the call as a service in itself. For some people they prefer (or it's more appropriate) to have the phone call support only.*
- *We befriend those who are elderly and those with early stages of dementia. We also support people over the age of 55 and those over 50 who have long-term health problems.*
- *We have a few clients who we provide a sitting service to allow carers to have a much needed break.*
- *See box above.*

Q7: Who is your befriending service for? (i.e. who is eligible to use it)? Please tick all that apply.

24 of 26 organisations completed this question as follows:

Answer Options	Percent	Count
All adults	41.7%	10
Older people	62.5%	15
People with mental health conditions	37.5%	9
People with a physical disability	50.0%	12
People with a learning disability	37.5%	9
People with sensory impairments	41.7%	10
Offenders or ex-offenders	12.5%	3
Parents	16.7%	4
Carers	33.3%	8
BME Communities	25.0%	6
LGBT people	12.5%	3
People of a particular faith	8.3%	2
A rural community	37.5%	9
Any other group not listed above (give details below):	16.7%	4
Please give more detail if you wish.		13

Text responses:
- *Our service is available to anyone over 60 years, we are not able to provide support to people with diagnosed mental health conditions. However, we do support people living with early-stage dementia.*
- *Children. We are here for the whole family.*
- *BME -Romany Gypsy community. Irish Traveller community and Show people*
- *For any adult who is isolated socially - this may include people with physical / mental disabilities, sensory impairments, or complex needs. This does not include Carers, or as a sitting service for respite. We do not provide befriending to people in Care Homes.*
- *55+ (but we do support those who are 50+ who have long-term health issues, e.g. MS)*
- *We also support clients who are older and may have sensory impairments etc.*
- *We are a charity for older people, and are able to support people regardless of sex, religion, sexual orientation, health conditions.*
- *The agricultural community*
- *All older and vulnerable adults within the in community. The youngest person we have supported is 21*
- *We would not exclude any of the above but at present do not have any referrals.*
- *Originally there was no age limit to our befriending scheme, but the number of referrals increased so much that we were forced to cap the age limit at 50*
- *People who have been bereaved through an asbestos related disease.*
- *Most of our users tend to be elderly. One man in his 50's used our service for a while when he was recovering from illness. He was pleased to have calls but, once he recovered, he no longer felt the need for our service.*

Q8: If your befriending service is open to all adults or to multiple groups, but in practice most of your users are from a specific sector of the population, please tell us here (e.g. 'most of our users are aged over 60')

15 of 26 organisations completed this question as follows:

- *Most users are over 60*
- *Most of our service users are over 50*
- *Most of our clients are affected by cancer.*
- *Most of our users are over 60*
- *Most of our parents are from the 25-44 years age range.*
- *On average the majority of people receiving befriending or waiting for a befriender are over the age of 60*
- *Most of our users are over 60*
- *We previously delivered an 18+ befriending scheme within Bolsover District that ran for approximately three years. The scheme was marketed as an 18+ service but the referrals were predominately from the age group of 75+. Numbers were exceedingly low within the younger age groups and at times non-existent.*
- *Most users are from the farming of a range of ages*
- *Most are aged over 60*
- *Most of our service users are between 80-100 years of age, though we support some younger people including 2 people in their 50's and a handful in their 60's.*
- *Most of our clients are aged 60+*
- *Most users are over 60 - in fact it would be fair to say that over 50% are over 80*
- *The majority of our users are aged over 60*
- *Most of our users are aged over 60*

Q9: What geographical area(s) does this service cover? Please tick all those that apply.

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
All of Derbyshire	12.5%	3
Amber Valley	8.3%	2
Bolsover	8.3%	2
Chesterfield	12.5%	3
Derby City	0.0%	0
Derbyshire Dales	20.8%	5
Erewash	8.3%	2
High Peak	29.2%	7
North East Derbyshire	16.7%	4
South Derbyshire	25.0%	6
Other area e.g. specific ward or village (please specify below)	16.7%	4
More detail:		12

Text responses:
- *Glossopdale*
- *New Mills, Hayfield, Furness Vale, Whaley Bridge, Chapel-en-le-frith, Buxworth and Chinley*
- *We mainly cover Leicestershire and have some partnerships in South Derbyshire. We are looking to expand our services in Derbyshire when we have the resources.*
- *The Gypsy/Traveller community is spread all over Derbyshire so we have support all over the county. At the moment we are giving high support in Derbyshire Dales and South Derbyshire. Sometimes we give support outside of county by phone.*

- *Buxton, Chapel-en-le-Frith and surrounding area*
- *Crich and Surrounding villages*
- *Glossop (limited service supporting dementia clients)*
- *The charity covers the whole of Derbyshire but current funding limits our activity to High Peak and Derbyshire Dales*
- *Mainly Ilkeston , Cotmanhay and Kirk Hallam*
- *We also cover Uttoxeter in East Staffordshire*
- *Covers Derbyshire, Nottinghamshire, Lincolnshire, Leicestershire, Northamptonshire, Burton Upon Trent*
- *Usually numbers with the 01433 code.*

Q10: Do you make a charge for this service?

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Yes	4.2%	1
No	95.8%	23

Q11: If you answered 'Yes' to charging for services please give details of your charging rates

1 of 1 relevant organisation completed this question as follows:

- *Befriending+ service: £8 standard visit*

Q12: How do people come to your service? Please tick all that apply

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Self-referral by users and/or their families	100.0%	24
Derbyshire County Council Social Care Referral (direct from a Social Worker)	79.2%	19
Derbyshire County Council Brokerage Team	29.2%	7
Health referral e.g. GP, District Nurse, Hospital	83.3%	20
Other voluntary and community sector organisations	95.8%	23
Other referral route (please give details)	45.8%	11

Text responses:
- *We have good established local networks and get referrals from mobile hairdressers, gardeners etc.*
- *Community members pass on information about our work.*
- *Anyone can refer as long as the family has given permission.*
- *Often a personal referral by a concerned friend and regularly the church*
- *TELEPHONE HELPLINE*

- *VSPA is a major referral route to our services We take referrals from any source*
- *Through contact with the farming community at Bakewell Livestock Market*
- *Community mental health teams (CPNs), Community Care co-ordinators, Churches, the Stroke club etc*
- *VSPA*
- *VSPA*
- *Solicitors, Coroners*

Q13: Which of the above referral routes is the one most frequently used by people using your service?

24 of 26 organisations completed this question as follows:

- *Self-referrals by users and/or their families*
- *Adult care*
- *Self*
- *A wide range of referral routes*
- *Health - Health visitors Social Care- Children centre workers Social workers Multi Agency Team members.*
- *self-referral by users/families*
- *Health and Social care*
- *Derbyshire County Council Social Care*
- *Our top 3 are: Health Visitors Children Centre's Self*
- *Most of the referrals to our befriending service come from Care Coordinators at GP surgeries, and Derbyshire County Council Social Workers.*
- *Self-referral by users and their families*
- *Previously it was Adult Care but now they are predominately self-referrals/family and from the Wrap-around-care-scheme.*
- *HELPLINE*
- *Fairly even between community connectors and other vol groups*
- *Self or VSPA*
- *Family members referring people.*
- *VSPA*
- *VSPA currently*
- *Self-referral and other community / voluntary groups*
- *Social Workers, Community Care co-ordinators and CPNs*
- *Health referral from GP District nurse, care coordinators*
- *Social Services and Self-Referral*
- *Self*
- *Word of mouth*

Q14: Approximately how many referrals do you get per month (on average)?

24 of 26 organisations completed this question as follows:

- *For the home befriending service we receive approximately 6 per month. Befriending is part of the whole service so befriending happens with the car scheme and our shopping scheme and there are 32 clients contacted weekly through the telephone befriending. Some clients access all the services.*
- *3-4*

- *5 - That we visit to assess and go on to support or signpost elsewhere if inappropriate for our service. We operate a waiting list that referrals go onto until we have capacity to support them.*
- *6*
- *10*
- *We do not get regular referrals, we tend to get clusters!!!*
- *16*
- *3*
- *Approx. 6 per month*
- *On average we receive 12 referrals per month (lowest 6 / highest 26 - averaged over an 8 month period)*
- *1*
- *5-10 per month*
- *THREE*
- *3*
- *4*
- *5/6*
- *5-10*
- *A couple*
- *three new referrals*
- *4 - 6*
- *12*
- *around 7 or 8*
- *10*
- *Perhaps three or four per annum.*

Q15: Do you sometimes find it difficult to accommodate the needs of people being referred to your service?

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Yes - often	25 %	6
Yes - occasionally	50%	12
No	25%	6
If yes, please give as much detail as possible about the kinds of needs you are struggling to meet and the reasons why:	19	

- *Volunteer recruitment is the biggest barrier. This was the reason behind establishing the telephone befriending.*
- *I have no difficulty in New Mills, Hayfield, and Furness Vale but find the other areas difficult because I just don't have the volunteers in these areas.*
- *We get inappropriate referrals for clients with complex needs, where they require paid for Social Care type support.*
- *Recruitment of volunteers that share the specific interest requested*
- *It is just funding areas at the moment the funding is for particular postcodes. However we are looking at closure March / April Time due to the lottery funding ending, and no other funding has been secured.*
- *Funding is a constraint but the phone line is invaluable. It is important that people see faces. Time is also a resource. It takes careful managing.*

- *alcohol use, complex mental health needs dirty home smoker*
- *we have struggled with funding over the last few years so had to implement a waiting list*
- *The demand for the service outweighs the number of recruited volunteers. Service users therefore have a waiting period - which can be prolonged depending on where they live. We also get referrals for a sitting / respite support whilst the carer goes out - whilst we signpost onward for other help, we cannot accept as a befriending referral. We signpost many referrals and supported service users with signposting to other services and support whenever needed e.g. to local groups, community transport, welfare rights, adult care, library services. (On average we make 7 onward referrals to other organisations per month).*
- *- Sometimes clients want to use befriending as a low-cost alternative to care agency support. - Some clients want to leave their house but need extra assistance due to mobility issues, so therefore, a care agency would be needed in order for the client to be supported by a worker who is fully trained in moving and handling. These clients we can only offer home visits or refer them to a care agency. - Sometimes we receive referrals for clients with complex mental health needs who need more specialised support.*
- *Transport and cost of activity is a barrier for many activities especially in the rural parts of our area. We have also encountered significant barriers placed by peoples paid care supporters*
- *Lack of new volunteers. We match them to our clients on the waiting as soon as they are trained and available. However due to fewer numbers of people wishing to volunteer as a befriender our waiting list builds up again (10 as an average waiting list).*
- *As we cover all of Derbyshire sometimes we will have to leave a service user on a waiting list until we have a volunteer available.*
- *Any inappropriate referrals are presented to VSPA for further consideration*
- *Just as the moment due to a shortage of volunteers available due to personal sickness, commitments etc. Hopefully a temporary situation being remedied by recruitment of new Timebank members*
- *If someone has high level needs then we will refer to another organisation, or if the need relates to complex business requirements causing stress and / or financial support is required we will coordinate support through a range of other agencies.*
- *We can be very flexible in the way we provide our service i.e. flexible on the days that we call including weekends, depending on the routines are service users have.*
- *We get more referrals with clients who have complex needs Dementia, mental health referrals where there are no local volunteers*
- *Just the general numbers being referred in. 5 years ago we were receiving approximately 30 referrals per year, now however we have tripled that and are receiving in excess of 90 referrals per year. These will include people with mental health issues and physical disabilities - of course often the mental health problem is a result of being socially isolated in the first place*

Q16: Do you have any paid staff involved in the delivery of this befriending service?

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Yes	87.5%	21
No	12.5%	3
If 'yes', please list staff roles and hours per week		21

- *One member of staff 30 hours*
- *Befriending coordinator 16 hours*
- *6 part-time staff members Manager, Coordinator x 2 (North & South), Support Workers x 2 (North & South)*

- *Volunteer Co ordinator - 28 hours*
- *37 hours Lone Coordinator.*
- *1 befriending co-ordinator 30.5 hours per week focusing on 1-1 matches and volunteer recruitment 1 befriending co-ordinator 12 hours per week focusing on befriending groups*
- *1 staff 6 hours a week*
- *Co-ordinator 18.5 hours per week Manager 37 hours per week. Both supervise and oversee the support we provide.*
- *1 x Befriending Project Worker (30 hours per week)*
- *Co-ordinator 2.5 hours*
- *Coordinator (25 hours p.w) Administrator (24 hours p.w) Paid Befriender covering 1:1 befriending visits (3 hours p.w) Paid Befriender covering friendship group (3 hours p.w)*
- *co-ordinator 8 hours per week*
- *Scheme is coordinated by our Volunteer Manager and 6 hours per week are allocated to this project.*
- *Just myself- Service Coordinator - 30 hours per week.*
- *Care Line Coordinator 22hrs p.w has prime responsibility for the service*
- *Me managing this scheme as part of my role as a timebroker. Average 4 hours per week.*
- *One part-time chaplain. One Special Projects Officer allocated one day per week to manage the project.*
- *Manager - 25 hours Assistant Manager - 20 hours Befriending Project co-ordinator - 15 hours*
- *Our Volunteer manager is a paid member of staff Linda works 24 hours per week. Befriending is not her only role*
- *Befriending Project Co-ordinator - 30 hours per week Befriending Project Worker - 20 hours per week*
- *Bereavement Support Worker – 37 h.p.w*

Q17: In total, how many Volunteer Befrienders are actively involved in the delivery of this befriending service?

24 of 26 organisations completed this question as follows:

- *15*
- *1*
- *85*
- *50 - mainly in Leicestershire*
- *15*
- *4*
- *50*
- *18*
- *Currently 19*
- *currently 78 volunteers*
- *13*
- *50*
- *In Derbyshire - 11*
- *3 currently due to a gap when we had no paid worker*
- *12*
- *7*
- *10*
- *Approximately 6*
- *Two*

- *81*
- *41*
- *approximately 80 although this is a moveable feast*
- *We are a new service and currently have 6 volunteers*
- *Varies between 15 and 20*

Q18: In total, how many volunteer hours are given to your service each week by befriending volunteers? Please give an estimate if you don't have exact figures.

24 of 26 organisations completed this question as follows:

- *20*
- *48 hours home befriending*
- *Last month volunteers gave 367 hours.*
- *30 hours - very approximate*
- *45 hours*
- *6 to 8*
- *120*
- *20*
- *Approx. 9 hours per week based on last year's figures.*
- *On average 150 hours per week*
- *25*
- *80*
- *2*
- *5*
- *12*
- *9*
- *40 hrs direct delivery - supported by 4 hours admin assistance*
- *Approximately 10*
- *Approx. 15 hours per week*
- *1-2 hours a week, 4-6 hours per month*
- *85*
- *Over 200*
- *4*
- *Thirteen*

Q19: Do volunteers support your befriending service in other ways (e.g. admin support)?

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Yes	62.5%	15
No	37.5%	9

Q20: If you answered 'yes' to volunteers helping in other ways, please list volunteers roles and hours per week

15 out of 15 relevant organisations completed this question as follows:

- *Reception, Escorting on the shop around, fundraising, running of groups. 10-20 hours a week*
- *Art Group Volunteers x 3 - 5 hours per week Allotment volunteers x 2 - 4 hours per week in growing season Trustees x 3 Fundraising volunteers - ad hoc Publicity volunteers x 1 as and when required*
- *Admin approx. two hours phone line 6 hours*
- *Administration 2 hrs Groups 2.5 hrs Fundraising 1 hr avg.*
- *Text Required*
- *Recruiting: leaflets, events, accreditation interviews (this is ad hoc and not weekly hours)*
- *Admin support, giving talks, assisting at show stand*
- *Website development and maintenance*
- *We have a fortnightly friendship club and some befriending volunteers help out there too*
- *Administration 3-4 hours p.w*
- *Not specific roles but as Timebank members are involved in the exchange of hours and skills as and when required*
- *One volunteer is conducting research into an animal disease which has severe impact on farms. At least 5 hours / week*
- *Our volunteers help considerably with fundraising activities, e.g. Coffee mornings, bag packing, sponsored walks etc*
- *Admin support - 8 hours*
- *Steering group members, Support group coordinating, speaking at events*

Q21: How do you recruit volunteers? Please tick all that apply.

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Local Volunteer Centre/CVS	66.7%	16
Own recruitment process and publicity	95.8%	23
Local media	50%	12
Word of mouth	91.7%	22
Other (please specify)	37.5%	9

Text responses:
- *Do it website*
- *Posters in local GP surgeries, organisations, shops.*
- *We used to receive volunteers from the Volunteer Centre/CVS but this does not happen now. Not since the volunteer bureaus have set up volunteer schemes, like befriending. Now we have to rely on our own marketing.*
- *Approaching individuals already undertaking the designated activity*
- *Users of our other services*
- *Through own newsletter to general Timebank members*
- *The Agricultural Chaplaincy is part of Workplace Chaplaincy in Derbyshire WCD, and organisation which provides training and some publicity for recruitment.*
- *Do-it*
- *In house publicity material*

Q22: How many clients (befriendees) do you currently support through befriending services?

24 of 26 organisations completed this question as follows:

- *15*
- *We currently have 25 people being home befriended and 25 people being telephone befriended*
- *92*
- *30*
- *60 this year*
- *10*
- *70*
- *18*
- *30*
- *16*
- *106*
- *54*
- *24*
- *3*
- *12*
- *7*
- *95 variable*
- *Approximately 8*
- *11 regularly*
- *102*
- *58*
- *72 currently being befriended*
- *2 telephone and five regular support group attendees*
- *About 20*

Q23: Does your befriending service have a waiting list?

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Yes	58.3%	14
No	41.7%	10

Q24: How many people are currently on your waiting list?

14 out of 14 relevant organisations completed this question as follows:

- *5*
- *12*
- *5*
- *13*
- *90*
- *10*
- *61*
- *43*

- *4*
- *Over 20*
- *10*
- *Approximately 7 in areas that we have not been funded to cover.*
- *79*
- *436*

Q25: On average, how long do they wait for a service?

14 out of 14 relevant organisations completed this question as follows:

- *They will use the telephone befriending in the interim so not long*
- *Varies - no average. Can be 1 week to 6 months.*
- *Varies*
- *Depends on appropriate volunteer, because we make sure there is a matching process it's normally between 2 to 3 weeks.*
- *3-6 months some much longer - if a difficult match or location is tricky*
- *3 months*
- *Between 2 months and a year*
- *Previously, it was 6-12 weeks waiting time. But due to low numbers of volunteers in some geographical locations this has now increased to 12-24 weeks*
- *NA*
- *Difficult to say.*
- *Depends when training courses are held, could be 2 to 3 months or even longer*
- *The waiting list will be there until we have been successful in securing funding for the area e.g. North Derbyshire*
- *This all depends on the client's needs and the availability of a volunteer. some could be placed in a week others may be waiting many months*
- *How long is a piece of string.......?*

Q26: What is the reason for operating a waiting list? E.g. shortage of volunteers

14 out of 14 relevant organisations completed this question as follows:

- *Shortage of volunteers - or right volunteer for right person*
- *Matching volunteer availability with demand. Geographical availability.*
- *Shortage of volunteers*
- *Currently - Lack of funding*
- *Lack of volunteers, lack of capacity, HIGH DEMAND in absence of other services*
- *Funding. Not enough vols to support to clients, need to expand the service.*
- *Shortage of volunteers / volunteers not attending training - uptake on volunteering less than the demand for the service.*
- *Shortage of volunteers. Over the past year we have noted a significant rise in referrals.*
- *Lack of paid co-ordinator*
- *Need more volunteers.*
- *Shortage of volunteers*
- *Funding*
- *We do not have enough volunteers to fulfil the need.*
- *Incredible amount of referrals - far too many to cope with*

Q27: Do you have any plans to develop, expand or change your befriending service in the near future?

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Yes	70.8%	17
No	29.2%	7
Please give reasons for your answer		21

Text responses:
- *The home visit befriending is being merged with a new flexible volunteering offer which is part of the Social Prescribing/Community Navigation service.*
- *We have a business development manager for the East Midlands new in post looking at various projects at the moment.*
- *We are awaiting a couple of funding applications to hopefully sustain us. Although we are franchised to Home Start UK and so there was a strict prescribed format of delivery, however there has been a relaxation on the requirements allowing a more individual approach. We would like to look towards not only group but telephone support.*
- *We are in the process of becoming accredited but time has been difficult to out to one side, we will hopefully be accredited by March end.*
- *Continuing to develop groups and make more 1-1 matches*
- *We have put in a funding bid to expand and develop the service.*
- *Currently in discussion and mapping with SDCVS*
- *While ever we have enough volunteers we will always be looking to take on more service users within our current operating area.*
- *Demand and expectation of current service not meeting needs.*
- *No significant plans. Although we are looking at recruitment initiatives in order to market for extra volunteers. If this is successful then the scheme will expand capacity.*
- *Nationally a new 5 year strategy is currently being processed*
- *Just employed new co-ordinator so do not want them to face lots of change*
- *We are always looking at ways that we can develop and promote our service in line with funding availability.*
- *We intend to work more closely with other local providers such as CVC and Time Bank we plan a joint Lottery bid to provide a more joined up holistic service*
- *To recruit more befrienders and develop more 'circles' thus enabling us to offer the service to more people*
- *We are looking to grow the team and the area we cover. We are currently in the process of recruiting a chaplain to young farmers.*
- *North Derbyshire Dales including Matlock and Bakewell.*
- *We do not have any plans to change the service at present. This may be forced to change if funders change the criteria*
- *We need to be smarter about referring people on to other organisations*
- *Looking to develop more informal introductions for mutual support.*
- *If more wished to join as users that would be great. Current users give very positive feedback. We can only expand if more people wish to join.*

Q28: What are your aspirations for your befriending service? Are there any ways in which you would like to expand or develop your service if resources were available? Please give details.

23 of 26 organisations completed this question as follows:

- *Our befriending is part and parcel of our projects - we have befriending relationships with the car scheme and our shopping scheme. We will be providing befriending in both short term and long term basis going forward designed to meet the needs of the client but without creating a dependency where possible.*
- *It is always nice to think you could expand but this is difficult as you can only work with the volunteers you have. If there was funding available then I could send volunteers from New Mills to visit a service user in Chapel-en-le-frith but at present this costs us money and we want to continue running the service for free. For example 1 lady who befriends for me take 3 service users out at the same time. She never puts a claim in for her expenses and they are having a lovely time. They go all round Derbyshire and have lunch out, afternoon tea and even go to shopping centre's to have a shopping day out. More stories like that would be great.*
- *Provide a specialist service for carers and people living with dementia.*
- *We would very much like to offer a telephone befriending service*
- *We would like to cover the North of Derbyshire. There are real pockets of need throughout, such as Bolsover, Chesterfield, and Dronfield. These areas have seen closure of Children's centres which will have an impact on the local communities.*
- *It would be nice to do more but this needs to be carefully managed in the future so that we don jot overstretch ourselves.*
- *As above*
- *Be able to get out into the community and work with more isolated people more group sessions for people to attend*
- *Would like to cover county and develop/enhance what we provide.*
- *Our aim is to make sure as best we can that anyone in our community who is socially isolated or lonely, knows about our service and is referred. We would welcome as much input and contact from other agencies that deal with the needs of older people on a daily basis, eg. the local Medical Practice, Nurses, Adult Care in the Local Authority.*
- *Would like to meet demand for the scheme but unfortunately a shortage of volunteers prevents this.*
- *Maybe recruit more volunteers*
- *We would love to have the resources to become Derbyshire wide*
- *Aim would be to get more volunteers in the Derbyshire areas.*
- *We would like to accommodate more clients who need befriending on a 1:1 basis in their own home and should we recruit more volunteers we will be able to do so.*
- *To have outreach capacity to facilitate visits to the majority of the users of our telephone befriending service. We also plan to work more closely with providers of carer services to increase the provision of Carer Befriending*
- *As above if more resources and funding was available*
- *As above, we are keen to grow the number of volunteers over time and also to cover the whole of Derbyshire as we experience growth and additional resources.*
- *The service delivery model is a very effective. We are able to contact more people over a wider geographical area over a shorter period of time. We would like develop our service by being able to extend it further across the area. We would also like to run a campaign 'Donate a phone', where people are able to donate a hands-free phone with magnified sound. We would also like to trial e-befriending talking to our members via Skype/Facetime. We would provide the training to facilitate this.*
- *We would like to do more befriending, carers sitting in the future. we would also like to develop more social activities for people who are isolated this would need transport for the clients to get to the activities We run a monthly tea dance and some of our clients attend these sessions.*

- *We would love more staff members to be able to provide other services such as activity groups etc. We already run 2 small cafe's and they have taken people off the waiting list and given isolated people something to look forward to - however it has still left us with a huge waiting list so perhaps more of these would work*
- *To see a monthly support group in each locality we cover with more formal telephone befriending arising from these groups. Develop volunteer role of community champions, offer home visit to each new report of a death when resources allow.*
- *We would like to maintain the organisation as it is at present. We fund raise to pay for the telephone line and some admin costs. The organisation runs very successfully at the moment. We would always welcome more users.*

Q29: Are there any gaps in befriending service provision in Derbyshire that you are aware of? Please give details.

19 of 26 organisations completed this question as follows:

- *I think there is a huge gap in the Chapel-en-le-frith area. It is very hard to recruit volunteers for this area as well.*
- *Mental Health Young People*
- *I work mainly in Leicestershire. I am aware of SDCVS which provides a very good service to the area.*
- *Home start currently covers High Peak, Erewash, South Derbyshire, Derby City, and a satellite from Derby city which covers Amber valley, and so vast areas are uncovered. We have been contacted by professionals in Matlock, Dronfield, Bakewell, and Ashbourne enquiring about our services and so I am sure there is a need out there.*
- *Many people are under the impression that Gypsy and Traveller people all have large families and that no one is lonely, but it is difficult now for families to live together in a family group. Also elders that have never got married and had children can and do end up lonely. Also if family members have other caring responsibilities it may be difficult to support elder relatives. House dwelling community often live isolated lives.*
- *Gaps in other service are increasing demand on befriending*
- *I have many referrals for younger people with disabilities or mental health issues, there seems to be a gap with not many places to refer too*
- *Children's disability.*
- *We receive increasing requests from organisations and people, for those in a 'caring' situation needing respite - there is currently no response for that, as it is not a befriending service answer.*
- *Derby City - when we set up a small pilot scheme in Derby we were inundated with referrals. Unfortunately we could only set up a small scheme because of lack of funding. It certainly highlights the need for befriending within rural and urban areas. Bolsover District. But I feel that without a hub promoting volunteering within the community (like a volunteer bureau) any future volunteering schemes will experience problems with volunteer recruitment.*
- *Not aware of any*
- *Yes - nothing similar elsewhere in county that we are aware of*
- *We are always looking for new volunteers as our office is based in Derby-but we cover all of Derbyshire. So the majority of volunteers we have coming through are mainly in the Derby area.*
- *There is a shortage of funding available to enable us to develop beyond our current capacity and this is often the case for other services that are needed in Derbyshire.*
- *Bolsover is problematic for visiting befriending*

- *Personally having only been in post for 4 months I'm not really an expert yet and whilst I am aware of the Derbyshire Befriending Network I'm still not too sure how all the schemes work together (if they do) However from my previous and current experience in the voluntary sector would say that my perception is that if more resources were available and voluntary sector organisations were better funded then they would be able to help more people as there is a definite need for this type of service in local communities*
- *We are the only FREE telephone befriending service in the area. Age UK to provide a much lower level service but Careline provides telephone befriending 7 days a week, 365 days a year. I understand there are some services outside of our area (High Peak & Heage) but not within the area we cover.*
- *Not sure*
- *We are aware that there is no service for people under the age of 50 in our area.*

Q30: How is your service funded? Please give details about who funds it, any time limits on funding (E.g. Big Lottery funding until March 2017, Derbyshire County Council contract with 1 year remaining) and, if applicable, what will happen when this funding ends

24 of 26 organisations completed this question as follows:

- *Big Lottery - finishes December 2017 Derbyshire County Council - grant funding Tameside & Glossop CCG - Integrated Care contract which befriending will be a part of.*
- *The telephone befriending service is funded until September 2017. Once this funding runs out then it will carry on running hopefully in its current form but it will be difficult to find time to get out and about in the community to reach the people that would benefit from it as the hours of the befriending coordinator would be cut accordingly. The home befriending service is currently funded with our core funding we receive from Derbyshire County Council and CCG which ends March 2018. If the funding ends then the befriending coordinator role would end altogether and there would be no one to take on the role. Therefore referrals would have to stop.*
- *Macmillan Cancer Support till April 2018 Southern Derbyshire CCG April 2018*
- *Fundraising and grants from charitable bodies and Trusts. This role is completed by a Trustee and I am not involved with this process.*
- *Big Lottery funding until March 2017. We will close. We were previously funded by Derbyshire County Council however this stopped 2013. We were funded by £55,000 each year. We have down sized as the funding has dwindled and now we are a one staff organisation.*
- *Awards for all outreach for health project funding ends in April. (Derbyshire Dales South Derbyshire) Healthy living grant from NDVA (for North East and Chesterfield) We have recently applied to healthy Living grant for Bolsover as we have been made aware of people in Shirebrook and Bolsover area. We are constantly looking for funds to keep going as a service.*
- *DCC funded for 30.5 hour post until September 2017 CCG funded for 12 hour post until March 2018*
- *Comic Relief funding ends August 2017 DCC March 2018*
- *South Derbyshire District Council - 3 years rolling fund Big Lottery - until 2019 Fundraising - ongoing Donations - ongoing*
- *We were very much dependent on grant funding particularly through organisations like Foundation Derbyshire, DCC, Amber Valley Health Partnership, but we have become well supported now through our local community with donations and fundraising events so the need for seeking grants has reduced. If that changes, we would again be looking to the above bodies to assist if possible. At the moment we have a stable financial balance.*
- *Derbyshire County Council grant - until March 2018 CCG contract - until March 2018 further funding to sought for the end of these periods.*

- *Grant Funded by Derbyshire County Council. Last year Derbyshire County Council were looking at cutting the funding provided to the volunteer sector. After a consultation with organisations and the general public it was realised how important the volunteer groups (including befriending) were to the community and also what was achieved with actually very little funding. Funds have now been found within the Public Health Budget to cover befriending, and we believe that we will hopefully be funded until 2018.*
- *Locally we do our bit towards the national pot and aim to raise around 2k by a variety of events*
- *Small amounts of funding from a range of small charities all with one year deadlines. We live hand to mouth and are constantly seeking funding which takes time and energy away from providing the service*
- *At the moment I am being funded to run the service from the charity funding me. This is only till March 2017, and at present I do not know what will happen after this.*
- *This project is not directly funded but has an element attached to another grant which is for Re-Friending with the CCG for 1 year. Before this funding ends we shall be proactive in securing funding to continue our services.*
- *CCG funding until March 2018 DCC Funding until March 2018. We have plans and strategy developed with many options (confidential at this time)*
- *Big lottery funding until Sept 2017. It is hoped that other funding will be found to support the scheme when this ends. If it isn't then resources afforded to it via general timebanking would be limited.*
- *Funded by: Methodist Church (ongoing) Hardwick CCG, Derbyshire Dales, South Derbyshire (Received yearly, no guarantee) plus Donations.*
- *We have previously received funding from the Big Lottery 2012 - 2015, but that came to an end in December 2015. We also received a small joint grant from Derbyshire County Council/South Derbyshire CCG of £4,000, but that also ended in September 2016. A small grant was received from Virgin care in support of the delivery of our service in Uttoxeter of just under £4,000. Virgin Care have introduced a procurement system for the year 2017/2018 asking for bids, but it is yet unclear as to whether or not we have been successful. We are now working on our reserves and self-funding through fundraising activity.*
- *The funding for the service comes from a joint funded project through Derbyshire County Council and Erewash Clinical Commissioning Group. Currently the funding is around £3,000 for the project and the funding towards the Volunteer Centre. Currently £28,000 per year. We currently have the funding toll the 31st March 2018 during the next year it will be reviewed. If the funding is removed the CVS board will have to consider stopping the service*
- *Our befriending scheme is currently funded in the following way 50% funding comes via Derbyshire County Council 50% funding comes via North Derbyshire CCG The funding was secured this year for the next 18 months We have also received System Resilience funding from NDVA to set on a member of staff to assist with the befriending scheme and bring down the waiting list. This funding is set to run out in June this year. Our Safe and Sound project is funded by various people, (Awards for All; Trusthouse Foundation; Comic Relief; North East Derbyshire District Council). These funding pots are for one year's duration*
- *Big Lottery funding until July 2018. Will be looking for further funding to continue the service and combine it with Volunteer coordinator role for Carers Support to provide a seamless service for the carers of those with an asbestos related disease from diagnosis through treatment, illness, death, bereavement and finding a new way of living.*
- *We fund raise with local events such as coffee mornings and musical evenings in a local pub. Some of our users give donations as do other members of the community. Referrals from local agencies also give an amount for taking on a new user.*

Q31: Which of the following, if any, do you currently hold? Please tick all that apply:

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Mentoring and Befriending Foundation Approved Provider Standard	33.3%	8
Investors in People	0.0%	0
Investing in Volunteers	4.2%	1
PQASSO	12.5%	3
Quality First	0.0%	0
Derbyshire Trusted Befriending Quality Mark	54.2%	13
Another (give details below)	16.7%	4
We do not hold any formal Quality Standard	16.7%	4
If you have another quality standard not listed above please give details here:	37.5%	9

Text responses:
- *Macmillan Volunteering Quality Standard*
- *Home start quality assurance award.*
- *Working towards renewal*
- *We are currently undertaking the Quality For Health*
- *Working toward achieving DTB quality mark*
- *Queens Award Derbyshire Excellence in the Community Award*
- *NCVO Volunteer Centre Quality Assurance*
- *Volunteer Centre Quality Mark*
- *We are hoping to qualify for the Derbyshire Trusted Befriending Quality Mark*

Q32: If you have a quality standard, when is it valid until/due to expire?

14 of 26 organisations completed this question as follows:

- *We missed the deadline for MBF reaccreditation!*
- *It is with Derbyshire County Council waiting to be approved*
- *Currently renewing our APS*
- *March 2018.*
- *We have extension to June 2017 as we are becoming a charity*
- *Sept 2017*
- *M and B ran out in Oct*
- *March 2016*
- *Oct 2018*
- *National Mentoring and befriending reaccreditation taking place Feb 2017*
- *09/04/2017*
- *2019*
- *Our Mentoring and Befriending Quality Mark is due for renewal but we needed to make sure we had a service first*
- *October 2019*

Q33: Which of the following, if any, are you working towards?

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Mentoring and Befriending Foundation Approved Provider Standard	29.2%	7
Investors in People	0.0%	0
Investing in Volunteers	0.0%	0
PQASSO	4.2%	1
Quality First	0.0%	0
Derbyshire Trusted Befriending Quality Mark	25%	6
We are not working towards any formal Quality Standard	41.7%	10
If you are working towards another quality standard not listed above please give details here:	16.7%	4

Text responses:
- *Would like to reapply for MBF re-accreditation if funding permits*
- *ISO9001*
- *Quality for Health*
- *As renewal*

Q34: What outputs do you measure to show the activity of your befriending service? E.g. number of volunteers, number of visits made

24 of 26 organisations completed this question as follows:

- *No. of clients No. of volunteers*
- *The number of volunteers and the hours each month, the number of service users they are visiting or phoning.*
- *Number of clients, Number of volunteers, Number of New Clients, Number of New Volunteers, Number of Clients leave service, Number of Volunteers leave service, Number of volunteer hours, Number of events completed, Number of clients actively supported, Number of volunteers active*
- *Membership Charts - these indicate members, volunteers, partnerships, signpostings, attendance at social events and groups (art, exercise and allotment) Completed every quarter*
- *No of families supported at the report end date, No of families supported by HV volunteer during this period, No of families supported by groups during this period, No of families supported by paid workers during this period, No of families at Hardiker levels each level 1 to 5, No of new referrals and the breakdown of sources - Health visitors Children centre workers etc., No of new self-referrals, No of children, No of children subjected to safeguarding, No of Vol visits took place, Duration of Support Hrs Mins, Paid Worker No of visits took place, Duration of Support Hrs Mins*
- *Quality of life of individual, are they happier? We do the number crunching but this does not measure the work.*
- *Number of Service Users, number of Volunteers, visit hours,*
- *Tagtronics database number of volunteers number of service users weekly visits recorded*
- *Home-Start UK MESH system records: No. volunteers, No. visits, No. hours, No. new volunteers*

- *Number of service users. Number of volunteers.*
- *No. of volunteers, No.of service users, No. waiting/on hold, No of visits/time spent at visits, Referrals onward for other support*
- *Number of volunteers, volunteer gender, volunteer age range, volunteer ethnicity, volunteers trained, volunteer hours, number of service users, service user gender, service user age range, service user client group, service user ethnic group, service user referrer, total service user befriending visits. [yearly totals]*
- *Number of visits number of new clients category of types of presenting problem*
- *Numbers of referrals, volunteers, activity links, interferences preventing conclusions*
- *We monitor how many service users we are supporting, as well as monitoring the number of volunteers active.*
- *Number of volunteers and number of hours that they have volunteered individual and yearly totals*
- *Number of volunteers, Volunteer Hours, Number of service users, Number of calls made, Log of assistance/help given*
- *Number of volunteers, number of people benefitting, hours spent befriending and staff input.*
- *Number of visits / conversations*
- *Measured through the number of calls made monthly, annual review visits to each service user, regular surveys, feedback questionnaires*
- *Number of visits made to clients, number of hours volunteered, number of referrals received*
- *Number of volunteers, number of service users, Age, gender, ethnicity. We monitor what the befriending relationships have carried out together and any health concerns that the volunteer may have regarding their friend.*
- *Number of referrals; activity levels - (1 = condolences, 2 = benefits, coroners advice, signposting, 3 = home visit, befriending, 4 = complicated grief, professional referral); usual demographics, support group attendees, number volunteers,*
- *Number of volunteers Number of users*

Q35: What outcomes do you measure to show what difference your service makes? E.g. number of users who report reduced isolation or increased confidence.

24 of 26 organisations completed this question as follows:
- *CLIENTS: Reduced isolation Increased health and wellbeing Feel more independent and more able to make choices VOLUNTEERS: New skills acquired Moved on to employment or FE*
- *Focus group meetings with the volunteers and service users. Ladder outcomes every 6 months, questionnaires every 6 months.*
- *Clients report increased social contact Clients able to remain living within their own home Clients report greater sense of begin part of the community Clients feel better in themselves.*
- *Progress Stars and Reviews Questionnaires/Reviews for groups and social events*
- *Needs identified - We ask people to rate how they are coping with the following areas:*
  A. PARENTING SKILLS: Managing children's behaviour, Being involved in the children's development/learning
  B. PARENTING WELL-BEING: Coping with physical health, Coping with mental health, Coping with feeling isolated, Parent's self-esteem
  C. CHILDREN'S WELL-BEING: Coping with child's physical health, Coping with child's mental health
  D. FAMILY MANAGEMENT: Managing the household budget, Day-to-day running of the home, Stress caused by conflict in the family, Coping with extra work caused by multiple birth/children under 5, Use of services, Other (we ask them to specify).
- *How they feel in themselves. Encouragement to do things for example we have a lady now going out with support once a week.*
- *Quality of life, reduced isolation, involvement with community, physical health, mental health*

- *Evaluation forms sent out via post annual visits and client checks made*
- *Home-Start UK MESH system records this.*
- *Regular feedback verbally and in writing from the service users and their families.*
- *Outcomes met after 6 month period - usually with a feedback phone call (e.g. increased confidence / happier / less isolated)*
- *Number/percentage of users who report: reduced isolation/loneliness/anxiety, improved self-esteem/confidence/wellbeing/quality of life/independence/choice, increased friendships/ social group attendance, access to support/services, improved carer's wellbeing. Service users overall satisfaction ratings. We use baseline, mid-point, and end questionnaires to track clients progress (radar charts are created for case studies included in yearly reporting)*
- *Produce a monthly case work monitoring form for national stats*
- *Impacts for people with LD and for volunteers on open ended forms*
- *We take questionnaires throughout the year to monitor our support is helping a service user.*
- *Following each session the volunteer completes a short report form giving up to date information about the health and happiness of the client on that day. This form is given to our Volunteer Manager each month. Evaluations are carried out periodically through our evaluation and monitoring systems. Evaluation findings are reported to the Board of the Charity.*
- *We supply details of our annual survey of service users*
- *Not sure I can answer this accurately at the moment. My guess would be by the number of befriendees' who then are able to go one and offer support to other members of 'The Circle'*
- *We report back to all funders with details of support provided and activities.*
- *Vulnerable and older people in Derbyshire & East Staffordshire will experience reduced feelings of social isolation and improved psychological well-being, helping them to maintain their independence and live in their homes for longer. Monitoring indicators are set to meet this objective. 2. Volunteers in East Staffordshire will gain new skills and confidence which will increase their ability to take up new opportunities in training, education or employment. Monitoring indicators are set to meet this objective.*
- *The difference the service has made to the client. Does the service mean they feel able to remain in their own home longer does the client feel less isolated?*
- *We look at increased confidence and improved health issues. But this is quite a broad field as everything is fed back to the co-ordinator*
- *Reduced isolation, feeling part of a community, improved emotional well-being, feeling supported,*
- *We ask our users to complete a simple feedback form annually.*

Q36: Would you be willing to share the detailed outputs and outcomes that you measure with us? Again, all data will be treated as confidential but will help us to produce a more detailed picture of befriending delivery

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Yes	62.5%	15
No	37.5%	9
If you would like to add a comments please do so here		9

Text responses:
- *Can share them but not at the minute because i am trying to set up the new volunteering offer.*
- *Although I'm willing to discuss over the phone.*
- *It is copied righted to Home start UK*
- *Depending on resource and time we would be happy to share some documentation.*
- *We do not keep very detailed records, just our conversation notes and letter we received. You are always welcome to look at these.*
- *Even though we capture the outcomes and feedback - we are in the process of linking these with current electronic database records.*
- *Possibly at a later stage and with approval of my line manager*
- *We have copies of our KPI we also have completed copies of our evaluations.*
- *Not enough to share at this early stage*

Q37: Do you record any of the following about your SERVICE USERS (i.e. the people being befriended)? Please tick all that apply.

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Age	100.0%	24
Gender	100.0%	24
Ethnicity or Race	66.7%	16
Physical Disability	66.7%	16
Learning Difficulty	54.2%	13
Sensory Impairment	54.2%	13
Mental Health Issues	70.8%	17
Sexual Orientation	4.2%	1
Transgender	0.0%	0
Religion	12.5%	3
Geographic Location	88.3%	20
Carers/Caring responsibilities	45.8%	11
We do not monitor any of the above	0.0%	0
Other (please specify)	12.5%	3

Text responses:
- *PLUS any of the above, if known, discussed or disclosed.*
- *Referral pathway. Drs and next of kin information*
- *Disease, relationship to the deceased*

Q38: Do you record/monitor any of the following about your befriending service VOLUNTEERS? Please tick all that apply.

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Age	79.2%	19
Gender	83.3%	20
Ethnicity or Race	58.3%	14

Physical Disability	45.8%	11
Learning Difficulty	41.7%	10
Sensory Impairment	37.5%	9
Mental Health Issues	29.2%	7
Sexual Orientation	4.2%	1
Transgender	4.2%	1
Religion	4.2%	1
Geographic Location	62.5%	15
Carers/Caring responsibilities	29.2%	7
We do not monitor any of the above	12.5%	3
Other (please specify)	20.8 %	5

Text responses:
- *We request information on their health which is relevant to their role.*
- *PLUS any of the above, if known, discussed or disclosed.*
- *If a volunteer discloses a disability/issue which could affect befriending then we track details to help us when matching with clients*
- *Availability*
- *length of time since bereavement, disease*

Q39: Are there any sectors of the community that you wish to reach but find it difficult to do so, or who are under-represented as users of your befriending service?

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Yes	20.8%	5
No	79.2%	19
If yes please give details and tell us what you think the barriers are. How do you think these barriers can be overcome?		8

Text responses:
- *Are services are targeted to the Gypsy/ T community*
- *BME in the district.*
- *It is the same sector that we currently cater for. We would ask all agencies to perhaps have our services higher on their agendas when dealing with the needs of their older patients and clients.*
- *Not at present*
- *But, when we deliver befriending in Bolsover, although the service was market to 18+ adults the service predominately received referrals from the age range of 75+*
- *Afro Caribbean community as they receive separate funding from DCC / CCG this causes the ACCA organisers to work in isolation and not cooperate with existing local service providers - believed that they fear that they will be subjected to funding cuts if they cooperate with us ?*
- *Young farmers, hence the recruitment of a chaplain to young farmers currently underway*
- *BME communities. There is not a large ethnic minority community in South Derbyshire, however, there is in the East Staffordshire. We have not been able to do any development work around this due to lack of funding*

Q40: Do you have case studies relating to service users who have accessed/are accessing your services which you could share with us? We are keen to find examples of the actual effect that befriending services have on individuals.

24 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Yes	66.7%	16
No	33.3%	8
Please add any comments here		12

Text responses:
- *Can let you have these at a later date.*
- *I have just pulled together several as part of a lottery target. Just ask Ill e mail them to you. Names have been changed to protect the individuals*
- *Please contact me for a case study - I am a little on the last minute filling this survey in!!!!!!!!*
- *Case Study M was first referred to Befriending in December 2008 by a student social worker who realised that M only had visits from carers who were going in to provide daily calls. M was quite low in mood and wanted someone who could sit and chat to her and keep her company in her own home as she didn't get out at all. The Befriending Service matched M with a new volunteer, J. J visited M every week for about an hour or so. M health deteriorated over the following few years but always found J's visits to be the highlight of her week. Over the following year J chatted to M about the possibility of her attending any day care or outings, M was reluctant at first as she was very low in confidence. M decided to attend a day at the local day care centre, M enjoyed her visit so much that she now attends the Day Centre 3 days a week. J has now been visiting M for the last 8 years. Befriending has made a huge impact to M. M is no longer socially isolated. J visits have given the confidence boost that M needed. M said "J is like a sister to me, I don't know what I would do without her"*
- *Our cases usually follow a very similar pattern but we are always happy to provide you with appropriate information.*
- *No formal recent case studies available. We do have feedback and comments from service users which highlights the difference it makes to them.*
- *Case Studies are on file and available upon request.*
- *See also the DCC cabinet paper that gives comments and quotes from each of our service users who contributed to the consultation*
- *Information available on request. As well as a telephone befriending service, we are also provide a preventative service; we take 3 contacts for each service user who joins our service. As we talk to many of our members daily, we are able to identify risk, identify patterns emerging such as a deterioration in health and we signpost daily onto other support services. An example of this is one of our members who fell into the bath. We were able to call a neighbour who had key who was able to rescue him. We had another elderly gentleman who fell out of bed @ 5 a.m. in the morning. We call him @ 2pm in the afternoon. We couldn't reach, when we know he would normally home. Again we were able to send a neighbour around who shouted through the letter box to James. James was able to tell him about another neighbour who had a key in order for them to gain entry. We called the paramedics, James was made comfortable by them until his carer was able to return to him.*
- *We have case studies from our Mental Health project from a carer who uses the sitting service, from the volunteers on the project and from the clients we are happy to share these*
- *We have a variety of case studies we could come up with if pressed.*
- *But hope to by end of year*

Q41: Are there any other befriending services in your area that you think we should include in this survey?

22 of 26 organisations completed this question as follows:

Answer Options	Response Percent	Response Count
Yes	22.7%	5
No	77.3%	17
Please give details here		9

Text responses:
- *Careline*
- *You are already in touch with the befriending services in the area.*
- *Derbyshire Carer's Trust.*
- *Not sure*
- *I believe in the Derby area we are the only face to face befriending service for older people.*
- *Most other Befriending services as members of the network*
- *Readycall provide one to one befriending, not telephone.*
- *Community Concern Erewash*
- *There is a telephone befriending service run by Age Concern*

Q42: Is there anything else you'd like to tell us?

7 of 26 organisations completed this question as follows:

- *Additionally, the question around charging asked only gave a yes/no option – we don't charge for our service, however, for non-cancer clients we do ask for a donation towards costs if the volunteer takes them out in their car or does shopping for them.*
- *Not really we are struggling and facing closure so if you would like the case studies pls ask before March 31st...*
- *The voluntary sector are good at juggling mixed services I think a case study looking at health and well-being as a whole would be useful for your report.*
- *None thank you*
- *We are committed to supporting our clients in Erewash. Our volunteers provide a valuable service to our clients. Our shopping service also visits people in their own home and many of our volunteer shoppers will stay to chat to their clients these details have not been included in this survey.*
- *We are desperate to expand our service. We are aware that our current waiting list and number of volunteers are impossible to run with one member of staff. For that person to be responsible for nearly 80 befriending relationships and the problems encountered by them is unfair and difficult*
- *We are a simple organisation providing a 'chatty call' every day for those who wish to have one. Our users regularly say how much it means to them. If there is no reply for this morning call we inform relatives/ other contacts who can follow up. If I was elderly and living alone, I think I would welcome this measure of security to know that someone was thinking about me every day. We are not a shopping, emergency or any other service other than a 'phone call. I wonder how many isolated and lonely people living in cities would appreciate a service like this one?*

APPENDIX FOUR – SROI IMPACT MAP AND COSTS

Outcome	Measured	Indicators	Gross	%	Number	Assumptions	Nett	Proxies	Value	Dead-weight	Attribution	Impact
								Equiv financial value	Quantity x Eq. Value	What might have happened without the activity?	Who else would contribute to the change?	Quantity x financial proxy, less deadweight and attribution
Befriendees												
Counted outcomes												
Reduced isolation & feeling part of the community	People feel more connected to their communities, less likely to move into supported housing as quickly, fewer visits to doctor seeking support	Interviews/ Questionnaire	1132	86%	974	15% of people move into the equivalent of extra-care housing p.a.	146	£384 x52 = £19,968 p.p.y. (PSSRU: Costs of Social Care 2016)	£2,915,887	10%	10% might have accessed other solutions	**£2,332,710**

Outcome	Description	Method	Sample	%	Number	Assumption	Number	Calculation	Value	%	%	Total
		Interviews/ Questionnaire	1132	86%	974	35% of people make 4 fewer visits to the doctor p.a.	341	£36 per visit x 4 = £144 p.p.p.y. (PSSRU: Costs of Social Care 2016)	£49,065	0%	0%	£49,065
A sense of independence	People feel able to look after themselves more and require fewer support services	Interviews/ Questionnaire	1132	56.80%	643	40% of people require 2 hours per week care at average standard hourly rate for external providers of £14.28 p.h.	257	£14.28 x 2 x 52 = £1,485 p.p.p.y. (PSSRU: Costs of Social Care 2016)	£381,928	0%	20%	£305,542
Having the ability to socialise	People can access social activities of their own choosing and do not require access to more formal day care	Interviews/ Questionnaire	1132	69.60%	788	50% of people attend local authority day care	394	£46 per session x 52 weeks = £2392 p.p.p.y. (PSSRU: Costs of Social Care 2016)	£942,295	0%	10% might funds their own activities	£848,065

Outcome	Description	Measured by						Unit cost				
Better physical health	People feel they have better physical health as a result of their engagement in the activities	Interviews/Questionnaire	1132	48.80%	552	40% of people have worsening health as a result of no intervention and require entry onto GRACE model of care	221	£1,852 p.p.p.y. (PSSRU: Costs of Social Care 2016)	£409,230	5%	10%	£347,845
Improved mental health	People feel better and report fewer problems with mental health	Interviews/Questionnaire	1132	73%	826	10% of people require access to LA day care	83	£29 x 3 x 10 weeks p.p = £870 (PSSRU: Costs of Social Care 2016)	£71,893	0%	15%	£61,109
			1132	73%	826	10% to behavioural activation by a non-specialist	83	£185 p.p. for 12 sessions (PSSRU: Costs of Social Care 2016)	£15,288	0%	10%	£13,759

			1132	73%	826	2% to LA care homes for long term support	17	£926 x 52 = £48,152 p.p.p.y. (PSSRU: Costs of Social Care 2016)	£795,818	0%	0%	£795,818
			1132	73%	826	5% require 12 fewer prescriptions p.a.	41	£26.70 x 12 = £320 p.p.p.y.	£13,222	0%	0%	£13,222
TOTAL												£4,767,136
Befrienders												
Increased employability as a result of volunteering	People are more easily moved into employment as a result of the skills they gain	Anecdotal	765	48%	369	20% of people move into employment	74	£58 p.w. JSA x 52 weeks; no assumption made of extra tax yield through employment	£222,879	2%	2%	£133,728

Improved sense of health and wellbeing (physical health)	Anecdotal/ Befrienders' surveys	765	75.80%	580	20% of people make 4 fewer visits to the doctor p.a.	116	£36 per visit x 4 = £144 p.p.y. (PSSRU: Costs of Social Care 2016)	£16,700	10%	10%	£13,360
Improved sense of health and wellbeing (mental health)	Anecdotal/ Befrienders' surveys	765	85.80%	656	20% of people make 4 fewer visits to the doctor p.a.	131	£36 per visit x 4 = £144 p.p.y. (PSSRU: Costs of Social Care 2016)	£18,903	10%	10%	£15,123
Contribution of volunteer time	Online survey	765	100%	765	Volunteers supply an average of 2 hours' time p.p.w. @real living wage of £8.45 p.h.	765	765 vols, 2 h.p.w., £8.45 p.h.	£672,282	0%	0%	£672,282
TOTAL											£834,493