The effectiveness of telephone befriending

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Abstract

This research briefing discusses the effectiveness of telephone befriending as delivered through third sector organisations. As there is an increase in reported experiences of loneliness and social isolation, befriending interventions can have an important role to play in addressing and alleviating such experiences. More specifically, telephone befriending is a low cost, low risk, and low-tech intervention that has shown to be moderately effective in reducing loneliness and social isolation. During the current COVID-19 pandemic, telephone befriending became one of the main befriending interventions used by People Know How, under the name Wellbeing Calls. An increased knowledge of the effectiveness of telephone befriending programmes can lead to improved wellbeing of individuals and, by extension, the building of stronger communities.

Keywords

Key points

- Befriending interventions are needed to reduce loneliness and social isolation.

- Telephone befriending is a low cost, low-risk, and low-tech service.

- During emergencies, such as the current pandemic, telephone befriending can be especially effective in reaching out to vulnerable individuals.

- People Know How are utilising telephone befriending to support vulnerable individuals through their project Wellbeing Calls

Background

Relationships are vital in everybody's life, as they can bring enrichment, meaning and value. Despite the high connectiveness in today's society, loneliness and social isolation are highly prevalent amongst the young and the elderly (Laermans et al. 2020). For example, recent figures show that 23% report feelings of loneliness or social isolation in the United Kingdom (DiJulio et al. 2018). Some of the reported reasons for loneliness amongst both the elderly and young adults include physical, financial and mental health related issues (DiJulio et al. 2018). Furthermore, an Office of the National Statistics (ONS) (2018) survey indicates that young adults (16-24 years) report feeling lonely more often than the older groups. Unmarried or widowed women and people who

do not have a strong attachment to their neighbourhood similarly reported experiencing feelings of loneliness that are higher than that of the general population (ONS 2018). Similar trends are noted in Scotland and these trends are expected to increase in line with the growing elderly population and number of people living alone (Teuton 2018).

It can be argued that everybody needs meaningful relationships. A lack of close companionship or a general supportive social network may result in feelings of social isolation or loneliness. As there are various definitions for loneliness and social isolation, loneliness here is defined as "the unpleasant experience that occurs when a person's network of social relations is deficient in some important way, either quantitatively or qualitatively" (Perlman & Peplau, 1981, p. 31). Furthermore, social isolation is defined in terms of reduction in the quantity of social connections perhaps because of unemployment, health issues or relocation (Laermans et al. 2020). Although both loneliness and social isolation are similar in terms of relationships' quantity and quality, loneliness is distressing whereas social isolation is not necessarily distressing (Perlman and Peplau 1981; Coyle and Dugan 2012). Although, the risk of developing feelings of loneliness increases if the person experiences themselves as socially isolated.

Both loneliness and social isolation have been associated with poorer physical and mental health (Holt-Lunstad et al. 2010). Loneliness can lead to changes at the cellular and tissue functions which can lead to diseases such as depression, cognitive deterioration and diseases such as Alzheimer's, obesity, stroke and

hypertension (Yanguas et al. 2018). Social isolation has been associated with higher prevalence of infectious diseases, cognitive diseases and cardiovascular diseases (Yanguas et al. 2018). Loneliness could also have a negative impact on mental health leading to depressive moods and unhappiness (Laermans et al. 2020). Being socially isolated and/or lonely is not always seen in a positive light which could lead those experiencing these negative feelings to further isolate themselves. Given the various health related issues associated with loneliness and social isolation there is a need for interventions in rebuilding meaningful and positive relationships.

There is a growing number of interventions with the aim of reducing loneliness and social isolation and, by extension, the associated risks of disease. These include friendship clubs, psychological therapies (such as mindfulness), animal interventions, leisure/skill development interventions (such as gardening), voluntary work and computer training (Gardiner et al. 2018). Social centres can also play an important role in creating communities. Some programmes initially make visits and phone calls to engage with isolated elderly individuals, to eventually motivate them to find their passions and interests in life. Again, this can be done at social centres where numerous activities such as painting, computer science, exploring music and arts are offered to the elderly for them to find their passions (Greaves and Farbus 2006).

Within the third sector, befriending plays an integral role for many organisations aiming to tackle social issues such as isolation and loneliness. Befriending Networks (2020) understand befriending

to be a form of support for individuals who face particular challenges that could lead to them feeling excluded and/or isolated. People Know How, for example, employ a number of befriending interventions in the community, both for children and young people and adults, and have recently introduced telephone befriending as supplementary support for those struggling with loneliness or social isolation during the COVID-19 pandemic (People Know How 2020). Befriending primarily involves the one-to-one support for individuals, however, can be delivered in group settings (Gardiner et al. 2018; Laermans et al. 2020). Befriending is particularly prominent in the third sector as it gives organisations the opportunity to train volunteers to provide support and encouragement to their client group, often marginalised individuals; including individuals with physical and a mental illness or dementia, those suffering from loss of a loved one and refugees (Mulvihill 2011; Siette et al. 2017).

The effectiveness of telephone befriending

Telephone befriending can be regarded as a low cost, low-risk, and low-tech intervention. It has been shown to be the preferred technological befriending intervention over computer-based interventions, particularly in populations that have low computer literacy skills (Crewdson 2016). Recently, Liddall (2020) highlighted the challenges of digital illiteracy across the United Kingdom. As such, telephone befriending is highly needed along with improvement in digital literacy to reach out to those that are experiencing loneliness and/or social isolation. People Know How's Reconnect service aims to tackle both isolation and

digital exclusion by supporting adults in Edinburgh through a variety of projects including Wellbeing Calls (People Know How 2020).

Telephone intervention is highly used in primary care settings. McKinstry et al. (2009) evaluated the benefit of telephone consultations in primary health care in urban and rural Scotland. Their findings indicate that in urban settings telephone consultations are useful to manage high demand. Furthermore, in rural settings it benefits those that have poor access to transportation. However, some of the limitations expressed by the clinicians included the lack of non-verbal cues and safety in terms of limitations in examinations. Therefore, McKinstry et al. (2009) argue that telephone consultations improve healthcare and reaches those that are in isolated places, but that it should be used to contact patients only after diagnostic assessments have taken place.

The effectiveness of telephone-delivered cognitive behaviour therapy (CBT) and befriending on mood disorders in people with chronic obstructive pulmonary disease has similarly been evaluated. Doyle et al. (2017) note that telephone administered CBT is effective in reducing depressive and anxiety related issues in those that suffer from chronic pulmonary disease. In particular, such services might be of benefit for those that cannot travel long distances or those living in remote areas, which mirrors the conclusions drawn by McKinstry et al. (2009). Fearn et al. (2017) further argue that telephone befriending should not be perceived as a substitute for CBT, but that it can be useful when access to face to face CBT is not possible. Thereby, a combined telephone befriending cognitive therapy

can be understood as cost effective over a separate CBT and befriending approach (Moayeri et al. 2019).

Telephone helplines have similarly been found to be advantageous over other modes of communication, such as email or text options, due to it being more widely accessible, lower cost and more anonymous (Preston and Moore 2019). However, in cases where an individual has a hearing impairment, written communication is more advantageous (Preston and Moore 2019). Preston and Moore (2019) have evaluated how telephone in helplines and befriending services are used by the elderly in the UK. Their findings indicate that 24/7 helplines often are used to support to individuals with varying levels of mental health issues, as well as by people that were confined to the home and needed companionship. Telephone befriending was found to have a similar effect, with the exception that it was available during regular set times, rather than anytime. Moreover, it was found that some people felt cared for when using the telephone befriending services, which indicates potential benefits of the intervention. Notably, people interact differently with helplines and telephone befriending. Helplines are often used more for emotional support whereas telephone befriending to develop regular friendships. Although the services provided emotional support to various individuals at times, this can be a challenge to staff and other professionals, such as therapists, may be needed (Preston and Moore 2019). Overall, based on this telephone befriending and helplines appears to have positive effects on alleviating loneliness and/or social isolation.

In all, the effectiveness of using telephone befriending in supporting different individuals is unclear and more conclusive evidence is needed. In a systematic review by Cattan et al. (2005) the use of telephone intervention was not found to be effective in alleviating social isolation and loneliness in the elderly. In contrast, Cattan et al. (2011) note that telephone befriending service did have a positive impact on elderly. Some of these impacts include the perception that their life has purpose and is worth living, a sense of belonging, as well as the knowledge of having somebody that cares for them (Cattan et al. 2011). The participants in the study also indicated that they felt mentally healthier, less lonely, that their self-esteem improved and that they became more active and engaged in the community as a result (Cattan et al. 2011). This, then, points to the potential in utilising telephone befriending to improve health and wellbeing of individuals and communities.

Telephone befriending and People Know How

People Know How provides various befriending services for which they have received a Quality for Befriending award, evidencing the effectiveness of their services. Prior to the COVID-19 pandemic the befriending services operated, primarily, face to face. Since then, telephone befriending has been implemented to alleviate loneliness and social isolation, delivered under the name Wellbeing Calls. The Wellbeing Calls project is available to support adults of all ages in Edinburgh and involves training volunteers so that they can engage in an informal chat, giving advice on accessing resources

and listening when needed. This service is similarly beneficial for individuals who are digitally isolated, since it can generate feelings of social inclusion. As the COVID-19 situation is rapidly changing, telephone befriending may be used along with other face-to-face interventions to offer support in future. Depending on the knowledge and experience gathered during this period, People Know How will be able to further assess what interventions are most beneficial to whom, and when to administer the various interventions.

Conclusions

Befriending interventions are helpful in reducing loneliness and social isolation by increasing the sense of belonging and, by extension, the overall wellbeing of individuals. In light of the COVID-19 pandemic, People Know How has successfully implemented telephone-based interventions to reach out to isolated individuals. Amongst various active and available befriending interventions, telephone-based befriending is low cost, low risk and low technology which appears to be overall effective. Telephone based intervention is also useful for reaching people that live remotely. As such, it can be perceived to offer a viable remote support service that can generate improved wellbeing, which is essential for building strong communities. However, further research is needed to determine the wider effectiveness of telephone befriending as a support intervention, as the existing knowledge is limited.

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