



# STAYING TOGETHER RECOVERING TOGETHER

Covid-19 Research Report



**Time to Talk**  
**BEFRIENDING**  
Honouring • Connecting • Engaging

**US**

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OF SUSSEX



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## Welcome and Acknowledgement

Time to Talk Befriending (TTTB) is a Sussex based befriending charity specialising in overcoming loneliness through a range of activities to promote community connections and long-lasting friendships.

Time to Talk Befriending is relatively new but has grown rapidly since it was founded in 2013. The charity was founded based on the voice of older people and continues to provide strong relationship-centred and person-centred support. It also provides a pro-active response to the needs of scheme members and volunteers including pioneering new intergenerational befriending practices.

For example, Great Oaks and Little Acorns a forest school collaboration with Bee in the Woods ([www.beeinthewoods.co.uk](http://www.beeinthewoods.co.uk)) bringing together pre-schoolers their parents/carers and our older members for activities and fun in nature.

From the offset, we based our model on the voice of older people, hosting local consultation events, inviting older people in our original local neighbourhood of East Brighton to share their thoughts and feelings about unmet needs in their community. 94 older people participated (2011-2012), the majority were aged 80+ and living alone. Their overwhelming collective response was a need for friendship. Comments such as **“I haven’t spoken to anyone in three weeks”**, **“I feel invisible”** were recurring themes. Time to Talk Befriending was founded based on this research, motivated to ensure older people do not feel hidden away and forgotten by society.

The charity has received various accolades:

- Community Champion: National Lottery Good Causes. (2020)
- Best Elderly Interaction and Support South East England: Global Health & Pharma. (2019 & 2020)
- Community Hero Runner Up: BBC Radio Sussex (2019).
- Work with Older People South East: Love Britain and Ireland Premier Radio Award. (2019).
- Best Partnership and Collaboration: Brighton and Hove Community Works. (2016)
- Charity of the Year: Brighton and Hove Argus Newspaper. (2016)

Building on best practice, the charity undertook a quality assurance review in 2019 which resulted in receiving an accreditation of 'excellence' for our intergenerational befriending model. The excellence accreditation was awarded in March 2020 by the national membership organisation, Befriending Networks ([www.befriending.co.uk](http://www.befriending.co.uk)).

Research with scheme members and volunteers continues to be a core foundational principle of Time to Talk Befriending to engage with and fulfil their service experiences and changing needs. Dr Henglien Lisa Chen, Deputy Director of Centre for Social Work Innovation and Research at the University of Sussex who disseminated the findings for this report has worked with Time to Talk Befriending since 2015.

Additional partnerships with likeminded collaborators with a common aim to overcome loneliness include, charities, schools/colleges, churches,

faith groups, authorities, businesses and experienced professionals such as dementia inclusivity i.e. [www.storychaplain.com](http://www.storychaplain.com), bereavement and loss i.e. Peter Wells, Psychotherapist and former Lead chaplain at the Royal Sussex County Hospital in Brighton.

Most of our community volunteers are working age 20-55 years. The majority of the befriending matches we currently support are for older people aged 80+ living alone in Brighton, Hove, Adur and Worthing, Sussex. The majority are housebound or virtually housebound, and report at least one long term health condition at the point of referral. 11% have a diagnosis of dementia. It is important to note that we call the older people connected to the charity 'scheme members' because this is how they like to be referred to.

While there were rising concerns around the Covid-19 development we transitioned our befriending service quickly to respond to the pandemic. By the end of March 2020, we were providing telephone befriending, virtual volunteer recruitment, resources, and online training for our volunteers.



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During the first phase of the Covid-19 pandemic (April-June 2020) referrals into our service for older people experiencing loneliness increased dramatically. In April 2020 we started supporting older people in a new area of West Sussex to meet a need for long term befriending. By June 2020 we had literally doubled in size supporting an additional 231 referrals and 218 volunteers within four months. By the end of December 2020, we were supporting 531 one to one telephone befriending matches between older people and community volunteers. Between April 2020-January 2021, 61 scheme members died compared to an average of 20 per year.

We set up an emergency food distribution centre in response to the unmet needs of our own members identified through one to one call prior to the first lockdown in March 2020. This was made possible thanks to additional support from our in-house volunteer reviewers who are retired professionals including social workers and volunteers who transitioned to our core team from Victim Support.

Phase one (mid-March to early April) enabled us to help 139 scheme members access emergency food parcels thanks to a collaboration with City Coast Church ([www.citycoast.church](http://www.citycoast.church)) to set up the food distribution centre. The staff team worked with these 139 individuals to set up long term food delivery services which was in place by early April 2020.

Our food outreach centre soon transitioned to supporting emergency referrals from Brighton and Hove council for older people living in food poverty. March-August 2020 our partnership with City Coast Church extended and we worked alongside Nourish Catering and Events ([www.nourishcateringandevents.com](http://www.nourishcateringandevents.com)) to deliver over 3000 fresh homecooked meals to older people's door made from donations and food waste. Weekly emergency food parcels were also delivered providing essential tinned items, toiletries, and fresh food such as bread, milk, and eggs, thanks to ongoing relationships with the Brighton and Hove Food Partnership ([www.bhfood.org.uk](http://www.bhfood.org.uk)), local Churches, faith groups, charities, businesses, and individuals. Our food outreach ended in August 2020 when there were sufficient food hubs offering support across Brighton and Hove.

In addition, we ran a small home cooked meal delivery project to Brighton and Hove Council Senior Housing residents. This was made possible thanks to partnerships with Nourish Catering and Events and Impact Initiatives who are the lead provider of a Brighton and Hove Public Health Commissioned partnership called 'Ageing Well' ([www.ageingwellbh.org](http://www.ageingwellbh.org)) of which we are sub-contractors.

Our extensive database of information enabled the staff team to provide a mix of 418 onward referrals and signposting information to our existing scheme members to enable them to access additional support i.e. money advice, practical help at home and activities i.e. online groups, library home delivery services, food provision etc.

Our in-house Anna Chaplaincy service increased by 10% within the first week of the pandemic and our chaplain continues to provide an integral frontline response to members who are in need of a listening ear.

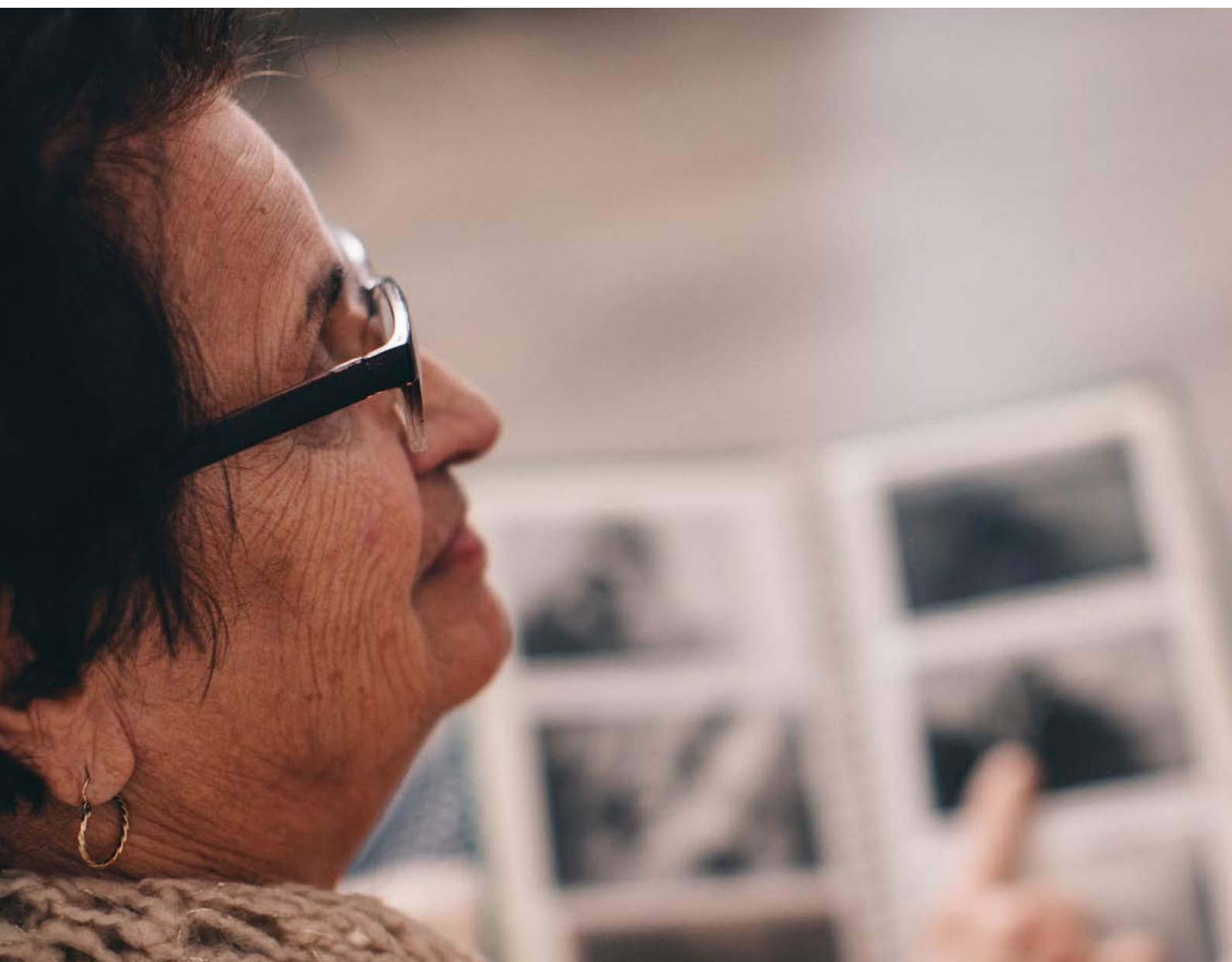
The Charity also worked together with the Sussex Indian Punjabi Society ([www.sussexindianpunjabisociety.com](http://www.sussexindianpunjabisociety.com)) and other local BAME groups to raise awareness of loneliness during Covid-19 and how it's impact on social well-being can be improved.

Finally, our regular postal communication with scheme members increased in response to findings outlined within this report about the positive way in which our communication helps to create a sense of belonging.

As a result of the pandemic, the charity is now supporting the largest number of older people and volunteers we have ever supported at one time. We continue to extend staff hours to respond. Our quality systems for volunteers remain in place: Disclosure and Barring Service (DBS), reference checking and online inductions. For the first time in TTTB's history, there have been occasions when we have had a waiting list, while we carefully and prudently recruit and train more befriending volunteers as capacity allows. This has included the development of partnerships with local businesses who allow staff to volunteer their time during working hours which has proven to be an invaluable resource.

Our continued response is to absorb this growth steadily to ensure that our intergenerational model stays quality focused, responsive, and innovative in the coming years. Currently, we are also supporting older people with more complex needs to relieve the pressure on NHS and Local Authority services. This is important as the austerity of health and social care provision and the pandemic itself has further increased distress and anxiety in older people whose loneliness was already a major issue for them.

This report is based on research that enabled us to capture our scheme member and volunteer experiences of Covid-19 lockdown, the impact our service has had on them and their ideas for service provision going forward so that we can plan for the future. Whilst the research was specific to our charity, there are important findings that other befriending organisations, Public Health, and policy makers might be able to consider, stimulating shared experiences and knowledge exchange.

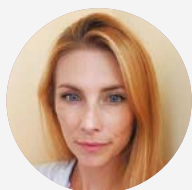


Time to Talk Befriending would like to express its gratitude to all our scheme members and volunteers who participated in the research and shared their experiences, thoughts, ideas, and enthusiasm amidst raising concerns and challenges around Covid-19 developments.



**Dr Henglien Lisa Chen**, Deputy Director of Centre for Social Work Innovation and Research, School of Education and Social Work, University of Sussex played an integral role in disseminating the findings. Lisa's research is centred on the policy and practice of long-term care, particularly in the forms of community and institutional care of older people including people with dementia and their in/formal carers and caring professionals.

Lisa gained the secondary research ethic approval at the University of Sussex (reference: ER/HLC27/2) for this research. She led and conducted the data analysis, findings and report writings of the research.



**Catherine Woods** is a Year One, Social Work BA student at the University of Sussex. She is an early career researcher who was mentored by Dr Henglien Lisa Chen in this research. Catherine co-conducted the first step of the data analysis and part of the findings writing up. She also contributed to the proofread of the STRT report.



**Claire Godley** is a Time to Talk Befriending Trustee. Claire was instrumental in developing the research questions for the surveys.

A handwritten signature in black ink that reads "Emily Kenward".

**Emily Kenward**  
**Founder & CEO**  
**Time to Talk Befriending**

# Introduction to Staying Together Recovering Together

Typically, our scheme members receive approximately one hour per week of in-person befriending with our volunteers, weekly group befriending socials and seasonal gatherings with other scheme members, volunteers and staff. Our volunteers received training by our staff and external trainers before the Covid pandemic. In response to supporting our scheme members and volunteers during the pandemic, our Staying Together Recovering Together approach included:

- A shift from in-person befriending to telephone befriending.
- The introduction of social distancing befriending in the summer.
- The introduction of food parcels.
- Increased postal communication and distribution of activity packs.
- A shift from in-person volunteer training to online training.
- Sustained social prescribing.

In August and September 2020, we conducted a survey with our scheme members and volunteers about their experience of:

- Day-to-day life during the Covid pandemic,
- Telephone befriending, doorstep and garden visits during summer months, and postal communication,
- Technology usage, and;
- They were also asked to identify any further support needs.



The aim of the survey was to better understand the benefits and challenges of our response to support our scheme members and volunteers during the Covid lockdown and beyond. To provide us with more objective findings on how to further improve our services to support our scheme members and volunteers

during the Covid pandemic and in the future, we submitted the anonymous survey results to the researchers, Dr Henglien Lisa Chen and Ms. Catherine Woods of the University of Sussex for independent analysis.

*These are their findings:*

## Validity and reliability of the findings

A total of 220 randomised telephone and postage surveys were distributed to scheme members, and randomised online surveys were issued to 520 volunteers by Time to Talk Befriending (TTTB) between August and September 2020. A total of 76 and 97 surveys were completed and returned by the scheme members and volunteers respectively. The response rate of the scheme members (35%) was statistically

valid meaning the findings are likely to be accurate and reliable. While the response rate of the volunteers (19%) was low so the findings cannot be generalised. However, the returned surveys included volunteers from a wide range of gender, age, ethnicities and a great mix of new and experienced befrienders. There were many shared experiences and some important findings have emerged.



## Day-to-day life experience during lockdown might be normal for some but challenging for many

The demographic profile of the scheme members was predominantly white-British and female with many of the oldest people aged 80 and over. The lockdown has impacted on the mental wellbeing of many scheme members significantly with feelings described as **“lonely”, “scared”, “worried”, “tough”, “upset”, “stressed”, “hard”, “difficult”, “depressed” and/or “fed up”** which are all associated with various risks, loss and bereavement.

These include but are not limited to:

- Risk of Covid links to the threat of life and death.
- Loss of human in-person contact from TTTB volunteers and, for some, families and friends.
- Loss of group and seasonal social celebrations provided by TTTB.
- Loss of families and friends who were not able to say farewell to those who died.
- Loss of outdoor activities and social activities which contribute to quality of life.

**The lockdown has impacted on the mental wellbeing of many scheme members significantly with feelings described as...**



At the beginning of lockdown, some scheme members were affected by grocery shortages, limited accessibility to shopping and lack of cash or alternative paying methods which increased the risk of poverty:

**“Running out of physical cash has been difficult. [I have] been struggling to get cash. [I’m] unable to leave home to go to a cash point... [I] had been making cheques out to [my] neighbour who would give [me] cash. But [I’ve] run out of cheques and the bank is being slow in sending a new book” (Scheme member 23, aged 90, white – British, female).**

It should be noted that TTTB were aware of the challenges of those scheme members who had difficulties in accessing groceries at the beginning of lockdown and responded rapidly with the delivery of food parcels.

Overall, less than half (32 out of 76) of the scheme members view the lockdown as manageable or to have had little impact on them. Few of those (6 out 32) have been house-bound as a result of various health issues (poor mobility, cardiovascular disease, mental health) prior to the pandemic and were accustomed to being alone. Within those, many (20 out of 32) have family and/or formal care support with shopping, personal care, and/or outings. In contrast, only some (15 out of 44) of those who found the lockdown to be (very) difficult have received some family or formal care support. It suggested a wider support network beyond befriending is very important during the lockdown and isolation. However, the sustainability and reliability of other formal care support and/or Health Care can be challenging.

Two operations were postponed and some care services had been cancelled or postponed during the lockdown:

**“I missed the chiropody being done. I need it due to diabetes. I was also waiting for a bath-board and bar to be fitted which was delayed. But now re-scheduled for 2nd September”**  
(Scheme member 3, aged 81, white-British, female).

**“I have personal assistants, but one stopped coming due to pandemic, one didn’t believe in it and didn’t respect PPE/distancing. So [I] had a lot of stressful work to do in organising new PAs.”** (Scheme member 14, aged 56, ethnicity unknown, female).

However, it is not clear whether the lockdown itself has had a direct impact on the physical health of the scheme members but there were a few (6) scheme members who were unwell and four who had hospital admissions. There were four members who became confused and were not able to communicate via the phone.

**93** out of **97**  
**volunteers**  
**found**  
**befriending**  
**‘enriching’**

Volunteers used a wide variety of vocabulary when asked to select three words to describe their befriending experience. Interesting terms to highlight include **“life-changing”, “inspirational” and “fun”**. Key themes emerged, reflecting an **“enriching”** experience for nearly all (93 out of 97) volunteers whilst many (76 out of 97) found befriending to be **“enjoyable”**. These **“enriching”** and **“enjoyable”** experiences might refer to the feelings of interdependence and worthiness illustrated by some volunteers:

**“During lockdown, I have found befriending equally as important to me – we will remain friends now, even outside of TTTB!”** (Volunteer 24, female, white – British, age 55 and 6-months with TTTB).

However, it is also important to note that a few (11 out of 97) volunteers described ‘challenging’ aspects to their experience. Many of these challenges were to do with volunteers who started to build the relationship with the scheme members over the phone. For example, **volunteer 8 who was female, white – British in her 40s and has spent 23-months with TTTB said:**

**“I’ve not been able to get to know her yet as [the] lockdown happened [the] same week as we met... I only met [my befriender] briefly once so don’t feel like I know her but have tried to keep in touch with postcards, texts and a few calls. I don’t think I’ve been too great as I’m not a fan of talking over the telephone.”**



## Nearly all of the scheme members and volunteers were satisfied with the *new normal* support of TTTB

Nearly all (64 out of 76) of the scheme members were satisfied (23) to very satisfied (41) with the befriending support and other services they have received from TTTB during the Covid pandemic. The shared satisfactory experiences were related to the holistic and diverse support of TTTB. This includes: i) befriending companionship; ii) the newsletter, which provides a sense of connectedness and features in-door activities and tips for self-care, iii) shopping and food parcels in meeting basic human needs as well as iv) signposting services from TTTB based on the needs of scheme members:

**“Help with shopping was great. Befriender is great, young and cheers me up.”** (Scheme member 16, aged 75, white – British, female).

**“Only thing that gets me is loneliness. My family are all far away. Befriender has been one of my only social interactions. [The befriender] Is lovely, she gave me a tomato plant and I love it. I enjoy the newsletter, seeing my befriender!”** (Scheme member 27, aged 83, white – British, female).



“The newsletter makes me feel like part of a community. It’s great to read about and see different people, see faces, learn about others involved in the charity. The letter is important to me as I cannot attend in-person events.” (Scheme member 14, age 56, unknown ethnicity, female).

“Newsletter is great, [I] really like the word searches and puzzles. Thinks they are a great idea and help[s] keep the brain stimulated.” (Scheme member 30, age 88, white – British, female).

Similarly, nearly all (95 out of 97) of the volunteers felt (very) satisfied with the TTTB support to volunteers. They stated TTTB provides an outstanding quality and frequency of communication with volunteers via emails, newsletters and training support.

Furthermore, volunteers used a wide variety of vocabulary when asked to select three words to describe their relationship with TTTB. Many volunteers (61 out of 97) noted a **“supportive”** relationship, whilst nearly half (55 out of 97) stated **“positive”** characteristics. Many (65 out of 97) found the relationship to be professional using terms such as **“helpful”**, **“informative”** and **“organised”**.

Volunteers also identified additional services or support that they thought TTTB could consider providing in the future, for example, group support for volunteers. This would provide peer emotional, practical and social support for volunteers who are lone-workers, which would contribute to their helping roles with individual scheme members.

With regard to TTTB support beyond the pandemic, many scheme members would like the support developed during the pandemic to stay and extend. For example, some (13 out of 76) scheme members expressed the desire for increased postal communications to continue. Furthermore, some (14 out of 76) members requested that telephone befriending remained, demonstrating the beneficial aspects of this service:

**“Telephone befriending is really good as it helps you fit into your day better as opposed to in-person (for both people).”** (Scheme member 3, age 81, white – British, female).

Scheme members also felt that services such as telephone chaplaincy, food shopping and delivery and signposting (inc. shopping, domiciliary helps, handy-man, activities, benefit advice and financial arrangement such as access to cash or online banking and online shopping) should endure beyond the pandemic:

**“TTTB should carry on with the shopping delivery etc, anything new should stay. People could need it in their situation even without the pandemic.”** (Scheme member 4, aged 73, white – British, female).

Consideration should also be given to some of the grievances noted regarding the changes to services:

**“I don’t like the assessment to be on the phone, it feels more connected when done face to face. Especially when talking about personal things such as medical issues or injuries.”** (Scheme member 2, age 91, white – European, female).

Of fundamental importance to scheme members are more activities which could meet their individual interests in order to promote meaningful engagement and quality of life. Scheme members (6 out of 76) demonstrated an enthusiasm for the initiation of telephone coffee mornings, although there was some uncertainty around how this would take place:

**“Interested in telephone coffee mornings but not sure how they would work.”** (Scheme member 57, age 74, ethnicity unknown, female).

A few (5 out of 76) scheme members expressed a desire for activity packs to be introduced, four members made references to outdoor activities, while three members specified activities in nature would be welcomed:

**“Short walks in nature would be nice.”** (Scheme member 72, age 78, unknown ethnicity, female).

Scheme members also suggested the introduction of different groups and activities such as singing, art, knitting, Bible study and board games:

**“Painting group, or groups to encourage each other with art. Or a befriender to visit and paint. Also, if TTTB could put on Scrabble groups/events or have a befriender visit to play scrabble.”** (Scheme member 10, aged 67, other white background, female).

**“Activity packs and I would like to do knitting.”** (Scheme member 74, aged 94, British, female).



## Telephone befriending has pros and cons but it does not work for all

There are many more advantages to telephone befriending for volunteers than for scheme members. For the scheme members who have limited mobility or who are shielding, telephone befriending could be one of the best options to sustain some human connections:

**“[I] had a stroke so can’t attend in person events therefore they have not been missed. [I] am happy with telephone befriending so [I’ve] not missed in-person as such.”**

**(Scheme member 35, age 92, white – British, female).**

For the volunteers, advantages to telephone befriending includes the flexibility in time arrangements and saving time on travelling – particularly for those who are time constrained:

**“It is obviously much easier for me to organise and fit a phone call in my day around work and childcare as opposed to visits...”** (Volunteer 60, female, white others, age 41 and 36-months with TTTB). This is followed by having someone to talk to, staying safe and becoming an active listener:

**“The only advantage I can think of [is] that we are keeping each other as safe as possible... because [my befriender] and I am at the high-risk group and we are shielding.”** (Volunteer 68, Male, white-British, age 64 and 36-months with TTTB).

**“[Not] being able to pick up on non-verbal clues was hard at the beginning but meant I probably listened more actively.”** (Volunteer 3, female, white English, age 67 and 36-months experience with TTTB).

**There are many more advantages to telephone befriending for volunteers than for scheme members**

However, it is clear that the in-person connectedness is missed by more than half of the scheme members and the volunteers:

**“Really missed the in-person befriender visits, when Ellen rings it’s not the same as in person.”**  
(Scheme member 14, age 56, unknown ethnicity, female).

It is very important to note that telephone befriending cannot reach out to people who have severe hearing impairments, cognitive impairments and/or do not like to talk without face-to-face contact.

For those volunteers who managed to befriend over the telephone, many (72 out of 83) have noticed the absence of non-verbal languages, physical contact and observations which contribute to meaningful conversation, meaningful activities, and emotional and/or practical support. All of these can have a great impact on the quality of befriending which is relationship-based support. The relationship-based support is vital in sustaining the scheme member’s engagement with the befriending service and in overcoming their loneliness and isolation which is vital during the Covid pandemic.

**“A big disadvantage: we used to play scrabble during my visits, and sometimes look at books, and of course no hugs.”** (Volunteer 36, Asian other, age 56 and 18-month with TTTB)

**“...phone calls tend to be quick and impersonal. It is hard to really tell how [the scheme member] is feeling.”**  
(Volunteer 12, female, age 41 and 36-month experience with TTTB)

**“It is obviously harder to build rapport/relationships without seeing each other. Perhaps feels a little less real?”** (Volunteer 13, female, white British, age 64 and 4-month with TTTB)

**“[N]ot seeing them in person, especially when I am concerned about their physical or mental wellbeing, and if they have enough provisions etc (especially when their self-reporting isn’t always reliable and they have no other visitors). Concern about the effects of their isolation.”**  
(Volunteer 19, female, white Caucasian, age 59, and 24 months with TTTB).

The challenges of telephone befriending on missing the non-verbal language, shared meaningful activities and bonding relationship has resulted in shorter, infrequent or discontinued befriending contact for a few (15 out of 76) scheme members, as illustrated below:

**“My befriender was really nice but has stopped. [My] befriender has stopped calling, which I miss.”** (Scheme member 31, aged 83, white – British, female).

**“[I] was phone by [XXX] only a few times then he stopped. [XXX] was nice and would like him to start calling again.”** (Scheme member 28, aged 87, white – British, female).

A few scheme members stressed the importance of regular contact from the volunteers and said that even a check-in call is valuable in making them feel reassured, as illustrated below:

**“Make sure that the elderly people without any family or neighbours, be kind and call on them to see if all is ok.”**  
(Scheme member 61, aged 83, white-British, female).



## Social distancing befriending is not common practice but it's invaluable to those who are able to have doorstep and garden visits

While social distancing befriending was not common practice during the pandemic, some volunteers (37 out of 97) provided it during the summer months of the Covid pandemic. Within those 37, only two did not provide telephone befriending. One volunteer did not like to talk on the phone and another volunteer could not communicate over the phone due to their scheme member's hearing impairment. Some of those (10 out of 37) are new volunteers who started to provide befriending support during the pandemic. Nearly all of those (34 out of 37) met in the garden, by the front door or spoke through the windows of the scheme members' houses. Few (2 out of 37) visited scheme members in their houses after risk assessments were provided by the charity and PPE equipment was provided and one took the scheme member to a pub garden. The warm and dry weather enabled these socially distanced interactions. Other key factors for scheme members were:

- Mobility, for example the ability to walk and/or stand.
- Environment such as a garden or the ability to sit outside the house or in a park nearby.
- Home carer support: **"I have only just started doing this and that was successful, but I have to try and time it when a carer is there so they can open the door/window."**

### Non-verbal language...

**is another essential element of developing and maintaining intimate relationships as a vital part of befriending...**

For example, unlike home visits, the mobility of the scheme members would not be an issue because volunteers could mobilise themselves to get close to the scheme members. Social distancing befriending requires scheme members to be able stand, balance, walk, move and sit – even for a short distance this could be difficult for those with poor mobility. Due to these reasons, six volunteers were unable to provide social distancing befriending:

**“I have popped by 3 times with limited success. My befriender sits in a hard chair (which she has to drag from the kitchen) in the hall and I sit outside the porch. Unfortunately, it is very uncomfortable for her. She is torn between wanting the visit but not wanting the hassle and ‘uncomfortableness’ of the logistics.”** (Volunteer 73, Female, white British, age 65, and 36 months with TTTB).

All of the volunteers who were able to provide social distancing befriending enjoyed the companionship, provision of practical support and reassurance during social distancing visits and many spent more time with their scheme members than they would during a phone call.


**“[The visits] have been very successful, thanks to good weather enabling garden visits. Very good and reassuring to see how [the scheme members] are rather than rely[ing] on phone self-reporting.”** (Volunteer 49, female, white – Caucasian, and 24 months with TTTB).

This has highlighted the value of social distancing befriending and the importance of exploring the sustainability of the face-to-face contact as one volunteer stated:

**“Bearing in mind that social distancing rules may continue into the winter, the availability of a “safe space” indoors where a meeting could be arranged might be of benefit if we continue to not be able to make home visits – although I appreciate this would involve a cost to administer.”** (Volunteer 82, male, white British, and 4 months with TTTB).

However, non-verbal language also applies to physical human contact (e.g. physically seeing, holding hands, hugs, etc.) according to a few of the volunteers. This is another essential element of developing and maintaining relationships as a vital part of befriending that could not be achieved via telephone or social distancing befriending:

**“Unfortunately, I have not been in contact with [my befriender] as much as I would like since lock down began in March. [My befriender] finds it very difficult to talk over the phone, so I have not kept in contact this way. She also does not want to “socially distance meet” as she likes to hold my hand during our meetings...I am sure [my befriender] feels more isolated and lonely....I have sent her cards on a semi-regular basis to let her know I am thinking of her, and looking forward to continuing our visits once restrictions have been lifted.”** (Volunteer 72, Black British, age 46, and 11-months with TTTB).



**37** out of 76  
scheme  
members  
owned ICT  
equipment

## The support of Information Communication Technology (ICT) engagement is welcomed

Near half (37 out of 76) of the scheme members owned ICT equipment including laptops (16), smartphones (10), iPads (7), tablets (6), desktop computers (2), mobile phones (2) and an iMac (1). A few of those (7) own more than one ICT device. The survey responses show a wide range of ICT usage among a few scheme members and the primary usage includes:

- Access to online shopping and internet banking; and
- Contacting friends and family through the use of ICT, which may ease some of the emotional effects of the pandemic and/or loneliness.
- Participation in community and religious gatherings: “[The scheme member] does use technology (livestream) to connect with local church worship services” (volunteer 38, Male, white – English, age 77, and 48 months with TTTB).

In addition, ICT was used for befriending. A few volunteers engaged with their scheme members by text messages (2 out of 97) or emails (2 out of 97), followed by WhatsApp (1 out of 97), Facebook Messenger (1 out of 97) and Skype (1 out of 97).

Scheme members expressed an interest in further ICT usage, such as general use (11), internet use (6), contacting people (3), e-banking and accessing government websites and national archives:

**“[I] wish [I] could be taught to use Internet banking. As well as going on government websites and national archives. [I] don’t want to have to ask [my] befriender, as [I] wants to use their time to chat and be friends.”**  
(Scheme member 14, age 56, unknown ethnicity, female).

A substantial need for ICT support was expressed by scheme members. Nearly half (26 out of 76) of the scheme members would like to explore the option of using simple and safe

technology and the internet. 15 of these owned ICT equipment including laptops, tablets and smartphones, but lacked the access and educational information to utilise them. This was illustrated through comments such as:

**“Would love help with technology. [I] owns an iPhone but cannot use it at all ([it] stays in the box).”** (Scheme member 6, aged 73, white – British, Male).

**“Education [on using a] laptop would be great. [I] bought one but cannot figure out how to use it. [I] bought a book to learn from that is aimed at senior citizens, but [I] still cannot make sense of it. [I] would love in-person help that was aimed at [my] age group.”** (Scheme member 30, aged 88, white – British, female).

The support most requested by scheme members (21 out of 76) was technology guidance. Scheme members also made suggestions on how they would like such guidance to be provided, for example via post (3), in person (2), in group sessions (1), one-to-one (1) or over a video call (1). There is a need to focus on various learning approaches and age-friendly instruction to meet individual learning needs:

**“[I have] recently been using internet-based technology for the first time with help from a cleaner. But [I am] really keen to learn more, [I] would love to have help from TTTB with it – either as a group class when possible or via post.”** (Scheme member 16, age 75, white – British, female).

**“Being house-bound, it would either need to be postal help, or a visitor who comes to teach, or sign posting to a service that will visit with technology help.”** (Scheme member 14, age 56, unknown ethnicity, female).

**“[I] would love in-person help that was aimed at her age group.”** (Scheme member 30, age 88, white – British, female).

It is important to note that a few (10 out of 76) of the scheme members did not have IT equipment due to financial deprivation or lack of knowledge on how to purchase it and few (11 out of 76) needed assistance with internet set up and access. Some (28 out of 76) were neither interested in or owned ICT equipment.

The experience of and interest in ICT by the scheme members has challenges the social perception of older people being incapable and/or uninterested in using technology. It further argues the need for ICT developers and relevant support providers to gain a better understanding of older people in order to provide user friendly ICT equipment, informed choices as well as appropriate training and support in meeting the needs of older people. In addition technology poverty and digital exclusion need to be addressed.



## Training support to volunteers

Time to Talk Befriending has been providing mandatory induction training for new volunteers since its foundation. Specialised workshops and training on Dementia Inclusive Befriending, and Bereavement and Loss, have been running since 2019. Additional workshops on how to maintain good brain health and wellbeing were launched in October 2020. All the training and workshops were offered to volunteers online during the pandemic.

While many volunteers experienced difficulties in providing emotional support and befriending people who are living with dementia, most (76 out of 96) of the volunteers did not attend the training on offer. For a few (6) volunteers the online or zoom approach and the timings restricted their

availability or accessibility to the training. For those who attended training, 11 and 7 attended bereavement and dementia awareness training respectively. Only one volunteer attended the training for both topics. All of those who attended the training found the topics and the peer-support relevant and useful, both personally and professionally:

**“[The bereavement on-line training] was excellent and I found it useful in my capacity as a volunteer but also on a personal level.” (Volunteer 80, female, white – British, age 58, 5 months with TTB).**

**“The [dementia awareness] training was great, I especially loved the resources provided such as the ingredient cards. It was a great place to hear other befriender’s stories and helpful experiences.”** (Volunteer 22, female, white – Caucasian, age 29, 4 months with TTTB).

Although there were only one and four volunteers who requested substance misuse and mental health training respectively, research studies show that loneliness and isolation can result in increased alcohol intake and depression. There is evidence of increased alcohol intake and mental health difficulties nationally during the Covid-19 pandemic.

The need for training on telephone befriending has also been highlighted by the volunteers. Particularly on **“telephone communication skills”, “how to be a good listener”, “reflection”, “empathy”**, how to provide emotional support and building a relationship over the phone without seeing facial expressions.

Overall, the content of the training on loss and bereavement and befriending people who are living with dementia are very relevant to the volunteers. It was suggested that the training could be expanded into a number of stages in order to provide more in-depth knowledge and skills. A number of volunteers requested training on mental health (e.g. for depression and suicide prevention) during the pandemic. The *new normal* of telephone befriending at TTTB has resulted in a need for training on building relationships, developing and maintaining meaningful conversations, working with people who have hearing and/or cognitive impairments and providing emotional support over the phone.

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**...as has the  
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people with  
mental health**



## Conclusions and recommendations

This survey has taught us that the lockdown experience among more than half of the scheme members was (very) difficult as it impacted on their care service support, mental wellbeing, and financial hardship. Surprisingly there were more scheme members who had ICT equipment – and wanted to be able to learn how to use it to connect with friends and families, online shopping services and engage with the wider community. Most of the scheme members and volunteers highly valued TTTB’s wide range of support, which included befriending companionship, the TTTB newsletters which created a sense of belonging and information about community activities, social prescribing support, as well as an outstanding quality and frequency of communication with volunteers via emails, newsletters and training. Nonetheless, telephone and social distancing befriending does not work well when there

is a significant restriction on the scheme member or volunteers’ sensory, mobility and/or visual and physical connectivity. Most of the scheme members and volunteers missed the in-person befriending where physical human contact (e.g. hugs, holding hands, etc) are very important to human relationships.

Overall, it suggests one size does not fit all. Evidence suggests that it is important to balance human direct and indirect connectivity via digital, telephone, postal and in-person so that befriending support services can benefit both the scheme members and volunteers. To further strengthen and expand the wide range of befriending approaches and support, a number of considerations are suggested as follows:



# 1.

A blended model of in-person, social distancing, online and telephone befriending in meeting the diverse needs and preferences of the scheme members and volunteers as part of the *new normal* if possible. This needs to take into account firstly, the mobility, cognitive function and hearing of the scheme members where social-distancing or telephone befriending can be implemented. Secondly, matching the preference of ICT methods (e.g. Zoom, Google Meet Up's etc) between the scheme members and volunteers is essential. Thirdly, ICT training and support has become increasingly important to both volunteers and the scheme members to maximise their connectivity and befriending support. Fourthly, there is a need for scheme members and the volunteers to maximise the companionship of befriending (e.g. bonding relationships, joint activities). Online and social distancing befriending group activities as part of the *new normal* might have the potential to increase the shared experience and conversation for those who are not able to befriend in-person.

# 2.

To further strengthen signposting information on the wide range of indoor and outdoor activities available for older people in the TTTB newsletters and to increase the frequency of editions so to meet individual interests and needs. In addition, clear practice guidelines in relation to the risk and quality of life of volunteers and scheme members is very important. It needs to address any changes from the national and local Covid-19 strategies and to ensure both volunteers and the scheme members are kept updated with all of the changes and expectations.

# 3.

To sustain the quality and the scope of the social prescribing (inc. grocery shopping, activities, financial support, financial arrangements, handy-man, house cleaning, loss and bereavement support, dementia support and user-led IT design and support).

# 4.

Substantial training on loss and bereavement, dementia inclusive befriending, telephone befriending, mental health and substance misuse are needed for the volunteers in response to the Covid pandemic and beyond.

# 5.

Virtual volunteer group support is vital as they are lone workers and would benefit from knowledge exchange and peer support.



## Moving forward

These findings have enabled us to respond to the desires and needs of our members quickly. We have adapted our service to provide:

### **A blended model.**

A blended model of in-person, social distancing, online, group and telephone befriending in meeting the diverse needs and preferences of the scheme members and volunteers will be provided as part of the '*new normal*'.

### **ICT support for scheme members and volunteers.**

Everyone who participated in the survey and requested help with ICT has been provided with information about how to access support. Information about available IT support has also been shared in our January 2021 newsletter. This was distributed to 450 scheme members and similar numbers of volunteers.

### **Ensure both volunteers and the scheme members are kept updated with all of the changes and expectations of the national and local Covid strategies.**

The charity will continue to update volunteers and scheme members using their preferred method of contact i.e. emails to volunteers and postal communication with scheme members. For example, our revised Doorstep and Garden Pop Round guidance will be issued mid-March to enable safe distanced befriending to commence after 29th March 2021 when Government restrictions ease.

## Telephone group tea parties for scheme members

This model is based on examples of national best practice for telephone groups i.e. led by Blind Veterans and Independent Age. The model is based on the 5 ways to wellbeing and 'History Begins at Home' focusing on 'in the moment' conversations. The sessions are lightly facilitated to help people to connect positively with each other. Feedback from a partner (lead provider for a Brighton and Hove Public Health Commission called Ageing Well of which we are sub-contractors) who joined in the first pilot group said:

**"The facilitation was excellent, with such thoughtful and engaging conversation starters. Charlotte (the facilitator) ensured everybody had an opportunity to talk. It has once again demonstrated what a vital service you're providing. The isolation and loneliness of those on the call was evident, yet eased for this one hour of having the opportunity to talk with others. Sounds like they're keen to continue their relationships outside of the tea parties, as well as attend future parties. What a triumph!"**

The hope is that positive relationships will build within these peer groups. That through meaningful connections with each other, confidence will build, enabling us to begin to support older people to leave the four walls of their homes to meet up with each other safely when it becomes safe to do so.

## Signposting will continue to be an integral service we provide to help our scheme members access what is already existing in the community to help build wider social networks.

Our staff team is dedicated to keeping up to date with the services, activities and groups available to our scheme members. To help support this busy but integral role we have recruited a volunteer who provides 3 hours a week updating the database. In April 2021 we will undertake a survey with our scheme members to help us identify how many people would like to benefit from our group befriending activities once they resume. To enable us to provide person-centred support we need to identify any physical, emotional or transport barriers restricting our members from becoming socially included. The response from our members will determine what additional signposting information or re-referral support they require.

## **Opportunities for volunteer peer support.**

At Christmas we held our first online Zoom social event. We undertook polls to identify which areas of peer support volunteers would like to benefit from. In addition to knowledge sharing and storytelling there was an appetite for social gatherings to enable volunteers to connect positively with each other. One of our volunteer befrienders, who is also a member of our Members Panel and experienced facilitator has agreed to lead and facilitate four group peer support sessions throughout 2021 for our volunteers. Due to changes internally with staff the first session isn't able to take place until April 2021. In the meantime, volunteers are invited to a range of wellbeing workshops, and dementia inclusive training and workshops about bereavement and loss. In addition, our one-to-one support for volunteers has increased rapidly since the surveys were undertaken. This is as a result of volunteers managing much more complexity than before due to a noticeable decline in the health and wellbeing of our members because of the impact of the pandemic.



# Staying Together Recovering Together

## Covid-19 Research Report

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