Befriending Networks is a UK-wide membership organisation offering a range of support mechanisms to befriending services. Our members, who range from large organisations (e.g. Age UK, Barnardos) to very small and localised services, provide predominantly volunteer-based social support for families, children and young people, older people and people living with specific conditions. Beneficiaries of befriending services face loneliness and/or social isolation due to a range of conditions, and the main aim of these services is normally to alleviate loneliness. Our members support, in round figures, 4500 beneficiaries by deploying a similar number of volunteer befrienders across Scotland. There is already, therefore, considerable support from within communities in terms of addressing the issue of loneliness and social isolation: however, services are piecemeal in terms of number, and there is also inconsistency in the quality of services offered. One of the aims of Befriending Networks is to work towards the provision of high quality befriending services across the country, and we work to deliver training, resources and information to this end, as well as administering the only befriending-specific quality standard in the UK. (the Quality in Befriending Award).

**Impacts of social isolation on health**

There is growing evidence for the impact of social isolation and loneliness on health. In 2014 Befriending Networks undertook to summarise the existing research on loneliness, social isolation and health:


Some of the findings will be familiar to the Committee:

A US study recently found that loneliness can increase the risk of death by almost 10 per cent.

- Loneliness increases the risk of heart disease and puts people at greater risk of blood clots.
- Loneliness is estimated to be as bad for people’s health as smoking 15 cigarettes a day
- A 2006 study of 3,000 women with breast cancer found women without close friends were four times more likely to die than women with 10 or more friends

In terms of the impact of loneliness on health and social care services:

- Loneliness is a predictor of the use of accident and emergency services
- Lonely people are more likely to visit GP’s and other health/social care services (with or without a definable clinical motive)
- Loneliness is bound up with long-term conditions and chronic illness
• Alleviating loneliness can prevent/delay the need for intensive institutional care

Therefore in addition to improving the lives of Scottish people, measures taken to address unwanted social isolation and loneliness can also lead to reduced public spending, particularly in health and social care.

Kincardine & Deeside Befriending Service’s Befriending at Hospital project reported increased confidence in going home in 100% of their service users. There was a 14% reduction in bed days lost to delayed discharge against the same a period the previous year.

Befriending Networks has highlighted the issue of loneliness and social isolation within the Scottish Government, firstly by a presentation to the Cross Party Group on Volunteering and the Voluntary Sector, which led to a Member’s motion and subsequently a debate in Parliament:

http://www.scottish.parliament.uk/S4_BusinessTeam/pm-n02v4-s4.pdf

Some recent work undertaken by Befriending Networks in partnership with Evaluation Support Scotland looking at the impact of befriending on older people in Scotland, yielded the following comments from beneficiaries:

“…the Singing for Health which the befriending service introduced has lifted my spirits and helped me with my speech and I am still carrying on going without the befriender.”

“I had no company before I met my befriender. It gave me confidence to meet new people at day care when a place became available.”

“It gives me the chance to talk about hobbies, etc., which is slowly improving my memory – helping me to be calmer and listen – having more balance of feeling not all black or white – able to see clearer other points of view.”

“I can go out and about with confidence because my befriender knows what to do when I have epileptic seizures. Now I go about running awareness courses about epilepsy, for example to the police and fire brigade, and I have the confidence to do this.”

“Since I had my stroke I have found it very difficult to access IT. Now with the help of my befriender I am able to use my computer again and am beginning to regain some independence.”

“After losing my husband I felt very lonely and isolated and to have a befriender who also lost her husband, she knows how I was feeling.”

What these comments reveal is that involvement with a befriending service for these older people has been a positive experience, which has led to increased social interactions, in some cases beyond that of the relationship with the befriender, reduced feelings of loneliness and in the opinion of individual beneficiaries led to
improvements in mental and emotional wellbeing and life skills. In the absence of the service it seems therefore reasonable to intuit that these older people may well have continued to suffer the detrimental effects of loneliness and social isolation.

**Best Practice**

Befriending is an example of targeted support aimed at addressing social isolation and loneliness by offering regular and consistent social interaction with a befriender, with the potential for mutuality though the emphasis is usually weighted towards the needs and interests of the person receiving the service. Befriending draws on volunteer support to achieve this and can be applied as a model to a variety of different groups.

This makes befriending relatively easy to replicate and Befriending Networks has produced a resource pack, which includes *Square One*, a publication which examines how to go about setting up a service.

In addition, the resource pack includes a [Map of Gaps](http://www.befriending.co.uk/assets/downloads/publications/Befriending%20Map%20of%20Gaps.pdf) which examines where our membership works in Scotland and which groups they support.

Befriending service access is usually based on referrals, so it is less likely that services would pick up people before issues of social isolation and loneliness existed for them. However, it can be regarded nevertheless as an early intervention, offering sufficient emotional support and companionship to help someone avoid slipping into crisis. There is increasing evidence that the voluntary nature of the befriender bestows special meaning for the befriendee who receives regular and consistent social support for them. This can be especially true for children and young people, especially if they have a number of paid staff in various support roles that they are expected to engage with, as their participation in the befriending service is purely voluntary. The referent power this can bestow on the befriender is demonstrated by a number of CYP services reporting that the befriender is asked by the young person or family to attend any Child’s Plan reviews.

In addition to older people and children and young people identified as needing support with isolation, the range of groups supported by members of Befriending Networks in Scotland includes people living with:

- Dementia
- Epilepsy
- Acquired brain injury
- Learning difficulties
- Mental health issues
- Sensory impairments
- Vascular disease
- Blood-borne virus infection in the family
- Parental substance misuse
- Cystic fibrosis
Physical disabilities
Risk of homelessness
Carer responsibilities

Befriending Networks offer core training (SQA-accredited ‘Vital Skills in Befriending’) to services, which is adapted for use with a wide range of beneficiary groups. While not a complex concept, befriending activity usually involves lone working by a volunteer with a vulnerable person, so it is imperative that safeguards are put in place, that volunteers are carefully recruited, trained, matched and supported by a coordinator, and that services do not put beneficiaries at risk by spreading themselves too thinly.

The delivery model can be adapted to suit the needs of the client group. Distance befriending, most commonly by telephone, has been used successfully, mainly to support older people in improving the geographical reach of a service and has also had some impact on improving capacity as the relationships are less resource heavy to manage. Group befriending, where there is often a higher number of befriendedees to befrienders, can also improve capacity as well as providing a safe space for developing social skills. A good example is the work done by Interest Link Borders, who support people living with learning difficulties. By recruiting young people as volunteers and supporting them to work in a group with young people living with learning difficulties, they have provided a safe space which simulates as much as possible a youth club environment for individuals who may not feel comfortable accessing a mainstream option.

**Practice Sharing**

Befriending Networks offers a platform for practice and service development sharing amongst members. This offers opportunities for shared learning in, for example, working with individuals with specific conditions, or effective volunteer recruitment, training and retention.

However, there are obviously capacity limits to individual services, which means that the support available from befriending services can be a postcode lottery. In addition, services increasingly report that they are referred cases which are too complex to be supported by a volunteer befriender.

An often ignored aspect of befriending services is the opportunity presented by the volunteering role of befriender. This role can help to address any low level social isolation or loneliness for the volunteer, and services regularly report the feelings of satisfaction of their befrienders. Befriending also builds confidence in both parties, and promotes community cohesion by breaking down barriers between people.

The role of Befriending Networks in promoting good practice and sharing news of developments can be seen in the following examples:

- Hosting meetings between local services allowed an under-capacity service and one with a waiting list to recognise that their client groups were likely to have some overlap and working together on this would allow more people to access befriending
A bespoke social media platform developed for a young carers service to promote safe online interaction with peers was seen as having potential for other client groups, in particular for young people with cystic fibrosis, who are medically advised to avoid peers due to the increased risk of infection from spending time with others living with a reduced immune system.

A service in Shetland, which had felt unable to recruit younger volunteers due to insurance difficulties, was given advice on an alternative provider from a service in the Borders already actively recruiting younger volunteers.

Recognising the increasing emergence of distance befriending (phone, email, letter) the Network is in the process of producing a report on this model as a learning tool for other services.

Managing the UK’s only befriending-specific Quality Award which provides a benchmark for services and has been recognised by Big Lottery Fund as something befriending grant applicants should be working towards.

Awareness Raising

Befriending Networks is currently in the process of delivering a series of Health and Loneliness Roadshows to practitioners and strategic personnel across the 14 Health Board areas of Scotland to raise awareness of loneliness and its impact. A contribution towards this work has been made by the Scottish Government (S16B of the NHS (Scotland) Act, Scottish Government Health Directorate). Feedback received to date indicates they are proving valuable to participants:

“First [time] I have explicitly explored connection between health and loneliness, very thought provoking.”

“The whole workshop was very helpful/relevant. I will apply it to my role in the Adults Mental Health Team”

“…help influence and plan health and social care in Falkirk District”

“Share with colleagues. Attempt to address issue of loneliness more explicitly with people I work with.”

“Adapt training to promote loneliness to staff and use in Intervention training, signpost to services from today”

To date only three roadshows have been delivered and the response has been consistently positive. As part of a legacy for these events, those attending are being asked if they would like to be part of a local network to exchange ideas and information about tackling loneliness within their own communities. The intention is for Befriending Networks to facilitate the establishment of these online networks to allow for continued discussion and learning about what works best in an area, across a range of disciplines. The roadshows have to date also provided a valuable platform for local befriending services to discuss their work with statutory partners to promote referrals.
Potential ideas for improvement and influencing policy

Befriending Networks welcomes the Scottish Government’s plans for a National Mentoring Scheme for Looked After Children, but would encourage consideration of encouraging funding for provision of quality befriending services for other client groups to demonstrate a commitment to alleviating loneliness and isolation. Befriending Networks acknowledges that befriending is not the only intervention which can reduce social isolation and loneliness, but would suggest that it is capable of supporting people out of chronic loneliness where other practical approaches (e.g. improved transport links, or group approaches such as lunch clubs or youth clubs), may not impact on people who are currently too withdrawn to access them.

Consideration of social isolation and/or loneliness in Equality Impact Assessments would flag up these issues across a range of operational areas, and highlight the need for training in the issue, thus improving understanding.

Attendance by MSP’s at Health and Loneliness Roadshows would signal a commitment to the issue and would be of immense benefit in supporting awareness and encouraging policymaker attendance. Where attendance is not possible, endorsement and support through social media channels would be very welcome.

Some funding support to sustain and develop the local Health and Loneliness networks would be welcomed so that once established, the impetus can be maintained. Without a facilitator to keep the network alive, the day-to-day work demands of those who have expressed interest may reduce its impact in practice sharing.

In terms of linking people in need to local services, NHS Health Scotland recently held a Connecting the Connectors event aimed at examining developments in social prescribing and self-management in support of mental health. Befriending Networks believes that primary healthcare professionals are potentially well-placed to identify social isolation and loneliness issues before any diagnosable mental health issue arises and from prevention standpoint would welcome more endorsement by the Scottish Government of social prescribing as an approach to primary healthcare.

As third sector services are increasingly being asked to take a holistic approach to the people they work with, it would be a positive development if the manner in which funding is offered against outcomes could also be examined in this light. For a befriending service working with children and young people, principally funded through a Local Authority Children and Families Department, the outcomes are lost in terms of the benefits to older people who volunteer within departments concerned solely with outcomes for younger beneficiaries. A mechanism for recording the contribution made by adult volunteers to Local Authority outcomes for older people should ideally be established. Developing a system where any work contributing to Local Authority outcomes could be reported on and taken into account would show a truer picture of the work done by these services.
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