1) Introduction
For almost 50 years, Cyrenians (an independent Scottish Charity, number SC011052) has served those on the edge; working with the homeless and vulnerable to transform their lives by beginning with their story, helping them believe that they can change their lives, and walking with them as they lead their own transformation.

Our Vision is an inclusive society in which we all have the opportunities to live valued and fulfilled lives. We work to make that vision a reality by our Mission to support people excluded from family, home, work or community on their life journey. Cyrenians has around 100 employees and twice as many regular volunteers spread across three departments: Early Intervention Services, Progression Services and Social Enterprise.

The Golden Years Befriending Service is part of our Early Intervention Services and has been operational since February 2013 funded by West Lothian council and informed by the priorities of Reshaping Care for Older People (RCoP). The service aims to tackle loneliness and isolation in those aged 65+ and helps develop links in the local community; building independent social networks in doing so. The service is available for each client for up to 9 months. Approximately 140 clients have engaged with the service towards positive change since February 2013.

Like many projects funded by RCoP our funding is due to expire though we are committed towards identifying alternative funding streams in order to secure the future of the service for those that desperately need it.

2) Prevalence of social isolation in urban and rural settings
Our experience of supporting older people is predominantly based across the geography of West Lothian. We do not have quantitative research that would lead us to understand the prevalence of those identifying themselves as lonely and isolated across the area, however through practice we have developed a very good understanding of how the rural nature of the area contributes barriers to overcoming isolation and loneliness.

Ageing Demographic
West Lothian has one of the fastest growing older person’s populations across all of Scotland’s 32 local authorities. Older people may be at higher risk of experiencing isolation and loneliness due to factors such as poor mobility, bereavement and living distantly from family and friends. As West Lothian evidences a widely ageing demographic and as older people are one social group more likely to report loneliness than others then it would be fair to conclude that an ageing demographic could increase the reported prevalence of loneliness and isolation across the authority.

Projected growth figures for ageing in West Lothian from the period 2008 to 2033 are as follows;

- 65-74 increase by 80%
- 75+ increase by 151%
- 85+ increase by nearly 300%

(General Register Office for Scotland – Population – Population Projections)

Transport
Transport, or lack of it, contributes to social isolation as older people who live rurally struggle to attend local groups and activities. Infrequent bus services result in time spent away from home for
much longer periods than necessary. Many older people will not/cannot use public transport without assistance due to difficulty physically managing on and off of the transport as a result of frailty and fear of falling. Services such as Handicabs and Dial-a-Bus are available but require advanced booking and tend to be oversubscribed.

**Distance to travel**

We rely on volunteers to befriend our clients and many, understandably, only wish to travel short distances to the clients they visit. It would also be very costly for us to reimburse volunteers who were traveling over much longer distances. The result is that clients are often waiting to receive a service and volunteers are waiting to deliver a service but the distance between them prevents a match from going ahead. This issue of supply and demand is very difficult to manage when operating across an entire local authority; especially when transport issues are a key factor.

**‘New Town Blues’**

An interesting phenomena is what is known locally as the New Town Blues and relates to Livingston town in particular. The idea stems from Livingston being a new town in the 1960’s, people and families moved into the new town attracted by work opportunities and housing. Many experienced isolation and loneliness as a result of e.g. not yet knowing neighbours and having no telephone line to stay in touch with family members some distance away. A ‘Bureau for Lonely People’ was developed in order to link those who were commonly experiencing isolation and loneliness together. The phenomena of New Town Blues can be experienced in any new housing development where the infrastructure of community hasn’t yet emerged.

**Isolated by lack of Pathways**

Our clients report that a lack of pathways connecting towns can contribute to their isolation and loneliness. People who have good health and mobility, or who would like to improve their health, would like to walk between towns to access services and resources such as community groups. They report the absence of pathways which result in having to walk along roadsides or being forced to use transport such as infrequent busses. ‘Paths for All’ is a local organisation which organises walking groups with the objective of improving health. Our service has worked closely with ‘Paths for All’ and developed a local walking group specifically for our client group. Some have to travel by car to join the start of the group because no pathway is available; this is a commonly aired issue.

**3) Impacts of social isolation, for instance loneliness, ill-health**

There is much evidence and research to suggest that loneliness and isolation have a negative impact on health and well-being across all ages. As a service manager it is an important part of my role to keep abreast of new research. I tend to use this information most widely in reporting to our funder; advising of the impact of isolation and loneliness and therefore evidencing the continuing need for our service;

Dr. L. Shaw, psychiatrist, said; "Loneliness kills; it can lead to low self-worth, lack of confidence and depression. It can also be a risk factor associated with heart disease and dementia" ([www.homecare.co.uk](http://www.homecare.co.uk))

People experiencing loneliness and isolation are up to 5 times more likely to suffer with poor mental health and many die prematurely in the absence of supportive networks. ([Marmot 2010, Fair Society Healthy Lives Final Report](http://www.homecare.co.uk))

Over 65’s are twice as likely as other social groups to spend up to 75% of an average week on their own; approximately 21 hours per day. ([Age Concern 2008](http://www.homecare.co.uk))

Many befriending schemes have emerged from community level to ‘fill the social and emotional gap that may not be met by existing statutory health and social service provision’ ([MBF, 2010](http://www.homecare.co.uk))
1 in 10 older people visit their GP because they are lonely (Campaign to End Loneliness)

Academic research is clear that preventing and alleviating loneliness is vital to enabling older people to remain as independent as possible. Lonely individuals are more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term care (Cohen, 2006)

4) Best practice and ideas that could be shared across Scotland, including examples of targeted support or initiatives (including housing, health, third sector)

Befriending

Cyrenians are currently participating in a Public Social Partnership (PSP) steering group in West Lothian which will inform the design and formal procurement of older people’s services from 2016. PSP’s are being explored in a number of local authorities and West Lothian are demonstrating their commitment to progressive thinking and service development with this particular example. Key third sector organisation in West Lothian are participating in this process. West Lothian will commission new services that support older people from 2016 and this gives many providers a role in the development of what is to come. At an initial meeting, to discuss the services that were considered needed and important for older people, befriending came out as a top answer from almost every provider (approx. 16).

The growing need for and commissioning of befriending services could reasonably be considered a poor indictment of today’s society. The difficult truth is that communities and families are so much more disparate, lives are lived privately and new relationships are often developed through social media outlets. The result is that those of us who are vulnerable or unable to somehow keep pace suffer greatest.

Befriending practice varies and organisations such as Befriending Networks Scotland (BNS) have been very influential in supporting organisations to implement best practice frameworks that help to effect positive change.

The challenge for any provider who is delivering a befriending service to older people is ensuring that the service remains accessible to new referrals. Our aim is to promote and enable independence for all of our clients. However, an older client group is likely to have a number of health complaints that are progressive and will therefore seriously impact upon their ability to achieve independence. The issue for the befriending service which is commissioned to deliver over a fixed period of time, e.g. 6-9 months, is that many clients actually require a service for extended periods or till end of life and not simply till the expiry of the service spec becomes effective.

We recognise that all funders want value for money and maximum return on any investment. We also recognise that throughput is a key requirement. A service managing without a throughput approach will simply end up full to capacity in its first year with the result being that the majority of clients require continued support year-on-year with no means of accessibility for new clients.

Our approach is to set very clear expectations at the beginning of the client journey. We support the client to make plans towards becoming independent and in doing so creating informal links in their community, improving self-confidence and reducing isolation and loneliness. We regularly discuss milestones, review achievements and always have a plan for service withdrawal when we are confident the client will be able to independently sustain engagement with activities/groups/people which we have facilitated access to. In the majority of cases this approach is very successful and allows continued accessibility. However in some cases e.g. where the client has significant mobility issues or Dementia, this throughput approach does not work because the client requires an extended service or one with no ending.
To return to the initial title of this section and to give a recommendation I would recap the importance of a throughput delivery approach as a requirement of all providers. It is already an approach that many funders require and one that helps to ensure best use of resources in an austere financial climate. I would also recommend that funders recognise services cannot support every client to achieve throughput and that an extended service or a service till end of life may be necessary for some, if not many.

5) Potential ideas for improvement and influencing policy
As the small flavour of examples in section 3 suggests the available research into the negative effects of isolation and loneliness have been extensively researched. It might then seem obvious that services such as befriending could be considered as one of the most effective interventions in tackling the issue, however there is a serious lack of evidence towards this hypothesis.

We feel it would be very helpful if more research was carried out into the sort of interventions that help tackle isolation and loneliness which might then inform further funding. Befriending Networks Scotland have already started some research by means of issuing questionnaires to the clients of their member organisations. The aim of the research is simply to identify if befriending has made any difference.

We understand how difficult it can be for funders to make decisions on those services that should be successful in the allocation of funding, especially so in this financial climate. West Lothian Council are required to make a saving of £30 million over the coming 3 years. It is more important than ever that decisions regarding funding are extremely well informed.

The correlation between befriending service intervention and clients experiencing reduced loneliness and isolation could be considered as an obvious link. However, it is also really very difficult for services to evidence with anything other than soft outcomes. Our role is to uphold the priorities of RCOP by promoting independence and preventing entry to care or other hospital settings. In essence, it’s very difficult to evidence if we achieved or contributed to this. Again, we can hypothesise that as a result of our intervention a client feels better, has a healthier network and may be more inclined to eat well and take better care of themselves; thus fulfilling independent living objectives. We can evidence that some of these soft outcomes have been achieved though matrix monitoring but if a client falls at home and is admitted as an A&E emergency we have had no control over this and how would our pre-accident intervention be considered as a result; unsuccessful?

To summarise this section we would like to see a body of recognisable research that concludes the necessity of befriending services and the contribution they make to supporting older people to remain independent and at home for as long as possible. This sort of research would back up the befriending intervention and may help prevent the decommissioning of services that were essentially decommissioned because they have no quantitative evidence that proves they made a significant and valid contribution.

Overarching evidence that demonstrates the importance of befriending interventions and the contribution they make to RCOP may allow such services to focus more of their resources in doing what they do very well and alleviate them of the burden that is proving their worth.

6) Effective awareness-raising within communities
As our service is dependent on the time given so freely by volunteers we concentrate a lot of effort on volunteer recruitment. As a side benefit of this we raise the awareness of older people who are experiencing isolation and loneliness in the area. A large part of my role as service manager is to get out-and-about and to talk about our client group and their needs in order to encourage volunteers to give some of their time. The challenge is to try and foster a new culture whereby there is greater recognition of the needs of older people and their incredible value in our society.
As the population continues to age we need the support of communities to help meet the growing care needs of older people. We work closely with West Lothian College and are in particular interested in their health and Social Care students. Students must complete a number of volunteer hours throughout the academic year in order to achieve their course outcomes. We encourage volunteers to take up roles with our service now in the hope they may consider a career that focusses upon older people into the future.

We can continue to do ‘our bit’ re awareness raising but we see this as being the role of organisations such as Age Scotland, Campaign to End Loneliness, Befriending Networks and, at local level, Third Sector Interfaces. The breakdown of community has been a long aired concern for many of us. As mentioned before the result is a much more disparate community and family network. This isn’t a new phenomenon but the impact of it may have never been felt so strongly as we risk failing to care for those most vulnerable in our communities. We have to try to repair the community model in some way and we have to start somewhere. Investment in awareness raising is absolutely key and so too is encouraging young people to embark on careers in the caring professions.

Overall we need to achieve a community based reversal of this sense of disparateness so that loneliness and isolation no longer personify our older people. It is recognised that the challenge of achieving this may have never been so great.

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