



# **The Bridge Project**

**Together Talks Pilot Project  
Independent Review**

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## About the author

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Our work is heavily embedded in the North of England, but we do not confine our work to this area. Several national and international studies have been undertaken over the years in continental Europe, the United States, South Africa and Japan. What we hope to do is to use our learning to help increase our scope for understanding complex social, economic and political issues and our ability to help people tackle challenges in a positive, pragmatic and effective way in new contexts.

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# Section 1

## Introduction

In August 2021 Durham University was commissioned by The Bridge Project, Bradford to undertake an independent review of a pilot project entitled Together Talks. This pilot was initially devised as a response to the emerging Covid-19 crisis, aiming to provide a *'generic'* telephone befriending and wellbeing service to those experiencing loneliness and social isolation.

At the same time, locally gathered intelligence with colleagues in Bradford's statutory sector suggested that individuals who were normally in receipt of certain categories of statutory support could benefit from some form of 'step-down' provision once formal interventions from professionals such as social workers and family support practitioners came to an end. Following agreement with teams from Early Help and Adult Social Care, as well as Staying Put - a local Domestic Violence and Abuse charity - Together Talks expanded its telephone befriending and wellbeing service to incorporate individuals exiting from these three service areas. Upon referral from a professional worker and following an agreed Action Plan, Together Talks agreed to match individuals to volunteer befrienders for an initial 12-week programme of telephone befriending and wellbeing support.

Such step-down support would allow individuals to adjust to life without service intervention, whilst continuing to feel supported, encouraged and cared for. It was also anticipated that the availability of step-down support would free up capacity to deal with new cases, and hopefully prevent re-entry by individuals back into the statutory system.

The provision of a telephone befriending and wellbeing service, offering generic as well as specialist support, could not have come at a more appropriate time. With the effects of the Covid-19 pandemic deepening and with the nation moving in and out of a series of lockdown situations, befriending projects capable of reaching out to some of the most vulnerable and at-risk people in society have never been more needed.

### 1.1 Aims of the review

This review considers the outputs achieved by Together Talks. But numbers only tell a very small part of the story. This review also considers whether the pilot project has achieved its desired objective of reducing social isolation and loneliness and providing a targeted wellbeing and befriending service in Early Help, Adult Social Care and Domestic Violence and Abuse services to increase capacity and improve outcomes. Using data gathered through a mix of quantitative and qualitative research techniques, this review also considers the extent to which Together Talks has achieved its intended outcomes and impacts<sup>1</sup> as outlined in a Logic Model prepared at project inception.

In doing so this review reflects upon the following seven questions set by the Together Talk's initial Evaluation Framework:

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<sup>1</sup> See Appendix 1.

- Are Together Talks service users and volunteers feeling supported, empowered, and experiencing positive outcomes in a range of domains?
- Is a telephone-based befriending and wellbeing service a suitable model for integrating volunteering with specialist services and offering a step-down service to support clients' improvements?
- Is the Together Talks befriending service suitable for all three specialist services as a concurrent intervention service to support their service users in improving their wellbeing and desire to meet other people and reduce their sense of loneliness?
- Has Together Talks established new models of care and best practice?
- Can the befriending service reduce visits to the GP/other services by service users from all three specialist services and the generic service?
- Does Together Talks offer cost savings to commissioners for Adult Social Care, Early Help, Domestic Violence and Abuse service providers?
- Is the digital platform being used cost effective for both the service user pathway and the volunteer pathway in delivering a befriending service as compared to a traditional befriending service?

## 1.2 Structure of the report

This report has seven sections:

- **Section 2** presents a brief overview of the academic policy literature on loneliness and social isolation and considers the most recent policy responses from government. It also presents evidence from a range of befriending schemes operating within the voluntary, community and social enterprise sector (VCSE) and considers good practice, positive impacts, and limitations. Whilst this does not represent a comprehensive review of *all* relevant literature, the discussion highlights what works, what does not work and what could make Together Talks unique in terms of its current impact and future direction.
- **Section 3** outlines the methodology employed to conduct the review. The section sets out the research approach adopted, including activities that explore the journeys taken by befriendees, and the views of volunteer befrienders, management and staff.
- **Sections 4 – 6** consider the quantitative data and qualitative data collected by both the Together Talks team and the Project Evaluator. It has not been possible given the scope of the review to consider responses from *all* befriendees, volunteer befrienders, management, and staff but appropriate samples have been identified that allow for a deeper interrogation of the challenges and opportunities presented.
- **Section 7** provides commentary on whether Together Talks has met the outputs, outcomes and impacts identified in the Logic Model. The section also draws together key findings and areas for future improvements.

# Section 2

## Strategic Context

### 2.1 Befriending interventions in context

Befriending is a commonly used approach to help individuals deal with challenges that they find hard to tackle on their own. Many befriending programmes are oriented towards broad aims, such as tackling loneliness or isolation. Together Talks has gone one step further, exploring whether befriending can also act as a 'step down' activity for individuals exiting from service areas dealing with Adult Social Care, Early Help and Domestic Violence and Abuse. This approach, in line with traditional befriending, is designed to reduce loneliness and isolation but importantly also, help individuals integrate back into social, economic and community life, thereby reducing future pressures on public and charitable services.

This section of the report starts with a brief overview of the academic and policy literature on definitions of loneliness and isolation and outlines the personal and social consequences. Following this, the policy response from government will be reviewed together with an appraisal of strategic responses from local government and health authorities.

Much of the policy literature on tackling loneliness and isolation relies on examples of effective practice emanating from the VCSE sector. This section will look at examples of innovation in the VCSE sector and evaluations of their efficacy. Finally, a more closely focused review of the research and evaluation literature on telephone and online befriending approaches will be provided to contextualise the current review of Together Talks.

### 2.2 Making sense of loneliness and isolation

In October 2018, the UK Government launched *A Connected Society: a strategy for tackling loneliness*.<sup>2</sup> This wide-ranging document recognised that loneliness can affect people in all stages of the life course and is often compounded by social isolation.

Tackling loneliness is not an easy thing to do. Often feelings of loneliness and social isolation are associated with social stigma. The *Jo Cox Commission on Loneliness* report 'Combating loneliness one conversation at a time'<sup>3</sup> recognised that well-meaning attempts to tackle the problem through, for example, generalised approaches to social prescribing can fail or even cause harm if not carefully designed and well implemented.

Loneliness and isolation can have negative impacts on quality of life including impaired physical and mental health conditions ranging from sleep disorders, higher risk of cardiovascular disease, low self-esteem, depression, and dementia.<sup>4</sup> Furthermore, loneliness and isolation can accentuate or precipitate

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<sup>2</sup> Available at this web address: <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness>

<sup>3</sup> Available at this web address: [https://www.jocoxfoundation.org/loneliness\\_commission](https://www.jocoxfoundation.org/loneliness_commission)

<sup>4</sup> Research into the effects of loneliness and social isolation has revealed that there a wide range of linked negative effects. These include anxiety, depression (see: Cacioppo *et al*, (2006) 'Loneliness as a specific risk factor for depressive symptoms: Cross-sectional and longitudinal analyses', *Psychology and Aging*, 21(1), 140-151), mortality and morbidity (such as increased cardiovascular disease) (see: House, J. (2001) 'Social isolation kiss, but how and why?', *Psychosomatic Medicine*, 63(2), 273-274)

other problems such as increased usage of medication and alcohol abuse which in turn require interventions from statutory services, as well as the emergency services, social services and public health.

As Tom Scharf has argued,<sup>5</sup> it is important not to 'pathologise' loneliness and isolation as these are not conditions that affect everyone in certain circumstances or at specific stages of the life course, nor do responses occur in the same ways depending on individual circumstance, personal preferences, and character traits. But loneliness or isolation can have negative effects on individuals as well as knock-on effects on others, such as families, friends, and neighbours.

The effects of 'loneliness' and 'isolation' are often related to one another, but cannot be lumped together, as if they were the same thing. *Isolation* can be defined more objectively and be measured as the absence of (or limited) social relationships with others. *Loneliness*, by contrast is generally defined subjectively as a negative experience, one of distress where social connections are perceived to be inadequate or unfulfilling.

Loneliness can be experienced in many ways, which can range from the absence of intimate attachments *per se*, to the absence of intimacy with known people (intense loneliness can be felt, for example, in a marriage or in a crowded institutional environment such as a boarding school or prison).

Furthermore, the onset of feelings of loneliness can be triggered by different factors. 'Situational' loneliness may occur, for example, because of a change in personal circumstance, such as moving to a new area – but can be transient once time has been taken to settle in. 'Chronic' loneliness is a more persistent feeling that can endure over time and be experienced in a range of circumstances.

Loneliness can be more common at different stages of the life course. Often new mothers experience loneliness as a consequence of changes in their relationships with friends, family and work colleagues.<sup>6</sup> And amongst older people, loneliness is more commonplace due to the social consequences of, for example, retirement, ill health, lowering income levels and widowhood.<sup>7</sup>

There are other drivers of loneliness (which often connect closely with the condition of isolation). These can be associated with changing societal norms and expectations surrounding the shift from collectivism to individualism. Often, these can be related to structural factors such as changing occupational patterns which lead to the geographical mobility of friends, siblings or children.

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and increased risk of falls, major cause of injury and premature death amongst the over seventies. All factors can lead to the likelihood of ill health and premature death and can generate high personal and societal costs (see: Knapp *et al.* (2010) 'Social isolation, loneliness and health in old age: a scoping review', *Health and Social Care in the Community*, 25(3), 799-810); Mushtag, R., Shoib, S., Sharh, T. and Mushtag, S. (2014) 'Relationship between loneliness, psychiatric disorders and physical health: a review on the psychological aspects of loneliness', *Journal of Clinical Diagnostics Research* 8 (9); Dayson, C., Harris, C. and Woodward, A. (2020) 'Voluntary sector interventions to address loneliness and mental health in older people: taking account of emotional, psychological and social wellbeing', *Perspectives in Public Health*, 141(4): 237-243.

<sup>5</sup> The content of this section is built around contributions to a seminar on loneliness and isolation organised by Tony Chapman for the Institute for Local Governance in October 2018 <https://www.stchads.ac.uk/research/research-news/tackling-loneliness-and-isolation-in-northern-england/>

<sup>6</sup> See, for example, Hudson, D., Elek, S. and Campbell-Grossman, C. (2000) 'Depression, self-esteem, loneliness, and social support among adolescent mothers participating in the New Parents Project', *Adolescence*, 35 (13): 445-455.

<sup>7</sup> Coyle, C. and Dugan, E. (2012) 'Social isolation, loneliness and health among older adults', *Journal of aging and health*, 14(8), 1346-1363.



In summary, loneliness and isolation can have a negative impact on individual lives, but also produce challenges for others and society more generally, requiring discrete social policy responses from a wide range of partners.

## 2.3 The policy context and strategic response

The consequences of loneliness and isolation for individuals, community and society have been recognised in government's recent policy paper - *A Connected Society: a strategy for tackling loneliness*.<sup>8</sup> Here it is stated that:

***'Government's vision is that all sectors of society will recognise the importance of social wellbeing and take action to promote and improve people's social relationships. The commitments outlined within this strategy therefore seek to provide a foundation for people to have greater opportunities for meaningful social contact. They also aim to reduce the stigma attached to loneliness so that people feel better equipped to talk about their social wellbeing. By encouraging this national conversation, we can help both individuals and organisations to develop greater awareness of the value of good relationships. This will help to improve people's resilience by ensuring they have the necessary social support, including at key vulnerable moments in their lives.'***

Specific strategies to achieve these objectives centred on, firstly, the development of consistent measures of loneliness to improve the evidence base on its prevalence and impact. Secondly, to 'embed loneliness as a consideration' across all aspects of government cross-cutting policy. And thirdly to 'build a national conversation on loneliness, to raise awareness of its impacts and to help tackle stigma.'

The responsibility for tackling loneliness, according to the strategy, should be shared by government, the VCSE sector, local authorities, public health services, and by employers. But strong emphasis was also placed on the responsibilities of 'families, friends, faith groups and communities' to be inclusive and open up opportunities for social and community engagement.

The government's strategy paper was generally met with a positive response because it raised public awareness of the issue and injected over £11 million in a wide range of projects to explore approaches to tackle the issue.<sup>9</sup> Expectations that the VCSE sector, broadly defined, would be in a position to respond to the strategy were strongly implied by the then Prime Minister, Theresa May, who explicitly encouraged GPs in England actively to engage in 'social prescribing'.<sup>10</sup>

The limited levels of funding invested directly by government in tackling loneliness has to be set in the context of the social cost. One report for the

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<sup>8</sup> *ibid*, 2018, p.7.

<sup>9</sup> *The Guardian* (2018) England to tackle loneliness crisis with £11.5m cash injection, 22<sup>nd</sup> December: <https://www.theguardian.com/society/2018/dec/22/uk-to-tackle-loneliness-crisis-with-115m-cash-injection>

<sup>10</sup> Marsh, S. (2018) 'Combat Loneliness with social prescribing, says Theresa May', *The Guardian*, 14<sup>th</sup> October, <https://www.theguardian.com/society/2018/oct/14/loneliness-social-prescribing-theresa-may>, for a critical article on the value of social prescribing, see: Kellezi, B., Wakefield, J. and Stevenson, C. (2019) 'The social cure of social prescribing: a mixed-methods study on the benefits of social connectedness on quality and effectiveness of care provision', *British Medical Journal Open*; and, Dayson, C., Painter, J. and Bennett, E. (2020) 'Social prescribing for patients of secondary mental health services: emotional, psychological and social wellbeing outcomes', *Journal of Public Mental Health*, 19(4):271–279.

Department for Digital, Culture, Media and Sport has shown, for example, that the cost implication of severe loneliness is around £9,537 per person every year.<sup>11</sup>

The government's strategic response to tackling loneliness should, however, also be considered in the context of substantive reductions in public funding for local government in the last decade. And certainly, significant reductions in many areas of public sector delivery due to budget limitations have had severe impact on key areas of social provision associated with tackling the consequences of loneliness and isolation such as early help, youth programmes and social care services. Reductions in funding and service provision have had serious impact on segments of society, particularly young people, older people, those with long-term limiting health conditions and disabled individuals.<sup>12</sup>

The enforced isolation and limits on social contact that have been experienced as a result of the Covid-19 pandemic has increased awareness of instances of isolation and loneliness – but it is noted that tackling the issue could be approached in a wide variety of ways depending upon the needs of individuals and the approach and capacity that organisations have to deliver support.<sup>13</sup>

Recent analysis on the incidence of loneliness during the Covid-19 pandemic by the Office for National Statistics has identified higher rates for constituencies of the population in areas with particular characteristics (see below). The indications are that levels of loneliness in Britain as a whole have increased from 5% of the population (about 2.6 million adults) in spring 2020 to 7.2% of the population by February 2021 (about 3.7 million adults).

Young people and single people were the most likely to have experienced loneliness. Amongst single people, the prevalence of loneliness was highest amongst those who had been widowed. Loneliness was shown generally to be more concentrated in urban areas but tended to be worse in areas with higher levels of unemployment. An associated finding was that people with lower levels of skill or educational credentials were also more susceptible to loneliness during the first year of the pandemic.<sup>14</sup>

## 2.4 Tackling loneliness and isolation: the role of the VCSE sector

In a recent study of the VCSE sector in the West Yorkshire and Harrogate Health and Care Partnership area, it has been shown that 32% of organisations in the area feel that they make a *strong* contribution to tackling social isolation and a further 36% feel that they make an *important*

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<sup>11</sup> Peytrignet, S., Garforth-Bles, S. Keohane K. (2020) *Loneliness Monetisation Report*, London: Simetrica Jacobs. <https://www.gov.uk/government/publications/loneliness-monetisation-report>

<sup>12</sup> Peter Stone Consulting (2019) *Harnessing the power of communities: befriending in Bradford research study*, available here: <https://www.befriending.co.uk/resources/24809-harnessing-the-power-of-communities-befriending-in-bradford-research-study>

<sup>13</sup> Jopling, K. and Jones, D. (2021) *Understanding befriending - A study of befriending schemes for older people*, London: The Mercers Company, <https://linkinglives.uk/wp-content/uploads/formidable/6/TMC-Understanding-Befriending.pdf>

<sup>14</sup> ONS (2021) *Mapping loneliness during the coronavirus pandemic*. <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/mappinglonelinessduringthecoronaviruspandemic/2021-04-07>

contribution.<sup>15</sup> Larger VCSE organisations are more likely to feel that they make a strong impact. 40% of VCSE organisations (146 in total) with income between £250,000 and £1 million believe that they do so, compared with 19% of the smallest organisations (with income below £10,000). But the number of small and micro-organisations which provide support to tackle social isolation is very large (220 in total).

The research also shows that VCSE organisations which make a strong contribution to tackling social isolation also address related issues. Indeed, 66% state that they also make a strong contribution to health and wellbeing. But it is also likely that many more informal unregistered groups also contribute to this issue.

During the Covid-19 pandemic, the indications are that mutual aid groups<sup>16</sup> have been effective in tackling a wide range of issues such as social isolation and homelessness.<sup>17</sup> Early indications from research suggest that many of these groups and volunteers will continue to inject energy into their communities once the pandemic subsides – though not necessarily on the same issues.

The approaches that VCSE organisations take to tackle issues surrounding loneliness and isolation vary considerably. Many organisations and groups offer services or opportunities for people to engage in, for example, sport and recreation activities, the arts, heritage and environment, or run events in village halls and community centres that bring people together. As such, this activity provides people with opportunities to mix with others in positive environments - but only if they choose to or have the confidence to do so.

There is a risk that many people who suffer from loneliness or isolation may not feel confident enough to engage in such activities, are unaware of such opportunities or cannot afford to take part. And so, while generalised support to tackle loneliness and isolation may be enormously valuable to those who feel that they can access it, others need different kinds of support to tackle more critical levels of need.

The reasons for not participating in other activities may provide clues to the needs of people facing critical need, such as poverty and debt, homelessness, mental health issues and issues associated with, for example, alcohol and substance misuse or domestic violence and abuse. Furthermore, it is likely that aspects of loneliness and isolation are compounded or caused by other issues and may, consequentially, be regarded as being of secondary importance by their incumbents.

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<sup>15</sup> Chapman, T. (2021) *The structure, dynamics and impact of the voluntary, community and social enterprise sector: A study of West Yorkshire Combined Authority, West Yorkshire and Harrogate Health and Care Partnership, and Humber, Coast and Vale Health and Care Partnership areas*, Durham: Policy&Practice. <https://www.stchads.ac.uk/research/research-news/the-difference-the-third-sector-makes/>

<sup>16</sup> Mutual aid groups have been defined by the authors shown in Footnote 18 as ‘a volunteer led initiative where groups of people in a particular area join together to support one another, meeting vital community needs without relying on official bodies. They do so in a way that prioritises those who are most vulnerable or otherwise unable to access help through regular channels’. It has been estimated that there are around 4,300 mutual aid groups in the UK which marshal the efforts of up to 3 million volunteers who provide support for local communities.

<sup>17</sup> See, for example, Power, A. and Benton, E. (2021) *Where next for Britain’s 4,300 mutual aid groups?*, London: London School of Economics: <https://blogs.lse.ac.uk/covid19/2021/05/06/where-next-for-britains-4300-mutual-aid-groups/>. The full academic article by the same authors ‘Community responses to the Coronavirus pandemic: how mutual aid can help’, is available here: <https://ppr.lse.ac.uk/articles/10.31389/lseppr.21/>. <https://covidmutualaid.org/> is the coordinating body, although not all mutual aid groups are registered here.

Before turning attention in Section 4 of this review to a detailed evaluation of the approach taken by Together Talks to telephone befriending as a means of providing support to people who are currently struggling with or recovering from problems, it is useful to contextualise this work by looking in a more generalised way at approaches taken towards befriending in the VCSE sector.

## 2.5 The delivery of befriending support

Befriending is generally positioned in practice terms as the delivery of support to individuals with specific needs. Often these needs are such that the agency providing support takes a lead role in identifying those in need of support and initiating or inviting contact. Befriending Networks<sup>18</sup> for example, defines befriending firstly, as:

***‘a service offered to people who are identified as having particular needs, usually involving social isolation, often within a specific geographical location.’***

And secondly, as:

***‘a relationship between a volunteer befriender and a befriender (usually, but not always, one-to-one) which is initiated, supported and monitored by a voluntary or statutory agency.’***

From the perspective of funding organisations, such as health organisations or local authorities, there is an expectation that befriending can be an effective approach to help people tackle complex problems. For example, in *Commissioning Befriending: A guide for adult social care commissioners*<sup>19</sup>, emphasis is placed on the need for organisations to provide support to people who are, in one respect or another, in a vulnerable situation in the following terms:

***[Befriending is] ‘an intervention that is being widely used to address the “human-to-human” support needs of vulnerable people. It can offer vital support during pivotal or transitional periods in a person’s life including, leaving hospital after an illness or periods of mental or physical ill-health, including long term conditions... Befriending is an activity which involves the development of relationships in which one individual, usually a trained volunteer gives time to provide informal support and encouragement to another, often over a long period of time. Befriending relationships are based on trust, confidentiality and mutual involvement whereby both the volunteer befriender and service user gain from the relationships formed over time.’***

The majority of organisations delivering befriending are small community-based organisations. Such organisations or groups tend to have broad aims so as to serve the needs and interests of their community. For example, in rural areas, village halls provide social hubs for a wide range of activities from tea dances to the delivery of educational programmes. But in so doing, it is also often claimed that such activity strengthens community integration and helps to tackle aspects of loneliness and isolation. In one study of village halls,

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<sup>18</sup> *Good Practice in Befriending – A comprehensive guide to befriending practice in the UK* (2014), Edinburgh: Befriending Networks: available to download at: <http://www.befriending.co.uk/>

<sup>19</sup> Commissioned by the South West Joint Improvement Partnership and developed by the Mentoring and Befriending Foundation.

for example, several case studies focused on tackling isolation and claimed this was a key aspect of their social impact.<sup>20</sup>

*'1,400 people come through Ripon Community House doors on a monthly basis to take part in the various activities delivered therein. The building is used by a very wide range of local people ranging from single parents to young people, to mother and toddler groups, to people with physical and learning disabilities. Outcomes for those using our building and services include improved health and wellbeing, reduced levels of social isolation and loneliness, learning new skills through volunteering, enhanced social networks of support, improved access to services.'*

In this evaluation it is recognised that many VCSE organisations can make a contribution to social interaction which can help to tackle isolation and loneliness in a myriad of ways. In nine out of ten cases (88%) befriending is offered by an organisation which also does other things. This covers a wide range of activities including advice and advocacy, personal care, campaigning and 'good neighbour' services.<sup>21</sup>

However, the main interest here is how in those VCSE organisations, other types of non-profits (such as housing associations and statutory bodies) use or commission befriending services specifically to tackle personal and social problems. The recognition by statutory organisations on the contribution of befriending to community care is demonstrated for example, by the fact that three in five schemes (62%) receive some funding from the local authority, most often social services, and one in five (22%) from health authorities. A small number (4%) of befriending schemes charge users directly for their service.

## 2.6 Approaches to befriending services

Befriending services can generally be categorised into three models of delivery.<sup>22</sup>

- **Face-to-face befriending** – the most common kind of befriending involving a matched befriender and befriender meeting for a couple of hours on a regular basis (usually weekly) either at the befriender's home or out in the community.
- **Distance or remote befriending** – usually involving a befriender phoning a befriender at a prearranged time on a regular basis, although this can involve email, instant messaging or letters.
- **Group befriending** – where several befrienders and befrienders are brought together in a group as an alternative to one-to-one befriending. Groups can be set up to meet the specific and common needs/interests of individuals.

Currently, there is little documented evidence to enable comparison between different models of delivery. Experience gained through the evaluation of the

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<sup>20</sup> Scott, N. and Probert, Y. (2018) *Village halls, rural community hubs and buildings: The size, scale, scope and potential of these community business*, London: Power to Change, <https://www.powertochange.org.uk/wp-content/uploads/2018/08/Village-halls-open-call-report-Final.pdf>

<sup>21</sup> Dean, J. and Goodlad, R. (1998) *The role and impact of befriending*, York: JRF.

<sup>22</sup> *Ibid.* Good Practice in Befriending.

Derbyshire Trust Befriending Network suggests that the benefits reported by recipients of befriending schemes are significant, but that the level of benefit reported is similar whatever type of befriending is being delivered.<sup>23</sup>

*Good Practice in Befriending, A comprehensive guide to befriending practice in the UK* published by the Befriending Networks in August 2014 summarises good practice in befriending as:

- setting achievable outcomes in relation to its resources
- recruiting volunteers systematically and carefully, in accordance with the service's policies
- supporting befrienders by providing training, supervision and expenses
- providing a professional service to its befriendees, including referral, waiting list, assessment, matching, and ending procedures
- protecting its befriendees
- being governed effectively
- supporting the work and development of its service coordinator and other staff
- monitoring all aspects of its practice
- continuing to review its policies and procedures in response to internal and external evaluation of its service, and to reflect changes in legislation and public policy

The guide provides comprehensive guidance in relation to each of the above good practice points. In reviewing specific schemes, mention of the use of the *Five ways to wellbeing*<sup>24</sup> tool as a framework to set goals with the befriendees at a pace that suits the individual has been noted as a tool that is sometimes used to bring a structure to the engagement process and social groups.

Clearly, the costs of befriending are affected by the level of commitment given to service users. Providers take different approaches. Some offer *fixed-term* support packages where it is clear from the beginning to all parties involved that the befriending relationship will only be supported by the service for a set period of time. Others engage in *open-ended* service delivery where the befriending relationship continues for as long as the befriendees, their family/carers (if appropriate), the befriender and the service agree that it should.

Providers, often working in complementary ways, recognise the benefit of *successive-befriending* services where the need for ongoing but changing support demands from befriendees are required. There is, therefore, considerable variation in provision.<sup>25</sup>

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<sup>23</sup> *Ibid.* Harnessing the power of communities Befriending in Bradford research study, 2019

<sup>24</sup> See Aked, J. Marks, N., Cordon, C. and Thompson, S. (2008) *Five ways to wellbeing*: London: New Economics Foundation, <https://neweconomics.org/2008/10/five-ways-to-wellbeing>

<sup>25</sup> A systematic review of 14 schemes in 2016 reported that befriending involved a variable number of contacts and duration, with visits / calls typically arranged on a weekly basis for a minimum of 6 weeks to a maximum of 12 months. Participants were generally engaged for a minimum of 20-180 minutes during their session. Median figures suggest weekly contacts of 1 hour duration delivered for approximately 3 months., Siette, J., Cassidy, M. and Priebe, S. (2016) 'Effectiveness of befriending interventions: a systematic review and meta-analysis', *BMJ Open*, doi: 10.1136/bmjopen-2016-014304. Numerous reports have documented the positive outcomes associated with befriending. A systematic review and meta-analysis of befriending schemes conducted in 2016<sup>25</sup> summarised that 'there is relatively little research examining befriending interventions, but what has been done

Studies of the impact and outcomes of befriending programmes demonstrate that benefits gained are shared by a range of stakeholders, including the befriender, befrienders, and families, carers and friends of befriendees. Direct institutional benefits are also identified for referral services – by, for example, reducing pressure on GP’s time. Indirect benefits have been identified with the emergency services such as the police, fire and ambulance services.<sup>26</sup>

## 2.7 Outcomes for befriendees

Defining generalised outcomes for beneficiaries of befriending programmes is complex because, as discussed above, individuals using such services have different needs and the intensity of need varies. Similarly, users of befriending services also take different routes to support which may affect their experiences and expectations of provision. Many service users engage with befriending programmes through contacts they already have with statutory and voluntary agencies, for example, referrals from GPs and other health professionals, social workers and probation officers and so on.

But often, routes into befriending services are indirect, by for example, when individuals become aware of services through participation in other activities provided by an organisation. Similarly, self-referral can be driven by word-of-mouth contacts with other beneficiaries of such services. Increasingly, services are accessed via online searches and registrations.<sup>27</sup>

Numerous reports have documented the positive outcomes associated with befriending. A systematic review and meta-analysis of befriending schemes conducted in 2016<sup>28</sup> summarised that:

***‘There is relatively little research examining befriending interventions, but what has been done provides some promise for their effectiveness. Some evidence suggests that befriending can provide individuals with a new direction in life, re-establish engagement with social activities and encourage self-esteem for mental illness (e.g., schizophrenia) and health condition (e.g. heart failure) but these studies are largely conducted using qualitative methods and do not evaluate specific outcomes in well-designed comparative studies.’***

An evaluation of eight ‘Call in Time’ projects, a national telephone befriending programme, explored ‘why older people value the telephone befriending service’. The following benefits were identified:

- They feel life is worth living
- They feel they are not forgotten and they belong
- They know they have a friend who cares who is not family

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*provides some promise for their effectiveness. Some evidence suggests that befriending can provide individuals with a new direction in life.’*

<sup>26</sup> For example, one study undertaken by Newcastle University focused on the challenges the police faced of tackling the consequences of substance abuse. Addison, M., Stockdale, K., McGovern, R., McGovern, W., McKinnon, I., Crowe, L., Hogan, L. and Kaner, E. (2017) ‘Exploring intersections between Novel Psychoactive Substances (NPS) and other substance use in a police custody suite setting in the North East of England’, *Drugs: Education, Prevention & Policy* <http://dx.doi.org/10.1080/09687637.2017.1378620>

<sup>27</sup> *Ibid.* The role and impact of befriending.

<sup>28</sup> Siette, J., Cassidy, M. and Priebe, S. (2016) ‘Effectiveness of befriending interventions: a systematic review and meta-analysis’, *BMJ Open*, doi: 10.1136/bmjopen-2016-014304.

- They know they have a friend who is trustworthy and reliable
- They feel less lonely and less anxious
- They have greater peace of mind
- They can engage in ordinary conversation
- They are happier and more confident
- They no longer feel a burden to society
- Their emotional and physical health is improved
- Their general well-being and quality of life is improved
- The service is unique and distinct from other services

While there is an absence of consistent findings on beneficial impact drawn from robust academic research in this field at present, practical guides on befriending have identified key factors which contribute to benefit.<sup>29</sup>

## 2.8 The local context in Bradford

In Bradford, the home of Together Talks, research has been conducted on a range of befriending schemes, with the following outcomes for befriendees identified:<sup>30</sup>

- A reduction in sense of loneliness and isolation (83% of respondents)
- An improvement in mental health (72.4%)
- An increase in feeling part of the community (67.9%)
- An increase in sense of independence (62.5%)
- An increase in a desire/ability to socialise (67%)
- An improvement in physical health (48.4%)

The Bradford-based research also identified the following outcomes for befrienders and anecdotally reported on outcomes for relatives, carers, referral services and agencies:

*Outcomes for befrienders:*

- An increased understanding of issues facing older / isolated people (76.9% respondents)
- An increase in skills and knowledge (65.5%)
- An increase in friendships and social networks (56.4%)
- An increase in confidence (59.5%)
- An improvement in mental health (50.4%)
- An increase in employability as a result of gaining new / additional skills and/or volunteering (44.7%)

<sup>29</sup> In Commissioning Befriending: A guide for adult social care commissioners', *ibid.*, outcomes for befriending interventions have been aligned to adult social care outcome domains and outcome statements.

<sup>30</sup> Peter Stone Consulting (2019) Harnessing the power of communities: Befriending in Bradford research study, Bradford: Bradford VCS Alliance. <file:///C:/Users/tonyc/Favorites/Downloads/5da9b42eab0e6-bvcsabfreportfinalcopyv23.pdf>



- An improvement in physical health (36.7%)

*Outcomes for relatives and carers (anecdotal):*

- Reductions in time taken off work to look after their loved one
- Reduced costs of travel (in some cases, with families living a long way away, this was reported as being quite significant)
- Improved physical and mental health due to having time to 'recharge' and look after their own interests as well
- Less isolation and improved social networks from being able to pursue their own interests
- Peace of mind

*Outcomes for referral services / agencies in the statutory sector:*

- Fewer people presenting to receive services
- Less need for visits by health and social care staff
- Fewer 999 emergency calls

Delivering befriending services is costly, even when it involves volunteers due to the expense of training and supervision, together with the often-challenging process of coordinating programmes involving beneficiaries with complex lives. Results from the research into befriending schemes in Bradford identified that the majority of funding, as expected for VCSE organisations, came from either grant making trusts, local authority funding or the lottery.

Funding from external bodies is necessary because, for the most part, beneficiaries are not able to pay for such services or may be disinclined to do so. Only two of the thirteen organisations that responded to the survey conducted levied a small charge for their befriending services, with one charging £1 per week to contribute towards the cost of a snack and organised activities and the second asking for a contribution of £3.50 towards a lunch group which acts as a group befriending service.

While the costs of delivering effective befriending services can be high, the evidence suggests that the benefits gained are substantial. In the study based in Bradford, a social impact assessment was undertaken. It was concluded that the average cost per project (including salaries for employed staff, staff and volunteer expenses, admin support, utilities, phones, printing and other costs) was £34,207. The report calculated that the total cost of running befriending schemes in Bradford was in the region of £427,091.

The Social Return on Investment (SROI) exercise estimated that that £6.3m worth of value was being delivered through the network of befriending services in the area at a cost of £427,000. This produced a return on investment in the region of £14.86 for every £1 invested. It equates to an average impact value of £3,891 per person at an average cost of £262 for the area.

## 2.9 Befriending in the context of the Covid-19 pandemic

Telephone befriending has been one of the few services that could be provided throughout the pandemic due to restrictions on one-to-one or group-based face to face services. Indeed, it has been necessary for many befriending services to shift almost entirely to telephone provision.

In their report, *Lessons from befriending in the time of Covid-19* (2021) Jopling and Jones found from a study of 70 organisations delivering befriending services that the shift to telephone befriending has allowed organisations to reach people that they may not have otherwise been able to support previously because their home circumstances made visits challenging (examples given include heavy drinkers or smokers, or people with hoarding behaviours). Telephone befriending is less effective with some constituencies of beneficiaries. For example, organisations have been less able to support individuals with cognitive or hearing impairment.

The research demonstrates that there has been a significant increase in demand. Many organisations studied had doubled the number of matches they were supporting. Rising demand from existing service users was noted, but there was also new demand from people who had not previously received support. Furthermore, referrals from existing and new agencies have increased as awareness and concern about loneliness has spread. Many new participants, for example, are young people who may previously have taken part in group-based activities rather than befriending.

Nearly 50% of the organisations that responded to the study indicated that they had extended their services to cover a larger geographical area. Most have recruited more volunteers. Increased demand has produced a step change in the complexities of support delivery. For example, the need to provide additional training and support to befrienders has increased substantially due to the expectation of service users that they could assist with practical issues (such as financial worries, concerns about housing, food shopping, etc.) and complex psychological issues (such as increased fear, anxiety, depression, suicidal tendencies together with actual experiences of bereavement, trauma and loss).<sup>31</sup>

Jopling and Jones also report, however, that when befriending conversations were previously face-to-face, it was often felt that 'something had been lost' in the quality of connections between service users and volunteer befriender. Organisations have reported that telephone-based conversations are typically shorter, harder to sustain and more demanding on staff and volunteers. Where video calls were offered, take up was often very low, primarily due to lack of access and a lack of confidence and familiarity with digital technologies and video calling.

Administering services has also become more complicated. Organisations have had to develop streamlined processes for assessment and matching. Prior to the pandemic assessments were often undertaken on a face-to-face

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<sup>31</sup> See for example, Burn, E. *et al.* (2020) 'Patient and befriender experiences of participating in a befriending programme for adults with psychosis: a qualitative study', *BMC Psychiatry* <https://bmcp psychiatry.biomedcentral.com/articles/10.1186/s12888-020-02776-w>; Priebe, S. *et al.* (2019) 'Effectiveness of a volunteer befriending programme for patients with schizophrenia: randomised controlled trial', *British Journal of Psychiatry*, 217(3), <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/article/effectiveness-of-a-volunteer-befriending-programme-for-patients-with-schizophrenia-randomised-controlled-trial/OE8041B77A9A9D10F0F454BF99516C24>

basis but this has now shifted to the telephone. 65% of survey participants indicated that they had changed the way that they completed assessments. New service providers have adopted lighter-touch processes, often matching on a first come/first served basis, which the report concludes does not appear to have been detrimental to the quality of the match. Consequently, many are contemplating the development of hybrid or blended approaches in the future, offering both telephone and face-to-face befriending.

## Section 3

# Review Methodology

### 3.1 Review focus

At project inception the Together Talks team established a Logic Model and initial Evaluation Framework to guide data collection activities. The Logic Model set two overarching objectives:

- To provide a district wide generic befriending service for people experiencing social isolation because of COVID 19.
- To provide a targeted wellbeing and befriending service in Early Help, Adult Social Care and Domestic Violence and Abuse services to increase capacity and improve outcomes.

The Logic Model also set out intended outcomes and presented the following anticipated impacts:

- Recognition by commissioners and other stakeholders of the value and effectiveness of targeted volunteer befriending to complement the provision of specialist services
- Service users and volunteers feeling supported, empowered and experiencing positive outcomes in a range of domains
- New models of care and best practice established, integrating volunteering with specialist services
- A business case for sustainable volunteer befriending and wellbeing services to be delivered in a range of contexts
- Costs savings to commissioners for Adult Social Care, Early Help, Domestic Violence and Abuse service providers.

An initial Evaluation Framework was put in place to guide ongoing data collection activities. This Framework made provision for the collection of quantitative information and provided scope for the delivery of qualitative research activities that would mainly be conducted as the pilot project neared completion.

Durham University was appointed in August 2021 to conduct the review, considering primarily whether the stated outputs, outcomes and impacts in the Logic Model had been met. Collecting data requested in the initial Evaluation Framework - plus additional qualitative research activities to add further insight - the review also set out to provide commentary on the following questions:

- Are Together Talks service users and volunteers feeling supported, empowered, and experiencing positive outcomes in a range of domains?
- Is a telephone-based befriending and wellbeing service a suitable model for integrating volunteering with specialist services and offering a step-down service to support clients' improvements?

- Is the Together Talks befriending service suitable for all three specialist services as a concurrent intervention service to support their service users in improving their wellbeing and desire to meet other people and reduce their sense of loneliness?
- Has Together Talks established new models of care and best practice?
- Can the befriending service reduce the visits to the GP/other services by service users from all three specialist services and the generic service?
- Does Together Talks offer cost savings to commissioners for Adult Social Care, Early Help, Domestic Violence and Abuse service providers?
- Is the digital platform being used cost effective for both the service user pathway and the volunteer pathway in delivering a befriending service as compared to a traditional befriending service?

## 3.2 Review stages

The following stages of work were completed between September and December 2021.

### ***Stage 1: 'Check and challenge' (September 2021)***

With the support of the Together Talks team and using the pre-established Logic Model and initial Evaluation Framework, the review interrogated the availability and quality of the data that had been collected since delivery began. The intention of this 'check and challenge' was to ensure that the data due to be presented in December 2021 would be robust enough to allow for a thorough investigation of the review questions. Doing so, at this early stage would allow for any gaps in data to be identified and subsequently supplied.

In addition, the activities envisaged as part of the qualitative research process were reassessed to double check that the right stakeholders were engaged; that the views of volunteers were suitably collected (as volunteers represent a key delivery mechanism for Together Talks); and that the planned questions for the Management and Staff Consultation Feedback Sessions and individual staff interviews provided scope for an adequate exploration of the review questions.

### ***Stage 2: Desk based research (October 2021)***

A desk-based review of strategic documents was undertaken. Documents referenced in the Logic Model were considered as were documents produced by the Together Talks team such as Steering Group minutes, the Befriending Service Guidance Handbook and the Resource Document for Volunteer Befrienders. Recent academic papers regarding befriending and its associated impacts were also reviewed. Importantly also, a web-based review of befriending schemes was undertaken, relating particularly to those schemes delivered by charities and other community associations in the VCSE sector. Throughout this stage, comparisons regarding Together Talks were made, with the intention of identifying points of differentiation and potential areas for future improvement.

### **Stage 3: Data analysis (October to December 21)**

Since the project began, the Together Talks team have been collecting data about both the befriendeds and the volunteer befrienders. This has included:

- Demographic data (e.g. age, gender, ethnicity, language)
- Baseline and Follow-up Surveys (with pre-determined, scaled questions)
- Training records
- Numbers of befriendeds, volunteer befrienders and 'matches'
- Application and referral forms, including Action Plans (specialist strands only)
- Volunteer feedback update forms

For the purposes of this review, the Together Talks team have presented this data to Durham University in the form of summary excel spreadsheets. These spreadsheets have been interrogated and spot checked to validate completeness and collection methods.

Whilst this evidence identifies the 'type' of befrienders and befriendeds attracted to the project, the Together Talks team recognised that such data must be supplemented by additional qualitative data, collected via regular conversations and contact. Touching base with individuals in this personal and direct manner has allowed for tailored goals and outcomes to be set and importantly has flagged any issues of concern both for the individuals and the project. Conversations such as these have been recorded in a written or audio format and include for example volunteer telephone interviews and befriendeds mid-service interviews.

### **Stage 4: Befriendeds journeys (October to December 2021)**

For the purposes of this review, three documents were deemed to be important given the desire to evaluate the project against the Logic Model. These relate specifically to how Together Talks has helped befriendeds overcome issues and achieve positive social and wellbeing outcomes.

For that reason, the review tracked the 'personal journeys' of each befriendeds. Three cohorts of beneficiaries were identified. Cohort 1 included those befriendeds that had completed a Baseline Survey (1), Mid-service interview (2)<sup>32</sup> and Follow Up Survey (3). A total of 13 befriendeds 'full' journeys were considered.

However, it should be noted that befriendeds join and leave Together Talks at differing points. As such there is no common start and end data shared across all befriendeds. So, to gain the maximum insight possible, the review also considered a second group - Cohort 2 which looked at the '*partial*' journeys by those befriendeds completing only a Baseline Survey and a Follow Up Survey. A total of 9 befriendeds '*partial*' journeys were considered.

In addition, a further 6 befriendeds journeys - Cohort 3 - were considered using Baseline Survey and Mid-service interviews only. This was in recognition of the low representation of befriendeds from Adult Social Care and Early Help strands amongst Cohorts 1 and 2.

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<sup>32</sup> The initial Evaluation Framework referenced only five mid-service interviews for each of the four strands.

Across the Cohorts a total of 28 befriendees were considered representing the following percentage response rates:

- 54% receiving support as part of the Generic strand
- 14% receiving support as part of the Adult Social Care strand
- 7% receiving support as part of the Early Help strand
- 25% receiving support as part of the Domestic Violence and Abuse strand

Following clarification from the Together Talks team, this breakdown closely (but not exactly) reflects the overall representation of befriendees assisted:

- 63% receiving support as part of the Generic strand
- 13% receiving support as part of the Adult Social Care strand
- 7% receiving support as part of the Early Help strand
- 17% receiving support as part of the Domestic Violence and Abuse strand

The total number befriender journeys considered (28) equals approximately 11% of the total number of befriendees (256) supported by Together Talks during the review's agreed data collection period. This is felt to be appropriate for a review of this scale.

### ***Stage 5: Interviews and consultation feedback sessions (November 2021)***

Interviews and Consultation Feedback Sessions were conducted as part of this review. These activities are listed below in the chronological order in which they occurred.

#### **Volunteer befriender interviews**

During w/c 8 November 2021, telephone or Zoom interviews<sup>33</sup> were held with 13 volunteers. Interviewees were pre-selected by the Together Talks team. This ensured that views from a range of interviewees were obtained which in turn would reflect the overall make-up of the volunteer cohort. The total number of volunteers interviewed equals 7% of the total number of volunteers recruited by Together Talks or 16% of Currently Active capacity.

#### **Management consultation feedback session**

Together Talks established a Management Group to guide project activities and direction. From this Management Group, four representatives were asked to attend a consultation feedback session. These were:

- Raj Singh (representing Generic Befriending)
- Adélaïde Houlette (representing Domestic Violence and Abuse)
- Alec Porter (representing Adult Social Care)
- Manjit Cheema (representing Early Help)

The session was held online on the 16 November 2021 and was led by Beth Kay from the Together Talks team, using questions agreed in advance with Durham University.<sup>34</sup> The session was recorded, with the agreement of the

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<sup>33</sup> Interview 'prompt' questions are shown at Appendix 2.

<sup>34</sup> Shown in Appendix 3.

participants. The representative from Adult Social Care was unable to attend. Prior to the session representatives were presented with pre-agreed summaries of current data and early findings from the mid-service interviews and the volunteer befriender interviews.

### **Staff consultation feedback session**

Five staff representatives were also asked to attend a consultation feedback session as part of the current review. These were:

- Francesca Willett (representing Generic Befriending)
- Naiyla Kausar (representing Domestic Violence and Abuse)
- Afza Iqbal (representing Adult Social Care)
- Katherine McCauley (representing Early Help)
- Laura Davison (representing the Early Help)

The session was held online on the 19 November 2021 and was led by Beth Kay from the Together Talks team, using questions agreed in advance with Durham University.<sup>35</sup> The session was recorded, with the agreement of the participants. Prior to the session representatives were presented with the same data as the management consultation feedback session referenced above.

### **Interviews with Together Talks team staff**

Individual interviews were held by the Project Evaluator with the following staff members between 29<sup>th</sup> November to 17<sup>th</sup> December 2021:

- Chief Executive: Jon Royle
- Project Lead: Raj Singh
- Project Worker (full time 5 days): Beth Kay
- Project Worker (part time 3 days): Gabriel Stoltz
- Project Worker (1 day a week): Francesca Willett
- Administrative Assistant<sup>36</sup>: Naiyla Kausar

These interviews explored the findings from Stage 1 - 4 and provided a final review opportunity for staff members to express private views.

The remainder of this report considers the findings from all the stages outlined above.

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<sup>35</sup> Shown in Appendix 3.

<sup>36</sup> Employed by Staying Put.



# Section 4

## Volunteer Befriender Findings

### 4.1 Introduction

Volunteer befrienders are the critical delivery mechanism in any befriending scheme. They are the ones who give their time freely to not only support individual befriendees, but also to attend training and development opportunities, complete safeguarding and risk assessment activities and act as ambassadors for the organisations that they represent. The important role to be played by the volunteer befrienders was acknowledged in the Together Talk's Logic Model. Firstly, the Logic Model set clear outputs with a total of 110 volunteers expected to be recruited.<sup>37</sup> Secondly, the Logic Model aimed to achieve the following outcomes:

- **For Befrienders**
  - Increased knowledge and skills
  - Improved employability
  - Increased sense of purpose and achievement
- **For Both Befrienders and Befriendees**
  - Improved social mixing
  - Improved personal confidence
  - Improved mental health
  - Reduced feelings of loneliness and isolation
  - Improved socialisation skills

Finally, the Logic Model pointed to the following anticipated 'impact' for befrienders - that of '*service users and volunteers feeling supported, empowered and experiencing positive outcomes in a range of domains*'.

The section that follows reflects upon whether Together Talks has achieved the outputs, outcomes and impacts identified in the Logic Model. In doing so the section presents evidence gathered via interviews regarding volunteer befriender motivations for engagement; wider awareness of project purpose; the training and development opportunities received; perceived delivery challenges and positive impacts generated; scope for operational improvements; and value judgements regarding the support given by the Together Talks team.<sup>38</sup>

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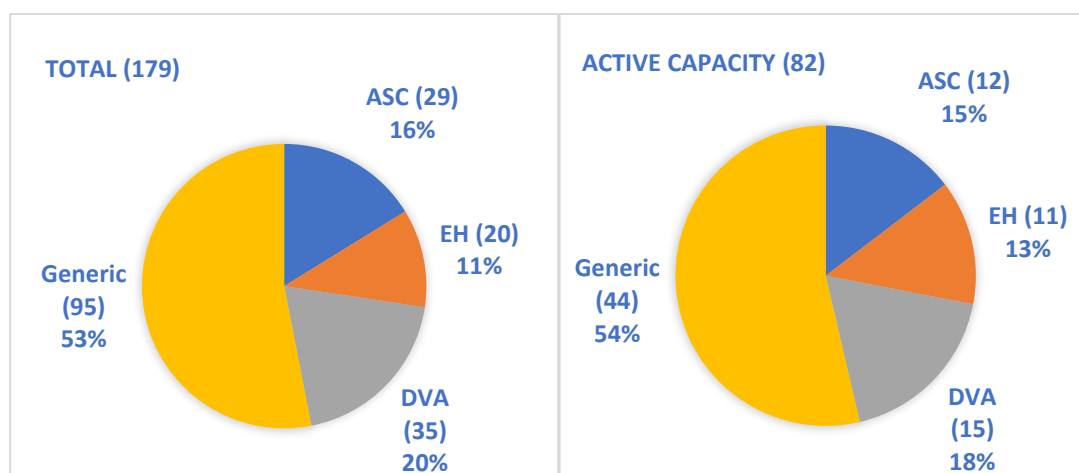
<sup>37</sup> Target included 20 to support Early Help; 20 to support Adult Social Care; 20 to support Domestic Violence and Abuse; and 50 to support Generic Befriending.

<sup>38</sup> The full list of questions, used as prompts during volunteer befriender interviews are shown at Appendix 2. Telephone interviews were held between 8<sup>th</sup> -11<sup>th</sup> November 2021 with 13 volunteer befrienders pre-selected by the Together Talks team. This represents a sample size of 16% of the currently active capacity or 7% of the total number of volunteer befrienders to have engaged with the project.

## 4.2 Volunteer Befriender Outputs

The Together Talks project has recruited 179 individual volunteer befrienders. At the time of writing there was an available volunteer capacity of 82. Figure 4.1 below provides a breakdown of the **total** number of volunteer befrienders per strand and a breakdown of the **currently active** capacity per strand.

Figure 4.1 **Befriender numbers**



Using this data alone, it is evident that Together Talks has exceeded the outputs set in the project's Logic Model which originally stood at 110 volunteer befrienders. Moreover, the data suggests that the target of 20 volunteer befrienders per specialist strand and 50 volunteer befrienders in the Generic Befriending strand has also been met and is in fact almost double the original target.

### **Hours of support**

As shown below in Table 4.1, between them, the 179 volunteer befrienders have delivered 2432 calls which equate to 810.5 hours of support.

Table 4.1 **Befriender hours worked**

Total Call/Hours	Calls	Hours
ASC	200	66.6
EH	97	32.3
DVA	349	116.3
GENERIC	1,786	595.3
	<b>2,432</b>	<b>810.5</b>

The hours of support provided is based on an estimated minimum call length of 20 minutes.<sup>39</sup> This figure excludes the time given by the volunteer befriender to application and interview processes. Neither does it account for the completion of the Update Forms after each call, nor any signposting research undertaken prior to or following calls.<sup>40</sup>

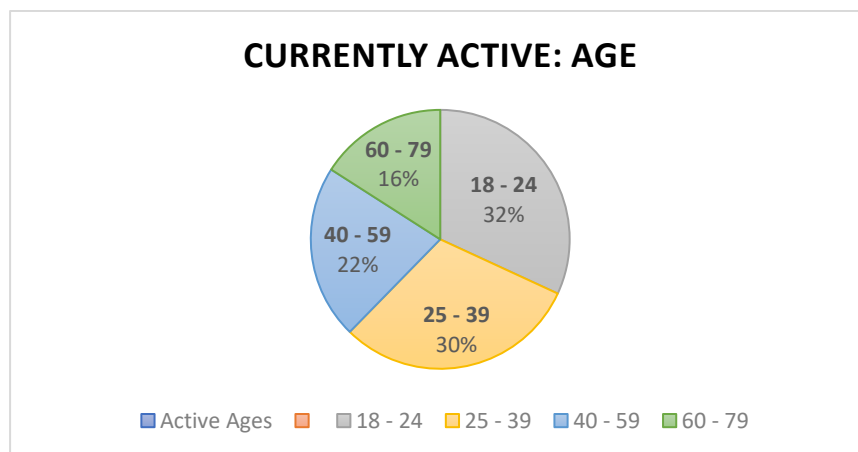
Currently these variables are not measured but it is suggested that an additional 20 minutes per call would be an adequate estimate of the time given to these supplementary activities. If these activities were included, it is suggested that the total hours of support provided would rise to 1621 hours.

Closer interrogation of currently active capacity reveals further interesting data about the volunteer cohort.

### **Age:**

Interrogation of the currently active volunteer befrienders reveals that there is good spread of volunteers across the age ranges as shown in Figure 2 below.

Figure 4.2 **Age range of befrienders**



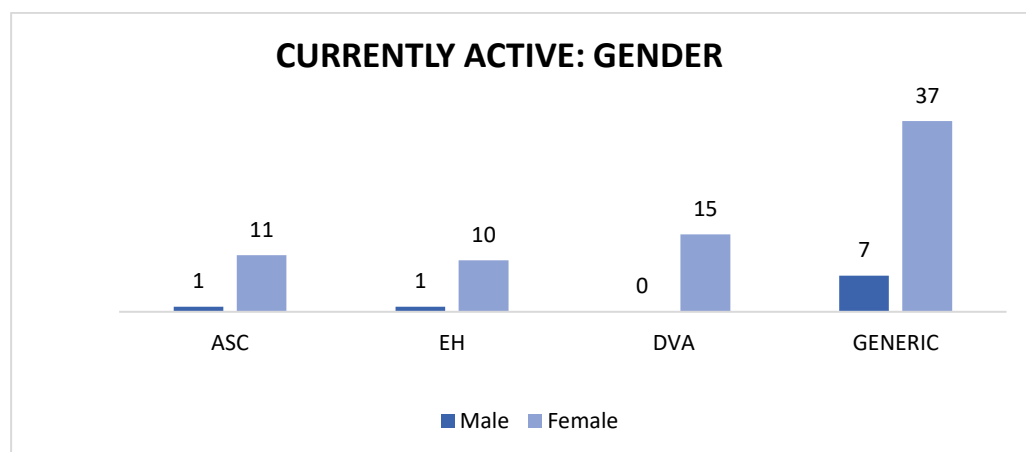
### **Gender**

Under, gender however there is a clear weighting towards the number of females acting as volunteer befrienders as shown in Figure 4.3

<sup>39</sup> During interviews volunteer befrienders confirmed that 20 minutes was the lower estimate of call times.

<sup>40</sup> It should be noted that some volunteer befrienders stated that calls could last up to one hour which would change this hourly support rate substantially. No internal calculation systems are currently in place to provide a more accurate picture of actual call times per befriender, per befriender and for the project as a whole.

Figure 4.3 Gender distribution



### ***Ethnicity***

As shown in Table 4.2, there is good representation from a range of ethnicities (as stated upon application) and a total of 21 languages are currently spoken across the currently active cohort.<sup>41</sup>

Table 4.2 Ethnic status (self-reported)

Currently Active Ethnicity	%
English	40
Welsh	2
British	17
Indian	8
Chinese	1
Pakistani	14
Bangladeshi	2
African	5
Prefer not to say	11

### ***Location***

Within the currently active capacity 45% applied using a Bradford postcode, and 55% using other postcodes from outside of the Bradford area.

<sup>41</sup> Languages include English, Punjabi, Urdu, Polish, Bengali, Gujrati, Arabic, French, Hindi, Yoruba, Igbo, Welsh, Turkish, Italian, Spanish, Greek, Indonesian, Javanese, Mandarin, Kurdish and German.

## 4.3 Findings from volunteer befriender interviews

As with any project, the quantitative data only tells part of the story. To provide additional insight, semi-structured interviews were conducted with thirteen volunteer befrienders. The section that follows reviews the findings from these interviews.

### ***Awareness of Volunteering Opportunities with Together Talks***

Awareness of the volunteering opportunities associated with Together Talks came through a variety of channels. Channels most referenced during interviews included advertisements on university websites, social media and via Volunteer Action Leeds. To some degree, this finding is mirrored by the statistical data collected by the Together Talks team with volunteer led organisations, higher education and social media being prominent sources.

Interestingly over 60% of those interviewed had heard about the volunteering opportunities via word-of-mouth contacts, notably from staff involved with Together Talks or The Bridge Project. This is not necessarily reflected in the statistical data presented to the Project Evaluator. However, it is possible that prospective volunteers reported hearing about the volunteering opportunities following a conversation with a staff member and then in turn investigated these opportunities via social media or digital channels.

### ***Motivations for Volunteering***

There are various reasons why volunteers offer their time to a befriending scheme.<sup>42</sup> From the evidence collected during interview, most of these motivations were observed in the Together Talks project.<sup>43</sup>

#### **■ To increase knowledge, skills and employability**

Three quarters of those interviewed suggested that involvement in Together Talks was partially driven by a desire to enhance their performance in their current jobs or increase the potential for accessing future employment. This could be as direct as gaining a character reference for future work or the befriending experience forming part of a university course requirement to engage in practical work experience. Of note, was the desire to use the befriending experience as a chance to gain a 'taster experience' - either as an entry point into a general career within the third sector or as a specific stepping-stone into a career focused on mental health or social work:

*'I was searching for opportunities on-line and I was looking for something more community based and personal. At the time I was reading a lot about psychology, and I saw the befriending role as maybe a first step into this area of work.'*

Within this cohort a quarter of interviewees were also able to articulate how engagement in Together Talks had helped with the development of transferable skills:

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<sup>42</sup> These include personal growth; an opportunity to gain new experiences; to feel valued; for enjoyment and interest; altruistic motivations; providing a contribution to society; making amends; and previous mental health experience.

<sup>43</sup> To aid later discussion regarding how Together Talks has met the stated outcomes, these motivations have been 'grouped' together, rather than discussed individually as presented in Footnote 42. The only motivation not observed during interview was that of 'making amends for previous behaviour'. That is not to say that this motivation is not present, simply that it didn't emerge as a theme amongst the interview cohort.

*‘Positive outcomes for me? I’m more confident and able to start conversations. It has built my confidence. I’ve learned skills like changing my tone and the things I would say. You have to be more respectful. So definitely helped with confidence and communication skills.’*

#### ▪ **Socialisation and mixing**

For a quarter of the those interviewed, no aspirations were expressed regarding knowledge, skills and employability. Naturally this was found amongst those individual volunteer befrienders who were retired (particularly those with previous careers in social or health services) or those who were already working. Amongst this cohort, the strongest motivations related to a desire to help others (particularly for those having experienced similar issues within this own families) and have new experiences:

*‘I had elderly parents and I observed the caring they needed and the isolation they experienced. It was a terrible thing to experience. My approach is to help people. I like talking to people.’*

*‘It’s a person I wouldn’t have met in my daily life. That is interesting. It’s an experience I wouldn’t have had.’*

#### ▪ **Feeling valued and connected**

Motivations were not solely driven by the need to progress career aspirations or help others with many of those interviewed acknowledging that taking part in befriending activities is hardly ever based on purely altruistic motives but allows individuals to feel valued and engaged in community life:

*‘It’s never truly selfless because it makes you feel that you are connected.’*

*‘It was something useful and something that I could contribute to. But there is always a selfish motive. The truth is you get back as much as you give. It’s been very rewarding.’*

*‘The calls give you a boost if you are feeling down, it’s not entirely altruistic, is it? And it would be wrong to suggest it’s all self-sacrificing.’*

#### ▪ **Loneliness and isolation**

Volunteering to be part of Together Talks was undoubtedly driven by the rather unique set of circumstances created by the Covid-19 pandemic. Here the remaining motivations referenced in the academic literature are visible. These motivations are particularly important as they also provide the clearest links back to the overall intent of Together Talks - a desire to tackle loneliness and social isolation.

But this ambition was initially articulated around the impact that the project would have on befriendees - those individuals who would be supported by the volunteer befrienders - and not necessarily the volunteer befrienders themselves.

Evidence collected during interviews revealed that engagement with Together Talks has been an important factor in addressing the loneliness and social isolation of volunteers too, with many suggesting that the pandemic was starting to affect their own mental health and that of their families:

*‘I was getting a bit isolated myself and thought I could help other people. Telephone befriending was new to me, and I was a bit nervous at first, but I then got into it.’*

*'I wasn't quite sure at first but during Covid, I had more time and engagement in Together Talks stopped me sitting and dwelling on [my] problems.'*

*'I have elderly parents and I know they are isolated, and I thought there would be people in similar situations to my parents. I knew that befriending would be a massive positive for them.'*

Interestingly also, several interviewees pointed to the challenges associated with trying to help others, whilst at the same time dealing with their own difficulties arising because of lockdown conditions and the ensuing isolation:

*'During lockdown well it's quite hard because you also have a bit of 'doom and gloom'. When I make the calls, I go into a different room so that I can shut the door and separate it from my life. You have to be wary about sharing your own feelings and thoughts during lockdown.'*

#### ▪ **Convenience**

From a practical perspective, the imposition of lockdowns also gave individuals the time to take on a volunteering role, whilst at the same time allowing some to engage in volunteering that would not otherwise be convenient:

*'I hadn't done any volunteering before. But lockdown slowed down life. Before there was just work and being in the car.'*

*'It felt like a very low commitment. It would be one conversation, one call and that's it. People are generally time poor and there are barriers to doing something [volunteering] that would last 4-5 hours.'*

### ***Understanding the purpose of Together Talks***

During interviews, all volunteers were asked to describe in their own words the purpose of Together Talks. Each response is shown below - not least as it confirms a solid understanding of the purpose of the project - that of addressing loneliness and social isolation by providing confidential listening and conversational support:

*'To bring people out of their situation and be there as a friend that they can confide in.'*

*'Provide a support service for vulnerable people who may not be able to leave the home.'*

*'To make someone feel cared for and have someone to talk to every week and something to look forward to.'*

*'The service is about helping people who are isolated and need someone to talk to about anything. If they are isolated or lonely, they can make contact with someone to have a chat.'*

*'Connecting an individual who does not have anyone or who needs someone - with someone who is willing to listen.'*

*'For people who need a bit of company, so they are not lonely. Gives them something to look forward to every week.'*

*'To provide a support to people who are isolated and need someone to listen to them and help them. It's not about telling them what to do, it's about signposting and being a sounding board.'*

*'To give service users who are isolated and need some support and would welcome someone to talk to and break their isolation so that they can enjoy their day.'*

*'To help people who are isolated.'*

*'A small injection of connection for people who are lonely to reducing social isolation. Something that does not take much time but can be hugely important.'*

*'Initially speaks generally to people who were isolated due to Covid and to bring interest into peoples' lives.'*

*'Helping those who are isolated and to help those with mental health issues not reach that point of no return.'*

*'I see it as community support – not so much a professional intervention but something that would offer support and listening.'*

As well as confirming a broad understanding of the role of Together Talks in addressing loneliness and social isolation, the responses as to *'what the project is'* also generated useful reflections as *'to what the project is not'*. Interviewees were very clear about the boundaries of the project, and the parameters of their individual interventions as volunteer befrienders and not as paid support workers:

*'If I think extra help is needed, I would go through to the Together Talks team or I would report it and it would be picked up. There has to be a separation - I am only a volunteer.'*

*'Sometimes I feel a bit helpless as all I can do is signpost. They may need a mental health worker and that is not my role.'*

*'She likes an adult conversation, someone that asks how 'you are' not how the kids are. I'm taking an interest about her. I try and encourage her to go out, but I don't push her too hard. It's different because if I was a support worker, I'd go with her.'*

Of slight concern is that two of the interviewees were not aware of the opportunity to refer people back for further services support.

### **Training**

Just over half of the interviewees stated that they had prior volunteering experience, including three individuals that had previously engaged in similar befriending activities with other organisations.<sup>44</sup> Four of the volunteers had never been involved in the delivery of befriending previously.

These wider experiences impacted on the responses obtained during interview regarding the training received via Together Talks with comments made on training content, delivery and appropriateness inevitably reflecting an individual's own personal level of experience and prior knowledge coming into the volunteer befriending role. Nevertheless, the interview responses provide some useful insight regarding the impact of the training, an understanding of the engagement parameters and suggestions about how the Together Talks training programme could be improved.

#### **■ Training Relevance and Applicability**

Eleven of the thirteen interviewees recalled undertaking the training modules offered. Most were able to recall that the training was completed online and occurred prior to contact with befriendees. Only two interviewees struggled to recall the training received but felt that *'they must have done it'* to address issues such as safeguarding and confidentiality.

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<sup>44</sup> The scope of the review did not allow for a full analysis of the commonalities and differences between Together Talks and other schemes that volunteer befrienders had engaged with.



Interviewees confirmed receiving training on the following topics - responses which largely mirror the content of the modules available.<sup>45</sup> Training referenced directly included safeguarding; confidentiality, data protection, duty of care, appropriate behaviour, unconscious bias, equality and diversity.

The majority felt that the training was appropriate in terms of gaining an understanding of Together Talks and the rules and procedures that needed to be followed. For those that had significant work experience behind them, confirmation was provided that the training was as it should be for a project of this nature:

*'I did my interview over the phone and watched some videos. I think I could have had more training if I'd been wanting to deal with more vulnerable people, but I didn't want to. I was happy with the basic training. The training was helpful because I was new - so it helped me to know how they [the Together Talks team] like to run things and stick to the rules.'*

*'I did some safeguarding training, on-line and some other modules. It was the right amount and not too scary. Because it is volunteering, you don't want information overload. Personally, it was enough for me, and I don't think I need any more.'*

*'To me it was obvious stuff, and I already knew about it - things like unconscious bias, equal rights etc. It prepared me in a way, but it was stuff I had read before. But it was about learning that this [the pilot project] was not just 'sitting on a bar stool' type chat.'*

It is not however just the recollection of having received the training that is important - it is the extent to which aspects of training has been applied in practice. The majority of those interviewed stated that they had applied elements of the training with only one interviewee feeding back that it had been a *'little bit about jumping through hoops'*:

*'I've had training and inductions on things like how to conduct long chats, data protection, confidentiality, withholding phone numbers, safeguarding and with the domestic abuse training I'm now particularly aware as to when things might be going wrong. I've certainly applied it - certainly the safeguarding. I've always reported and asked for advice, and I don't give my own advice.'*

Just over half of those interviewed suggested that additional training would be welcome with scope for training to be provided on an ongoing basis, rather than simply at the outset:

*'Although the training was thorough, it was perhaps a bit too brief for me I would have liked the training to be more ongoing and regular - that personally would have been helpful for me. Maybe some scenario planning or practice calls? But I've applied it and there have definitely been points where I thought about objectivity, mind set and conduct for example. If I don't think I've done enough I do some self-guided learning.'*

For those volunteers involved with the Domestic Violence and Abuse strand, there was good recall of the specialist training that had been received in conjunction with Staying Put. However, some reservations were expressed about the way that the training was *'shoe-horned in'* at the beginning of the project although it was recognised as being important to aid understanding and empathy:

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<sup>45</sup> The training modules delivered included Induction; Confidentiality; Equality and Diversity; Safeguarding; Telephone Security and Best Practice.

*'[The training] should be available throughout. The domestic abuse training was quite long - 6 or 7 role plays of people living with it [domestic abuse] and how to spot tell-tale signs. But it was quite long to ask for that time commitment. It was eye opening and important in understanding what might have led the person to get to that point.'*

Two further suggestions for improvement are of note regarding training relevance and applicability. Firstly, volunteer befrienders referenced that as relationships began to build with befriendees over the course of several telephone calls, more information about the individual befriendeed was revealed. In turn, other issues emerged that had perhaps not been flagged by the befriendeed, the referring service or the Together Talks team:

*'The training was good and well done. It was about principles and policies - what you can and can't do on calls, what is appropriate behaviour and confidentiality. But some issues have come up when we are actually befriending particularly around mental health.'*

The themes of mental health and low-level depression were raised as recurring themes across both the generic and specialist strands with interviewees requesting not only information on how to spot the early signs of poor mental health but also assistance with practical tactics to deal with emerging behaviours and concerns:

*'I would like to see a little more training on mental health and depression and - when having conversations - the tactics on how to reduce this part of the conversation. As the person who is talking often does not realise how long they are talking about this particular issue for.'*

Because of these emerging themes interviewees also felt that talking to befriendees can become quite daunting over time with some requesting additional training on exploring common topics that might arise and furthermore advice on how to introduce new topics into the conversation that did not involve just 'chatting about the weather':

*'It felt quite daunting - am I going to have intensive conversations every week or are they not going to open up at all? The reality is it has been somewhere in the middle.'*

*'Be good if they [the Together Talks team] could ask us 'what we need' and equipping us with a bit more info about common subjects so that we are not in the dark because in that one hour they [the befriendeed] can talk about anything.'*

Secondly, suggestions were also made regarding how the actual training delivery could be enhanced - notably a wish for training to be delivered in person or in groups sessions with other volunteers. All those interviewed felt this would provide a greater opportunity to explore and discuss issues and in doing so gain additional understanding:

*'I would prefer it [the training] not to be 'online' but maybe about getting us out. Maybe we can read something, but it has to be practical as I've had some moments when I've thought 'what are we going to do.'*

Similarly, all interviewees were keen to meet up with other volunteer befrienders outside of any formal training opportunity. The opportunity to feel part of a team, to learn from other's experiences and to share issues to help find ways of dealing with them were stated as reasons for this:

*'There is lots of mileage in talking to one another about how we conduct our work - we are doing the same job but with different experiences and issues and services.'*

*'There are things that can upset you and it's good to get a different perspective.'*

*'I would like to meet up with other volunteers I would feel a bit more connected to the overall endeavour. I don't feel particularly connected to The Bridge Project as a charity.'*

Face-to-face meetings with other volunteer befrienders, chat rooms, a whats app group and zoom meetings were all identified as mechanisms to facilitate such interaction.

### **Befriender Contact**

Perhaps the most controversial response across all volunteer befriender interviews related to the issue of whether meeting up face-to-face with befriendees would be a helpful next step for Together Talks. There was a clear divide between those that thought this would be useful and appropriate, and those that thought meeting up would blur boundaries, be impractical and be less convenient than telephone befriending.

For those in favour of meeting up either in a home or community setting, this would provide a more 'hand on' experience and help befriendees with more practical tasks such as arranging a food bank delivery, explaining digital devices, or helping someone lacking confidence to get on a bus.

Others recognised that meeting on a face-to-face basis could be more beneficial or indeed the only option for older befriendees or those with illness or disability who would require being seen at home:

*'It might be nice to have a face to face catch up - walk to the park, a coffee. Particularly for the elderly and it would encourage physical activity. It would take more time - more than an hour. We did talk about sending a picture over but haven't sent it yet. It's about protection and I think you have to deal with that on a case-by-case basis.'*

*'I'm a doer so I would have gone round his house with a home cooked meal but that would have been too connected, and the scheme didn't allow that. Perhaps it should allow for visits especially in the local area.'*

Whilst the telephone-based service was sometimes felt to be too restrictive, there was complete acknowledgement that the boundaries governing the befriender and befriender relationship would change and as such additional guidance would be required on some very real practical issues such as who would buy the coffees or whether birthday gifts could be exchanged.

For those interviewees that expressed a preference for the service to remain telephone based the reasons provided included anxiety regarding contact during the Covid-19 pandemic, time availability, concerns about becoming too attached to the befriender, increased demands and dependency on the part of the befriender as well as practical geographical and financial challenges presented by the need to travel and have costs reimbursed:

*'I would have some reservations about socially meeting - might be good for some people but it would change boundaries and affect privacy and there is a danger they [the befriender] would become a little bit dependent.'*

Amongst those interviewees with previous experience of working in related areas, it was felt that a useful compromise could be achieved, but only on a case-by-case basis. This would allow meeting up to occur

only when the volunteer befriender felt comfortable to do so and provided that the befriender wanted and was able to take up the offer:

*'The fact that it is a telephone service is a plus point. People are still anxious post Covid. It's also time saving for someone like me - I can fit it in. But it would be nice to have some flexibility to say let's meet for a coffee in town - you know, something low key.'*

Practical suggestions were also made regarding timings and appointment reminders. All interviewees reported that calls can take on average anywhere between 20 and 50 minutes and this was felt to be an appropriate length of call - although it was noted that for those with health or disability concerns, shorter call times were often more appropriate. For some though fitting calls in between 9am and 5pm could sometimes be difficult and suggestions were made for calls to take place during the early part of the evening - a factor deemed particularly important for those looking after young children during the day. Similarly for half of the interviewees, frustrations were expressed when calls were not answered, which in turn was felt to waste time:

*'The timeframe of during the day does have its limitations – trying to fit it in and slot it around work commitments.'*

Having fixed appointment times was thought to be helpful but some suggestions were made for 'appointment reminders' - possibly via text from a trusted number - to aid call attendance by both volunteer befrienders and befriended. Of some concern, however, was the view from a small minority of interviewees that the reasons that befriended did not answer calls at the allotted time was because either they did not recognise the number (particularly those receiving support from the Domestic Violence and Abuse strand) or they did not understand the purpose of the call:

*'It varies with some clients being very flexible and very available. For those within the specialist strand the befriended was slightly less open - did she actually want the calls? Or was she confused about what it was about? I'm not sure she is particularly engaged.'*

This issue will be discussed further in Section 5.

## **Supporting Resources**

The Together Talks team produced a Resources Document for Volunteer Befrienders and Befriending Service Guidance Handbook primarily to aid the signposting of befriended to other suitable support services by the volunteer befriender. But whilst all interviewees were aware of these supporting resources, there was a 60-40 split between those who had used the resources and those who had not.

For those that had, the resources had been used to conduct further research on a situation or condition or to identify appropriate sign posting opportunities. Some had used the resources fairly consistently throughout their contact with befriended whilst other had simply printed off useful sheets for future reference, with most stating that they had referenced the document 'only a couple of times' when needed:

*'Nothing is missing from it as it stands and I have referred befriended to the services referenced.'*

*'The guide was helpful, but I only used it once. It was to do with a particular illness, and I might not have found the resource myself or had the time to do a google search for what was needed.'*

For most interviewees though, the availability and responsiveness of the Together Talks team was seen as the primary reason why the supporting resources had not been more widely accessed:

*'I was given a resource guide. I have used it once. I don't feel I need to use it, if there is a problem I get in touch with the team. I know my boundaries.'*

*'I have not used the guide – never occurred to me to look but then I've not had a situation where I've felt out of my depth. I'm more inclined to send an email [to the team].'*

### **Support from the Together Talks team**

With only one exception<sup>46</sup>, all interviewees found the Together Talks team to be highly supportive, friendly and approachable. Furthermore, interviewees were confident that any suggestions made were both welcomed and considered and that any points of concern were actioned in a timely fashion:

*'I am happy with their support when there has been an issue – always someone I can ring up – the process has worked brilliantly within a day the issue has been dealt with.'*

Interviewees also thanked the team for the small and personalised gestures received such as thank you notes and Christmas cards.

Two volunteers felt it would be helpful to have supervision sessions with the team to provide some time to offload and discuss some of the issues that have occasionally come up (e.g., racial slurs, gender bigotry etc.) whilst another felt that online counselling might be helpful to enable volunteer befrienders to deal with issues that upset them. Both acknowledged however that this could also be achieved via meeting up with other volunteer befrienders as discussed earlier in this section.

All interviewees reported that the Update Forms that required completion following every call were neither difficult nor complicated to complete. Mostly, volunteer befrienders emailed 'word forms' to the Together Talks team - a process which was viewed as mildly time consuming and which could be reduced if forms could be submitted by other digital means - such as via a google survey or a mobile phone.

## **4.4 Outcomes and Impacts**

### ***Perceived befriender outcomes and impacts***

Interviewees reported a variety of positive outcomes and impacts for their befriended because of their engagement as a volunteer befriender. Two were referenced consistently:

- **Reducing loneliness and isolation**

Most interviewees acknowledged that they felt they were reducing isolation and loneliness. This could occur in several ways from simply encouraging a feel-good factor of having someone to talk to (noted particularly in relation to

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<sup>46</sup> One interviewee left the project as it wasn't what was expected. This affected the comments made about the Together Talks team.

elderly or housebound befriendees) through to generating practical outcomes that led befriendees to connect with the 'outside' world:

*'It has made the person feel more included and more special. I would like to think I'm relieving isolation - even if just for a short time.'*

The practical outcomes referenced included following up signposting advice relating to benefits; education and other charitable services; adopting healthy eating practices; increasing physical movement in outdoor environments; and being better able to conduct relationships with third parties such as tradespeople and landlords.

Interviewees felt that their ability to listen (rather than talk) had been key in helping to reduce isolation and loneliness with the calls allowing befriendees to let their feelings out - which in turn prevented additional problems arising in the future:

*'She's anxious and it's all pervasive, she is trying to reframe her thinking and it's helpful for her to off load. Things aren't great with family and friends, and she does not confide in many people.'*

For those interviewees dealing with the specialist strands, it was observed that even when befriendees were surrounded by people, they could still feel lonely:

*'Some people are living with parents, siblings or are in partnerships. But they may not be able to talk to them about their issues - in fact the issues may be about them. It may be difficult to confide with someone in their household.'*

Furthermore, interviewees reported that for some befriendees contact with the outside world was often only about wider issues such as relationships with children, ex-partners or carers, rather than about the befriended as a person in their own right:

*'She likes an adult conversation - someone that asks, 'how are you'? Not - how are the kids? I'm taking an interest. I'm asking about her.'*

However, the majority of the interviewees reported that the challenges discussed with befriendees extended well beyond isolation and loneliness. Issues raised (over and above those discussed in this section) included suicidal thoughts, anxiety, depression, other mental health issues, long term health conditions and disabilities, parenting concerns, financial issues, poor mobility / being housebound and bereavement.

- **Enabling individuals to trust, share issues without judgement and build confidence**

A recurring outcome related to the growing levels of trust between volunteer befrienders and befriendees. Interestingly this outcome was referenced more frequently by those interviewees dealing with the specialist strands. Many felt that this was aligned back to the fact that over time the telephone befriending service was understood to be something separate from formal service support. Central to this was the notion that conversations would be entirely private and have no adverse consequences:

*'Rewarding that people can get things off their chest without being judged. They appreciate me for being able to talk about the problems with their children, their culture and their families - things that they sometime can't talk about or don't have anyone to talk to about.'*

*'Because I'm not involved it makes the relationship easier to build. They know the calls are completely confidential.'*

Interviewees also felt that once trust had been established befriendedees have opened up and been more receptive to accepting other views or alternative ways of looking at scenarios - particularly when these views are not put forward as recommendations that must be followed and subsequently tracked - as may be the case when these individuals are in receipt of more formal support:

*'I have helped with perspective and reinforcing that they are not unusual or not alone. We have established the common ground and that I am not a medical professional – letting them know it is ok to talk about stuff and I'm not going to give them advice.'*

With increased trust, comes increased confidence. Interviewees felt that a significant amount of time was spent during the calls on providing reassurance and encouraging self-belief and self-worth. This manifested itself not only in the confidence to achieve the practical outcomes referenced above but also to avoid further mental health distress:

*'She does not trust anyone - people have let her down. I have helped her the most by listening and being there. She can let her feelings out and that has helped her build her confidence. The biggest impact is confidence, and we are still working on it. But she has come out of a challenging situation. Without it [the call] she cries, gets upset, leading to anxiety and without it there is possibility she would withdraw into her own feelings leading to depression.'*

### **Self-reported<sup>47</sup> volunteer befriender outcomes and impacts**

Interviewees self-reported both positive and negative outcomes and impacts for themselves as a result of their role as a volunteer befriender.

The following positive impacts were reported:

- Increased sense of wellbeing and happiness
- Increase levels of satisfaction
- Increased skills and expertise (particularly around communication skills)
- New experiences as a result of meeting new people
- Positive support and feedback from the befriendedee
- Gaining references
- Increased personal confidence
- Increased empathy

These outcomes for the individual volunteer befrienders, link back to the outcomes and impacts outlined in the Logic Model.

Whilst there were fewer negative outcomes reported compared to positive outcomes, the negative outcomes merit further discussion as they point towards potential improvements that could be made to enhance future delivery.

Some interviewees recognised there were times when they felt less helpful - particularly in instances where they are unable to provide a fix for the situation

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<sup>47</sup> In response to a direct question on the matter, although outcomes and impacts were also referred to in other answers as detailed elsewhere in this section.

faced by the befriender, or where befriender expectations fell outside of the parameters of the volunteer befriender's role. This is turn led to feelings of helplessness and impotence:

*'You try and set out to make goals, but sometimes you feel too artificial, and you feel as though you are failing at what you set out to achieve.'*

In turn such helplessness led to feelings of anxiety, a feature that seems to be aligned with the severity of some of the issues faced by befriendees. A small proportion of interviewees reported feeling worried about their befriendees particularly when they feel that extra support is needed and have adopted their own coping strategies such as going for a walk or taking the calls in a specified room in the house:

*'It can be difficult if they are not happy. I can get quite anxious but that is something I have to keep in a box or figure out a solution for.'*

*'I can feel drained emotionally due to the complexity of the issues faced by befriendees.'*

Reassuringly only a few interviewees referenced negative outcomes, with positive outcomes vastly dominating thoughts about Together Talks.



## Section 5

# Staff and Management Findings

This review incorporated opportunities for staff and management<sup>48</sup> involved in Together Talks to feedback about their experiences. Many of the individuals had been involved from the outset with some involved in identifying project need, purpose and operational requirements.

As a result, both staff and management seized the opportunity offered as part of this review to engage in formal consultation exercises guided by a set of pre-determined questions agreed with the Together Talks team.<sup>49</sup> It should also be noted that they did so with positivity and with an evident passion for ensuring that Together Talks builds upon its achievements whilst at the same time acknowledging its limitations and exploring the potential for future refinements.

The staff and management consultation feedback sessions benefited from seeing early insight from the volunteer befriender interviews and the emerging mid-service interview data. As will be discussed below, whilst there was sometimes clear agreement with the findings from these sources, there was also disagreement - not least as staff and management had important insight regarding the additional work, and resourcing that would be required to implement the good faith suggestions made by volunteer befrienders and befriendees. Furthermore, staff and management were able to comment upon internal operational matters that were understandably not on the radar of the volunteer befrienders and befriendees.

For ease of comparison this section is organised around two themes:

- Practical improvements
- Achievement of impacts and outcomes

## 5.1 Practical Improvements

### *Dealing with complex lives*

Staff and management concurred with evidence from the volunteer befrienders that whilst isolation and loneliness were the key concerns to be addressed by Together Talks, these were often underpinned by multiple, interrelated issues. Whilst the fact that befriendees have complex lives was not entirely unanticipated (given the involvement of the three specialist strands) it was perhaps less evident at the outset that those befriendees taking up generic support would also have such a variety of difficulties.

Consultation broadly concurred that anxiety and low-level depression, disability (particularly where this involved befriendees being housebound) and bereavement and suicide were the most common additional themes, that

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<sup>48</sup> The representative was unable to join the management consultation feedback session and as a consequence, the quotes used throughout this section relate mainly to Early Help and Domestic Violence and Abuse.

<sup>49</sup> Please see Appendix 3.

often led to someone feeling isolated and lonely. In addition, these themes appeared to affect younger age categories (18-25 years) particularly anxiety and depression and those at the older end of the spectrum where disability - including dementia - and bereavement were likely to be more prevalent.

This finding points to how improvements to the Together Talks project could be made - either via additional training on these subject areas or indeed how the telephone befriending service could further be promoted to recruit befriendees (as opposed to volunteer befrienders) such as in college and university settings. Specific suggestions were also made about how the service could be promoted in school playgrounds, other charities, community centres and GPs - although this was tempered by a view to not make everything super complicated as referring to all these issues in any marketing materials may put potential volunteer befrienders from coming forward.

### ***Face-to-face meetings***

This issue proved as contentious amongst management and staff as it did amongst the volunteer befrienders, but with the balance firmly in favour of keeping the service largely telephone based:

***'One of the things that makes the service unique is the fact that it is telephone based. Sometime people respond better when not meeting face to face.'***

The most frequently stated difficulty related to the need for additional safeguarding and risk mitigation measures that would need to be put in place. These were felt to relate firstly to practical considerations such as financial reimbursement of volunteer expenses or whether meetings could take place on an evening. Secondly there was some concerns that actions which in regular friendships are perhaps normalised could for some befriendees lead to conflict either between the volunteer befriender and befriendees or with other family or domestic contacts.

For example, could a volunteer befriender lend a befriendees a book - the content of which could perhaps be deemed inappropriate - or would sending a gift escalate tensions in a household experiencing relationship difficulties? These otherwise simple actions could lead to an escalation of issues particularly for those befriendees accessing support through the specialist strands:

***'There is enormous scope for this to be face to face but there would have to be a totally new structure. So many regulations, rules and procedures - where they can meet, additional training, expenses, times they can meet, what information can be exchanged, can they gift? You can't beat that interaction, but these are vulnerable people.'***

However, some useful suggestions were made as to how the service could integrate a more personal relationship should this be desired. This included the potential for either collective opportunities for volunteer befrienders to meet with befriendees within a community setting (for example at a coffee morning at The Bridge Project) or for telephone contact to shift to on-line video calls for those that had the required digital skills. Such activities could also act as useful markers as to whether both parties would wish to meet on a face-to-face basis at a future date.

It was felt that only very discrete opportunities should be made available and only for those volunteer befrienders who wanted to do so and had the demonstrable skills and experience gained in previous, similar work settings:

*'If both were available, it would be good. Build a relationship over the phone first - for example they might not have the confidence to attend an event at a community centre. But maybe the first meeting could be a visit together to that event - have a task in hand. It could be just about confidence and there would need to be an assessment of the individual client beforehand. Allowing that one to one would be amazing for the impact on character, confidence and self-esteem. Some people have been locked away so even a trip to Asda.... you have no idea of that impact that that could have on a person.'*

Similarly, staff and management could anticipate a situation in which personal contact could be helpful for example where practical obstacles exist that make telephone befriending difficult. Whilst this does not remove the need for safeguarding, advantages could be had for those elderly befriendees with hearing loss or dementia.

One alternative approach would be to employ a paid member of staff to facilitate face to face contact. This would enable safeguarding and risk factors to be comprehensively adhered to but equally would represent an additional financial cost which presently is not achievable.

### **12-week befriending support packages**

The length of time for a befriender to receive support proved far less contentious. At present befriending support is available across all strands for a period of 12-weeks, although there is flexibility built into this arrangement on a case-by-case basis for those who need a short amount of additional extra time and for older befriendees.

All staff and management respondents felt that this was an important feature of Together Talks that should be retained as standard as it helped build trust and confidence. It was felt to be crucial to manage befriender expectations about the parameters of the support being made available, particularly amongst befriendees that were prone to demonstrate compulsive behaviours. Importantly also, the arrangement reduced any potential for over-reliance on either the support available or the relationship with the volunteer befriender:

*'Yes 12 weeks [is about right] and then if they need a bit more then maybe extend by 8 weeks more and then close it off so you can give other clients an opportunity and not allow them [existing clients] to get too attached. They might form an attachment to the befriender.'*

The 12-week arrangement was also felt to be inviting to potential volunteer befrienders as it represented a shorter-term time commitment.

### **Delivering the telephone befriending calls**

There was widespread acknowledgement that more befriendees and volunteer befrienders may access the service if the hours within which calls could be made were extended until the early evening: <sup>50</sup>

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<sup>50</sup> Whilst it was noted that within the specialist strands befriendees were in the main not working or were at home it was accepted that certain categories of befriendees and befrienders would welcome the extension with reference made specifically to young people in college, stay at home mums and those in full time work seeking to access new opportunities.

*‘Feelings of loneliness, isolation and the need for emotional support don’t stop at 4.30pm. Do people have privacy at work [to make/receive the calls]? We have a lot of full-time workers who try and use the service. Or mums during the day with kids – they would have more privacy during an evening. Our audience would be much wider, and more volunteers might offer their time during the evening.’*

Whilst the suggestion to extend the call window (with common agreement of 7pm or 8pm as the latest time) such a shift would not come without practical considerations. For example, which staff member would handle any concerns from a volunteer befriender regarding a safeguarding issue? How and when would these issues be flagged for further specialist strand support when colleagues at Staying Put, Early Help and Adult Social Care teams have potentially gone home for the day? Who would pay for the staff covering the out of hours phone number and how would staff rotas be organised? Although not completely insurmountable, they do require staff buy in and changes to current operational procedures.

### ***Relationships with the specialist strands***

One of the most challenging topics during the consultation feedback sessions concerned the relationships between Together Talks staff members and their working relationships with teams operating within the specialist strands. What follows is a discussion of the arising issues – hopefully undertaken with some sensitivity given that the comments are about very real human relationships and that the specialist services are dealing daily with difficult clients, with often distressing issues and ever decreasing resources.

Firstly, it was felt that where an identified contact within the specialist service existed, a more positive working relationship was observed. For example, within the Domestic Violence and Abuse strand, a dedicated administrator is co-located within the Together Talks team that project staff can contact directly. Despite referrals from this strand being potentially more challenging, the relationship is viewed as positive with stronger communication, a quicker turnaround time and a perceived mutual understanding of goals and parameters of intervention which in turn is leading to a better service for befriendees:

*‘The referral process has been very smooth. The team pick it up, organise a matching meeting - we didn’t have to wait weeks.’*

Where dedicated contacts have not been available throughout - namely in Adult Social Care and Early Help the referral relationship is seen to be less straightforward. Whilst there are dedicated officers participating in the project’s regular steering and management groups, referrals can come from a range of staff members:

*‘Particularly when there has been a safeguarding issue, we’ve not always been able to get back to the referrer and explain this is what has happened, you’re the first point of call before we go any further. Communication is key - maybe a direct number to someone - someone we could ask, explain what has happened and what to do.’*

Moreover, it is perceived that some staff in these services are not fully aware of the nature of Together Talks and are in fact referring some befriendees with difficulties that remain too complex for a telephone befriending service. Management and staff also highlighted that in these instances, befriendees misunderstand the nature of the telephone befriending service, believing it is more formal, structured support or counselling. Similarly, project staff have

found that the issues on the referral sheet prepared by the specialist strand staff are not the issues that the befriendeds believe they need support with. This leads to befriendeds asking for advice on matters that volunteer befrienders are unable to deal with such as financial planning or medication needs:

*'It's always going to be a challenge. The project shouldn't be used as a dumping ground. When we started, we hoped with all three strands we would have somebody from each strand that we would communicate with. We could then start talking their language and spread the magic [of the project]. We only really got that with the domestic violence and abuse strand. People were nominated but it was hit and miss and there hasn't been as much communication or meetings [with specialist strand staff].'*

This limited communication leads to practical difficulties with project staff having to spend more time liaising with the befriended and volunteer befriender which can drain enthusiasm. The need for initial staff calls or mini interviews to potential befriendeds was highlighted as important to mitigate against such problems. Such an approach also reassures the volunteer befriender that a good match is being made.

It is agreed that these relationships are improving considerably with Early Help and Adult Social Care and acknowledgement that there has been an element of trial and error, which ultimately led to some befriendeds withdrawing from befriending support. There is broad agreement that pilot projects do take time to gain momentum and that raising the profile of a new project amongst staff is often difficult when people are already under pressure. Sometimes it is easier to 'go with what you know' - rather than think beyond the usual provision and make connections into new services. But communication is seen as key not least as sometimes a time lag in support can lead to a deepening of the issues which in turn demands more, not less, resourcing.

One area identified that could aid communication and awareness is the delivery of joint training from staff in the specialist services to the Together Talks team (although this occurred to some degree within the Domestic Violence and Abuse strand at the outset of the project). It is felt that such training would also allow the project team - and possibly the volunteer befrienders - to support befriendeds more effectively and would overcome any feeling of inadequacy when compared with a highly trained or specialist professional worker on these issues:

*'The project is dealing with quite fragile clients and it may be that we can put in place better training [in conjunction with specialist strand staff] to help, so that we could be more aware because they [the befriendeds] could go back into crisis and it could lead to safeguarding issues.'*

### **Acknowledgement of the value of volunteers**

There was widespread positive acknowledgement of the role of volunteers. This was articulated mainly in relation to there being a greater number of people offering hands on support, bringing a wider range of practical skills and experience:

*'The volunteer befrienders are coming with lots of different skills. We don't have that in our service - with cutbacks we don't have it anymore. It's a luxury.'*

*'There is a diversity of skills and experience and passion - we also have domestic abuse survivors [acting as volunteer befrienders]. That gives us an invaluable and different perspective.'*

Providing a different perspective, is seen as an important part of the contribution made by the volunteer befriender and the fact that they are unpaid is not going unnoticed by befriendees:

*'The greatest contribution is that they are volunteers. Once they [the befriendees] hear that individuals [the volunteer befrienders] aren't getting paid it's a massive contribution. Clients become more receptive when they realise that the volunteer befrienders are doing it out of the kindness of their hearts.'*

*'Sometimes clients are apologetic about taking up our time but with the volunteers they are a little bit more relaxed, and they understand the person is giving their own time - that then makes a difference for their interactions with us as workers.'*

In an ideal world with unlimited resources, staff and management would like to spend more time with volunteer befrienders - perhaps also involving them should they wish, in the decision making and goal setting for individual befriendees - a task which is often confined to the Together Talks team and referral staff. This could be a particularly useful way of further contributing to improved knowledge and skills outcomes.

Staff and management also recognised the limitations of volunteer befriending. Firstly, volunteer befrienders have their own lives - and their own difficulties from time to time which can - often at short notice - limit their ability to provide befriending services:

*'We can't demand that much reliability of them. Sometimes they can drop out for example if someone is poorly in their household. [But] there is a ripple effect if their time is needed elsewhere.'*

This poses operational challenges for the project team and presents difficulties with befriendees feeling let down which the team then subsequently also must manage.

Secondly, it was recognised that the project may reach a point where volunteer befriender capacity becomes limited, particularly if referrals from Early Help and Adult Social Care continue to rise. The acknowledged slow start from these services may have led to a false sense of security regarding capacity which needs to be monitored carefully moving forward:

*'Having volunteers means we can get more for our money. But there is also a negative because if there is such an uptake of clients are you consistently going to have the right level of volunteers?'*

This leads to reflection as to whether the service could and should rely purely on volunteer time or whether there is potential for a paid member of staff to deliver direct telephone befriending (not project administration) to cover for volunteer befriender absences and capacity needs. More evidence will need to be collected to support such a move, including whether in a post-Covid world volunteer befriender recruitment can be maintained. But if such a move is made, staff and management are aware of the operational changes that would need to be adopted which in turn could change the feel of Together Talks:

*'There is a massive difference between how we would manage volunteers and paid staff. If a volunteer misses a call, we have to manage that. We're more accepting and we have a different approach. That would be different with paid staff.'*

There is a widespread view that volunteer befrienders are gaining improved skills and knowledge, particularly students, who consider the opportunity as a work placement experience. There is also anecdotal awareness that some previously unemployed volunteer befrienders are now applying for jobs, using references provided by Together Talks. This is positive, as it suggests that volunteer aspirations are being met and a key outcome is also being achieved - that of improving knowledge and skills. The collation of further exit data on this would be a useful next step for any future project.

### ***Marketing and promotion***

It is understandable that as a pilot project with limited resources most marketing and promotional activities have been developed in-house. Staff within the Together Talks team have used great imagination in this endeavour - producing case studies, attending volunteer recruitment fairs at universities, and keeping social media focused on good news stories.

Staff felt it would be helpful moving forward to use more professionally designed materials (although the materials examined in this review are felt by the Project Evaluator to be appealing and of a high standard) and to be able to dedicate more time to attracting and recruiting both befriendees and volunteer befrienders, in more prominent locations such as GP surgeries and supermarkets. In these locations it was felt that physical literature might be more appropriate. But as detailed elsewhere in this review, social media has also played an important role, particularly in attracting volunteer befrienders. In future this route should not be neglected in favour of brochures and leaflets, particularly if the service is additionally marketed and promoted towards younger people.

### ***Charging for services***

As referenced in Section 2, a small number of volunteer befriending schemes are in fact charging for services. Could this be something that Together Talks does in the future? The overwhelming view from staff and management is that this is not feasible with most clients already in a state of financial hardship.

However, some useful suggestions were made as to how this could be implemented - such as approaching schools and colleges to buy in services for their students. But this is acknowledged as problematic with budget constraints also visible in these environments and questions raised as to whether further and higher education would pay for a service that essentially is being driven by volunteers. It is suggested at this time, that this would represent a step too far for Together Talks.

### ***Digital Platform***

At the outset of the pilot project a digital platform was established.<sup>51</sup> This platform provides background information and access to Frequently Asked Questions about Together Talks. The site also allows potential volunteers to apply to be befrienders and offers opportunities for befriendees to register to receive telephone befriending support. As part of this review, views from staff, management and volunteer befrienders were sought to identify how effective

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<sup>51</sup> To be found at <https://befriender.bdtbs.co.uk>

the digital platform had been in terms of functionality and user experience and whether its use has presented time and cost savings opportunities.

It must be noted that a detailed exploration of the technical capabilities of the digital platform falls outside of the scope of this review. However, it is hoped that by presenting the data below, further internal reflections about improvements can take place, informed potentially by specialist providers who can advise on future specifications and importantly, upgrade costs.

### ***Volunteer Befrienders and Befriendees***

The primary use of the digital platform is to recruit potential volunteer befrienders and befriendees. However, at present the platform only accepts referrals from befriendees seeking support from the Generic strand, with befriendees from the specialist strands accessing Together Talks via referrals from the three supporting services. Regardless of the entry point, project staff contact individuals directly for an introductory or 'welcome' conversation.

During interview, volunteer befrienders were asked about their interaction with the digital platform. Most recalled applying through the platform and found the process straightforward, but after this point indicated that no further interaction had occurred. This is not surprising given that the current function of the platform, from an external perspective, is to facilitate recruitment.

However, there is a sense emerging from the volunteer befrienders that there are useful additions to the platform that could be made, pending of course the availability of financial resources to develop the site further. Suggestions for improvement included:

- the availability of a secure space or portal that would allow volunteer befrienders to 'log in' to share experiences and communicate with each other
- the availability of training modules that volunteer befrienders could access at their own time and at their own pace
- a secure upload facility for volunteer befrienders to post update forms and other required paperwork
- ability to review previous Update Forms to track the progress made by their befriendees (subject to security and data protection) to help further a sense of purpose and validation that progress is being made.

For those volunteer befrienders with experience of working in the VCSE sector or in other professional environments, these types of user functionalities are to a degree expected. However, certainly within the confines of a pilot project, these additional features are in the '*nice to have*' category, once the scheme has embedded. For the moment, the digital platform has served its purpose of attracting volunteer befrienders, although it could benefit from having more content that might aid future recruitment such as case studies and photographs (with appropriate permissions).

Understandably with the referral processes in operation, befriendees have very little involvement with the digital platform once their initial application has been submitted. Indeed, as staff have pointed out a significant majority of befriendees (estimated to be 95%) do not have access to digital technology or



skills so to a degree any additional functionalities either could not or would not be accessed.

### ***Staff and Management***

In common with volunteer befrienders and befriendees, staff and management from the three specialist strands also have very little interaction with the digital platform. Once again, this is understandable given the use of referral forms and Action Plans which are exchanged with the project team as well as the observed tendency of both parties to speak directly to befriendees. But it does feel that an opportunity is being missed for the specialist services to engage directly with the digital platform (as opposed to team members) to source data about their strand, their beneficiaries and the progress being made.

The current review is not able to speculate as to what might be useful in this regard but suggests that further discussions should take place about any future development plans for the digital platform as and when appropriate financial resources are identified.

It is from within the Together Talks team that views about effectiveness and cost and time savings are more insightful.

Firstly, there is agreement that the platform is 'fairly simple to use' and fulfils its core function of attracting befriender and befriended interest and enabling the team to make suitable matches. But there is a unanimous view that the platform is perhaps too basic and not now fit for purpose. Whilst opportunities to extract data are available - such as the overall numbers of volunteer befrienders that have applied and their key characteristics - the system is not able to additionally segregate the data into further useful components and in real time. For example, during this review, the Project Evaluator asked for data about currently active volunteers, call times and number of touchpoints between volunteer befriender and befriended. Whilst this data was supplied, it was from Excel data sheets that the project team prepare and keep updated independently from the digital platform. This feels somewhat time consuming (rather than time saving) and perhaps indicates a need for a digital case management system to be developed to provide functions that would improve access and interpretation of the outputs and impacts of Together Talks and help further meet audit and governance requirements.

Secondly, the project team would welcome the opportunity to further develop the experience for volunteer befrienders by streamlining processes. This could generate time savings for volunteers to complete any required project paperwork, provide updates or even issue appointment reminders and alerts to prevent befriending calls being missed by either party. But perhaps more importantly an improved platform could facilitate greater connectivity amongst the volunteer befrienders so that they feel they belong to a much wider collective endeavour via for example shared online training or chat functions.

It has been identified elsewhere in this report that one of the main points of differentiation between Together Talks and other befriending schemes is the highly professional way the project is delivered and monitored. Whilst not based upon any detailed technological analysis, this review observes that the

functionality associated with the digital platform is lagging behind the project's actual and current requirements and as such is not acting to generate efficiencies in terms of cost and time.

Furthermore, although the digital platform has served an initial purpose of helping Together Talks get up and running by attracting befrienders and befriendees, the platform is not helping the project achieve wider outcomes, particularly related to empowering and supporting volunteers and at the present time, does not appear to offer any visible benefits for the specialist strands.

It is easy to point to these improvements and summarily outline their potential advantages. But a bespoke system will cost money, not just in terms of initial development but also licensing and maintenance and it is often not easy to find room in existing budgets to pay for upgrades and find time in staff diaries to initiate and conclude tendering and contract arrangements. And even less so when future funding outside of the pilot project has yet to be secured.

## 5.2 Outcomes and impacts

During this review process, volunteer befrienders and befriendees have articulated their opinions on the outcomes and impacts associated with Together Talks. But these views reflect the narrow experiences gained from their individual relationships with each other. Staff and management by contrast are positioned to have a much wider strategic overview on the outcomes and impacts achieved notably cost savings, improved identification of risk and safeguarding issues and whether the pilot project is a new model of care.

This section looks at these issues more closely, particularly in relation to the specialist strands, but begins with an exploration of whether Together Talks has addressed its central purpose of reducing social isolation and loneliness. Furthermore, the section explores whether Together Talks has tackled the underlying factors believed to contribute to isolation and loneliness and the extent to which the pilot project has played a part in driving positive change for befriendees.

### ***Addressing social isolation and loneliness***

There is a clear understanding amongst staff and management of the overall purpose of Together Talks. This is hardly surprising given that many participants involved in the review were also instrumental in designing and operating the telephone befriending service. Interestingly, staff and management across all strands pinpointed three inter-related elements where it is felt that Together Talks had demonstrated the strongest outcomes in terms of tackling the conditions that underpin loneliness and isolation.

The first of these relates to a perception that a befriendee's personal confidence and motivation has increased. Once achieved, there is an increased likelihood that individuals will make other connections that extend beyond the befriendee – befriender relationship, demonstrating improved socialisation and mixing:

*'I see more positive, confident and motivated clients [befriended]. Some have found more networks, more hobbies and new groups in their communities that they wouldn't have found if they had been talking to an everyday person.'*

Secondly, improved confidence and motivation reflect an increase in trust amongst befriended which in turn is also helping to build connections to the right support:

*'A lack of trust is quite critical with our clients, and we see this. Our befriended learn how to trust another person. And whilst this may not have been an outcome at the beginning, we have seen this as they move forward. This helps with further services down the line.'*

Thirdly, it is suggested that trust develops because the telephone befriending offered is neutral and delivered in a non-judgemental manner leading to befriended feeling safe and able to open up:

*'We didn't envisage this [behaviour change] at the start. Our befriended know if they have certain views and they are speaking to a neutral person - they listen to that person's experiences and knowledge and it gets people thinking more openly and helps change views.'*

This behaviour change, inspired by increased confidence and motivation, trust and neutrality, is having important practical consequences across all three specialist strands. For example, in one strand it is suggested that for some befriended a process of re-education is taking place whilst in another strand the befriending is helping to overcome coercion by building independence:

*'I'm really pleased to know that this is happening, it's being done in a sensitive way it's about re-education and focusing on the positives and turning things around. Once they have built that trust and confidence and if they are to be signposted to other services, they become more resilient and that is what a lot of our families need. They have got so used to having things done for them. The more you do the more they get used to it and it [the pilot project] is breaking it down gently. Empowerment is a big thing for us where they are able to access universal services for themselves.'*

*'It helps in limiting dependency and building independence early on which is critical at that stage of recovery.'*

Overall, all befriended across all three specialist strands are perceived to be making improvements and as such, the majority of outcomes stated in the Logic Model for befriended appear to be being achieved. From the point of view of staff and management befriended seem less isolated and lonely and through the contact with befriended are becoming more supported and empowered - a key impact for the pilot project:

*'Reduction of social isolation has been a big thing. It's peace of mind. Cases that we wouldn't or are no longer dealing with because they are too low level but it's good to know someone is checking in. Clients sometimes find it hard to let go so this is a nice way to keep in touch - but without causing reliance.'*

Clearly it would be unrealistic to expect that all befriendedees are responding in the same way at the same time. There is acknowledgement that there is disengagement and drop out<sup>52</sup> (and the Together Talks team do interrogate the reasons why) but this largely arises from mismatched expectations about what the telephone befriending service is about.

It is also perhaps too early to confirm with absolute certainty that befriendedees are fully integrated back into society, are taking up all the services that are recommended to them and are dealing effectively with their own issues. But the support from Together Talks has undoubtedly put them on the right track. As one interviewee neatly summarised:

*‘Our befriendedees all come from different backgrounds, some just want to chat, or some just want to be checked in on. Those that do [engage] benefit. Because they are adults, they have to make their own decisions, so if they request signposting it’s up to them if they want to go ahead with it or not. We only support them and help them come to their own decisions.’*

This is perhaps the most important achievement of the project, a change of perspective and increasing independence for people who have so often relied on the support of other services to solve their issues.

### **Assessing outcomes and impacts in specialist strands**

The above discussion has considered the external facing outcomes and impacts being delivered. But has Together Talks achieved the envisaged outcomes and impacts for the commissioning services themselves? The following section looks at these internal variables and summarises views as to whether Together Talks has improved the identification of risk and safeguarding, facilitated cost savings and provided a new model of care and best practice.

- **Improved identification of risk and safeguarding**

There is an overwhelming view from across the specialist strands and within the Together Talks team that this outcome has been achieved and befriendedee welfare has been protected. Examples were quoted from across all strands:

*‘It has improved in terms of our ability to catch an issue. There was a befriendedee from the domestic abuse strand. Her case has been closed by Staying Put. She had been speaking to the volunteer befriender for 4 weeks when she explained she has been self-harming and has no one else to talk to. We’ve followed up with the GP and have referred it back to Staying Put to either reopen the case or conduct a welfare call. This wouldn’t have been recognised otherwise and it wasn’t Staying Put’s responsibility. As a duty of care, it is helping.’*

Improved risk and safeguarding are dependent on volunteer befrienders recognising that an issue presents itself, with early recognition believed to be a consequence of the training received. The specialist strand where this is

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<sup>52</sup> The Together Talks team have identified several reasons as to why befriendedees have stopped accessing the telephone befriending support. These include requirements for more complex or specialist support; individual preferences for face-to-face support, particularly those with care needs, dementia, or other memory issues; perceived improvements on the part of the befriendedee; lack of connection between the befriendedee and the befriender; deteriorating health or death; and moving away from the area.

most evident is within Domestic Violence and Abuse where additional training, robust safeguarding plans and monthly reviews meetings were put in place - features that may be useful for the other specialist strands to adopt also.

As the 12-week call window progresses and with volunteer befrienders sometimes taking on multiple clients, it is also noted that volunteer befrienders are gaining more experience and that in turn is aiding the identification and management of risk. This is attributed to the practices adopted with volunteer befrienders instructed that no matter how minor a potential issue is, the core team must be advised:

*'No matter how minor you let us know and we act on it. We are a caring team. One lady we phoned every day following a crisis. We drill it into our befrienders. And she now also understands risk and safeguarding.'*

- **Cost effectiveness**

Cost effectiveness was aligned primarily to the time savings incurred by staff employed by the commissioning services. Whilst outside the scope of this review, additional cost-benefit analysis of the telephone befriending service may be desirable. It is clear from this investigation, however, that Together Talks is, firstly, filling a gap that paid staff members would be unable to fill due to time constraints:

*'It's that time that a volunteer can dedicate which one of our staff wouldn't be able to allocate.'*

Secondly, the nature of the support provided by Together Talks is additional to the support that is provided by paid professionals. This top up allows professional staff to divert their time to other individuals in need, including those where the support is critical and time sensitive:

*'The project has allowed for our staff not to spend as much time on emotional support aspects but spend more time on safety planning with clients whereas before they spent a lot of time doing a regular phone call checking how people were – taking a lot of time that couldn't be allocated to another client.'*

*'For our workers, they have not spent as long on cases. Everyone has targets and we always need an exit strategy and cases were kept on a bit longer than necessary - a worker maybe felt that they were needed a little longer. We are closing cases much quicker now which is better for us and stops people getting reliant on professional services.'*

Thirdly, in those instances where befriendees are referred back to services it is because it is deemed to be a genuine necessity, rather than for a minor issue.

This freeing up of time to deal with additional cases and the ability to prioritise the most urgent cases is the key finding relating to the cost effectiveness of Together Talks.

But whilst there are early signs of generating cost savings, the Covid-19 pandemic has in parallel generated a well reported increase in demand. Any capacity saved therefore, is possibly being spent on this increased demand making direct cost savings even more difficult to identify:

*'Our caseload is very high and getting higher. It's hard therefore to say there is increased capacity within the organisation - it's hard to say.'*

Additionally, costs savings can become more blurred when befriendeds disengage from the Together Talks support and unsuitable or delayed matches are made between the befriended and the volunteer befriender:

*‘There have been a couple of cases that have taken longer to identify a volunteer and there are reasons for that. Sometimes when you are looking at early help and intervention - they [the befriended] need it then and if they have to wait things change and things escalate and it’s no longer ‘early [intervention]’. We need to match people as quickly as possible.’*

### **A new model of care**

One of the central impacts articulated in the Logic Model is that Together Talks would represent a new model of care. As referenced in Section 2, many organisations deliver successful befriending services, so what exactly makes Together Talks a new model of care? The following factors were thought by staff and management to be noteworthy.

First, Together Talks is identified as being unique because of the operational connections with the three specialist strands of Adult Social Care, Early Help and Domestic Violence and Abuse. Whilst other befriending schemes may have similar clients and issues, these clients have often already been discharged from services. By contrast Together Talks is formally recognised as part of a wider package of ongoing care that importantly, works towards mutually agreed outcomes between the discharging service and the pilot project:

*‘When things are stepped down, and certainly when we know volunteers are well matched, it is not just general ‘chit chat’. It [the support] gets steered towards an outcome.’*

Having a mutually understood outcome gives a direct purpose to the telephone befriending calls and maintains a line of sight to the complex issues that led befriendeds to access formal support in the first place. Whilst other issues may emerge during the calls, there is a degree of preparation and risk mitigation that makes Together Talks unique and more robust than other telephone befriending schemes:

*‘We were probably dealing with levels of risk that funders of these [other befriending] services and staff are not involved in. We have a clearer notion that delivering these services when things go wrong [we know] the sort of abuse that can happen. To deliver in these specialist sessions - to these sort of clients - you’ve got to have that level of governance, risk management, assurance and systems for escalation.’*

This approach does have its limitations, notably restricting the potential for genuine friendships to arise. But this is not the purpose of Together Talks with regards to the specialist strands. Rather its capacity to be a credible step-down service that empowers individuals and promotes self-care is paramount, aligning with current mental health agendas and ensuring individuals can live independently:

*‘We try and get a community led approach, so we want people to not be reliant on our services - this [Together Talks] is perfect for that - it builds confidence, it gets people back out into society and they are not reliant on carer or statutory services.’*

The fact that the service is telephone based is also identified as being a unique selling point, less so because of the actual use of a telephone per se

and rather because it is felt that befriendedees have very real concerns regarding personal safety, anonymity and mental wellbeing - with the service viewed as less intrusive:

*'[Our befriendedees] would have been discharged from a service without any further ongoing support. It [Together Talks] removes that anxiety barrier of meeting a stranger face to face.'*

*'Sometime with some of our families some people prefer not to have face to face and actually we are getting a better result. You don't always know what someone's reaction will be - the slightest reaction on your face may stop them from talking about something.'*

The third factor that leads staff and management to believe that this is a new model of care relates to the degree of in-house structure, policies and procedures that bring a robustness that is not evident in other schemes researched by the team. This is viewed as a particularly important feature in reassuring potential commissioning partners:

*'We have more oversight with the way we have been connecting vulnerable people with volunteers. They [other schemes] have nothing like the clinical robustness with services, the checks and balances in the system, scrutiny of the volunteering. Quite alarming in a way that some of these [matches in other befriending schemes] were created without that sort of oversight.'*

*'We have policies, procedures and systems. We look at languages, ages, location, backgrounds, goals, volunteer capabilities. We communicate with referrers, we are reliable. Our source of volunteers - we are not a one trick pony - we have volunteers with medical backgrounds, banking backgrounds. The way we recruit, interview, reference check, DBS check. Within ten minutes of an update, our volunteers get a response and are thanked. That is unique.'*

# Section 6

## Befriender Findings

### 6.1 Introduction

Volunteer befrienders, staff and management provide an important insight into the delivery of Together Talks. But their view is an external one, looking into someone else’s life only momentarily and often for a fixed 12-week period. It is the befriended who must continue to live their lives, after the telephone befriending support is received, and deal daily with complex challenges and feelings of social isolation and loneliness.

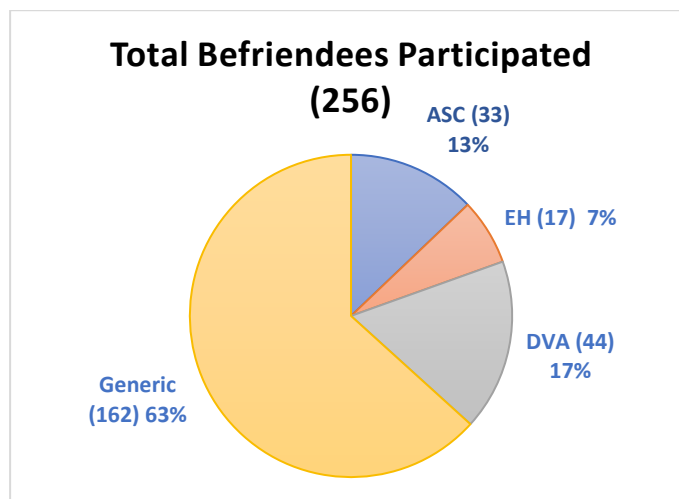
This section looks more closely at how Together Talks has helped befriended, but this time from the viewpoint of the befriended themselves. It begins by looking at the outputs set down in the Logic Model before turning to explore the outcomes and impacts for befriended.

In accordance with the methodology outlined in Section 3, this section uses evidence gathered via Baseline Surveys, Mid-service interviews and Follow Up Surveys conducted by Together Talks staff, with data presented to the Project Evaluator for further analysis.

### 6.2 Befriender Outputs

The Logic Model set out to attract 220 befriended to the project.<sup>53</sup> The evidence collected by the Together Talks team suggests that 256 individual befriended have participated in Together Talks. Figure 6.1 provides a breakdown of the **total** number of befriended per strand.

Figure 6.1 **Befriender numbers**



Considering this data in isolation, Together Talks has exceeded the overall outputs set. However, the intended output breakdowns have not been met as originally planned. Early Help has reached less than half of its intended output

<sup>53</sup> Target included 40 to support Early Help strand; 40 to support Adult Social Care strand; 40 to support Domestic Violence and Abuse strand; and 100 to support the Generic Befriending strand.



of 40 befriendees and Adult Social Care has just fallen short by only 7 individuals. The Generic befriending strand has exceeded by some margin its original target of 100.

This finding mirrors the views of staff and management regarding the project's early difficulties in generating suitable individuals via Early Help and Adult Social Care. The finding also potentially reinforces the benefits of having a close working relationship with Domestic Violence and Abuse colleagues, via the availability of a dedicated staff member.

Set against the context of the current review, the underachievement of the outputs in Early Help and Adult Social Care is not thought to present significant concerns at this stage. Had this review occurred three months later, with referral relationships continuing to improve it is the Project Evaluator's view that these outputs would have been achieved.

### **Hours of support**

As shown below in Table 6.1, befriendees have received 810.5 hours of support.

Table 6.1 **Befriender hours worked**

<b>Total Call/Hours</b>	<b>Calls</b>	<b>Hours</b>
ASC	200	66.6
EH	97	32.3
DVA	349	116.3
GENERIC	1786	595.3
	<b>2432</b>	<b>810.5</b>

When total hours are simply divided by total number of befriendees this equates to an approximate half day of support and an average of just under 10 calls to each befriender.

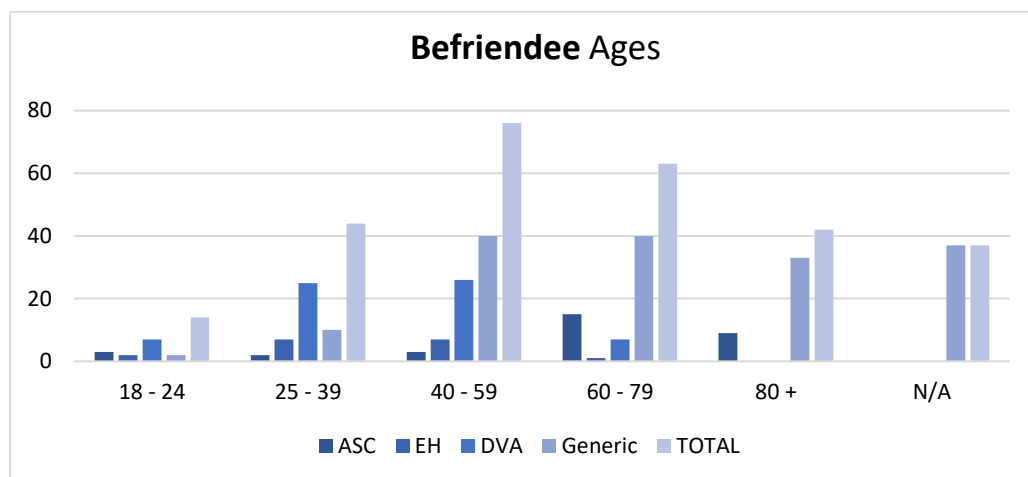
But this interpretation is too simplistic and is based on estimations. As referenced in Section 4, it would be helpful in future if improved data could be collated regarding call times per strand so that a more accurate assessment of call time per beneficiary and per strand could be achieved.

Closer interrogation reveals further interesting data about befriendees.

### **Age:**

Interrogation of befriender age ranges indicates a strong take up of opportunities in the 40-59 bracket and the 60-79 bracket, with good representation in the 25-39 and 80+ categories. This data is useful because it links back to some of the suggestions made elsewhere in this review regarding for example, whether this is scope to extend Together Talks to a younger client group or whether the project has capacity to offer face to face contact with befriendees who due to age or disability, would benefit from home visits or increased levels of telephone befriending.

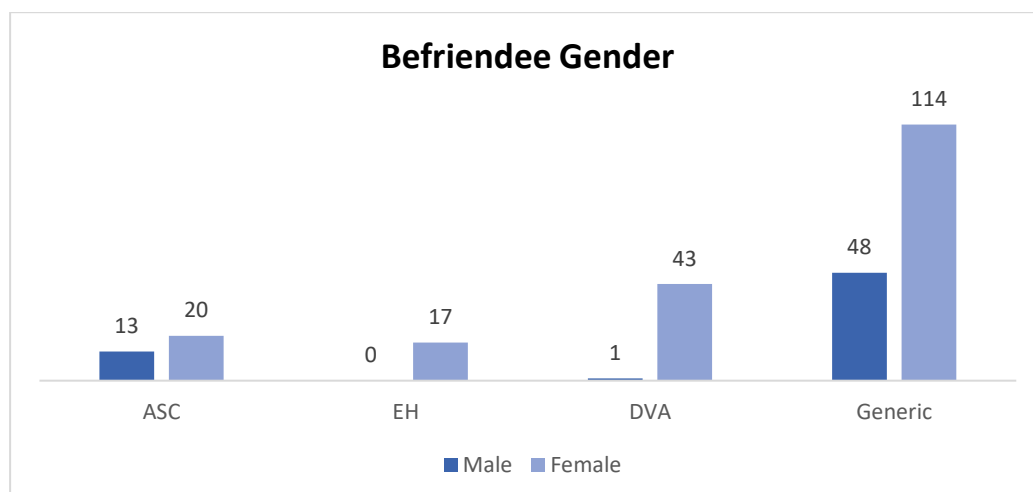
Figure 6.2 **Age range of befrienders**



**Gender**

As with volunteer befrienders there is a clear weighting towards female engagement with the project as detailed in Figure 6.3.

Figure 6.3 **Gender distribution**



**Ethnicity**

As shown in Table 6.2, there is good representation from a range of ethnicities (as self-stated upon application).

Table 6.2 **Ethnicity**

Ethnicity	Number	%
White	146	57%
Black	10	4%
Asian	73	29%
Other	6	2%
Mixed	5	2%
Prefer Not to Say	16	6%

## **Location**

100% of befriendees live within a Bradford postcode area.

## **6.3 Findings from befriender surveys and interviews**

As well as referencing outputs, the Logic Model aimed to achieve the following outcomes:

- **For Befriendees**
  - Improved feelings of personal safety
  - Increased identification of risk and safeguarding
  - Improved satisfaction with services
- **For Both Befrienders and Befriendees**
  - Improved social mixing
  - Improved personal confidence
  - Improved mental health
  - Reduced feelings of loneliness and isolation
  - Improved socialisation skills

It also pointed to the following anticipated impact for befriendees - that of *'service users and volunteers feeling supported, empowered and experiencing positive outcomes in a range of domains.'*

A useful starting point to explore these outcomes and overall impact is to look at rates of feedback regarding whether befriendees who have exited from the project are happy - or otherwise - with the support received. 85% of befriendees who have exited the project self-report as being happy, whilst 15% self-report as being unhappy.

So, why are befriendees happy with the support received? What changes have occurred in their lives? And are some changes more important than others? Using data collected from Cohort 1 and Cohort 2<sup>54</sup> some interesting trends can be observed which aid reflection as to whether Together Talks has met its stated outcomes and impacts.

A total of 18 baseline questions were asked in the Baseline and Follow Up surveys.<sup>55</sup> These were supplemented by prompt questions asked during the mid-service interviews.<sup>56</sup>

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<sup>54</sup> See Section 3.

<sup>55</sup> An evaluation questionnaire based on 3 measures loneliness, social networks and wellbeing was used. The project team advised that the tool is a combination of The Loneliness Scale (De Jong Gierveld); Lubben Social Network Scale – 6 (LSNS-6); and the Short Warwick-Edinburgh Mental Wellbeing Scale. In addition, the team proposed the question 'How many times have you attended your general practitioner in the last 2 months' as a proxy measure for use of health services to identify any changing patterns.

<sup>56</sup> All questions are shown in Appendix 4.

For the purposes of **headline analysis** these have been categorised against the following five headings:

- Loneliness
- Family
- Friendships
- General wellbeing
- Health wellbeing

At a headline level, the greatest overall *average improvement* (when comparing pre-project participation responses to post-project participation responses) is seen in relation to General Wellbeing questions.

The category of Health Wellbeing and Family categories on average recorded a higher percentage of responses that indicated *no or little change* in the status of measures pre versus post-project participation when compared to other headline areas.

The headline area that recorded the greatest average percentage *decline* when compared to other headline areas was Friendships. On average 20% of the responses to questions relating to this overall outcome area indicated a worse post-project status for measures compared to pre-project participation.

But these headline figures merit further interrogation both in terms of identifying the themes where the most or least improvements have been made and whether variations exist across the four strands.

### ***Areas of improvement***

When considering the measures recording the highest percentage of responses indicating improvement these are as follows:

- Feeling more optimistic about the future - 71%
- Both feeling relaxed and feeling close to people - 64%
- Thinking clearly - 55%
- Dealing with problems well - 50%
- Sharing private matters with friends - 50%

Following analysis across the four strands the following improvements were noted:<sup>57</sup>

### ***For Domestic Violence and Abuse***

- Contact with friends
- Sharing private matters with friends
- Feeling more optimistic about the future
- Thinking clearly

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<sup>57</sup> Analysis by programme strand was also undertaken. However, sample sizes are very small for the Early Help (1 response) and Adult Social Care strands (2 responses) and therefore it is considered difficult for this data to provide useful comparison against other strands. Responses have been provided for the sake of consistency. Both the Generic Befriending strand and Domestic Violence and Abuse strand recorded higher response numbers as part of the overall sample – 13 and 6 responses respectively.

- Feeling close to people
- Support with problems

### ***For Early Help***

- Asking family for help
- Contact with friends
- Sharing private matters with friends
- Asking friends for help
- Optimistic about the future
- Feeling relaxed
- Dealing with problems well
- Feeling close to people

### ***For Adult Social Care***

- Feeling more optimistic about the future
- Feeling useful

### ***For Generic Befriending***

- Feeling close to people
- Feeling relaxed
- Thinking clearly
- Feeling useful
- Feeling more optimistic about the future
- Feeling close to enough people
- Support with problems

### ***Areas of Decline***

When considering areas of decline between post service and pre-service status the following is observed:

- Contact with friends: 27% of responses indicated that the number of friends with which they engaged at least once a month had decreased.
- Trips to the GP – 27% of responses indicated that the number of trips made to the GP had increased therefore indicating a decline in this measure.
- Friends when needed – 24% indicated a decrease in the perception of their ability to call on friends when needed.
- Contact with family – 23% of responses indicated that the number of family members with which a befriender engaged at least once a month had decreased.
- Asking friends for help – 18% of responses recorded a decline in number of friends befriendeds felt they could call on for help.

Following analysis across the four strands the following measures showed the greatest decline:

- For Domestic Violence and Abuse - the ability of befriendees to call on friends when needed and trips to the GP
- For Early Help - a decline in being able to call on friends when needed, thinking clearly and trips to the GP
- For Adult Social Care - contact with family and trips to the GP
- For Generic Befriending - contact with friends indicating that the number of friends that they see or hear from within a month had decreased.

### **Mid-service interviews**

The data collected above relates to 22 people of the total sample. Data from 6 befriendees (Cohort 3) was also tested against the findings from the 22 befriendees within Cohort 1 and 2. As a reminder the key difference between Cohort 1 and Cohort 2 relates to the completion of a Mid-service Interview. All 6 befriendees from Cohort 3 completed a Mid-service Interview as did the 13 befriendees from Cohort 1.

The qualitative data emerging from these mid-service interviews adds further insight regarding the areas showing both overall improvement and decline.

First, interviewees report feeling more optimistic after the calls. Furthermore, they report feeling more motivated and are more actively engaged in social and community activities. This mirrors the evidence from the volunteer befrienders discussed in Section 4:

*‘I’m now volunteering with a toddler group. I feel quite good after the calls, and I’ve done more than I would have done. I’ve gone out a bit more.’*

Second, interviewees also suggest that they feel more relaxed with the calls providing an important few moments of breathing space:

*‘I feel like a bit of the stress has been taken off my head and makes me feel happier. Someone is checking in and caring. Most people only care about what is going on with my kids, but this is about me I feel respected and cared for.’*

Third, interviewees indicate that they can think more clearly and are dealing better with their problems:

*‘When I’m not sure about things, worrying or stressing, or I can’t see the positives in something, she [the befriender] helps me out with that.’*

Thinking clearly is also reported when the befriender is facing particularly challenging circumstances such as dementia - as in the quote below given by the befriender’s carer:

*‘She hears someone else’s voice, and it helps her to reflect. She has someone in her corner and there are things she does not understand so it gives her some insight.’*

Finally, interviewees suggest that they are more comfortable in sharing private matters particularly as the relationships develops between the befriender and the befriender:

*‘At first you don’t want to talk but she has a way of getting you to talk. She is not judging me. We talk about hard things that are difficult to talk to people about.’*

*‘I’m having more positive thoughts. She’s helped me a lot. I’m now doing something instead of nowt.’*

These quotes provide a degree of validation to the evidence collected via the Baseline and Follow up surveys. The befriendedees interviewed are enjoying the calls and they can point to positive improvements in their lives.

Interestingly also, there is self-awareness that whilst the calls are helpful - they are not life changing. As noted elsewhere in this review, a wide range of issues are at play within befriendedees' lives that contribute to isolation and loneliness. These include for example, financial hardship, childcare challenges, anxiety, low level depression and disability issues which are visible across all strands including the generic strand. Befriendedees are indeed self-aware that their situations are complicated, and they do not expect the telephone befriending service to solve all their problems:

*'They can't change everything - but it's good to have her there. I would need a magic wand to change things.'*

In those areas that indicate a perceived decline, there is a common thread concerning deteriorating relationships with family and friends and an ongoing lack of trust. At first glance, this could be interpreted as disappointing not least as a telephone befriending service is about increasing the number of positive relationships that a befriendedee has access to.

However, evidence collected through the mid-service interviews suggests that befriendedees' answers to the Baseline and Follow up surveys refer to their existing family and friend and not the contacts made through Together Talks. Such support is presenting an alternative outlet for day to day stresses:

*'I don't have a lot of friends. It's nice because my friends say I'm 100% right. A stranger tells me from a different point of view. Also, my friends might have problems - bigger problems. One is having a rubbish time, so my problems don't feel as big. But on these calls, I can chat about my issues. When she rings, I can get things off my chest it's done and I can move past it.'*

Particularly across the three specialist strands the calls are welcomed for being non-judgemental and are seen as being separate from formal service support. Befriendedees understand that volunteer befrienders do not have a statutory connection, and this appears to reassure the befriendedee that he or she is not being 'marked up or down' for achieving any pre-set targets or milestones:

*'I have a support worker but she deals with 'problems'. But she [the befriender] does not deal with things in a professional sense she gives opinions from outside which is helpful, she deals with it as a friend.'*

*'There is someone else between me and the nurse - provides an extra bit of friendship.'*

This appears to be leading to an improvement in self-worth and feeling respected. Particularly when befriendedees come to understand that the volunteer befriender is not paid which for some implies that 'she genuinely wants to talk to me.'

Little reference was made during the mid-service interviews that befriendedees were visiting their GPs less (which in turn may represent a negative outcome for Together Talks). Indeed, the findings from the Baseline and Follow Up surveys regarding increased visits to GPs may actually be a consequence of additional signposting by volunteer befrienders ensuring that befriendedees receive the right care at the right time. But that viewpoint at the present time cannot be evidenced as the possible reasoning for an increase in GP visits.

The mid-service interviews also provided some insight regarding the practical arrangements associated with Together Talks. As with the views from staff and management some issues proved more contentious than others. Some befriendedees appreciate the flexibility associated with the calls. By contrast to fixed appointments with services, it is felt that if a befriendedee misses a call from the volunteer befriender *'it's no big deal'*. For others the calls when scheduled regularly, provide an important structure and touch point in otherwise complicated or confused lives.

Only a couple of befriendedees alluded to a desire to meet face to face. This is in contrast to the evidence from the volunteer befrienders where it was suggested that some befriendedees would benefit from having more direct contact.

But as they stand the evidence collected suggests that the calls are universally welcomed by befriendedees with a view that they are alleviating loneliness:

*'I'm glad they happen. They help me feel less lonely and I have someone to talk to if something is bothering me or worrying me or if I'm not in a good mood.'*

*'She talks to me because that is what I need the most. I struggle a lot with loneliness, and I do feel better after talking.'*

*'It helps to know that there is someone there for you and that you are not on your own. It's just that extra little bit of knowing there is someone there.'*

Befriendedees welcomed the fact that Together Talks was easy to contact and liked the fact that the calls could cover a range of subjects that interested them - from gardening to the arts, through to travel, horseracing and animals. Particularly for elderly befriendedees, the calls were perceived as being genuine friendships, particularly for those that had lost loved ones:

*'She's lovely, she's a super person and very chatty and I'm going all over the country with her. She's interested in me...and then we go to her.'*

*'She's taking time to give me a little pleasure and not many people would. She likes a laugh and a joke.'*

*'I now look forward to my call - it gives me something to look forward to each week.'*

It is of note that some befriendedees expressed feeling a degree of guilt that the volunteer befriender is finding the contact boring or that the befriendedee is wasting a befriender's time when they miss a call. Whilst this is perhaps a wider reflection on personal levels of self-esteem it is an important message for the Together Talks team and the volunteer befrienders to consider when their frustrations arise as to why calls are missed or they feel that time is wasted trying to re-arrange appointments.

There are two additional observations to be made regarding the overall data collected regarding befriendedee outcomes and impacts.

Firstly, it was observed particularly during the mid-service interviews that some befriendedees, particularly those from the Adult Social Care strand offer limited answers to the questions posed often responding only with yes or no. Trying to extract the reasons *why* these answers have been given was observed as being very difficult (despite the best efforts of the Together Talks staff member conducting the interview). This is understandable when one considers the personal challenges faced by these individuals - such as



learning disabilities or dementia. But it may indicate moving forward that additional evidence may be required from those involved in the care of the individual befriender to fully understand outcomes and impacts.

Secondly, some of the questions posed during the Baseline and Follow up surveys do not align neatly back to the outcomes that Together Talk is hoping to achieve. For example, it is difficult to gauge whether the outcomes regarding personal safety, risk and safeguarding and service satisfaction have been achieved. Befrienders are not asked these questions directly; rather it is the interpretation of the staff, management and volunteer befrienders that is applied to these outcomes. Moving forward it would be beneficial to ask befrienders these questions directly to get a more in depth understanding of whether befrienders feel more safe, more satisfied and better protected.

Overall, the evidence presented does demonstrate that befrienders are experiencing positive outcomes including improved social mixing, personal confidence, mental health and socialisation and in turn are feeling more empowered and less lonely and isolated. But these outcomes do not happen overnight and have to be positioned against a wider range of influences, notably from family and friends.

## Section 7

# Conclusions and next stage development

This review has provided a critical commentary on the development of Together Talks for partners at The Bridge Project, Adult Social Care, Early Help and Staying Put, a local Domestic Violence and Abuse charity. As well as delivering a generic telephone befriending and wellbeing service, the pilot project was also expanded to provide a step- down service to incorporate individuals exiting from these three service areas.

This new approach to service delivery was forged to some extent from necessity. Recurrent government-imposed lockdowns made it impossible to deliver services in other ways. But the pilot programme was not devised simply as a stop-gap until things ‘got back to normal’. Instead, it was anticipated that elements of the delivery approach would outlive the restrictions imposed by the pandemic.

This review has primarily considered whether Together Talks has met the outputs, outcomes and impacts anticipated by partners. Using evidence collected by the Together Talks team, as well as insight from interviews with volunteer befrienders, befriendees, staff and management the review also set out to answer questions posed by an initial Evaluation Framework, some of which mirror the anticipated impacts.

For the purposes of drawing useful conclusions, the section that follows uses these questions to explore the achievements of Together Talks and present possibilities for future discussion and development.

### 7.1 Impact for service users and volunteers

#### ***1. Are Together Talks service users and volunteers feeling supported, empowered, and experiencing positive outcomes in a range of domains?***

This review presents a very positive set of findings relating to the outcomes and impacts that Together Talks has generated for befriendees and volunteer befrienders.

For 256 befriendees (against an anticipated output of 220) there have been notable self- reported improvements in levels of optimism about the future, in feeling more relaxed and closer to people, in thinking more clearly, in dealing with problems well and in sharing private matters with friends. These improvements, based on increased levels of trust, motivation and self-worth lead this review to conclude that positive outcomes are being achieved by Together Talks in relation to social mixing, personal confidence, mental health and socialisation. The review points to evidence that befriendees do feel more supported and empowered, and in turn are seeking out solutions to the difficulties affecting their day to day lives.

But this review has also suggested that these outcomes do not happen overnight and certainly cannot be fully achieved within the confines of a short pilot project. Befriendees are observed to lead very complicated lives and challenges are still to be found notably in relation to ongoing influences from family and friends which continue to affect perceptions and approaches to the personal difficulties faced by befriendees.

It has not been possible within this review to confirm whether befriendees themselves feel safer and more able to identify risk and safeguarding. This is partly because they were not directly asked these questions, something which may need to be addressed in future evaluation work. But evidence collected from volunteer befrienders as well as staff and management suggest that issues of safety and the identification of risk and safeguarding are improving and reassuringly will continue to do so as volunteer befriender and team experiences further embed.

It is also not possible to draw any conclusions as to whether befriendees feel more, or less satisfied with the support received from the commissioning services. And to a certain extent this review questions whether it is the role of Together Talks to gather this evidence, or indeed a role for the commissioning services themselves. If this outcome is to remain, then cautious judgement will need to be exercised as there are a whole host of factors that will influence befriender answers, including individual personal relationship with professional workers and differing views as to what it means to be satisfied.

For the 179 volunteer befrienders (against an anticipated output of 110), this review confirms that a good, representative balance of volunteer befrienders has been secured by Together Talks to meet demand, although this may become more challenging as Covid-19 releases its hold on volunteer time and choice of pursuits, something which may in turn present capacity challenges for Together Talks. The fact that the service offers the opportunity to support befriendees by telephone is a plus point in this regard, as it widens the potential catchment area from which to recruit potential volunteer befrienders.

This review has further confirmed that volunteer befrienders are well supported by the Together Talks team and have access to good quality training. There are also early indications that for some they are using the experience to increase their own knowledge, skills and employability. For some befrienders based in the Bradford area this will almost certainly benefit the local charitable and health sector, but in other instances where younger befrienders or students are concerned, the benefits associated with these outcomes may leak away and be deployed elsewhere. But regardless of this, these specific outcomes could benefit from further follow-up analysis to understand more comprehensively what skills are being developed, how this knowledge is further being deployed and the types of employment that are being accessed as a result.

Volunteer befrienders have also made some very useful suggestions regarding how they could be further supported and empowered. Calls for ongoing training opportunities possibly in conjunction with the specialist strands, plus opportunities to meet and share stories and experiences with other befrienders seem to be viable possibilities. Other suggestions regarding meeting face to face and extending the hours within which calls can be made, pose different operational challenges, although these are not thought to be insurmountable. Whether recommendations for improvement are subsequently implemented will depend on capacity within the Together Talks

team and the resources they have at their disposal. But whichever recommendations are followed up, the ability to remain flexible will be key so as to ensure that Together Talks continues to recruit volunteers who simply want to do the right thing.

## ***2. Is a telephone-based befriending and wellbeing service a suitable model for integrating volunteering with specialist services and offering a step-down service to support clients' improvements?***

A key finding from this review in relation to the research question posed, relates to the fact that positive outcomes and impacts can only be achieved if a right match is secured between the volunteer befriender and the befriended. For the specialist strands of Early Help and Adult Social Care in particular, this review has revealed some challenges, particularly during the early phases of delivery. None of these are thought to be insurmountable and are at the time of writing showing signs of improvement. But they require the commissioning services to intensify the promotion of Together Talks within their respective departments to ensure increased buy in from staff and more efficient and appropriate referrals.

Much can be learned from the approach adopted within the Domestic Violence and Abuse strand, where a dedicated officer acts as the first touchpoint for the Together Talks team and the specialist staff. This role acts as a bridge, understanding the requirements, nuances and language of both parties, which in turn is enhancing the quality of the end support received by the befriended and the experience for the volunteer befriender. In this sense, for most beneficiaries, it is a process of 'stepping forward' rather than merely 'stepping down'.

The evidence presented also suggests that telephone befriending should be the main delivery mechanism for Together Talks moving forward. It is obviously the cheapest option, with no practical expenses and requires less safeguarding and risk arrangements than a face-to-face befriending service would inevitably involve. As significantly it retains a 'degree of separation' between the client [the befriended] and the service [the benders and Together Talks staff]. This is widely acknowledged as being particularly important in breaking cycles of dependency and increasing the resilience of befriended. Over the long term this should also generate positive change, allowing befriended to solve their own problems - with just a little bit of the right support at the right time, rather than being dependent on intensive support which is costly and time consuming.

That is not to say that Together Talks should not respond to requests for face-to-face meetings and this review has made some suggestions as to how this might occur. But these should be viewed as exceptions to the rule, rather than a standard mode of operation.

## ***3. Can the befriending service reduce the visits to the GP/other services by service users from all three specialist services and the generic service?***

This question is perhaps the most difficult to address, not least as it covers two separate issues - that of GP visits and other (undefined) services. As such it is suggested that the question itself requires further refinement.

As discussed throughout this review, there is a clear link between loneliness, social isolation and mental health - a fact acknowledged by the initial Evaluation Framework. At face value, a reduction in visits to GPs could evidence an improvement in outcomes associated with mental health, loneliness, and isolation. But this review, using only data gathered from a single question in the Baseline and Follow Up Surveys, suggests that visits to GPs have actually increased and has done so across all strands.

As this review has suggested, this perceived 'deterioration' may not be all it seems. It could be that GP visits have increased because befriendees have acted on conversations with volunteer befrienders and have accessed medical advice in a more appropriate and timely fashion. This would be a positive outcome, resulting in longer term savings.

Similarly, if service users are no longer requiring support from 'other services' then this too would be positive leading not only to cost savings but also improving efficiencies and reducing the ever-increasing pressures felt by the commissioning services.

## 7.2 Programme delivery impacts

### ***4. Is the Together Talks befriending service suitable for all three specialist services as a concurrent intervention service to support their service users in improving their wellbeing and desire to meet other people and reduce their sense of loneliness?***

One of the strengths observed in this review is the cohesive relationship between staff and management involved in Together Talks. There is clearly a mutual desire to work together in partnership to deliver the best possible outcome for individual befriendees. Whilst there have been some early challenges in generating appropriate referrals and ensuring mutually productive matches, this review suggests that such challenges are inevitable when a new service begins involving multiple partners, and over time they will resolve.

An ongoing challenge will be ensuring that Together Talks continues to be a concurrent service with efficient and constructive communication between parties, each of which will provide slightly different, but not identical roles. Befriendees have, after all, complex individual problems that cross boundaries of support. So, it may be advantageous not to 'over think' these interactions as they can neither be eradicated nor fully anticipated. Journeys towards independence is never going to be straight forward for many and in some cases, progress may be interrupted. But as the evidence demonstrates, working together in flexible and exploratory ways in this project has resulted in demonstrable positive self-reported benefits for the majority of befriendees.

### ***5. Does Together Talks offer cost savings to commissioners for Adult Social Care, Early Help, Domestic Violence and Abuse service providers?***

This review concludes that the evidence for cost savings is starting to emerge with service providers acknowledging that by stepping clients down to Together Talks, staff have additional time free to deal with other clients waiting in the system, some of whom have more acute problems to deal with

or are in a more immediate state of crisis. Similarly, when befriendedees are referred for further service provider support, then this happens with a degree of reassurance that the issue being referred requires sufficient attention for it to come back in, which in turn saves valuable time in the long run.

For a pilot project that has only been running for approximately 18 months this is valuable insight, but it is largely anecdotal and needs further substantiation. This can only be provided by the commissioning services themselves - as it relates to their time and their staff - and not that of the Together Talks team. But the early signs are good. Together Talks appears to have the capacity to generate cost savings but for these to become visible and capable of articulation in purely financial terms the project needs more time to deliver. If this is possible and if proper measurement systems are in place, then this review concludes that these financial cost savings will become compelling.

As Section 2 illustrated, most befriending schemes are dependent on sources of external funding with only a handful being able to generate income via paid services. This review concludes that initiating a charge for Together Talks services is firstly, impossible from the point of view of the befriendedees due to limited finances. Secondly, it would be extremely difficult to sell the service to any third-party body such as a college or university. These organisations may inevitably demand different and more rigid operational standards, including an expectation that a paid member of staff would deliver the befriending support, not a volunteer.

With most befriending schemes, funding is typically handed over from a grant giver or service provider and whilst there are certain targets and financial profiles to be achieved, the befriending delivery body is largely 'left alone' to devise strategies and deliver activities. This review suggests that Together Talks appears to be very different, working in very close partnership with the funders, to deliver a service that meets the operational requirements of the funder, over and above the financial funding package agreed.

***6. Is the digital platform being used cost effective for both the service user pathway and the volunteer pathway in delivering a befriending service as compared to a traditional befriending service?***

The digital platform has certainly served its initial purpose of helping Together Talks get up and running by attracting befrienders and befriendedees. It is allowing the project team to make matches and track some information relating to the befriendedee and befriender demographic.

But the platform is not fully supporting the potential for the project to achieve wider outcomes, particularly related to empowering and supporting volunteers. Also at the present time, the platform does not appear to offer any visible benefits for the specialist strands such as sourcing real time data about their strand, their beneficiaries and the progress being made.

While improvements have been identified in this review, it is recognised that the cost implications may be prohibitive at this stage, but these may be built into future funding bids to streamline the system and improve functionality.

## ***7. Has Together Talks established new models of care and best practice?***

The scope of this review has not allowed for a comparison of all befriending models in operation. Therefore, it is difficult to say with absolute certainty that the model is new. But it absolutely is distinct from the majority of schemes researched in three important ways.

Firstly, evidence in this review has pointed to the very professional way the scheme is being organised and delivered. Attention to detail on issues such as risk and safeguarding are to be expected (though sadly not always implemented in other schemes) but Together Talks is going further than that, taking time to provide a tailored service in areas such as training, matching and follow up.

Secondly, some serious thought has been given as to what Together Talks can realistically achieve. Such reflections have helped the pilot project really focus in on its core objectives, and whilst some of the anticipated outcomes could do with further refinement, by and large the project that has been designed is fit for purpose, with clear boundaries and is appropriate for the context in which it is operating. That is not to say that the pilot project has not been flexible and maintained a degree of openness, but it knows what its end goal is, it is confident in the service that has put in place to deliver that end goal and importantly it has broken down the conventional spatial link that has so often limited other befriending schemes.

Finally, whilst Together Talks is aimed towards decreasing loneliness and social isolation (as so many other befriending schemes are) its distinctiveness derives from the presence of a shared outcome - agreed with input from three specialist strands. This makes Together Talks a highly tailored scheme, focusing in on the need of an individual, whilst at the same time actively committing to a more collective need. Above all else even though it is telephone based, this review confirms that the project has remained human, perhaps best illustrated by one of the volunteer befriender interviewed:

***‘The best thing is how human it has all felt, very down to earth, very real and honest and direct.’***

## Appendix 1

# Logic Model outputs, outcomes and impacts

### Outputs:

- Early Help pool of 20 volunteers maintained and 40 service users successfully matched and provided with befriending support
- Adult Social Care pool of 20 volunteers maintained and 40 service users successfully matched and provided with befriending support
- Domestic Violence and Abuse pool of 20 volunteers maintained and 40 service users successfully matched and provided with befriending support
- Generic Befriending pool of 50 volunteers maintained and 100 service users successfully matched and provided with befriending support.
- Evaluation report and business case.

### Outcomes:

#### *For Befrienders and Befriendeds:*

- Improved social mixing
- Improved personal confidence
- Improved mental health
- Reduced feelings of loneliness and isolation
- Improved socialisation skills

#### *For Befriended:*

- Improved feelings of personal safety
- Increased identification of risk and safeguarding issues
- Improved satisfaction with services

#### *For Befrienders:*

- Increased knowledge and skills
- Improved employability
- Increased sense of purpose and achievement

#### *For Service Providers*

- Cost savings through reduction in the intensity/duration of interventions
- Improved identification of service user risk and safeguarding issues

#### *Digital Platform:*

- Functionality and user experience for befrienders, befriendeds, project staff and referrers
- Staff time, management time and costs savings

### Impacts:

- Recognition by commissioners and other stakeholders of the value and effectiveness of targeted volunteer befriending to complement the provision of specialist services



- Service users and volunteers feeling supported, empowered and experiencing positive outcomes in a range of domains
- New models of care and best practice established, integrating volunteering with specialist services
- Business case for sustainable volunteer befriending and wellbeing services to be delivered in a range of contexts
- Costs savings to commissioners and Adult Social Care, Early Help, Domestic Violence and Abuse service providers.

## Appendix 2

# Volunteer interview prompts

### **Awareness:**

- How did you hear about Together Talks?
- What were your aspirations for finding out more and getting involved?
- Have you done any befriending before? Who with? When? Reasons for leaving?
- How does Together Talks compare with any previous befriending work that you may have undertaken?
- In your own words tell me the purpose of Together Talks.

### **Training:**

- Have you received any training through Together Talks?
- What are your thoughts about the training received?
- Do you feel that you have applied the training in your befriending role?
- Is there any additional training that you would like to receive in relation to your befriending role or that would help you achieve the goals and aspirations you originally had when you joined the initiative?
- Have you used the Resource Guide and if so, did you find it helpful and/or relevant?
- Do you find the Befriending Guidance Handbook useful/a good reference?

### **Delivery:**

- Who are you befriending at the moment? Tell me about what, when and how you do your befriending?
- What are the challenges that your befriendees are talking to you about the most and least?
- What do you feel that you are helping them with the most and least?
- Is there something that you would like to do more of in relation to your befriendees for example meet them socially or speak to them more often?
- Would you like to meet other volunteers who are delivering befriending support through Together Talks?
- What has been the most positive and negative outcome that you have seen for your befriendees that you feel can be attributed back to your role?
- Have you seen any positive outcomes or negative outcomes for yourself?
- If you weren't doing the befriending, what would you be doing with your time?

### **Specialist Strands:**

- You are helping someone who has some extra challenges. What role do you play in helping the befriendees given the problems they are facing?
- What value do you place on the befriending service for these individuals?
- What value do you perceive the befriendees receive?
- What do you feel are the main outcomes you achieve with your befriendees?
- Is the befriending service suitable for these three specialist services? In what ways?

- Are there other specialist services that you think could benefit from having a similar scheme?

**Support from Together Talks:**

- What support do you get from the Together Talks team?
- Are there any issues you always go to the team with or issues that you don't take to the team?
- How do you find all the forms that you have to fill in?

**Closing Questions**

- What is the single best thing about Together Talks? And the one single thing that you would change if you could?
- Is there anything more the Together Talks team can do to support you with your role?
- Anything else you would like to raise with me that has not been covered?

## Appendix 3

# Management and staff consultation feedback sessions

### Overall Review Focus (Management)

- At the start of the project, what were the main outcomes you wanted to achieve?
- Are there any outcomes you would *change* if we were to re-design the service now, considering both the evidence to date and your gut feelings?
- Would there be *additional* outcomes if you were re-designing the service now?
- Has the service improved service user outcomes?
- Do the outcomes match your experience of the service?
- Are there any areas demonstrating greater improvement? Are there any areas that have not demonstrated improvement? (*If not why?... which areas?*)
- The evidence suggests that so far Together Talks may be providing an important 'step-down' or intermediary structure that sits in between statutory services provision and signposting to other local support services. Do you believe that Together Talks has enhanced the effectiveness of overall interventions for service users?
- The evidence suggests that Together Talks is an important influencer of befriender behaviour - challenging perceptions, family influence and past held beliefs. In the long term this may change the way they respond to situations or access services. Do you see this as an important outcome? Was it an outcome you envisaged at the start?
- At the start of the Together Talks project, where did you feel the main cost saving could be made?
- What have been the views of your staff members regarding the Together Talks project in terms of outcomes, effectiveness and efficiencies?
- Do your staff feel that Together Talks has established new models of care and best practice?
- How do you value the role of volunteers?
- What do you feel has been the greatest contribution made by the volunteer cohort? The least important contribution?
- Are there any areas for improvement in the approach to volunteers?

### Practical Questions (Management)

- What went well (or not so well) at each stage of the process in putting together the Together Talks project?
- What needs to be improved and how could this be achieved (e.g. the referral process, the matching, the monitoring etc.)

- As well as the current three strands, could there be more strands? Or could the existing strands be broken down further (e.g. ASC age ranges, or specific needs)?
- The service at present is free of charge. Do you think this would work as a chargeable service?
- What do you think about the marketing and promotion and on-line materials/communications?
- Part of the self-worth reported by the befriendedees is the feeling that they are actually helping the befriender too e.g. providing encouraging advice. Is this an important component of the scheme?
- Reflections on timings – is a 12 week/call review enough time to decide befriendedee outcome?
- Are the day-time befriending calls (Mon-Fri 9:30am - 4:30pm) enough?
- How far should our volunteers get involved with 'goal setting'. Some befriendedees referenced this on their calls. What are the acceptable goals that a befriender should set? And what are the boundaries to goal setting?
- Could the training programme that Together Talks offers be extended - both in terms of timings and topics covered?
- Can/should we encourage contact between/amongst the volunteer cohort to encourage the sharing of ideas, best practice and support?
- Can/should we encourage contact between the befriender and the befriendedee? What 'boundaries' would we put in place if this were to happen?
- Could we make more use of IT/Digital to encourage the operation of Together Talks e.g. a Volunteer What's App group or a portal to upload Update Forms?

#### **Overall Review Focus (Staff)**

- At the start of the project, what were the main outcomes you wanted to achieve?
- Are there any outcomes you would *change* if we were to re-design the service now, considering both the evidence to date and your gut feelings?
- Would there be *additional* outcomes if you were re-designing the service now?
- Has the service improved service user outcomes?
- Are there any areas demonstrating greater improvement? Are there any areas that have not demonstrated improvement? (*If not why?... which areas?*)
- Do you think Together Talks is an important step-down service from statutory provision to other local support services – do you agree and why?
- The evidence suggests that Together Talks is an important influencer of befriendedee behaviour - challenging perceptions, family influence and past held beliefs. In the long term this may change the way they respond to

situations or access services. Do you see this as an important outcome? Was it an outcome you envisaged at the start?

- Do you and other staff/ colleagues feel that Together Talks has established new models of care and best practice?
- What do you feel has been the greatest contribution made by the volunteer cohort? The least important contribution?

### **Practical Questions (Staff)**

- What has gone really well overall?
- What needs to be improved and how could this be achieved (e.g. the referral process, the matching, the monitoring etc.)
- As well as the current three strands, could there be more strands? Or could the existing strands be broken down further (e.g. ASC age ranges, or specific needs)?
- The service at present is free of charge. Do you think this would work as a chargeable service?
- What do you think about the marketing and promotion and on-line materials/communications?
- Reflections on timings – is a 12 week/call review enough time to decide befriender outcome?
- Are day-time befriending calls (Mon-Fri 9:30am - 4:30pm) enough?
- How far should our volunteers get involved with 'goal setting'. Some befrienders referenced this on their calls. What are the acceptable goals that a befriender should set? And what are the boundaries to goal setting?
- Could the training programme that Together Talks offers be extended - both in terms of timings and topics covered?
- Can/should we encourage contact between the befriender and the befriender? What 'boundaries' would we put in place if this were to happen?
- Could we make more use of IT/Digital to encourage the operation of Together Talks e.g. a Volunteer What's App group or a portal to upload Update Forms?
- In the 'generic strand', are there more issues beyond 'loneliness and isolation', what are the key issues? (*Prompt: mental health, disability, low level problems with kids, debt, bereavement*)

## Appendix 4

# Baseline and Follow Up Surveys

### **Loneliness:**

- There is always someone I can talk to about my day-to-day problems
- There are plenty of people I can lean on when I have problems
- There are plenty of people I can trust completely
- There are enough people I feel close to
- I can call on my friends whenever I need them

### **Family:**

- How many relatives do you see or hear from at least once a month?
- How many relatives do you feel at ease with that you can talk about private matters?
- How many relatives do you feel close to such that you could call on them for help?

### **Friendships:**

- How many of your friends do you see or hear from at least once a month?
- How many friends do you feel at ease with that you can talk about private matters?
- How many friends do you feel close to such that you could call on them for help?

### **Wellbeing:**

- I have been feeling optimistic about the future
- I have been feeling useful
- I have been feeling relaxed

### **Wellbeing & Health:**

- I have been dealing with problems well
- I have been thinking clearly
- I have been feeling close to people
- Over the last 2 months, how many times have you utilised your General Practitioner (doctors) whether that was an online appointment or in person

## Mid Service Interview

- What do you usually talk about on your befriending calls?
- How do you see this service helping you with the reason you decided to take part?
- How do your befriending calls make you feel?
- Do you think other people would benefit from Together Talks? Who?
- In what ways has Together Talks changed or improved things in your life?
- Is there anything you would change about the befriending service?
- Do you have any other comments about Together Talks?

# Policy&Practice

St Chad's College, Durham University

Policy&Practice is a multidisciplinary research group based at St Chad's College, Durham University. Our staff, research associates and fellows are committed to the promotion of social justice in the United Kingdom and beyond.

*Policy&Practice* is the banner under which this work is communicated to a wider community of interest. The College is committed to undertaking research, policy analysis and evaluation that makes a difference to the way policy makers and practitioners carry out their work, aimed ultimately at increasing the benefit gained by the people for whom they work. We do this through applied research and evaluation for a wide range of private sector organisations, independent charitable foundations, national and local government, charities and other non-profit organisations.

Our work is heavily embedded in the North of England, but we do not confine our work to this area. Several national and international studies have been undertaken over the years in continental Europe, the United States, South Africa and Japan. What we hope to do is to use our learning to help increase our scope for understanding complex social, economic and political issues and our ability to help people tackle challenges in a positive, pragmatic and effective way in new contexts.

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