



# More than just tea and a chat

Our experience of befriending

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# Why we have produced this report

Befriending is a difficult concept to define and befriending schemes vary considerably. They generally involve volunteers visiting individuals in their own homes to provide companionship and emotional support. The schemes are often quite small and very localised. Sometimes the befriending is done over the phone; sometimes elements of practical support are included. Befriending is accepted locally and nationally as an important, if low-level preventive service, and recognised as an intervention which can reduce isolation and increase the wellbeing of older people, though there is little solid research evidence that quantifies the benefits.

The London Borough of Tower Hamlets (LBTH) has produced a Strategy for Promoting Independence in the borough where we work, which is an important and welcome document recognising the role and value of befriending services in promoting independence. It reflects other national policy and strategy documents. It notes the high demand for befriending services by service users, but also says 'people just want to have a cup of tea with someone'.

Tower Hamlets Friends and Neighbours (THFN), over many years, has developed services which go beyond the typical small local model of befriending. This report aims to show the way we work and our experience of befriending and looks at the identifiable benefits our services provide.

Although we publicise our services through regular meetings, talks, reports, leaflets and our website, and are well known locally, receiving a constantly high level of referrals to our services, we have recognised that not everyone fully understands what we can (and can't) do. It is sometimes the case that the service is thought of as a low-level intervention, but at other times, particularly when there is pressure on other services, befriending is expected to play a role it was never designed to play.

This report raises key issues about befriending, how its impact can be measured, how it has changed over time, and the implications for the future of befriending. Throughout the report there are quotes from the people we visit, which show what befriending means to them. Our befrienders also explain how they see their role, and we include quotes from other professionals about our work. We look at the different elements of our services and provide case studies to illustrate our work and the benefits it can bring. The final sections look at the challenges for befriending and how we feel its vital role should be recognised and understood.

This is not a research or policy document, but we hope it will help in raising awareness, of what befriending is, what it can achieve, and why it is more than just tea and a chat.

# What we do

Tower Hamlets Friends and Neighbours is an independent charity which has been in existence, in various forms, for 65 years. We have always provided support for isolated and vulnerable older people, but the form of the support has changed over the years as the needs of our clients have changed.

We provide our befriending services with a combination of paid befriending workers and volunteers. For this client group, we are very rare, if not unique, in providing our services this way. We are not part of any larger organisation, and all our services are provided by the same team of people. We do not have any separate projects.

Our services are free to the people who use them (though there is a small charge for group outings towards the cost of minibus and driver). We are funded from a range of sources, including Trusts, the Big Lottery Fund and the local council. While fully recognising the move towards costed services which can be purchased by individuals, eg through personal budgets, we strongly believe as an organisation that befriending services should remain free to service users.

Different elements within our overall service provision can be identified separately (and have been for funding purposes), but it is key to our method of delivering the services that these elements are provided to each client on a one-to-one basis by the same befriender on an ongoing basis.

At the heart of everything we do are home visits provided on a regular basis at a time, day and frequency agreed with the client (and reviewed with them on an ongoing basis as their needs change).

We offer additional phone support, particularly at times of crisis – and clients can always call us if they have any concerns.

We also provide :

- information about services, benefits, other support organisations, etc
- support with accessing health and social care and other services
- advocacy and enabling self-advocacy
- choice and involvement with our services and a voice on wider issues and services, including through our Housebound Older People's Reference Group
- escorted group and one-to-one outings and events, including our ALFIE club
- activities in the home, including reflexology, seated exercise and reminiscence

We do not provide respite care, personal care or specialised legal, financial or other advice. We also do not provide support for people with severe mental health problems who require the support of a trained mental health professional.

# Facts and figures

In 2011-12 we supported 440 older, isolated and vulnerable people, regularly visiting around 300 in their own homes.

Our services were provided by a staff team of 10 people, of whom 6 were Befriending Workers – 4 full-time and 2 part-time, and an average of 33 befriending volunteers.

The Befriending Workers are supported by the Chief Executive and Project Administrative Officer, who also record, monitor, evaluate and report on service provision. The Volunteer Co-ordinator recruits and supports the volunteers. The Project Networking Officer liaises with other organisations, statutory and voluntary, to maximise support for our clients. All these roles are part-time.

Of the 305 clients being supported in their homes at the end of 2011-12, the majority would be described as the 'older old' (though there is an increase in younger old clients, especially Bengali), and 155 of them were from the various ethnic minority communities of the borough, including Bengali, Somali, and Jewish.

Most had a long-term limiting illness, severe mobility problems and some were completely housebound. Many had sensory disabilities, many did not have English as a first language, and around 70 had dementia. The majority did not have family or friends who could offer any kind of regular support.

In 2011-12, through our home visits, as well as companionship, emotional and practical support, we provided :

- assistance with financial and housing issues to over 100 clients
- support with social care issues for an average of 20 clients per month

- information and signposting to other agencies, including help in making contact with those organisations where required
- over 200 instances of direct advocacy support and over 50 instances of support to self-advocate
- assistance to more than 100 clients to access and benefit from health care
- the chance for clients to participate in consultations about local health and social care provision
- activities for more than 160 clients at home and out, including group and one-to-one outings, events, and reflexology, seated exercise, reminiscence, etc at home

The number of clients supported last year and the levels of support required were higher than in previous years (indeed, both the number and the levels have increased slowly but constantly in the last few years), and the last few months have shown a further increase in demand. This is an issue discussed later in the report, and which we are currently addressing.

Volunteers provided 2,135 additional hours of support for our clients.

In total, over 11,200 hours of direct befriending support was provided over the year, supplemented by additional input from office-based staff.

In recognition of the needs of isolated adults younger than our usual client group, we amended the Objects of our charity last year to ensure all vulnerable and isolated adults could be supported by our services where appropriate. Our clients now include a small number of younger vulnerable adults.



# The difference we make

The aims of the organisation are:

- to enhance the quality of life of isolated, vulnerable and older people and decrease social isolation
- to promote well-being and increase independence through emotional support and through access to services, benefits, etc
- to provide relevant and stimulating activities and increase social rehabilitation.

In this section we look at the way different elements of our service address these aims and the specific problems experienced by our clients. The needs of our clients change over time and different elements may be applicable to a particular client some or all of the time. There is also significant overlap between these elements and the problems addressed and outcomes achieved – most notably social contact, promoting independence and well-being and empowerment and engagement – but they are described separately below to highlight some of the key issues.

## Loneliness and isolation

‘Social isolation’ and ‘loneliness’ are linked but not synonymous. You can be isolated, in that you do not have a social network, but not feel lonely. You can have a large social network and still feel lonely. On the whole, our clients are both socially isolated – through ill health, lack of mobility and lack of regular contact with family or friends – and feel lonely.

There has been a great deal of research into the effects of social isolation and loneliness on quality of life and wellbeing. We are a supporter of the Campaign to End Loneliness and they hold a wealth of research material on this issue which we do not want to duplicate here.

What is clear, however, from the research, is that loneliness has demonstrable negative health effects – both physical and mental.

Befriending is one of a number of measures which help to alleviate loneliness and isolation. There has been insufficient robust research to date which measures the impact of one-to-one befriending on loneliness, but there has been a great deal of reporting of users’ experience of befriending showing that they feel they have benefited from it and value the services they receive.

We ask our clients regularly for feedback about our services, and receive their views informally and formally throughout the year.

This year we asked all our clients what befriending meant to them. That it helped alleviate loneliness and isolation featured a lot in the responses, directly or indirectly:

***“It helps me feel not so lonely.  
It gives me hope to carry on going.”***

***“To hear another voice; to break  
the loneliness.”***

***“Somebody friendly coming in  
to see people like me who don’t  
see anybody.”***

***“Helps to keep in touch with  
the outside.”***

***“A friendly face visiting every week.  
I look forward to her visit.”***

***“The day drags when you’re on  
your own – having P come round  
cheers me up.”***

*“I like it when you come.  
I can talk to you and feel better.”*

*“It means giving me an outlook  
on the world outside by having  
somebody to come.”*

*“It’s been nice to have a visitor  
as I’m on my own.”*

*“I would miss you if you didn’t come  
– you can’t talk to the telly.”*

*“Something I look forward to  
every week.”*

## Health

In addition to addressing loneliness and the health problems that can result from it, our services also aim to support our users in addressing their other health issues, by helping them to access and make best use of the health care services relevant to them.

From individual visits, service reviews and surveys of our clients specifically relating to their health, service users have identified the need for this kind of support. We have piloted different ways to meet their needs, including most recently, a project to raise GP awareness of our services and their benefits.

As so many of our clients have health problems, this is obviously an important area to address. Many of our clients also have sensory, physical or language barriers, or dementia, which add to their difficulty in accessing and understanding health appointments.

As a key part of this work, we support our clients through all stages of their health appointments – including informing or reminding them of appointments, making the appointment for people where required, escorting them to the appointments, helping

them to communicate and understand while they are there, and helping with any follow-ups, including further appointments, collecting prescriptions, and so on.

We visit clients when they are in hospital and offer support during their stay and after – including providing advocacy support if required.

We also identified that activities which could be of health benefit to our clients were only available to them if they could access centres that provided them, and many of our clients were unable to do so. As well as the other activities we provide – see page 9 – we therefore also started reflexology sessions in people’s homes, and trained our staff in providing gentle seated exercise which could then be offered to clients on a one-to-one basis at home.

## Dementia

Over the last few years, the number of people with dementia who we are supporting has increased significantly. As a result we recognised the need for increased and ongoing training, building on our standard person-centred care approach, to help our befrienders to better understand and support clients with dementia. This additional training has been carried out over the last two years and is continuing.

We have also been working closely with the Alzheimer’s Society and other local agencies to ensure that the services we provide are complementary to theirs and that each party can support a client as and when appropriate.

One area that has worked well in the context of these long-term befriending relationships has been the introduction of life stories and life-story profiles. These have been a really beneficial additional tool in supporting our clients, in helping them to communicate and share their lives, and for us to listen, understand, appreciate and respect them.



## Social care

### Information, advice, signposting

If people are housebound they can find it very difficult to get the information they need to get support, particularly if, as is the case with our clients, they do not have access to the internet. We have access to the information they need and can provide them with it as and when they need it, in their home. Information includes the various health and social care services available, housing information, repairs, help with transport, support with financial problems, support from other local organisations, hairdressers and shops. All of these help people to live more independently.

Through our networking with other organisations we can direct people towards support services or liaise directly with those organisations to get the support in place.

### Support to access social care and other services

We have always supported clients to ensure that they have the appropriate social care in place and that the care they receive is delivered as it should be. This sometimes means we are involved with social care assessments and reviews, and helping people if they are having problems with their care. This area of our work has increased substantially over the last year.

We also help people to identify and secure additional financial support where applicable and help them sort out other money problems that they might have. In the same way, we help with any housing issues that arise, including suitability of accommodation, adaptations and repairs.

*“It means if I want help I can ask for it and I can talk to them and know I’m not on my own.”*

*“I get a lot of help by getting regular visits and helping with difficult things.”*

*“You are a great help to me. I don’t know any English and you do all my correspondence for me.”*

*“I can’t read or write but I receive lots of letters and I am old so need lots of help which is done by you. That is what befriending means to me.”*

### Advocacy and self-advocacy

Our ‘advocacy’ role is a natural extension of our work and fits well with the relationships established with clients. The befriending relationship is already one where trust and continuity exist. Instead of bringing in a new person to deal with one-off issues – a situation which our client group dislikes – it is the same befriender who can support the client as and when they need it.

It is also the case that because our service is not task-oriented like personal care or cleaning services, and because it does not have the same restrictions on time that these services have, clients can use the time with us to raise things which are of concern to them which they do not feel able to raise with others.

There are many reasons why people can not or do not speak up for themselves when things go wrong. Many of our clients have communication difficulties because of language, sensory impairments or mental health problems. Many have lost confidence in dealing with issues on a daily basis. Many are afraid of losing services or of ‘making things worse’. Even with our support, they can sometimes be reluctant to speak out.

The use of the term ‘advocacy’ for what we do may not be accepted by everyone and it is also not a term all our clients recognise.

What our clients do know and like is that someone they trust can be confided in, and will help them to sort out any problems that arise, help them to make choices for themselves and to have a voice. Wherever possible we help people to help themselves, empowering them so they have more independence and control in their lives.

***“A friendship to help me talk things over. It is beneficial because I know I can trust that person.”***

***“Helps to get thoughts into perspective as I can get a bit angry at times. You know how to calm me down.”***

***“Support when I have worries.”***

***“I get a lot of help with paperwork and have someone to share my troubles with.”***

## **Involvement and empowerment**

### **Involvement in our services**

We involve our clients from the start in deciding what services they want from us, the time and frequency of visits, activities they wish to participate in, and so on. At any point, informally, or formally through reviews or surveys, clients can identify changes they would like. The choices we offer to clients, the knowledge that they can always call us if they have any problems, the chance to express their views individually or collectively about our services, all contribute to our services being user-led. Because we ask them and see them so regularly, we can pick up on needs as they arise and try to address them, either individually or, where appropriate, by developing new ways of working which will benefit all clients as required.

It also means that our clients feel valued, wanted and listened to:

***“Confidence as when I talk to you I feel listened to.”***

***“Nice to know I can get on with someone. Sometimes I don’t feel liked.”***

***“I get emotional support. You have endless patience with me.”***

***“It means communicating with people on a one to one basis and being a good listener.”***

### **Involvement in consultations**

An extension of this involvement of our clients in the services we provide, and of our individual advocacy, self-advocacy and empowerment work is our work to give our clients a voice more widely, through consultations and surveys. Our Housebound Older People’s Reference Group was formed because our clients said they did not feel that they were listened to. Because they are housebound, they said that they had become invisible. They are not on the internet and can not go to meetings, so they can not express their views in the ways most used by organisations who are doing consultations.

A self-selecting group of around 30 clients, who reflect the overall profile of our client group, are involved in surveys and consultations carried out each year by other agencies – these have covered health, housing and particularly social care, including in relation to personalisation. This is in addition to surveys we carry out with all our clients. In this way the views of our clients can be heard, they have the chance to influence service planning and can be more actively involved as participants in their community.

Our involvement in forums within the borough which bring together the voluntary and statutory sectors also gives us the

opportunity to raise the issues our clients have raised with us, so that their views and concerns can be addressed.

## Activities

Many years ago we had our own minibus and took people out on group outings - for example, to the seaside, to the pantomime, or shopping - many times each year. However, times have changed. Our clients now are far less mobile and do not wish, or are not able, to go on these all-day group outings. We now only run a few trips each year of this kind, with a hired minibus, picking people up at their homes, most often in their wheelchairs, and we provide one-to-one escorts on the trips as most people would be unable to go without this.

We recognised some time ago that things were changing and started our ALFIE project (Active Life for Frail Isolated Elders) to ensure that people could be involved in activities inside and outside the home, as they wished.

We now provide far more one-to-one escorted trips to local parks, shops, museums, cafes etc. We also provide more activities in the home – reflexology and seated exercise, as mentioned above – and things like crafts, games and reminiscence.

The reminiscence activity has proved particularly successful, with people very keen to share their life stories – particular events or memories – or whole autobiographies. Out of this we developed our booklet 'Tin Baths and Doodlebugs' which has been very popular, not just with our clients, but with libraries, reading groups and centres.

Another new development has been the ALFIE club, which we run in partnership with different organisations, including sheltered housing schemes, centres, and other voluntary organisations, providing

social get-togethers at different venues throughout the borough so we can ensure more of our clients can get to them and share the event with others. At these events we have had school choirs, singers, dancers, pampering sessions, group seated exercise, celebrations, and always refreshments.

The activities are chosen by each client to suit their needs and wishes, and give flexibility so that when they feel like going out they can, and if they can't go out, or prefer to stay in, there are activities which suit them too. Clients report back to us that the activities help them to feel more connected and engaged with the community, reduce isolation and support their physical and mental well-being.

One of our favourite client quotes of the last few years is about one of the trips:

***“It was getting out of the house, being somewhere different and in the open. When things are a bit brighter, the light in my eyes is a bit brighter. Thoughts become different.”***

## CASE STUDIES

Mrs P is aged 89, and has been receiving our befriending service since 2003, after her husband died. She has no main contacts except for a cousin she sees occasionally and a home carer. Mrs P is independent but isolated and is managing to maintain her independence with our support. With our help she has made new contacts at social clubs. She enjoys the befriending visits, the companionship and having someone to talk to. She has told the befriender that if she didn't have these visits she would have no one to share her feelings with and become depressed.

Mrs S is aged 88, and has vascular dementia. Her condition is such that visits have to be pre-arranged with the carer because she is unable to answer the telephone or front door bell. Her befriender visits weekly and will also take her out for a coffee which she enjoys and a walk in the local area. The befriender has commented on how much pleasure Mrs S gets from listening to music – she will often get up and dance in the lounge when she hears a particular song she likes.

Mrs X is aged 87, and was diagnosed with dementia in 2010. She has been receiving a befriending service since 2008 and has built a good and trusting relationship with her befriender over the years. She used to be very independent, but her condition has deteriorated to an extent where she now needs her befriender to remind her about appointments and to read her correspondence. The befriender escorts Mrs X to hospital appointments and stays with her to ensure she is clear about what is happening and what will happen next. Her social worker has mentioned the importance in having a befriender who has known her a long time and who has witnessed the change in her health over that period.

Mr A is a 70 year old Bengali man who has no family in the UK and was depressed because they were not with him. A neighbour, who is also a client of ours, suggested he self-refer to our service. He does not speak English and relies on his befriender to assist with his correspondence. He recently received letters saying that he was in arrears with council tax and housing benefit, a situation which had arisen because he had not understood what was required of him in relation to these benefits. With the befriender's support, in liaison with the council and with legal help, the situation has been resolved. This was a lengthy and difficult process and Mr A has said that he does not know what he would have done without the befriender.

# How our services are delivered

The fact that THFN uses paid befrienders comes as a surprise to many people. The general perception of befriending, and indeed what is generally the case, is that befrienders are volunteers. THFN has used paid befrienders as well as volunteers for as long as anyone remembers. One of our paid team has been with us for over 23 years, two for 19 years, the others for over 6 years. Two were volunteers with us before they started as paid workers. Our volunteer numbers have grown over the last few years, averaging 33 last year, 40 at the time of writing.

We are delighted with the number of volunteers who support our work and we understand that their time may be limited – whether that be in terms of hours per week because of work, education or family commitments, or in how many months or years they can stay with us overall, for the same types of reasons.

What we have found as a general rule is that volunteer befrienders only wish to visit one client at a time. The period of time they stay with the organisation is generally 12-18 months, though some have been with us for many years. With volunteer support alone, we would not be able to have the capacity that paid staff can provide, and that the demand for our service requires, nor, in many cases, the continuity and longevity that our service users want.

With volunteers as additional support, we have enormous added value – in terms of the extra skills and attributes that they bring, the variety of language and cultural knowledge, different ages, backgrounds and personalities, particular interests which they can share with clients, availability for special events and outings to boost the staff numbers etc.

Whether paid or volunteer, each member of our team shares common values and sees their role in similar ways:

*“I try to be a good friend and neighbour. To be there if they want you. If someone needs help, you will try and help. It’s the comfort of knowing someone’s there for you.”*

*“We are from an organisation where we are always there for them.”*

*“The client finds trust... it’s a gradual process.”*

They also share similar views of why they like befriending, and how they benefit from it themselves:

*“It’s given me such a grounding in reality, where we came from, where we’re going.”*

*“Even when they go into a hospice, I go and sit with them and hold their hand. One lady I visited, I think she knew I was there. She squeezed my hand. I miss her. I will always talk about her. They become part of my life.”*

*“It’s the most rewarding thing I’ve done by miles... I feel so connected. It’s about humanity.”*

And they recognise the difficulties:

*“Trying to do things for everyone to the best of my ability. Not everyone is a sweet little lady, but I’ll still do my best.”*

*“Not easy, because people are not the same – they have different needs, issues, mentalities.”*

It will, wherever possible, be the same befriender who visits and supports the client for as long as they are with our service. The matching of befriender and client is important. Having befrienders who stay with the organisation a long time makes for greater continuity. Our service users do not distinguish between paid and volunteer befrienders – it is the relationship they value – with a person they see as a friend:

*“Having a friend who gets to know your likes and dislikes. A true friend.”*



# Measuring the benefits

We have extensive recording and monitoring systems in place in relation to our clients and our service provision so that we can record what we do and measure the benefits of our services. These include:

- an electronic database (as well as paper records) recording relevant information relating to users
- daily record sheets completed by befrienders about visits, outputs and outcomes, which provide data for our monthly/quarterly figures and are a way in which we can monitor every element of our services
- individual service user reviews, informal feedback from clients, formal feedback from clients, including questionnaires, surveys, consultations (including through our Housebound Older People's Reference Group), complaints, comments and compliments forms.

Evaluation of services provided and whether outputs and outcomes are in line with our targets, and meet quality standards, is carried out by senior staff and discussed with the staff team.

Reports are provided for internal use to check progress against targets (as set in the Annual Plan) and discussed by staff and trustees, with any necessary amendments to services made. Likewise new activities or changes to service provision are introduced in response to evaluation and feedback from clients. Reports to funders are provided as required.

We work to PQASSO quality assurance standards to ensure the continued quality of our services. We have also had independent surveys carried out with our clients, including by the council, to measure satisfaction with our services.

These measures are in place to assist us in determining the benefits of our services, to make any necessary changes, to develop

new services, and to demonstrate to funders that the money they give us is being effectively used.

The continued support of funders and their feedback to us about our services, the continued level of referrals into our services, and the feedback of our service users gives us some confidence that we are providing good services and are able to demonstrate that reasonably well.

However, we are always looking to find ways that can more effectively demonstrate the impact of what we do, and to raise awareness more widely of the benefits of befriending.

We know that there has been little evaluation of the benefits of befriending which is considered robust, particularly in relation to face-to-face befriending of older people. Nor has an effective practical method been established to measure all its benefits, whether that be in relation to alleviation of loneliness, promotion of good health or reduction in the need for other care services.

There are many different measurement tools in use generally and some of these are becoming more widely adopted, while others are still being tested. There remain difficulties in finding a measure or measures that can be implemented effectively in practice, particularly in relation to this kind of service, with this client group. Different organisations have looked individually at ways in which befriending may help in different circumstances and likewise how befriending can be measured in terms of cost-saving.

We know the outcomes we wish to achieve, and use various methods to determine these and to demonstrate them effectively to others. What we feel is needed is a method which is accepted as robust, but is also practical and

achievable, sensitive and non-intrusive for our client group, appropriate to the type of services provided and the limited resources available to a befriending organisation.

A lot of what is accepted about befriending is based on common sense – what can be seen as self-evident. For example, our experience, like that of other organisations, has shown that befriending interventions can reduce the level of non-attendance at GP and hospital appointments by our client group and this can be costed, as can the potential savings made from the person not having to be admitted to hospital or having some other medical intervention as a result of not accessing health care at the appropriate stage.

However, the precise health benefit of a given intervention and the actual costing would be difficult to gauge individually, and very resource-intensive to do for all clients, though a sample could give an indication of the cost-effectiveness of ensuring a client gets the relevant health care, and this has been tried by some organisations. What is self-evident though, is that if someone is ill and needs to see a GP or go to hospital, the chances are that they're going to get worse if they don't. Therefore the intervention will have been of benefit to the client, even if it is not precisely quantified or monetary value put on it. Again, it is widely accepted (and is acknowledged in the recognition of the need for preventive services), that the fence at the top of the cliff to prevent people falling is cheaper than the ambulance at the bottom when they have fallen.

There are also various tools designed to gauge other factors such as mental well-being and whether the intervention is effective in improving it. But there are difficulties with this. For example, we all

have good days and bad and even when people report that they are feeling better, can you be certain that it is because of the intervention and not some other factor?

We ask people how they feel each time we visit – in the kind of way a friend does – or, because we know them well, we gauge their mood from how they seem, things they say and issues they raise. We also take note of the fact that people want us to keep visiting – and that suggests to us that they are finding some benefit from the visits. We record 'smiles' and 'hugs' and we take note of the comments made on review forms and questionnaires, many of which are given in this report. Much of the positive response we get is unsolicited – given freely and not in response to a questionnaire where clients may feel obliged to say something complimentary.

There are difficulties and gaps with this kind of 'monitoring' too, and we recognise these. However, although it is not considered robust evidence, we value the feedback from our clients very highly. This kind of qualitative evidence does appear in research reports and is considered valuable, if not conclusive.

There needs to be a monitoring tool that is sensitive and appropriate as well as robust, which can take account of clients with mental, physical, sensory and language barriers, and which recognises that we work within a situation which is long-term, not one that is time-limited with the kind of measurable outcomes associated with short-term situations where there is a fixed end goal.

We will continue to explore ways to measure the impact of befriending in a practical and effective way and aim to be involved in research carried out which helps to take forward this work to demonstrate the benefits and to find ways to improve.



# The way things have changed

As can be seen from the way our services have developed, we have adapted to the changes in the external environment and the needs of our service users within that context. Our Befriending Workers have seen the changes over the years and notice the effects these have had on the services we provide:

*“The work is very different from twenty years ago. There is pressure on the organisation to take on the role of other services... you have to plug the gap.”*

*“If people have no services, then we spend longer until things are organised.”*

*“In the past other people had more time – care workers, district nurses... now with the reduction in time and in services, it falls to us to have the time.”*

*“Families are often distant and neighbours aren’t what they used to be.”*

*“I do a lot of interpreting.”*

*“People want to see a human face. The more technology takes over the less they see real human beings.”*

Our clients also recognise what our service can provide which others can’t:

***“Someone to chat to about things you have in common - who is not a carer but has time to talk.”***

Some of our clients equate the befriending service with the provision of support which would traditionally be provided by other services, as seen by the responses under Social Care (page 7) and by these views of what befriending means to them :

***“Phone calls, writing letters, filling out forms”***

***“Helping doing a little bit of shopping, any help I need.”***

It is not just changes to other services which have affected the befriending role. The clients we see now are generally those who are in poor health with very limited mobility, and this has affected activity provision, as described under Activities (page 9).

There has been a significant increase in referrals to our services for people whose main or only wish is to be given help to get out of their homes and are unable to do so unescorted – they just want to be able to get out and about locally – not to be stuck in their homes. For some people, befriending has come to mean this:

***“It is a great idea and very helpful as I cannot get out on my own.”***



# Challenges

The way things have changed raises questions for us as an organisation. What should be within the remit of befriending and what not? And is this determined by a given definition of befriending, by available resources or by identified need?

We have always had clear guidelines about what befrienders can and can't do. For example, as described above, we provide escorted one-to-one trips within our befriending service and are funded to do so. However, we are now receiving referrals for clients for this purpose alone. One-to-one escorting can be quite time consuming, whether that be to a park, the shops, or to appointments, the bank or the mosque. Do we shift our limited resources to provide this service or try to obtain additional funding for it?

The number of clients being referred to us has increased each year for the last six years and we are now supporting more clients than ever, but the resource implications of the greater numbers of client and the significantly increased levels of support required puts a strain on the organisation, and additional staff and volunteers are required to meet this demand. Will we get to a position where we can either take the same number of clients but not address some of their needs or take fewer clients so that we can fully address their needs? If we do not have adequate resources to meet the demand in future, this is something we will need to consider.



Because of the way our model of befriending works, it is the same person who provides the services to each client. The client sees him or her as the person they can trust and rely on – their friend.

Clients tell us frequently that if they receive care, they want it to be from the same person on an ongoing basis. They do not like seeing different people all the time

- they can't get used to them or build up trust in them. Likewise, they do not want their 'friend' to change.

Clients also tell us that when they have tried to get support they are often sent 'from pillar to post' – with either no-one taking responsibility for providing the support, or an endless stream of people asking them the same questions, and help coming in fragmented form from lots of different people. They want to know there is one person they can ask to get things sorted.

We believe that the service user should not be charged for befriending and this is widely but not universally agreed. We also believe that if befriending were charged for, then a different relationship would be established – an employer/employee relationship which would fundamentally alter the nature of befriending.

In the context of the move towards a 'marketplace' where services can be charged for, and an economic climate where funding to keep services free to service users is under enormous pressure, some organisations have renamed or repackaged services and are charging for them, with different staff providing different elements, eg shopping, escorting, 'home support'.

This way of delivering services, with different people, in different ways, some charged for, some not, does not fit well with our model of service provision, nor does it fit with what clients have told us they want.

The 'marketplace' is being created in the context of personalisation and personal budgets. Personal budgets are only available to those who are eligible for social care. Some of our clients are eligible, some are not. Some will become eligible, and some who were eligible no longer are. If befriending services were provided in

such a way that they could be purchased through personal budgets, could this mean that only those who received these could get the services – or those who could afford (and were willing) to pay privately? Or do we create a two-tier service – one for those who pay and one for those who don't?

And if people believe that befriending should remain free, but that there should be a charge for things which we consider part of befriending, what would be included in the purchasable package and what wouldn't? Does this suggest there is a 'version' of befriending – presumably a much reduced one – which could remain free?



As already discussed, we have clear guidelines about what we can and can't do. We are not an interpreting service. We do not provide a shopping service, or housework, or personal care. We do not provide specialised legal or financial advice. We work with partner organisations who can provide these services – we help our clients to access them, liaise with them to ensure the necessary support is received. And if people have mental health needs that we are not trained to deal with then we will ask the referrer to find a more appropriate support service for that client.

But if someone speaks only Bengali and they need to speak to someone who doesn't, on the phone or at an appointment, do we say no, we can't do that, we're not an interpreting service? If we get to someone's house and see that they have nothing to eat, do we say, sorry, we don't provide a shopping service? We can link people with other services and other organisations for future use, but we have to deal with the immediate situation, and frequently, the situation does not improve – the client is not eligible for services, or the service

is inappropriate, or does not exist which would meet the kind of needs they have, which may be various, 'low-level' and ongoing.

What other service is available which has the remit and the time to see if someone is eating what's in the fridge, or hiding meals under the bed, or not taking their tablets, or not dealing with letters? Who has the time to sit and go through the letters, to see what appointments are being made for them or are needed? Who else will help someone to pack for a stay in hospital, or unpack when they come out? Who will talk someone through the options on how to pay for electricity, where to get certain household items, what to do if something is broken, how to get transport to somewhere? Who will take the short walk with them to the bank or the post office or the shop, or just pop out for that loaf of bread for them?

The list of things is endless. These are things which you may expect to be able to do when you're well, or can ask a family member or friend to help with when you're not, but our clients do not have anyone to help in that way – except us.

And our being there can often prevent potentially dangerous situations from arising, or mean our being the first to respond if they do – whether that be a fall in the home, someone becoming unwell, or a situation where abuse may be occurring. As one of our befrienders said: "I often think to myself, if I hadn't been there, what would have happened?"

And all of this is encompassed in what we do. But we can not be there all the time. We are a vital part of a support network for clients but we are not there to replace the other support services needed by each client.

# Befriending – the THFN model

Our name, 'Friends and Neighbours' sounds friendly and cosy – the kind of small organisation that would provide a nice cup of tea and a chat for a little old lady. We are aware of the danger of being perceived that way by other agencies – it somehow doesn't sound like a solid professional organisation doing work of any significance. We are also aware, though, that our clients like the name, because it does sound friendly, and as one of our befrienders put it: "It does what it says on the label – we do what a good friend or neighbour would do for someone."

Likewise, we have tried to think of other terms which fully describe what we do so that other people can recognise what it involves, but we have not found a satisfactory replacement for 'befriending', and, equally important to us, if it were changed, then it would lose the heart of what it does mean – the 'friend' part.

Friends do not just provide one thing – they are there for you when you want to just have a good chat, when things go wrong, when you want to go out, when you are ill, and so on. Our befrienders do all these things for people who do not otherwise have that friend.

Having recognised that what we do has several elements, we now describe ourselves as providing befriending services – plural rather than singular. We have asked ourselves if what we provide is more than befriending, but we believe that all our services come under the umbrella of befriending – the different elements work together and form a whole greater than the sum of its parts.

In an age where electronic communication and social media are prevalent – things which still exclude our client group (though this may change over time) – we provide the human, face-to-face contact, which all age groups acknowledge is becoming increasingly absent from people's lives.

One of our major funders has described our organisation as 'an enhanced model of befriending'. We can offer more than many befriending schemes, but the underlying aims are the same.

Befriending is both preventive and sustaining. We do not expect, for example, to 'cure' loneliness, but we can help make someone feel less lonely for as long as they are with us. We can not necessarily make someone 'better' in the long run, but we can help to prevent unnecessary deterioration in physical and mental health and help to sustain a better level.

Befriending bridges the period before and after the need for social and health care interventions. We see people who are not receiving social care and those who receive long-term care, and stay with them, in many cases, until their death.

Befriending, in the form we can provide it, is a key intervention at all stages along the care pathway. LBTH has recognised this in their strategy, but there needs to be a greater understanding generally of all the ways that befriending can operate and the benefits it can bring. There also needs to be an understanding that befriending is not a stop gap where other services, usually because of financial constraints, are no longer able to provide support.

We have a very good relationship with professionals in social and health care, and with other statutory and voluntary sector organisations, who refer into our services and who work in partnership with us to provide support for our clients. This relationship needs to be formalised so that the role of befriending is clearly defined and understood and incorporated into care provision available to all.

For that to be the case, at least as a starting point, there needs to be the understanding that befriending is much more than just tea and a chat.





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Tower Hamlets Friends & Neighbours  
St Margaret's House  
21 Old Ford Road  
London E2 9PL

**020 8983 7979**

**[www.thfn.org.uk](http://www.thfn.org.uk)**

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“It makes me feel happy that someone cares.”

“I get help from you that I don’t get from my family and children.”

