



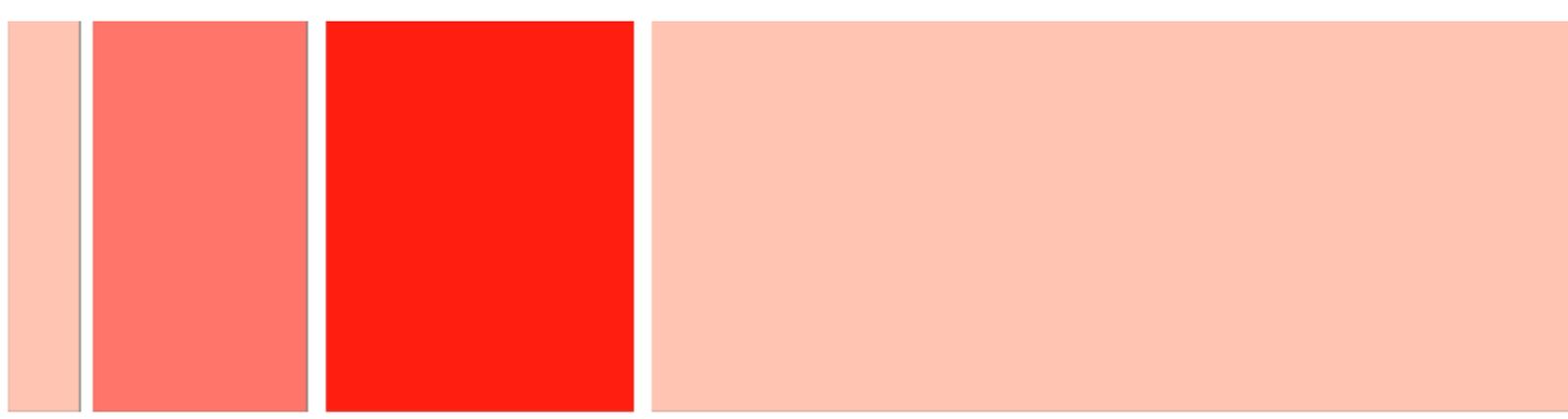
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A review of the basic principles of sustainable community-based volunteering approaches to tackling loneliness and social isolation among older people



Mae'r ddogfen yma hefyd ar gael yn Gymraeg.

This document is also available in Welsh.

A review of the basic principles of sustainable community-based volunteering approaches to tackling loneliness and social isolation among older people

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Views expressed in this report are those of the researcher and not necessarily those of the Welsh Government

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Glossary

AOK	Ando–Osada–Kodama loneliness scale
APS	Approved Provider Standard
BRS	British Red Cross
CAVO	Ceredigion Association of Voluntary Organisations
DBS	Disclosure and Barring Service
DPVC	Dina Powys Voluntary Concern
GDS	Geriatric Depression Scale
GPs	General Practitioners
Ibid.	Latin, short for 'ibidem', meaning 'in the same place'
KPIs	Key Performance Indicators
LSI-A	Life Satisfaction Index A
MCS	Mental-health Component Score
NEST	Welsh Government Warm Homes Nest Scheme
NHS	National Health Service
RBA	Results Based Accounting
RCT	Randomised Controlled Trial
RVS	Royal Voluntary Services
SCIE	Social Care Institute for Excellence
SF-12	Short Form Health Survey v2
UCL	University College London
UCLA	University of California

1. Introduction

Background

- 1.1 Building on the commitments within the Programme for Government, Prosperity for All: the National Strategy sets out the Welsh Government's vision and actions covering each of the key themes within the Programme for Government: Prosperous and Secure, Healthy and Active, Ambitious and Learning, and United and Connected¹.
- 1.2 The National Strategy also identifies five priority areas — early years, housing, social care, mental health, and skills — which have the potential to make the greatest contribution to long-term prosperity and well-being. The social care priority recognises that compassionate, dignified care plays a critical role in strong communities, ensures that people can be healthy and independent for longer, and is a significant economic sector in its own right.
- 1.3 While the terms 'loneliness' and 'social isolation' are frequently used interchangeably, research literature, as discussed in this report, draws a distinction between them. Social isolation has been defined as an objective absence of contact and interaction between an individual and a social network. In contrast, loneliness has been conceptualised as a subjective feeling of being alone, representing a mismatch between desired and actual social contact. Similarly, a distinction has been drawn between emotional isolation (the loss of someone close) and social isolation (the lack of engagement with others).

Purpose of the study

- 1.4 The purpose of this study is to contribute to the development of a greater understanding of the social, economic and environmental conditions that are required to enable community-based projects that help to reduce loneliness and isolation to become successful, self-sufficient and sustainable. The research also seeks to identify the barriers and risks that projects encounter and, where possible, how such barriers and risks can be mitigated.

¹ Copies of these strategies are available on the Welsh Government website: <http://gov.wales/docs/strategies/160920-taking-wales-forward-en.pdf> and <http://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf>

1.5 The specified objectives of the study were:

- To review available literature and interview key respondents in a small number of programmes in Wales and/or the rest of the UK so as to inform policy development by identifying the key mechanisms (barriers and enablers) through which community-based volunteering approaches have the potential to tackle loneliness and social isolation among older people;
- To illustrate the key enablers and barriers, using case studies from the review of literature and/or interviews, to such programmes being effective and sustainable;
- To produce an outline Theory of Change illustrating how such programmes have the potential to reduce loneliness and social isolation among older people; and
- To outline a framework for the future self-evaluation of such programmes to add to the available evidence base on the effectiveness of such approaches, with economic and social benefits in mind.

Structure of the report

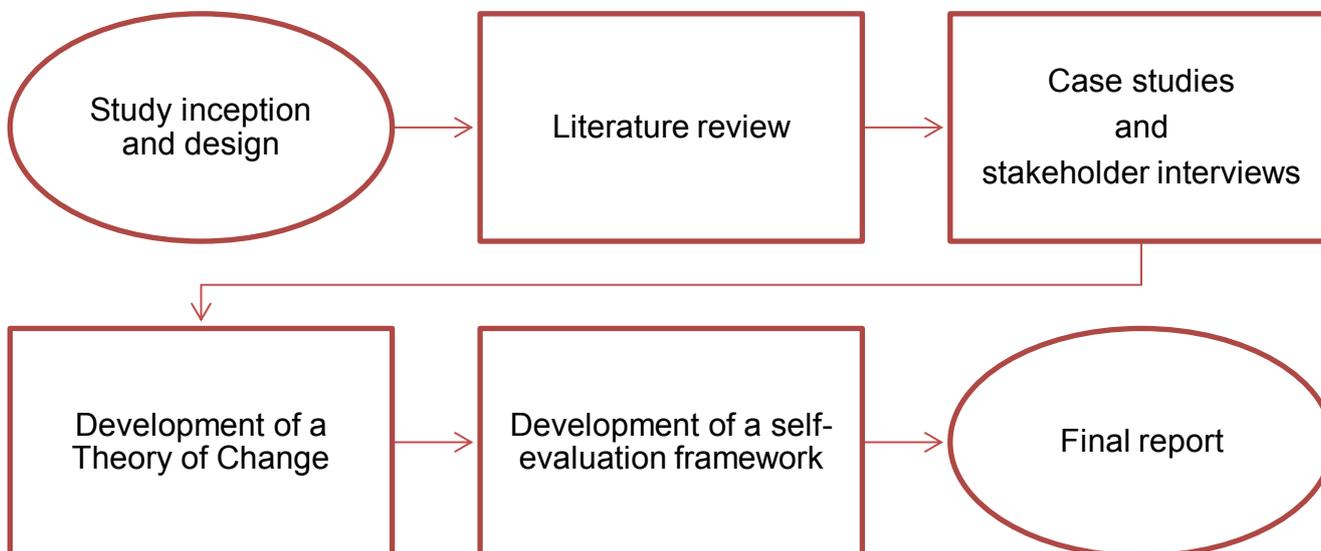
1.6 The remainder of this report is structured as follows:

- Chapter 2 briefly explains the way in which the study was undertaken;
- Chapter 3 discusses the findings of the literature review (a bibliography can be found in Appendix A);
- Chapter 4 summarises the key findings from the case studies of existing models of delivery in Wales as well as the stakeholder interviews undertaken (the full case studies can be found in Appendix B);
- Chapter 5 draws on the findings of the literature review, the case studies and the stakeholder interviews in order to outline a Theory of Change for tackling loneliness and isolation among older people;
- Chapter 6 introduces an outline of a framework for self-evaluation by models and projects in Wales, developed based on the findings of this study (which can be found in Appendix C); and
- Finally, Chapter 7 sets out the conclusions of the study along with several recommendations based on those conclusions.

2. Methodology

2.1 This chapter briefly sets out the way in which the key components of this study were undertaken; the basic method is illustrated in the graphic below.

Figure 2.1: Illustration of the research method



Literature review

2.2 The approach to completing the literature review followed established good practices, including the formulation of review questions and the development of a conceptual framework. Inclusion and exclusion criteria were agreed upon with the Welsh Government and the review was undertaken between 5th April 2017 and 12th May 2017.

2.3 The search strategy incorporated several approaches in order to identify research that would assist in addressing the objectives of the study. Searches were undertaken of a range of web-based knowledge management systems, including Wiley Online, Taylor and Francis Online, Ingenta Connect, Cochrane Library, PubMed, Google Scholar, and the Social Care Institute for Excellence (SCIE). As part of the review and screening process, the research team also sourced relevant publications referenced in studies collated as part of the evidence review. All studies identified in the evidence review process have been referenced in a bespoke database so as to provide a resource that can underpin future research and development.

- 2.4 Each document was screened and compared to the final agreed inclusion and exclusion criteria as noted in the table below.

Table 2.1: Literature review inclusion and exclusion criteria

Inclusion criteria
1. Studies that focus on the delivery of community-led volunteering approaches to reducing loneliness and social isolation among older people
2. Studies in England, Wales, Scotland, and Northern Ireland
3. Studies that can evidence clearly defined outcomes for older people
4. Studies that can provide details on the social, economic and environmental conditions required to enable volunteering approaches to be successful, self-sufficient and sustainable
5. Formal research (i.e. subject to a clear research process)
6. Informal published material (i.e. grey literature) with reference to the 'impact' of community-led volunteering approaches
7. Studies published within the last 10 years
8. Studies published in the English or Welsh language

Exclusion criteria
1. Studies that focus on the delivery of community-led volunteering approaches to reducing loneliness and social isolation among older people based outside of the UK
2. Studies that report on practice that does not have a clearly stated purpose or include clearly defined outcomes
3. Soft evidence (i.e. primary commentary, anecdotal evidence)
4. Studies that report solely on the impact on clients and do not focus on the process, role and models of best practice of community-led volunteering approaches to tackling loneliness and social isolation
5. Studies that relate to programmes delivered by statutory partners
6. Studies published before 2007
7. Studies not published in the English or Welsh language

2.5 Given the timescales and limited resources available, studies were screened in line with inclusion and exclusion criteria on an ongoing basis. Following this initial screening process, the research team reviewed the quality of the studies and assessed their potential to answer the key research questions. Given the parameters of the review, no formal evidence-grading system was used, although this review report does make reference to the methodological strength of referenced studies where appropriate. The screening process had to overcome challenges in categorising studies by the profile of the client group, the intervention model, and operating parameters such as service costs or the evaluation approach, namely because this information was not consistently available.

2.6 In total, 59 studies were reviewed by the research team. Full details are provided in Appendix A.

Case studies

2.7 The purpose of the case studies within this report (eight in total) is to provide real examples of projects and models that exist in Wales of community-based volunteering approaches to tackling loneliness and social isolation among older people. The case studies were selected in consultation with the Welsh Government, with a view to illustrating the wide range of models that exist in Wales, and all voluntarily participated in the study. Each of the case studies is written from the perspective of the organisation in question and has been 'approved' by that organisation.

Stakeholder interviews

2.8 Undertaken alongside the research for the case studies, the list of stakeholders interviewed was again discussed with the Welsh Government with a view to building as comprehensive a picture as possible of the 'sector' in Wales within the research, although the limited nature of the study needs to be acknowledged: there was a limit to the number of stakeholders who could be engaged. A total of 12 interviews/group discussions were undertaken during the study.

Theory of Change and self-evaluation framework

2.9 The final stage of the study involved drawing on the findings of the research described above in order to develop a Theory of Change for models in tackling loneliness and isolation (an approach explained in greater detail in Chapter 5) and an outline of a self-evaluation framework for future models in Wales.

3. Findings of the Literature Review

3.1 This chapter sets out the findings of the literature review. It starts by discussing the models of community-led volunteering approaches identified within the literature, and then discusses the evidence of positive outcomes for older people, the key enablers for community-led schemes, and the key barriers. The evidence of wider economic and social benefits within the literature is then reviewed together with the approaches and tools for monitoring and evaluation identified. The chapter concludes by identifying the gaps in the evidence base. 'Key findings boxes' are included throughout for ease of reference.

Models of community-led volunteering approaches

3.2 It is evident from the literature reviewed that schemes and interventions designed to tackle loneliness and social isolation are varied not only in their delivery model and design but also in their intended outcomes. The terms 'loneliness' and 'social isolation' are frequently used interchangeably, although more recent research has aimed to establish a clear distinction between them. 'Social isolation' has been defined as an objective absence of contact and interaction between an individual and a social network, whereas 'loneliness' has been conceptualised as a subjective feeling of being alone, representing a mismatch between desired and actual social contact².

3.3 This distinction is important, as it helps to inform the design and approach used within schemes (community-led or otherwise) as well as the tools used to identify those at risk and measure the outcomes that the service achieves for them. Masi et al. (2011)³ emphasise the primary importance of acknowledging that loneliness is not equivalent to social isolation. The authors suggest that loneliness is the social equivalent of physical pain and is functional in motivating individuals to alleviate social pain by seeking out the (social) connections that they need to feel safe, secure, and content with life. Their research concludes that for individuals who have a rich and forgiving social environment, loneliness has a high probability of accomplishing its purpose of motivating social interactions and enhancing a sense of connectedness and belonging. However, for other individuals, loneliness

² Gardiner, C., Geldenhuys, G., & M. Gott (2016) - 'Interventions to reduce social isolation and loneliness among older people: an integrative review'. The University of Sheffield. Health and Social Care in the Community. <http://dx.doi.org/10.1111/hsc.12367>

³ Masi, C.M., Chen, H., Hawkey, L.C. & J.T. Cacioppo (2011) - 'A Meta-Analysis of Interventions to Reduce Loneliness'. *Personality and Social Psychology Review*, vol. 15, no. 3, pp. 219-266

becomes inescapable, and it is for these individuals that interventions are perhaps most necessary.

- 3.4 This highlights the importance of schemes being able to accurately assess the social and emotional status of older people and, crucially, a determination of whether the intervention is likely to produce a positive and sustainable outcome for them. Whilst there is a body of evidence which outlines the potential contribution that community-based volunteering approaches can make to reducing social isolation, the work of Masi et al. (2011) may suggest that specialist psychological treatments may be necessary to support many older people experiencing loneliness which goes beyond the remit of a volunteer-led service.
- 3.5 Tower Hamlets Friends and Neighbours (2012)⁴ acknowledge the limitations of their befriending model, which they emphasise does not aim to 'cure' loneliness and may not be able to make someone 'better' in the long run but can help to prevent unnecessary deterioration in physical and mental health.
- 3.6 This would suggest that befriending services can play an important role in helping to identify those at risk of or experiencing loneliness and signposting them towards appropriate clinical support. They can also work in tandem with other interventions that focus on addressing the underlying causes of an individual's sense of loneliness, which may ultimately help them to achieve a sustainable outcome in the longer term.
- 3.7 Although not specifically focusing on volunteer-led schemes with an objective to tackle social isolation and loneliness, Naylor et al. (2013)⁵ present research on volunteering in health and care. They find that volunteers play an important role in building stronger relationships between services and communities, supporting integrated care, improving public health and reducing health inequality. They conclude that the support that volunteers provide can be of particular value to those who rely most heavily on services, such as people with multiple, long-term conditions or mental health problems. The challenge, as they see it, is that the opportunities presented by the effective use of volunteers are not always realised, as many organisations lack strategic vision with regard to the role of volunteering within their workforce.

⁴ Tower Hamlets Friends & Neighbours (2012) - 'More than just tea and a chat: our experience of befriending'.

⁵ Naylor, C., Mundle, C., Weaks, L., & D. Buck (2013) - 'Volunteering in health and care: Securing a sustainable future'. The King's Fund. March 2013.

- 3.8 Barry and Patel (2013) highlight the diverse examples of the ways in which communities are engaged in supporting those facing the end of life, loss, and bereavement as part of their review of the Compassionate Communities Programme in England⁶. The authors identify the importance of recognising the skills, knowledge and experience that communities have and the role that they can play in working in partnership with professionals.
- 3.9 It is important, therefore, for careful consideration to be given to the role of volunteers in delivering a specific service to older people experiencing loneliness and isolation and the extent to which this will meet the needs of the people who will receive the service⁷.
- 3.10 Perhaps of concern is the lack of theoretical basis underpinning many interventions. A systematic review of 32 studies conducted by Dickens et al. (2011)⁸ found that 15 of these had a theoretical basis. Thirteen out of 15 (87%) interventions categorised as having a theoretical basis reported beneficial effects on at least one outcome domain (social, mental and physical health) compared with 10/17 (59%) studies categorised as having no theoretical basis.
- 3.11 Many schemes that focus on alleviating social isolation use volunteers and community champions to help older people to engage or reengage in social activities and support services available in their neighbourhood^{9,10}.
- 3.12 Balaam (2015)¹¹ provides a useful definition of a befriending service which can be differentiated from related concepts such as peer support and mentoring through its key attribute, namely that it is “an organised intervention, involving the creation of an emotionally connected friend-like relationship, where there is a negotiation of power”.

⁶ Barry V. & M. Patel (2013)- ‘An Overview of Compassionate Communities in England’. Murray Hall Community Trust & National Council for Palliative Care Dying Matters

⁷ Volunteer Now (2012) - ‘Good Practice Guidelines for Setting Up a Befriending Service’.

⁸ Dickens, A.P., Richards, S.H., Greaves, C.J., & J.L.Campbell (2011) - ‘Interventions targeting social isolation in older people: a systematic review’. BMC Public Health. 2011; 11: 647. 2011

⁹ Derbyshire Trusted Befriending Network: Evaluation Report (2013) - ‘South Derbyshire CVS.

¹⁰ Dury, R. (2014) - ‘Social isolation and loneliness in the elderly: an exploration of some of the issues’. Br J Community Nurs. 2014 Mar;19(3):125-8.

¹¹ A Balaam, M. (2015) - ‘A concept analysis of befriending’. Journal of Advanced Nursing Volume 71, Issue 1, pages 24–34, January 2015.

- 3.13 Few studies provide specific details on the operational models and approaches used by interventions aiming to tackle social isolation and loneliness. Indeed, Kharicha et al. (2017)¹² highlight that interventions to prevent or ameliorate loneliness tend to have a weak evidence base.
- 3.14 Lester et al. (2012)¹³ look at some of the mechanisms of effective befriending for older adults. Their findings suggest that schemes can offer some compensation for the loss of elective relationships from older adults' social networks, providing opportunities for emotional support and reciprocal social exchange through the development of safe, confiding relationships. Their research found that good conversational skills and empathy were the foundation of successful relationships, within which commonalities were then sought, providing a steer towards the skills and attributes required for voluntary befrienders.
- 3.15 They conclude that social engagement can be a powerful mechanism of action, particularly in terms of connecting people back into the community, reinforcing meaningful social roles and connecting to a past life that had often been significantly disrupted by loss. Understanding key components and mechanisms of befriending for older adults, they suggest, may facilitate the development of more effective and theoretically sound befriending services.
- 3.16 Chal (2004)¹⁴ emphasises the importance of a befriending process which involves the act of creating a friendship, which, by definition, is a reciprocal relationship that has a positive effect on both parties. Chal's evaluation report highlights five key factors in an effective befriending scheme, namely: Reliability, Compatibility, Intimacy, Reciprocity, and Support from the befriender.
- 3.17 Ensuring the reliability of befrienders is a fundamental element of a successful scheme¹⁵. The evidence, however, provides a limited amount of details on how the delivery models used by individual schemes work to ensure reliability and service continuity. The Tower Hamlets Friends and Neighbours befriending network uses a

¹² Kharicha, K., Iliffe, S., Manthorpe, J., Chew-Graham, C.A., Cattan, M., Goodman, C., Kirby-Barr, M., Whitehouse, J.H., & K. Walters (2017)- 'What do older people experiencing loneliness think about primary care or community based interventions to reduce loneliness? A qualitative study in England'. Health & Social Care in the Community. 23 February 2017.

¹³ Lester, H., Mead, N., Graham, C.C., & L. Gask (2012) - 'An exploration of the value and mechanisms of befriending for older adults in England'. Ageing & Society Volume 32, Issue 2 February 2012, pp. 307-328

¹⁴ Chal, J. (2004) - 'An evaluation of befriending services in New Zealand. Final report, Ministry of Health, Wellington, New Zealand.

¹⁵Centre for Policy on Ageing (2014) - 'Loneliness – evidence of the effectiveness of interventions'. Centre for Policy on Ageing.

combination of paid befriending workers and volunteers. Their research¹⁶ highlights that, as a general rule, voluntary befrienders only wish to visit one client at a time and that the period of time during which they stay with the service is generally 12–18 months. As such, they have found that with volunteer support alone, the service would not have the capacity that paid staff can provide, which may create difficulty in meeting the demand for their service, given the continuity and longevity of support required by service users.

- 3.18 A number of studies explore the use of social telephony to enable telephone support and befriending groups for vulnerable and marginalised people^{17,18,19}. Cattan et al. (2011)²⁰ state that, despite a lack of evidence, telephone befriending has been considered an effective low-level method through which to decrease loneliness among older people. Moreover, a study by Fitzsimmons (2010)²¹ on the use of telephone services to support older people concluded that it is a helpful way for isolated people to begin to build social contact, given that there is evidence of a stigma associated with admitting to loneliness. Findlay (2003)²² also concludes that teleconferencing appears to be a cost-effective strategy for reducing loneliness and bringing people together, especially in geographically isolated areas. Whilst telephony and new technologies may present opportunities, more recent research by Hagan et al. (2014)²³ recommends that further research may be required so as to assess their effectiveness, given that there are currently too few studies available to draw meaningful conclusions.

¹⁶ Tower Hamlets Friends & Neighbours (2012) - 'More than just tea and a chat: our experience of befriending'.

¹⁷ Fitzsimmons, P. (2010) - 'Dialling up social care for older people'. Working with Older People, 14(3), September 2010, pp.10-14.

¹⁸ Pikhartova, J., Bowling, A., & C. Victor (2016) - 'Is loneliness in later life a self-fulfilling prophecy?' Aging & Mental Health Vol. 20, Iss. 5, 2016.

¹⁹ Age UK (2016) - 'Testing promising approaches to reducing loneliness: results and learnings of Age UK's loneliness Pilot'. Age UK

²⁰ Cattan, M., Kime, N., & A.M. Bagnall (2011) - 'The use of telephone befriending in low level support for socially isolated older people – an evaluation'. Health & Social Care in the Community Volume 19, Issue 2, March 2011, Pages: 198–206.

²¹ Fitzsimmons, P. (2010) - 'Dialling up social care for older people'. Working with Older People, 14(3), September 2010, pp.10-14.

²² Findlay, R. (2003) - 'Interventions to reduce social isolation amongst older people: where is the evidence?'. Ageing & Society 23, 2003, 647–658.

²³ Hagan, R., Manktelow, R., Taylor, B.J., & J. Mallett (2014) - 'Reducing loneliness amongst older people: a systematic search and narrative review'. Aging & Mental Health Vol. 18, Iss. 6, 2014

- 3.19 Age UK's loneliness and isolation evidence review (2011)²⁴ provides details on a telephone befriending scheme in Bolton which uses trained volunteers to make regular weekly telephone contact with older people for a friendly and informal chat. Calls typically last between 15 and 20 minutes each week and aim to relieve loneliness and social isolation, although no analysis of the effectiveness of this scheme is provided.
- 3.20 The evidence base includes details of models that use one-to-one support for older people (e.g. Age UK South Tyneside's Befriending Service), those that focus on group work (e.g. the LinkAge Befriending programme in Bristol) and those that use a combination of approaches. Kantar Public et al. (2016)²⁵ state that people experiencing loneliness prefer face-to-face services and support, including a mix of more intense 'one-on-one services' and less formal 'interest-led peer-to-peer interaction'.
- 3.21 While digital services and support were seen as important in their research, they found that participants viewed these services as supplementing face-to-face support or useful in helping an individual to organise face-to-face connection.

²⁴ Age UK (2011) - 'Loneliness and isolation evidence review'.

²⁵ Kantar Public, COOP & British Red Cross (2016) - 'Trapped in a bubble: An investigation into triggers for loneliness in the UK'.

Key Messages Box 1

- Volunteer-led schemes need to be capable of accurately assessing the social and emotional status of older people so as to deliver appropriate interventions.
- Specialist psychological treatments may be necessary to support many older people experiencing loneliness which goes beyond the remit of a volunteer-led service.
- Community-based volunteering schemes can work in tandem with other interventions that focus on addressing the underlying causes of an individual's sense of loneliness so as to help achieve a sustainable outcome in the longer term.
- Few studies provide specific details on the operational models and approaches used by interventions aiming to tackle social isolation and loneliness.
- Ensuring the reliability of volunteer befrienders is a fundamental element of a successful scheme. Volunteer support alone may not be sufficient to meet client needs and schemes may need to use volunteers alongside paid staff to provide service continuity.
- The use of telephone services to support older people can be a helpful way for isolated people to begin to build social contact, given that there is evidence of a stigma associated with admitting to loneliness.
- People experiencing loneliness may prefer face-to-face services and support, including a mix of more intense 'one-on-one services' and less formal 'interest-led peer-to-peer interaction'.

Evidence of positive outcomes for older people

- 3.22 Whilst the literature presents some indicative or emerging evidence of positive outcomes achieved for older people supported through targeted interventions, much of the evidence base remains weak, characterised by anecdotal evidence, case studies and small sample sizes. Although several evidence reviews have been produced in recent years^{26,27,28}, little is known about interventions that would affect loneliness and health, about causal mechanisms or about the service use of isolated or lonely older people.
- 3.23 Although some studies have used controlled trials to assess community-led schemes, these have not produced statistically significant results and have generally recommended that further longitudinal research be undertaken. Dickens et al. (2011)²⁹ undertook a review of 32 studies, including 16 RCTs and 16 quasi-experimental studies. Ten out of the 16 RCT studies that they reviewed were judged to be at moderate risk of bias, the remainder being at high risk of bias. Of the 16 quasi-experimental studies, 15 were judged to be at high risk of bias and one at moderate risk. They also found evidence of poor reporting of analyses, particularly when reporting a lack of intervention effects, including the absence of significance values and participant-level outcome data for some outcome measures. They found that only two studies identified a primary outcome measure and only one study reported a sample size calculation. Therefore, they found that it was not possible to conclude whether the studies that they reviewed had sufficient power to detect statistically significant differences.

Key Messages Box 2

- Much of the evidence on outcomes for older people remains weak, characterised by anecdotal evidence, case studies and small sample sizes.
- Although some studies have used controlled trials to assess community-led schemes, these have not produced statistically significant results.

²⁶ Gardiner, C., Geldenhuys, G., & M.Gott (2016) - 'Interventions to reduce social isolation and loneliness among older people: an integrative review'. Health Soc Care Community.

²⁷ Hagan, R., Manktelow, R., Taylor, B.J., & J. Mallett (2014) - 'Reducing loneliness amongst older people: a systematic search and narrative review'. Aging & Mental Health Vol. 18, Iss. 6, 2014.

²⁸ Age UK (2016) - 'Testing promising approaches to reducing loneliness: results and learnings of Age UK's loneliness Pilot'.

²⁹ Dickens, A.P., Richards, S.H., Greaves, C.J., & J.L. Campbell (2011) - 'Interventions targeting social isolation in older people: a systematic review'. BMC Public Health. 2011; 11: 647.

Key enablers for community-led schemes

- 3.24 One of the core messages from the literature is the importance of schemes adopting a participatory approach which places local people at the heart of everything. Schemes, if they are to target loneliness effectively, are more likely to succeed if older people are actively involved in the planning, development and delivery of activities^{30,31,32,33}. The systematic review conducted by Dickens et al. (2011)³⁴ found that over 80% of participatory interventions produced beneficial effects throughout the domains of social, mental and physical health, compared with 44% of those categorised as non-participatory.
- 3.25 Research conducted by the Tower Hamlets Friends and Neighbours scheme (2012)³⁵ highlights that effective schemes involve their clients from the start in deciding what services they want, the time and frequency of visits, and the activities in which they wish to participate. Importantly, clients have the ability to identify the changes that they would like to make to the support that they receive at any point, thus retaining a sense of control throughout. Practical, flexible and low-level assistance is often the most effective in tackling loneliness.
- 3.26 Emerging evidence from Age UK's Loneliness pilot (2016)³⁶ advocates the use of a 'guided conversation' style of motivational assessment in order to better understand people's circumstances, consider their wishes and develop tailored solutions to help the older person take practical steps and/or access the most appropriate support.

³⁰ Age UK (2011) - 'Loneliness and Isolation: Evidence Review'.

³¹ Collins, A.B. & J. Wrigley (2014) - 'Can a neighbourhood approach to loneliness contribute to people's wellbeing'. Joseph Rowntree Foundation. July 2014

³² Fenney, D. (2013) - 'Let's Start Assessing Not Assuming: A report about the approaches to tackling social isolation within Welsh Local Authorities'. Welsh Government.

³³ Callan, S. (2013) - 'When I get off the phone I feel like I belong to the human race: evaluation of the Silver Line Helpline pilots'. Centre for Social Justice. November 2013.

³⁴ Dickens, A.P., Richards, S.H., Greaves, C.J., & J.L. Campbell (2011) - 'Interventions targeting social isolation in older people: a systematic review'. BMC Public Health. 2011; 11: 647.

³⁵ Tower Hamlets Friends & Neighbours (2012) - 'More than just tea and a chat: our experience of befriending'.

³⁶ Age UK (2016) - 'Testing promising approaches to reducing loneliness: results and learning of Age UK's loneliness pilot'. November 2016.

- 3.27 A common theme in the literature is the importance of ensuring that schemes are tailored to meet local needs and contexts, including addressing the challenges present in the community in which they are based^{37,38}. Drawing on qualitative interviews and workshop sessions with recognised experts, Kantar Public (2016)³⁹ outline the key ‘building blocks’ with which to construct successful future services and support.
- 3.28 They suggest that services and support should:
- Give a sense of purpose to the individual;
 - Be peer-led and co-designed to include people in similar circumstances;
 - Be local to individuals and easy to access;
 - Be free or affordable;
 - Instil a sense of identity for participants who are going through a period of transition;
 - Provide sustained support, as well as clear goals and pathways out of support when appropriate;
 - Benefit others and ‘give back’ to society, which can make individuals feel ‘useful’; and
 - Be built around shared interests.
- 3.29 These ‘building blocks’ apply to all services, be they delivered by paid befrienders, volunteers or both. The success of schemes may also be strongly influenced by the built and natural environment within which older people live, with relatively small interventions potentially making a significant difference to the effectiveness of services (volunteer-led or otherwise) in reducing social isolation and loneliness⁴⁰. The built environment influences physical access to family and friends, health services, community centres, shops, and other places and spaces that enable individuals to build and maintain social relationships. Poor transport links can create barriers to social inclusion, whereas effective transport links can benefit social

³⁷ Local Government Association (2016) - ‘Combating Loneliness: A guide for local authorities’. LGA. January 2016

³⁸ Catton (2002) - ‘Supporting Older People to Overcome Social Isolation and Loneliness’. Help the Aged

³⁹ Kantar Public, COOP & British Red Cross (2016) - ‘Trapped in a bubble: An investigation into triggers for loneliness in the UK’.

⁴⁰ Durcan, D. & R.Bell (2015) - ‘Reducing social isolation across the lifecourse’. Public Health England & UCL Institute of Health Equity’. September 2015.

cohesion⁴¹. Safe public spaces, with pavements to walk on and lighting, are also part of the physical infrastructure that helps people to maintain social connections⁴².

- 3.30 The range of services which can impact on social isolation, both positively and negatively, are outlined by Convery et al. (2014)⁴³, leading the authors to emphasise the importance of adopting a clear strategic approach which includes local public services (e.g. social services, health, welfare, transport) and local society (e.g. individuals, community and voluntary organisations)⁴⁴. Guidance issued by the Mentoring and Befriending Foundation (2010)⁴⁵ suggests that effective befriending schemes may be commissioned as part of an integrated package of health and social care support as opposed to being standalone services.
- 3.31 Jopling and Vasileiou (2015)⁴⁶ emphasise that there is no 'one size fits all' approach, with the more effective schemes in tackling loneliness ensuring that communities have access to a range of different services (see Figure 1).
- 3.32 It is also important for schemes to target effectively so as to ensure that those most at risk are reached and not only those who are able and choose to take part in services, who are not necessarily the most in need of the intervention. Research conducted by Cattan et al. (2012)⁴⁷ found that older people employ a range of coping strategies that are not taken into account when services are planned, and that many services treat older people as a homogenous group, giving little consideration to the specific needs of those who are isolated and lonely, or to ways in which to reach them.
- 3.33 In addition, activities often evolve in order to meet the needs of current participants, rather than of the intended target group, excluding those who are truly isolated and lonely, whose needs may not match those already engaged by interventions. The research of Cattan et al. (2012) concludes that there is inequity between the 'active lonely' and those most in need of accessing and using services intended for isolated

⁴¹ Iwarsson S, Wahl H-W, Nygren C, et al (2007)- 'Importance of the Home Environment for Healthy Aging: Conceptual and Methodological Background of the European ENABLE-AGE Project'. *The Gerontologist* 2007;47(1):78-84.

⁴² The Marmot Review Team (2010)- 'Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010. London'. Marmot Review Team, 2010. Institute of Health Equity.

⁴³ Convery, U. Moore, L. & A. Wahidin (2014) - 'Evaluation of the Quaker Connections' Befriending Project'. Ulster University & Nottingham Trent University.

⁴⁴ Kempton, J. & S. Tomlin (2014) - 'Ageing alone: loneliness and the 'oldest old''. *Centre Forum*. April 2014.

⁴⁵ Mentoring and Befriending Foundation (2010)- 'Befriending works: building resilience in local communities'. NCVO. November 2010.

⁴⁶ Jopling, K. & K. Vasileiou (2015) - 'Promising approaches to reducing loneliness and social isolation in later life'. *Age UK*. January 2015.

⁴⁷ Cattan, M., Newell, C., Bond, J., & M. White (2003) - 'Alleviating Social Isolation and Loneliness among Older People'. *International Journal of Mental Health Promotion* Volume 5. Issue 3.

and lonely older people, because of the lack of effective needs assessment and evidence-based practice.

Figure 3.1: Loneliness interventions: service models

Foundation services:

Services that can reach lonely individuals, understand and respond to the specific circumstances of an individual's loneliness and support individuals to take up the services that would help them to make meaningful connections. These services are vital in ensuring that individuals who are experiencing, or at risk of, loneliness can make use of the full range of services and support structures available in their communities, in a way that makes sense and works for them.

Gateway services:

Including transport and technology, these services can be the glue that keeps people active and engaged, making it possible for communities to come together. However, if gateway services are used inappropriately, or if they become inaccessible to older people, the problems of loneliness and isolation may worsen.

Direct interventions:

Including services that help people to reconnect with and/or maintain existing connections, to develop new connections and to change their thinking regarding their relationships.

- 3.34 A fundamental enabler for any service focused on supporting lonely and/or isolated older people is their ability to recruit and sustain volunteer commitment⁴⁸. Ensuring effective training and support for befrienders is also essential in order to ensure that they are equipped with the skills and knowledge with which to support clients. Several publications^{49,50} also highlight the importance of effective and ongoing support provision for befrienders so as to ensure that they do not feel overwhelmed by the problems faced by the older person whom they are supporting. Networking and peer learning with other befriending schemes can prove valuable in improving the skills, knowledge and practices of befriending^{51,52}.
- 3.35 Building resilience, preventative knowledge, and addressing the underlying issues that are resulting in isolation and loneliness (e.g. ill health, language barriers) are identified as important objectives for successful schemes. Clients should be encouraged to become independent and access support and services without the need for volunteer or staff support⁵³.
- 3.36 This is particularly important in order to avoid the creation of dependency between the client and the volunteer, as well as ensuring that schemes achieve sufficient client 'turnover' so as to prevent volunteers from becoming overstretched. Effective matching of volunteers and service users is also key to success, although it is not always possible to match their interests. This is particularly so for older people, who are, as a group, the most likely to perceive problems in matching in comparison to other age groups.
- 3.37 Davidson and Rossall (2014)⁵⁴ outline a four-way classification of interventions to counteract loneliness for older people in the United Kingdom. These can be classified as attempts to:
- Improve social skills
 - Enhance social support
 - Increase opportunities for social interaction
 - Address maladaptive social cognition

⁴⁸ McDaid, D., Park, A., & J. Fernandez (2016) - 'Reconnections Evaluation: Interim report'. Personal Social Services Research Unit. June 2016.

⁴⁹ Duffy, M. (2014) - 'An Evaluation of the LinkAge Befriending Scheme'. University of Bath.

⁵⁰ Derbyshire Trusted Befriending Network: Evaluation Report (2013) - 'South Derbyshire CVS.

⁵¹ Mentoring and Befriending Foundation (2010) - 'Befriending works: building resilience in local communities'. NCVO. November 2010.

⁵² OPM (2016) - 'Reducing social isolation and loneliness: Grant programme evaluation summary'. August 2016.

⁵³ Ibid.

⁵⁴ Davidson, S. & P. Rossall (2014) - 'Evidence review: loneliness in later life (Updated)'. Age UK. June 2015

- 3.38 Whilst several research studies suggest that interventions that enhance opportunities for social interaction via group activities or group-based interventions tend to be more successful⁵⁵, simply bringing lonely people together may not result in new friendships, as the thoughts and behaviours of lonely individuals render them less attractive to one another as relationship partners⁵⁶.
- 3.39 Furthermore, the method of initiating social contact can be important, with evidence from the Silver Line Helpline suggesting that telephone contact can be a particularly helpful way for older people to build social contact, given the stigma that older people may experience when admitting to loneliness⁵⁷.
- 3.40 Interventions that attempt to change maladaptive social cognition, which can be defined as behaviour that is 'counterproductive or interferes with everyday living', are highlighted as the most effective at reducing loneliness⁵⁸. This finding raises questions regarding the extent to which even well-trained volunteer befrienders can address some of the underlying causes of loneliness and isolation without suitable professional input.

⁵⁵ Cattan, M., White, M., Bond, J., & A. Learmouth (2005) - 'Preventing social isolation and loneliness among older people: A systematic review of health promotion interventions'. *Ageing & Society*. 2005; 25:41–67.

⁵⁶ Stevens, N. (2001) - 'Combating loneliness: A friendship enrichment programme for older women'. *Ageing and Society*. 2001; 21:183–202

⁵⁷ Wilcox, M.E (2014) - 'The Silver Line Helpline: a "ChildLine" for older people'. *Working with Older People*, Vol. 18 Issue: 4, pp.197-204.

⁵⁸ Masi, C.M., Chen, H., Hawkey, L.C. & J.T. Cacioppo (2011) - 'A Meta-Analysis of Interventions to Reduce Loneliness'. *Personality and Social Psychology Review*, vol. 15, no. 3, pp. 219-266

Key Messages Box 3

- One of the core messages from the literature is the importance of schemes adopting a participatory approach which places local people at the heart of everything.
- The use of a 'guided conversation' style of motivational assessment to better understand people's circumstances, consider their wishes and develop tailored solutions can be effective in tailoring support to meet a client's needs.
- The success of schemes may be strongly influenced by the physical environment within which older people live.
- Effective befriending schemes may be commissioned as part of an integrated package of health and social care support as opposed to being standalone services.
- It is important for schemes to target effectively so as to ensure that those most at risk are reached and not only those who are able and choose to take part in services, who are not necessarily the most in need of the intervention.
- A fundamental enabler for any service focused on supporting lonely and/or isolated older people is their ability to recruit and sustain volunteer commitment. Effective matching of volunteers and service users is also key to success.
- Interventions that attempt to change maladaptive social cognition are highlighted as the most effective at reducing loneliness. This raises questions regarding the extent to which even well-trained volunteer befrienders can address some of the underlying causes of loneliness and isolation without suitable professional input.

Key barriers for community-led schemes

- 3.41 The literature identifies several potential barriers for befriending schemes, one of which is the fundamental issue of ensuring that there is sufficient volunteer capacity to support older people identified as being at risk or suffering from isolation or loneliness. In their research exploring whether a neighbourhood approach to loneliness could contribute to improving people's well-being, the Joseph Rowntree Foundation (2014)⁵⁹ concluded that neighbourhoods with fewer community assets or services may need to draw on outside support from stakeholders or skilled and motivated individuals. The loss of community infrastructure such as community and day centres, libraries and other social meeting points can present real challenges for schemes that aim to provide opportunities for social interaction^{60,61}.
- 3.42 The evidence also highlights specific challenges associated with volunteer-led services. For example, although volunteers may bring valuable co-benefits in local areas, including reducing social isolation and improving social capital while reducing health service expenditure, they may only be available temporarily, at times of their own choosing, and have their own support needs. Research conducted by Mountain et al. (2017)⁶², which examined the feasibility of relying on a volunteer workforce to deliver potential complex interventions, raises questions as to the feasibility of scaling up volunteer-led services, most notably due to challenges associated with recruitment, training and retention.
- 3.43 Many befrienders work full-time, which may present time restraints on how often they are able to actively engage with their befriender or how long they are able to spend on each visit. The evidence does not provide any definitive data on the length of time that is sufficient to effectively reduce isolation or loneliness, although research by Duffy (2014)⁶³ presents mixed results on visits of one hour in duration. In her evaluation of the LinkAge Befriending Scheme she found that although many befrienders and older adults did agree that it was sufficient, some older people agreed that more time would be beneficial. Her evaluation concludes that although

⁵⁹ Collins, A.B. & J. Wrigley (2014) - 'Can a neighbourhood approach to loneliness contribute to people's wellbeing'. Joseph Rowntree Foundation. July 2014

⁶⁰ The Older People's Commissioner for Wales (2014) - 'The Importance and Impact of Community Services within Wales'. February 2014.

⁶¹ Hole, K. (2011) - 'Loneliness compendium: Examples from research and practice'. Joseph Rowntree Foundation. March 2011.

⁶² Mountain, G., Gossage-Worrall, R., Cattan, M., & A. Bowling (2017) - 'Only available to a selected few? Is it feasible to rely on a volunteer workforce for complex intervention delivery?'. Health Soc Care Community. 2017 Jan;25(1):177-184.

⁶³ Duffy, M. (2014) - 'An Evaluation of the LinkAge Befriending Scheme'. University of Bath.

older people are satisfied with a one-hour visit and its impact, older people would enjoy more time with their befriender.

- 3.44 Where the involvement of volunteers appears to be used as a way of delivering services that would otherwise be paid for financially, there may be ethical, political and sustainability concerns to address⁶⁴.

Key Messages Box 4

- Neighbourhoods with fewer community assets and services may need to draw on outside support from stakeholders or skilled and motivated individuals.
- The loss of community infrastructure such as community and day centres, libraries and other social meeting points can present real challenges for schemes that aim to provide opportunities for social interaction.
- Schemes may experience challenges in scaling up volunteer-led services, most notably due to challenges associated with recruitment, training and retention.

Evidence of wider economic and social benefits

- 3.45 A small number of studies present evidence or provide commentary on the economic and/or social benefits of schemes designed to tackle social isolation and loneliness. Not all of these are specifically focused on volunteer-led schemes or older people but some of the general principles are, nevertheless, shared throughout all befriending services.
- 3.46 Loneliness has both financial and social costs to wider society, with research⁶⁵ suggesting that it is strongly associated with greater risk of various illnesses and that socially isolated and lonely adults are more likely to undergo early admission to residential or nursing care. In their review of evidence looking at the effectiveness of interventions to tackle loneliness, the Centre for Policy on Ageing (2014)⁶⁶ concluded that the costs of running befriending groups, which were mostly reliant on volunteers, appeared to be smaller than the amount saved by the NHS through not having to treat so many older people with depression.

⁶⁴ Durcan, D. & R.Bell (2015) - 'Reducing social isolation across the lifecourse'. Public Health England & UCL Institute of Health Equity'. September 2015.

⁶⁵ Kempton, J. & S. Tomlin (2014) - 'Ageing alone: loneliness and the 'oldest old''. Centre Forum. April 2014.

⁶⁶ Centre for Policy on Ageing (2014) - 'Loneliness- evidence of the effectiveness of interventions'.

- 3.47 The Older People's Commissioner for Wales (2014)⁶⁷ suggests that by engaging with older people and reducing the need for treatment and support for mental health needs, befriending schemes can save around £300 per person per year. Age UK (2011)⁶⁸ cite earlier research⁶⁹ which demonstrates a correlation between mental illness, low morale, poor rehabilitation and admission to residential care and either social isolation or loneliness, or both.
- 3.48 Research by Public Health England and the UCL Institute of Health Equity (2015)⁷⁰, which looks at approaches to reducing social isolation during the lifecourse, concluded that successful interventions to tackle social isolation reduce the burden on health and social care services. The authors state that cost-effective interventions generate benefits from reducing social isolation arising from the reduced burden on other, more costly, services (such as GPs), as well as the increased productive capacity and potentially increased incomes of service users. However, the research does caveat that in considering estimates of the net economic benefit it should be noted that interventions may achieve a wider range of impacts than those that have been measured and quantified. The authors suggest that more economic evaluation is needed, with analyses taking into account the direct and indirect benefits across multiple dimensions.
- 3.49 The Personal Social Services Research Unit (2016) present an evaluation of the Reconnections programme⁷¹ in Worcestershire, a multi-component, multi-activity programme which aims to reduce loneliness in people over the age of 50 years and uses volunteers to 'reconnect' older people with interests and activities in their local community.
- 3.50 Their findings suggest that effective action so as to avoid loneliness could help to avoid net present value costs of more than £1,700 per person over 10 years. The researchers use an incidence-based costing approach in which the long-term costs of each 'case' of loneliness are estimated with the model, including impacts on GP and hospital contact, self-harm, depression, coronary heart disease, stroke, dementia, and mortality. The majority of these savings (59%) are due to the

⁶⁷ The Older People's Commissioner for Wales (2014) - 'The Importance and Impact of Community Services within Wales'. February 2014.

⁶⁸ Age UK (2011) - 'Loneliness and Isolation: Evidence Review'.

⁶⁹ Wenger, G.C., Davies, R., Shahtahmasebi, S., & A. Scott (1996) - 'Social isolation and loneliness in old age: review and model refinement'. *Age Soc* 16:333–358

⁷⁰ Durcan, D. & R.Bell (2015) - 'Reducing social isolation across the lifecourse'. Public Health England & UCL Institute of Health Equity'. September 2015.

⁷¹ McDaid, D., Park, A., & J. Fernandez (2016) - 'Reconnections Evaluation: Interim report'. Personal Social Services Research Unit. June 2016.

avoidance of unplanned hospital admissions, with further substantive savings (16%) from the avoidance of excess GP consultations. Delay in the use of dementia services accounts for most (20%) of the remaining averted costs. The authors suggest that if actions can be targeted solely towards those who are lonely most of the time, these avoidable costs will increase to £6,000 over 10 years, which highlights the potential to realise savings if effective approaches to addressing loneliness can be identified.

- 3.51 A small number of studies present evidence of the social benefits for clients supported by befriending services. The aforementioned Reconnections project outlines numerous examples of positive benefits for confidence and well-being, many of which go beyond the measures of loneliness. Some participants also indicated positive impacts on their physical health which, in some cases, may have been due to participation in physical activity classes, but in others the change may have been linked to a return of confidence and self-esteem through engaging with others. Other reports highlight improvements in quality of life, loneliness, and perception of social support, although improvements do not always reach statistical significance, which may highlight some of the challenges in measuring social outcomes for clients^{72,73}.

Key Messages Box 5

- Loneliness has both financial and social costs to wider society and is strongly associated with greater risk of various illnesses.
- The costs of running befriending groups, which are mostly reliant on volunteers, appear to be smaller than the amount saved by the NHS.
- Many of the social benefits for clients supported by befriending services, such as confidence and well-being, go beyond the measures of loneliness.

⁷² Walshe, C. et al (2016) - 'What is the impact of social action befriending services at the end-of-life? Evaluation of the End of Life Social Action Fund'. NCVO. June 2016.

⁷³ Wilcox, M.E (2014) - 'The Silver Line Helpline: a "ChildLine" for older people'. Working with Older People, Vol. 18 Issue: 4, pp.197-204.

Monitoring and evaluation tools and approaches

- 3.52 Much of the literature highlights the absence of effective approaches to assessing the impact of schemes aimed at reducing social isolation and loneliness among older people^{74,75,76}. Where studies have been able to demonstrate impact, research findings are often presented with a caveat due to small sample sizes. Early research by Findlay (2003)⁷⁷ highlighted a need for future interventions aimed at reducing social isolation to have evaluation built into them at inception, and that the results of the evaluation studies, be they positive or negative, should be widely disseminated.
- 3.53 However, the literature suggests that limited progress has been made. In a more recent publication, Fenny (2013)⁷⁸ concludes that despite a large amount of research into social isolation, there is still a limited evidence base surrounding effective ways of tackling it. She states that although the evidence base can point towards certain characteristics of effective initiatives, it is much less clear about what is definitely not effective. She calls for improvements in terms of clearer guidance regarding how social isolation is defined and how it can be monitored.
- 3.54 Cattan et al. (2005)⁷⁹ emphasise the importance of schemes using validated loneliness/social isolation instruments to measure impacts. The authors raise concern regarding the reliability of numerous approaches to evaluation evident in their review of interventions, particularly single-item loneliness measures; these may fail to capture change, as older people can be reluctant to directly report feelings of loneliness because of the attached stigma.
- 3.55 Several monitoring and evaluation toolkits have been produced so as to try to improve the quality of impact evidence available from schemes. The Mentoring and Befriending Foundation (2015)⁸⁰ and Befriending Networks (2006)⁸¹ provide useful examples of guidance resources and toolkits aimed at promoting self-evaluation.

⁷⁴ Age UK (2011) - 'Loneliness and Isolation: Evidence Review'.

⁷⁵ Centre for Policy on Ageing (2014) - 'Loneliness- evidence of the effectiveness of interventions'.

⁷⁶ Derbyshire Trusted Befriending Network: Evaluation Report (2013) - 'South Derbyshire CVS'.

⁷⁷ Findlay, R. (2003) - 'Interventions to reduce social isolation amongst older people: where is the evidence?' Ageing & Society 23, 2003, 647–658. March 2003.

⁷⁸ Fenney, D. (2013) - 'Let's Start Assessing Not Assuming: A report about the approaches to tackling social isolation within Welsh Local Authorities'. Welsh Government.

⁷⁹ Cattan, M., White, M., Bond, J., & A. Learmouth (2005) - 'Preventing social isolation and loneliness among older people: a systematic review of health promotion interventions'. Ageing & Society 25, 2005, 41–67.

⁸⁰ Mentoring and Befriending Foundation (2015) - 'Monitoring and evaluating outcomes in mentoring and befriending'. NCVO. May 2015.

⁸¹ Befriending Networks (2006) - 'The Befriending and Mentoring Evaluation Toolkit'.

3.56 Several validated research tools are also referenced in the literature, although these are not applied consistently across the wide range of schemes reviewed. Specific examples include:

- Life Satisfaction Index A (LSI- A);
- Geriatric Depression Scale (GDS);
- Ando–Osada–Kodama (AOK) loneliness scale;
- Short Form Health Survey v2 (SF-12) mental-health component score (MCS);
- UCLA three-item loneliness scale; and
- De Jong Gierveld Loneliness Scale.

3.57 Jopling & Vasileioui (2015)⁸² emphasise the important role of commissioners in building the evidence base by requiring and funding providers to measure their impact on loneliness, using recognised tools that facilitate comparison between initiatives.

Key Messages Box 6

- The literature highlights the absence of effective approaches to assessing the impact of schemes aimed at reducing social isolation and loneliness among older people. Where studies have been able to demonstrate impact, research findings are often presented with a caveat due to small sample sizes.
- Schemes should be encouraged and supported to use validated loneliness/social isolation instruments with which to measure impacts so as to help facilitate comparison between initiatives.
- Commissioners have an important role in building the evidence base by requiring and funding providers to measure their impact on loneliness, using recognised tools that facilitate comparison between initiatives.

⁸² Jopling, K. & K. Vasileioui (2015) - 'Promising approaches to reducing loneliness and social isolation in later life'. Age UK. January 2015.

Gaps in the evidence base

- 3.58 The review has identified a number of gaps in the literature, many of which relate to a lack of robust evidence of the effectiveness of schemes designed to tackle social isolation and loneliness among older people. The review has identified very few studies that provide details on community-based and volunteer-led schemes, particularly those focused specifically on supporting older people (aged 65 years and older).
- 3.59 Many of the schemes referenced lack a theoretical basis and fail to include details on their operating model, including sources of funding, delivery costs, volunteer recruitment and training, volunteer retention rates, client eligibility criteria, client caseload, and the level of integration (or otherwise) with statutory services.
- 3.60 It is likely that many schemes in Wales may be operating on an informal basis, which may include individuals acting as volunteers but not part of a formal volunteering programme. These schemes are likely to be highly localised, small-scale, and use basic monitoring and evaluation systems (if these are in place at all).
- 3.61 Although a number of schemes based in Wales operate in accordance with the requirements of the Approved Provider Standard (APS), the national standard for mentoring and befriending, these are relatively small in number. This may highlight an opportunity to encourage existing schemes to achieve the standards outlined by the APS, as this can improve their prospects of achieving positive outcomes for the clients whom they support.

4. Key Findings of Case Studies and Stakeholder Interviews

- 4.1 Stakeholder consultations and the case studies to be found in Appendix B of this report highlight a number of themes of relevance in understanding the key enablers and barriers for community-based projects helping to reduce loneliness and isolation so as to become successful, self-sufficient and sustainable.
- 4.2 Fundamentally, the eight case studies demonstrate considerable variation in scope, focus and approach in projects working to engage and support older people experiencing social isolation and loneliness. In all cases, the projects do not make a clear distinction between social isolation and loneliness and include aims to reduce the negative effects of both on their clients.
- 4.3 The schemes employ a range of approaches to engage and support their clients, including in-home visits, telephone befriending, and group activities hosted in the community. For some the choice of approach is influenced solely by the levels of funding available (e.g. delivering a telephone befriending service when they would prefer to deliver in-home visits), whereas for others their approach is selected for its ability to support the achievement of the project's stated aims and intended outcomes.
- 4.4 In some cases, the lack of continuity and security of project funding has placed schemes at risk, rendering medium- and longer-term strategic planning and partnership development difficult. Although some schemes can bridge the periods between receipt of external funding by using unrestricted reserves (e.g. Age Cymru Swansea Bay), this is not a viable option for many organisations. This raises questions as to the longer-term financial sustainability of many schemes.
- 4.5 The process of identifying and reaching out to 'at risk' older people also differs from scheme to scheme. Some have established effective links with health and care professionals and, as such, receive client referrals based on a professional assessment of need. Others have struggled to establish referral protocols with health and care professionals and have focused instead on self-referral and referrals through community networks and/or family members. As a consequence, there can be considerable disparity between the information that schemes hold on the specific needs and vulnerabilities of clients at the point at which they enter the service.

- 4.6 Uncertainty surrounding the funding position of schemes certainly presents challenges for scheme coordinators when working to establish a strong referral network, which seems to be particularly problematic with regard to engaging GP practices.
- 4.7 The eligibility criteria of schemes also vary, with some focusing on ‘older old’ age groups such as the over-75s (Contact the Elderly) and others on ‘younger old’ age groups such as the over-50s. Such variation raises questions regarding the effectiveness of schemes in identifying and engaging the most at-risk older people in their community. Whilst all of the schemes offer a degree of flexibility with regard to the profile of clients eligible for support, age (as opposed to ‘life stage’) is the common approach through which client groups are identified.
- 4.8 The case studies demonstrate a lack of consistency in the model of support used by schemes. While some have clear time limits on the duration of support that each client may receive before they are referred onwards from the service (Camau Cadarn), others are broadly open-ended by design, meaning that clients may stay with the service for several years (Age Cymru Swansea Bay). The choice of approach has clear implications in terms of schemes’ capacity to take on new clients, given the variation in client ‘throughput’ rates.
- 4.9 The open-ended model may raise questions regarding the effectiveness of schemes in reducing social isolation and loneliness by enabling clients to make new friends and engage in activities within their community. Conversely, however, the open-ended model may also reflect the profile of clients in receipt of support, particularly for the ‘older old’ age group, in which physical mobility issues may severely restrict their ability to leave their home.
- 4.10 Feedback from stakeholders also highlighted the difficulty of ‘connecting’ clients with activities in their local community when, in many cases, locally available opportunities for social interaction had become limited due to the closure of day centres, libraries and community centres. As such, schemes either were reliant on other organisations to set up and run social activities and groups or took the lead themselves in establishing community infrastructure (Arts4Wellbeing). The absence of local infrastructure in many communities thus limited the ability to refer clients onwards.

- 4.11 The case studies also demonstrate the variation in size of the schemes, ranging from a befriending service providing support to 20 clients (Dinas Powys Voluntary Concern) to a scheme coordinating tea parties for older people (reaching over 700 clients) (Contact the Elderly). Not all schemes have the ambition or ability to expand (either geographically or their capacity), which may represent a potential barrier for some funders/commissioners, particularly those seeking to deliver health interventions at a population level.
- 4.12 Feedback from stakeholders suggested that schemes employing volunteers tended to operate most effectively when they were focused on smaller geographical areas. This was partly due to the logistics of matching up the volunteer and the client (particularly for home visits) but also because the motivation for volunteers is usually to provide support in their own neighbourhood. As such, moving volunteers farther away from where they live due to scheme expansion can create logistical and recruitment/retention challenges.
- 4.13 The case studies demonstrate the absence of a standardised approach to the collection of monitoring and evaluation data. The collection of data is informed by a range of factors, including funder requirements, capacity, skills and, in some cases, appropriateness for the client group. Some schemes collect very basic process and output information on the number of referrals and the number of clients with whom they are working (e.g. Nightingale House), whilst others use validated research tools such as outcome stars⁸³ (Community Connections).
- 4.14 A number of schemes have developed their own bespoke outcome measurement tools, although it is unclear as to whether they have been quality-assured and validated. A common theme expressed during consultations was the need to establish a sensible and balanced approach to monitoring and evaluation so as to avoid schemes becoming bogged down in administration and clients being burdened by potentially intrusive evaluation activities. However, schemes widely recognise the benefits/requirement of robust monitoring and evaluation in order to attract future investment and ensure that schemes are delivering the intended benefits to clients.

⁸³ Outcome Stars are tools for measuring and supporting change when working with people developed by Triangle Consulting Social Enterprise. For more information, see: <http://www.outcomesstar.org.uk/>

- 4.15 Only one of the case study schemes, Community Connections, had achieved a recognised quality standard for the delivery of a befriending service, namely the Approved Provider Standard managed by the Mentoring and Befriending Foundation.
- 4.16 Finally, each scheme had differing experiences in their ability to recruit and retain volunteers. There was generally a recognition that the process of recruiting volunteers was becoming increasingly competitive, which may lead to future challenges for schemes that are mainly or solely delivered by volunteers as opposed to paid staff. All of the case study schemes provided a basic level of training and support to volunteers (especially as part of their initial induction).
- 4.17 The training available to volunteers is usually shaped by the nature of their role and the capacity and resources of the delivery organisation running the scheme. Schemes such as Frind i Mi offer an extensive package of training and support to volunteers which ranges from general safety such as lone working to more specialised training such as dementia awareness and the protection of vulnerable adults.

5. An Outline Theory of Change

- 5.1 A Theory of Change is best described as a roadmap that sets out the things (intermediate outcomes) that need to happen so as to achieve the intended final outcome. It is also a method of identifying the assumptions that are being made within the identified 'causal chain' and the enablers — things that need to be in place for the Theory of Change to work.
- 5.2 It is often used to test how and why a policy or intervention (i.e. programme, scheme or project) will work and can be useful for policymakers when deciding on which policy to implement or how to improve the design of an intervention and framework for evaluation. A Theory of Change is often presented diagrammatically as a logic model, a graphical illustration of the logical relationships between the resources, activities, outputs and outcomes of a policy or intervention.
- 5.3 Here, we draw on the findings discussed in the previous chapters, producing an outline of a Theory of Change wherein community-based volunteering approaches are used to tackle loneliness and social isolation among older people. It includes the following stages:

inputs → activities → intermediate outcome (A and B) → final goal

- *Inputs*: the resources that go into the project that a team or organisation needs so as to be able to carry out its activities.
 - *Activities*: the things that are done to deliver a scheme day-to-day. Activities are under the control of an organisation or project⁸⁴.
 - *Intermediate outcomes*: the shorter-term changes, benefits, learning or other effects that result from the activities undertaken.
 - *Final goal*: the broader social change that a scheme is trying to achieve.
- 5.4 At each stage, we identify the following:
- *Enablers*: factors that help or need to be in place for the Theory of Change to work;
 - *Barriers*: factors that need to be overcome or controlled for the Theory of Change to work; and

⁸⁴ Theories of Change often show 'outputs' after activities; products, services or facilities that result from an organisation or project's activities. These are often expressed quantitatively; for example, number of users, how many sessions they receive and the amount of contact they had with a project. Outputs have not been included in this instance for simplicity and as this is an outline Theory of Change for a general approach.

- *Assumptions*: things that are being accepted as true or as certain to happen as part of the Theory of Change.

5.5 This outline Theory of Change provides a general framework that can underpin community-based volunteering approaches to tackling loneliness and social isolation among older people. It can (and should), however, be adapted and developed for specific interventions to reflect their particular structure and activities.

Figure 5.1: An outline Theory of Change for community-based volunteering approaches to tackling loneliness and social isolation among older people

Inputs →	Activities →	Intermediate outcomes A →	Intermediate outcomes B →	Final goal
<ul style="list-style-type: none"> • Funding for organisational core costs • Funding for activities • Commissioning of relevant services 	<ul style="list-style-type: none"> • Design of support method • Volunteer recruitment, training and coordination • Assessment of the social and emotional status of the individual • The provision of support: <ul style="list-style-type: none"> ○ Home (1-2-1) activities ○ Telephone (1-2-1) activities ○ Group (out of home) activities • Referrals to and from professional support as appropriate 	<p>For the individual supported:</p> <ul style="list-style-type: none"> • Increase opportunities for social interaction • Improve social skills • Enhance social support • Address maladaptive social cognition • Improved coping skills • Emotional resilience <p>For the providers:</p> <ul style="list-style-type: none"> • Increased capacity among support structure • Creation of local job and volunteer opportunities • Development of volunteer's skills, etc. 	<p>For the individual supported:</p> <ul style="list-style-type: none"> • Improved physical and mental health • Prevent unnecessary deterioration in physical and mental health <p>For society:</p> <ul style="list-style-type: none"> • Reduced demand on social health services • Cost savings: <ul style="list-style-type: none"> a) social care (reducing/delaying the need for more expensive care interventions) b) reducing demand for primary care c) reducing non-elective hospital admissions <p>For the providers:</p> <ul style="list-style-type: none"> • Local economic activity • Improve volunteer job prospects/performance in their job or other activities 	<ul style="list-style-type: none"> • Reduced loneliness • Reduced social isolation • Increased independence • Improved general well-being of older people

<p><u>Enablers</u></p> <ul style="list-style-type: none"> • Availability of adequate and appropriate funding and/or contract opportunities 	<p><u>Enablers</u></p> <ul style="list-style-type: none"> • Established local support structure/organisation • Integrated local support structure/effective referral network and protocols (two-way). • Availability, quality (e.g. skills) and reliability of volunteers • Availability of appropriate and adequate support and training for volunteers • Understanding that loneliness is not equivalent to social isolation • Being able to accurately assess the social and emotional status of the individual • Being able to determine whether the intervention is likely to produce a positive and sustainable outcome for the individual • Provision of sustained support, and clear goals and pathways out of support where appropriate • Schemes, if they are to target loneliness effectively, are more likely to succeed if older people are actively involved in the planning, development and delivery of activities • Identifying and targeting those in most need • 'Local' projects are most effective • Built and natural environment of the local area 	<p><u>Enablers</u></p> <ul style="list-style-type: none"> • Acknowledging the limitations — not aiming to 'cure' loneliness and make someone 'better' in the long term
<p><u>Barriers</u></p> <ul style="list-style-type: none"> • Availability of adequate and appropriate funding and/or contracts • Awareness of funding/contract opportunities • Ability to apply or tender for funding/contracts 	<p><u>Barriers</u></p> <ul style="list-style-type: none"> • Lack of local structure/organisation for managing and delivering activities • Availability, quality (e.g. skills) and reliability of volunteers • Volunteers become overwhelmed • Lack of understanding of the potential role of volunteering in delivering services • Lack of integration with support structures/lack of referral mechanisms • Lack of sustained funding streams • Built and natural environment of the local area 	<p><u>Barriers</u></p> <ul style="list-style-type: none"> • Weak evidence base upon which to design activities • Lack of monitoring and evaluation processes and systems
<p><u>Assumptions</u></p> <ul style="list-style-type: none"> • Organisations/ structures exist (or can be created) to utilise funding which may be available and undertake activities 	<p><u>Assumptions</u></p> <ul style="list-style-type: none"> • That those in need of support (including those at risk) can be identified and engaged • There is a desire for social interaction on the part of the individual being supported • The theoretical basis underpinning interventions (i.e. there is a lack of...) 	<p><u>Assumptions</u></p> <ul style="list-style-type: none"> • Activities will lead to anticipated outcomes (i.e. the evidence base is weak)

6. An Outline of the Framework for Future Self-Evaluation

- 6.1 One of the tasks of this study was to draw upon the research undertaken so as to develop the outline of a framework for self-evaluation by community-based volunteering schemes aiming to tackle loneliness and social isolation among older people. That framework, which draws on a range of frameworks and guides which are available, can be found in Appendix C.
- 6.2 One of the findings of this study is the absence of effective (and standardised) approaches to assessing the impact of schemes aimed at reducing social isolation and loneliness among older people. There would therefore be considerable benefit in the development and roll-out of such a tool for schemes and projects in Wales.

7. Conclusion and Recommendations

- 7.1 It is hoped that this study will make some contribution towards developing a greater understanding of the conditions required to enable community-based projects that help to reduce loneliness and isolation be successful.
- 7.2 It is important to start this concluding chapter by again emphasising the difference between loneliness and social isolation. Social isolation is an objective absence of contact and interaction between an individual and a social network. In contrast, loneliness is a subjective feeling of being alone, representing a mismatch between desired and actual social contact. Similarly, a distinction has been drawn between emotional isolation (the loss of someone close) and social isolation (the lack of engagement with others). It is important that these differences be understood.
- 7.3 The literature review, albeit recognised as being somewhat limited, found that few studies provide specific details on the operational models and approaches used by interventions aiming to tackle social isolation and loneliness. It is, however, clear that a wide range of approaches are in existence, which is a conclusion supported by the case studies and stakeholder interviews.
- 7.4 Schemes employ a range of approaches in order to engage and support their clients, including in-home visits, telephone befriending, and group activities hosted in the community. For some the choice of approach is influenced solely by the levels of funding available (e.g. delivering a telephone befriending service when they would prefer to deliver in-home visits), whereas for others their approach is selected for its ability to support the achievement of the project's stated aims and intended outcomes.
- 7.5 A key finding of the literature review was that volunteer-led schemes need to be capable of accurately assessing the social and emotional status of older people so as to deliver appropriate interventions. Specialist psychological treatments may be necessary in order to support many older people experiencing loneliness which goes beyond the remit of a volunteer-led service. Community-based volunteering schemes can, however, work in tandem with other interventions that focus on addressing the underlying causes of an individual's sense of loneliness, helping to achieve a sustainable outcome in the longer term. For example, befriending schemes may be commissioned as part of an integrated package of health and social care support as opposed to being standalone services.

- 7.6 Perhaps obviously, ensuring the availability and reliability of volunteers is a fundamental element of a successful scheme. It is clear, however, that this is no easy task, which represents a risk to any volunteer-led approach. Schemes may also experience challenges in scaling up volunteer-led services, most notably due to challenges associated with recruitment, training and retention.
- 7.7 Accordingly, volunteer support alone is very unlikely to ever be sufficient to meet clients' needs and schemes may need to use volunteers alongside paid staff to provide service continuity. Effective matching of volunteers and service users is also identified in the literature as being key to success.
- 7.8 Interventions that attempt to change maladaptive social cognition are highlighted within the literature reviewed as being the most effective at reducing loneliness. This raises questions regarding the extent to which even well-trained volunteer befrienders can address some of the underlying causes of loneliness and isolation without suitable professional input, again suggesting that a combination of voluntary and professional support is likely to be the most effective.
- 7.9 Linked to the above is the finding that it is important for schemes to target effectively so as to ensure that those most at risk are reached and not only those who are able and choose to take part in services, who are not necessarily the most in need of the intervention.
- 7.10 The case studies show that the process of identifying and reaching out to 'at risk' older people differs from scheme to scheme. Some have established effective links with health and care professionals and, as such, receive client referrals based on a professional assessment of need. Others have struggled to establish referral protocols with health and care professionals and have focused instead on self-referral and referrals through community networks and/or family members. Consequently, there can be considerable disparity between the information that schemes hold on the specific needs and vulnerabilities of clients at the point at which they enter the service.
- 7.11 The case studies also demonstrate a lack of consistency in the model of support used by schemes. While some have clear time limits on the duration of support that each client may receive before they are referred onwards from the service, others are broadly open-ended by design, meaning that clients may stay with the service for several years. The choice of approach has clear implications in terms of

schemes' capacity to take on new clients, given the variation in client 'throughput' rates.

- 7.12 One of the core messages from the literature is the importance of schemes adopting a participatory approach which places local people at the heart of everything. A clear theme emerging from the research is that the most effective schemes are those which are developed locally and, accordingly, tailored to the needs and circumstances of the local area.
- 7.13 Feedback from stakeholders suggested that schemes employing volunteers tended to operate most effectively when they were focused on smaller geographical areas. This was partly due to the logistics of matching up the volunteer and the client (particularly for home visits) but also because the motivation for volunteers is usually to provide support in their own neighbourhood. As such, moving volunteers farther away from where they live due to scheme expansion can create logistical and recruitment/retention challenges.
- 7.14 Schemes are strongly influenced by the physical environment and infrastructure within which the older people whom they are seeking to support live. Communities with fewer community asset services (and possibly volunteers) are very likely to need to draw on outside support from stakeholders or skilled and motivated individuals. The loss of community infrastructure such as community and day centres, libraries and other social meeting points can also present real challenges for schemes that aim to provide opportunities for social interaction.
- 7.15 Turning our attention towards the outcomes of schemes, loneliness and isolation have both financial and social costs to wider society and are strongly associated with greater risk of various illnesses. Many of the social benefits for clients supported by befriending services, such as confidence and well-being, also go beyond the measures of loneliness or isolation. In terms of costs, the costs of running the befriending groups, for example, which were mostly reliant on volunteers, also appeared to be smaller than the amount saved by the NHS. It is, however, apparent that much of the evidence on outcomes for older people remains weak, characterised by anecdotal evidence, case studies and small sample sizes.

- 7.16 The literature highlights the absence of effective approaches to assessing the impact of schemes aimed at reducing social isolation and loneliness among older people. Where studies have been able to demonstrate impact, research findings are often presented with a caveat due to small sample sizes.
- 7.17 Schemes should therefore be encouraged and supported to use validated loneliness/social isolation instruments with which to measure impacts so as to help facilitate comparison between initiatives. Commissioners have an important role in building the evidence base by requiring and funding providers to measure their impact on loneliness, using recognised tools that facilitate comparison between initiatives. Very few schemes in Wales are signed up to the existing quality standard for befriending, which also makes it difficult for funders to differentiate in terms of quality.
- 7.18 The benefit to volunteers participating in schemes (in terms of the skills that they develop) and, thus, the economy also needs to be recognised. One of the case study examples provides accredited training and support in building the capacity of the scheme's volunteers and equipping them to be better prepared to enter the labour market.

Recommendations

- 7.19 Recommendation 1: Actions should be taken to promote volunteer-led approaches to tackling loneliness and isolation to service managers, providers and commissioners with a view to increasing the general awareness of the sector and how it operates.
- 7.20 Recommendation 2: The potential to develop a standard training programme (and associated qualification) for volunteers participating (or wishing to participate) in volunteer-led schemes should be developed.
- 7.21 Recommendation 3: The development of awards and certification for volunteers working with projects to tackle loneliness and isolation should be considered.
- 7.22 Recommendation 4: A standard tool for assessing the needs of older people identified as being lonely and/or isolated should be developed.
- 7.23 Recommendation 5: A standard method and/or tools for monitoring and evaluating volunteer-led schemes tackling loneliness and/or isolation should be developed.
- 7.24 Recommendation 6: The development and roll-out of a new (or the adoption of an existing) standard quality assurance scheme for schemes tackling loneliness and/or isolation should be considered.
- 7.25 Recommendation 7: A website/information-sharing portal should be developed which allows projects providing support to lonely and/or isolated older people to share good practices, provide case studies, build networks, share tools for monitoring, etc.
- 7.26 Recommendation 8: A national and/or regional network(s) of support providers should be set up to facilitate the sharing of good practices, etc. in Wales.

8. Appendix A: Literature Review Bibliography

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9. Appendix B: Individual Case Studies

Introduction

- 9.1 This appendix includes, in no particular order, the case studies for the models and projects currently operating in Wales which are reviewed during the course of this study.
- 9.2 The purpose of the case studies is to provide real examples of projects and models that exist in Wales of community-based volunteering approaches to tackling loneliness and social isolation among older people. The case studies were selected in consultation with the Welsh Government, with a view to illustrating the wide range of models that exist in Wales, and all voluntarily participated in the study. Initially, the intention had been to be systematic in the approach used to select the case studies. Developing a meaningful typology, however, proved challenging, given the range and variation among the potential case studies identified. A more pragmatic approach was therefore ultimately taken in respect of how the case studies were selected, focusing on illustrating the wide range of models that exist in Wales.
- 9.3 Each of the case studies has been 'approved' by the organisation in question and is based on their response to the questions and issues discussed during the interview. Essentially, the case studies are 'telling the story' from the perspective of the organisations and/or individuals concerned, which accounts for the variations in language used and the range of issues that are raised. The limitations of the study mean that it has not been possible to verify the claims or views expressed during the case study interviews. The findings of the evaluation reports quoted have also not been verified or assessed in respect of the robustness of the findings. The information is therefore presented here as the views expressed by the individuals interviewed.

Age Cymru Swansea Bay

Scheme overview

- 9.4 The Age Cymru Swansea Bay befriending service covers the Swansea, Bridgend and Neath Port Talbot area and has been in existence for over 10 years however it has recently changed. Following a period of external funding, the service is currently funded out of Age Cymru Swansea Bay's own reserves. Funding the service from the charity's unrestricted reserves, Age Cymru Swansea Bay will continue the service as long as possible, but may have to close it at the end of the current financial year.
- 9.5 The befriending service is delivered via weekly home visits of approximately one or two hours with an 'overflow' capacity through a nationwide Age Cymru telephone support service: Call In Time telephone Befriending service – Telecare⁸⁵.
- 9.6 Up until April of this year it had been funded by the local authorities and catered to people aged 55 years or older living alone. As a result of the funding situation, the service now targets people aged 75 years or older who are lonely and isolated, including couples. However, there are no other restrictions on eligibility — anyone who says that they are lonely can receive support. This includes people with dementia. In fact, 80–85% of beneficiaries have symptoms of dementia, even if it has not been diagnosed yet. Around 95% of beneficiaries are housebound.

Scheme delivery

- 9.7 Clients arrive at the service through self-referral, friends or family, and professionals such as social workers or occupational therapists. Referrals from GPs are rare. There is no formal relationship with health and social care professionals. Age Cymru Swansea Bay does receive some referrals from them, but there are no arrangements for data sharing, joint risk assessments or anything similar. It is down to Age Cymru Swansea Bay to identify and address needs and deliver outcomes for the people supported. If social care services are in place, there will be a level of communication, but in nine out of 10 cases, there is nobody else involved. If and when Age Cymru Swansea Bay has to terminate the service, it was suggested that there will be no provision to address loneliness and social isolation in the area.
- 9.8 Age Cymru Swansea Bay staff provide supervision and scheme management, but the home visits are delivered entirely by volunteers, who tend to stay with the same

⁸⁵ Call in Time supports people aged 60+ who are experiencing loneliness or isolation. It provides a weekly 30-minute telephone call with a volunteer, who shares interests with the client so that a friendship might blossom.

client over time. The main aim of the befriending service is to support clients in reengaging with their communities, find activities of interest locally and develop networks so that they do not depend on ongoing support. However, a majority of clients have complex needs, including mobility issues and dementia, which means that their safety is a concern. As a result of a lack of suitable transport, combined with the fact that the befrienders are not able to provide personal care and neither of these is funded from elsewhere, many of the Age Cymru Swansea Bay clients are therefore housebound, which means that there are limits to the increase in independence that can be achieved.

- 9.9 In effect, clients hardly ever exit the services until they pass away. Only 10% become sufficiently independent to move on, particularly now that the target group is limited to over-75s. Even previously, however, most clients comprised people aged 75 years and over. As people become older, the ability to address loneliness decreases. Many may have struggled with issues surrounding loneliness and social isolation for a long time, but there comes a point when they can genuinely not overcome this on their own anymore, because they cannot take the bus or even pick up the phone.
- 9.10 One key concern relates to volunteers maintaining appropriate boundaries. If there is any indication of 'more than a healthy professional relationship emerging, we change the volunteers'. Because there is a risk that volunteers might move on, this cannot be about being friends for life. Any signs of too close a relationship developing between volunteers and clients are picked up through the reporting mechanism after each visit and the supervision. Examples might include volunteers becoming emotional when reporting back about their visit, the type of activities supported, a temptation to give presents or birthday cards or — a big marker — if they visit the clients during the weekend. As a charity, it is extremely important for Age Cymru Swansea Bay that the corresponding policies are followed in order not to create any reputational risks.
- 9.11 Seeing that each Age Cymru branch is an independent charity, the scheme is a standalone Age Cymru Swansea Bay service. Age Cymru Swansea Bay's befriending service currently provides support to 120 clients. Some clients, who only want telephone support, are linked into the national Age UK call-in service, which is available to people over the age of 65 years.

Workforce

- 9.12 Age Cymru Swansea Bay employs one full-time coordinator for the scheme, which is looked after by one manager on a part-time basis. Up to 95% of volunteers are now recruited through social media.
- 9.13 Age Cymru Swansea Bay interviews all volunteer applicants, confirms that the necessary skills are there and provides training so as to equip volunteers to deliver high-quality befriending services. This includes how to plan and prepare for each visit to ensure that individuals' needs are addressed. Other key skills include understanding and respecting boundaries, record keeping, confidentiality and data protection, and working with people with complex needs.
- 9.14 The Age Cymru Swansea Bay coordinator provides supervision to all volunteers, who have to report after each contact with beneficiaries. Any concerns are dealt with by the coordinator. 'It's not about having a cup of tea and a piece of cake together these days.' Volunteers are not allowed to give advice or information or to provide personal assistance.
- 9.15 Volunteers and clients are matched on the basis of initial interviews with regard to likes and dislikes, cultural backgrounds, religious beliefs, etc. Comparing the data obtained through these interviews, a volunteer and a client will be introduced to each other. The supervisor will monitor all visits on the basis of post-visit reports and undertake a follow-up interview with the client and volunteer six weeks into the service provision. In addition, each volunteer benefits from a supervision meeting every six months and an annual appraisal.
- 9.16 There is not much turnover in the volunteer base. Most volunteers stay for five to six years, but some have been working with Age Cymru Swansea Bay for 15 years. The befriending service is the most in-demand volunteer role. 'We often get more than we can manage, not because there wouldn't be enough people who would stand to benefit from the service, but because we haven't got the staff base to manage any more.' There will typically be four volunteer enquiries every month from people of all ages and all walks of life, including working people. If a major campaign is run, e.g. the recent national 'No One Should Have No One' campaign, enquiries can increase threefold or fourfold. The issue resonates with people. They realise that they might be lonely themselves at some point. The charity also offers micro-volunteering, because people might be motivated to become involved but cannot commit to regular volunteering.

Funding

- 9.17 The service is experiencing dire funding difficulties, because Age Cymru Swansea Bay is unable to secure further funding from anywhere. Applications to trusts have been turned down, because this is seen as a statutory service, the local authority is not commissioning this kind of service, and a range of other possible funders will not provide funding for longstanding services such as this one.
- 9.18 The total cost of the service amounts to £26,000 per year. This relatively low cost, combined with the fact that loneliness and social isolation are regularly identified as huge issues in research and strategy exercises, makes it difficult for the organisation to understand why it is impossible to secure funding. 'Befriending is cheap and effective for older people.'
- 9.19 Up until March of this year, Age Cymru Swansea Bay was delivering a contract for the local authority as well as staff-led hospital discharge support with a befriending element for the Local Health Board, which finished in December 2016. The charity has also previously delivered advice services and handyman support to older people. For all of these contracts, the contract value remained the same over periods of up to 10 years without any renegotiation or even adjustments for inflation. As a result, Age Cymru Swansea Bay was ultimately forced to not renew the contracts.
- 9.20 Age Cymru Swansea Bay has recently been able to secure £2,000 of funding from Tesco. This pays for refreshments provided at a Tesco store, so the Age Cymru Swansea Bay volunteers now accompany clients to the store for monthly meetings of befriending groups.
- 9.21 There are also plans for a joint funding bid with the YMCA. This will focus on addressing loneliness and social isolation throughout life by focusing on prevention. Age Cymru Swansea Bay has even changed its constitution to allow it to work with people of all ages in order to work towards an age-friendly Wales by building resilience in early life. The project will work with younger people, encouraging them to walk away from their screens for a while in order to prevent them from losing communication skills and their networks from decreasing. The aim is to bring together disaffected young people who are not volunteering and have difficulty in forming friendships with older people, be it by telephone or face-to-face. This is expected to allow younger people to make friends and older people to feel less

lonely. It is hoped that young people will ultimately start to formally volunteer, allowing them to develop new skills in the process.

Arrangements for quality assurance

- 9.22 Age Cymru Swansea Bay holds Investors in Volunteering, Investors in Excellence, the Welsh Government Cyber Essentials quality mark, the advice and information quality mark, and the advocacy quality mark. Robust policies and procedures are in place to assure the quality of the services, as well as a dedicated team leading on this, which includes the protection of data, health and safety, and confidentiality. All of the volunteers engage in formal training in safeguarding, active listening and professional befriending, as well as completing e-learning modules in mental health awareness and dementia awareness, and are asked to become a Dementia Friend.

Monitoring and evaluation

- 9.23 Age Cymru Swansea Bay regularly conducts formal outcome measurement through an overarching Theory of Change model which includes outcomes that are relevant to the befriending service. The research is undertaken by randomly selecting clients throughout different services provided by the organisation once every month so as to collect outcome data. The feedback from this process clearly suggests that the service helps beneficiaries, who regularly report feeling less isolated and less lonely as a result.
- 9.24 A bespoke tool is used to undertake this research and collect data on a set of KPIs for the organisation as a whole⁸⁶. The quality team regularly presents the results to the service manager. The approach builds on the experience and skills gained through 15 years of outcome reporting under public third sector contracts.

Camau Cadarn/Positive Steps

Scheme overview

- 9.25 Camau Cadarn was developed following the successful completion of the Gofal scheme in North Wales. Originally, a Denbighshire Council-commissioned pilot project had developed an outcome-focused, person-centred model considering what could be achieved for individuals, a perspective that was still rare at the time.

⁸⁶ This tool is not in the public domain. Age Cymru Swansea Bay should be contacted for further detail.

- 9.26 The results of the pilot enabled an application to the Big Lottery AdvantAGE⁸⁷ scheme, which secured five years of funding for the Gofal scheme covering all of North Wales. Camau Cadarn has now enabled the British Red Cross to secure funding from the Welsh Government (and subsequently Big Lottery funding) to roll the scheme out to all of Wales while embedding the learning from the Gofal scheme in pan-Wales provision.
- 9.27 Camau Cadarn is targeted towards over-50s who are experiencing loneliness or need to access support in their own community. The aim is for the individual to take charge of their situation and, with support, become more independent and live more fulfilled lives. It is delivered through a partnership between the British Red Cross and the Royal Voluntary Service. The programme tackles both social isolation and loneliness. The staff members delivering the programme are very aware of the difference and recognise that some people do not want to be strongly socially engaged — ‘we can go overboard with sing-songs’.

Scheme delivery

- 9.28 The earlier Gofal scheme was required to undertake a full evaluation, which was commissioned to the Welsh Institute for Health and Social Care (WIHSC). This identified that in many instances, loneliness and social isolation were triggered by some kind of personal crisis, such as bereavement and medical diagnosis, becoming a carer or moving into retirement. This often resulted in people being less socially involved.
- 9.29 The conclusion for Camau Cadarn was to deliver the service through referrals from health and social care professionals. This is based on the premise that it is these professionals who will be able to recognise the kind of crisis that can trigger social isolation and loneliness. Identifying people who would benefit from the support available is the key challenge for services focusing on tackling social isolation and loneliness.
- 9.30 There have been requests for self-referrals. However, the view was taken that this brings a risk of families and friends being tempted to shift their problems onto a service provider when they should, in fact, be part of the solution. Family referrals are now accepted into the service where accompanied by a GP endorsement.

⁸⁷ The AdvantAGE programme funded by BIG Lottery, aimed to improve the quality of life of older people by providing access to befriending or advocacy services. <https://www.biglotteryfund.org.uk/global-content/programmes/wales/advantage>

- 9.31 Camau Cadarn’s referral practice draws on strong existing networks from the implementation of the earlier Gofal scheme. County Voluntary Councils are important nodes in this respect, since virtually all of them have strong links with health and social care providers. The British Red Cross itself, for instance, hosts the Ageing Well Network and also has an existing relationship with the Older People's Commissioner for Wales. On the back of these network contacts, formal referral routes have been established. Establishing ways in which health and social care services can effectively make referrals to Camau Cadarn, however, remains a challenge, due to the simple fact that many GPs, for instance, simply have too much on their plate already. One solution would be the co-location of Camau Cadarn staff with key health and social care providers. It has sporadically been possible to arrange this, e.g. through a six-month funded pilot project, but would be desirable on a more regular basis.
- 9.32 The programme is able to support around 1,000 individuals per year, which in 2016/17 corresponded to around 250 active current cases throughout the BRC and RVS provision at any one point in time. At almost 70%, the vast majority of service users were female in 2016/17.
- 9.33 Linking up with small community groups, who are open and accessible, is a key enabler for the service. The British Red Cross has in the past worked on community-based approaches, but found that these were too resource-intensive. British Red Cross staff in different parts of Wales are very good, however, at finding such groups and linking up with them. Ultimately, the service needs to be embedded in the community.
- 9.34 It is also important to understand differences between urban and rural settings. It was suggested that rural communities have a tendency to look out for each other more than is typical of urban areas, in which instances of social isolation and loneliness may be just as pronounced. A Camau Cadarn mapping exercise revealed that there were often clusters of individuals who lived quite close to each other and yet did not have social contact.
- 9.35 The Big Lottery Gofal funded project was limited to a short-term 12-week intervention — the evaluation had shown that longer-term support would be desirable. This was resolved in Camau Cadarn through the partnership with the Royal Voluntary Service, which now enables the provision of up to 12 months’ support.

- 9.36 The British Red Cross is the initial point of contact for all support interventions. Following a referral, an assessment visit is made and a support plan, including specific goals, is developed for each individual supported. The British Red Cross member of staff is then able to work with an individual for eight weeks. If during this period it becomes clear that there is a longer-term support need, a handover is arranged to a Royal Voluntary Service volunteer. However, in 2016/17, only 7.1% of service users transitioned from BRC to RVS and into the longer-term support intervention of up to 12 months. The aim is for up to 30% of individuals supported to benefit from longer-term RVS support once the partnership between the British Red Cross and RVS has fully bedded down.
- 9.37 Camau Cadarn provision involves a minimum of at least one support intervention per week. Focusing on the top three goals identified in the personal support plan, this can vary from a simple home visit to accompanying an individual to a local crochet club or a computer skills course. A detailed breakdown of BRC support for 2016/17 identified an average of 1.5 volunteer visits (with up to nine visits in individual cases), 3.2 staff visits (with up to 25 in individual cases) and 4.1 telephone calls (with up to 44 in individual cases) received by each service user as part of the initial British Red Cross intervention in the support.
- 9.38 Camau Cadarn support is designed as a time-limited intervention, as the aim is to re-empower individuals. It is very explicitly described as a 'professional relationship' with the aim of service users becoming independent. The decision to adopt this approach was also influenced by the desire to make the scheme scalable and sustainable. Research into befriending services has shown that where open-ended support is provided, schemes often stall, because they 'run out of volunteers'. Follow-up contact with the individuals supported is undertaken so as to verify that they are able to sustain stronger involvement with their communities.
- 9.39 The approach aligns well with a preventative agenda. The aim is to offer support so that individuals do not get to a point at which they require ongoing professional health and social care services, and to move away from a situation in which regular visits to the GP are motivated by non-medical reasons.
- 9.40 Barriers to the delivery of the service include some quite practical aspects, such as transport, particularly in rural areas, and safety issues.

Workforce

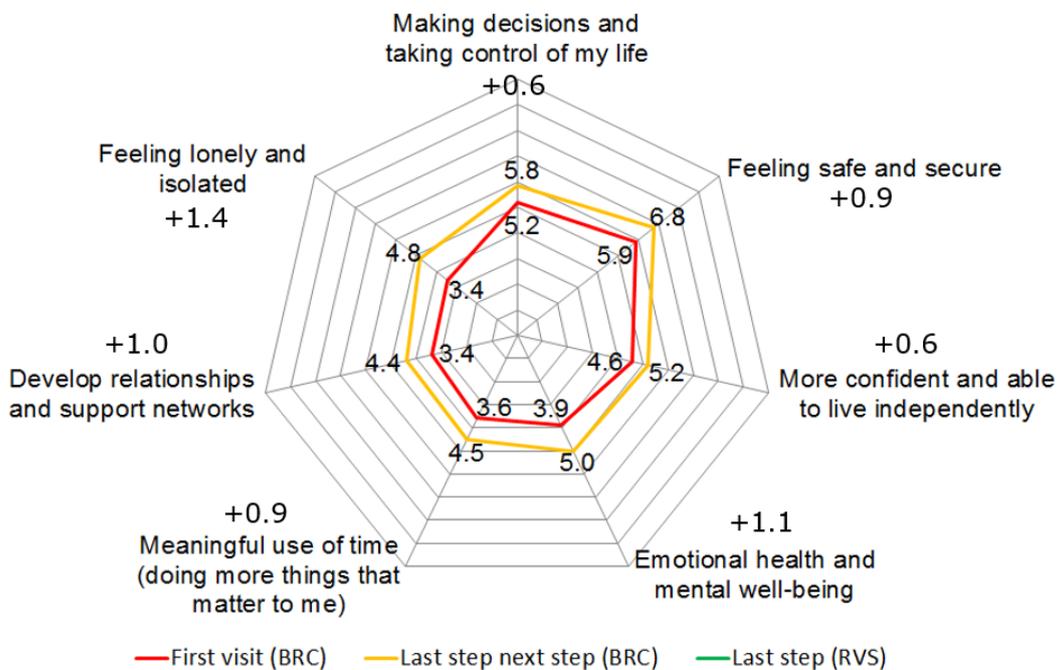
- 9.41 Camau Cadarn is delivered by 20 British Red Cross staff members as well as a wide network of volunteers. The British Red Cross itself can draw on approximately 175 volunteers throughout Wales with an additional almost 1,300 Royal Voluntary Service volunteers.
- 9.42 Many of the Camau Cadarn volunteers have been involved for a long time. Each volunteer receives an induction into the process as well as external training. Regular supervision is provided by British Red Cross staff, primarily the local coordinator, who will see all volunteers as regularly as possible. In more rural areas, this will sometimes take the form of a phone call, but in all cases regular peer-to-peer support is provided.
- 9.43 The British Red Cross also operates an online safeguarding system. Safeguarding is also raised regularly with all volunteers, with experience suggesting that on the whole they are quite good at getting in touch with the safeguarding officers where concerns arise. One frustration relates to the fact that the British Red Cross safeguarding criteria are sometimes more rigorous than even those of the local authority, as they include, for instance, self-harming and hoarding over and above different forms of abuse.

Funding

- 9.44 The service is free to clients. Funding from different sources is combined in order to support a pan-Wales scheme. Big Lottery funding has been secured for North and Mid Wales, and the Welsh Government provides a substantial amount of funding to other parts of Wales, with each of these two main funders providing around £900,000. Smaller amounts of £30,000 to £35,000 are then contributed by other funders to a total of £2.5 million, to which match funding is added.
- 9.45 While the funding made available enables the Camau Cadarn partners to deliver a robust service, it is a frustration for the British Red Cross that funding for this kind of service is reducing. It would be desirable to consider whether the available funding is always invested in the right kinds of activities, namely small-scale community-based initiatives. Accessing funding is a complex process and carries the risk of excluding small groups. A suggestion for addressing this issue might be to put an element aside for small groups to tap into.

Monitoring and evaluation

- 9.46 Camau Cadarn has been able to largely align the KPIs that are used to report to the two main funders: the Big Lottery Fund and the Welsh Government. The other smaller funders do not require detailed reporting mechanisms.
- 9.47 The KPIs are structured in terms of three headline outcomes: greater engagement with the community, confidence and independent and safe living, and emotional and mental well-being, each associated with a number of more granular outcome indicators. The British Red Cross has developed dedicated tools with which to manage data collection for these potentially quite complex indicators. These include not only an adapted version of the 'change wheel', but also additional paperwork (with staff being trained to ask pertinent questions) and a sophisticated beneficiary management system. The volunteers contribute mostly to the output indicators, e.g. time spent, number of telephone calls, type of engagement, etc.
- 9.48 The system through which to support this data collection process was developed in a lot of detail before the programme was launched; staff were briefed in some detail about how to use it and work was invested in ensuring that the tools were fit for purpose. This was essential, because even though the approach is quite heavy on paperwork, Camau Cadarn needs to be able to demonstrate the results achieved.



- 9.49 The programme is about to launch a series of service user engagement sessions to collect further information on how Camau Cadarn delivers and works together with other services that are available in communities. As a result of this investment in data collection, Camau Cadarn expects to be able to not only extract data on the programme's KPIs, but also provide intelligence on the services available in different communities, which can then be fed back to the wider network, e.g. through the Ageing Well Networks and the Regional Partnership Boards.
- 9.50 Insights already gained suggest that in order to tackle social isolation and loneliness, it will be important to sustain small community organisations and community spaces. Alongside this, transport and digital inclusion are two further aspects of the infrastructure that act as a gateway into communities, and are therefore essential for individuals to remain connected or reconnect.

Contact the Elderly

Scheme overview

- 9.51 Contact the Elderly is a UK-wide charity with coverage throughout Wales. Founded in 1965, the charity is the only one in the UK that is solely focused on tackling loneliness and social isolation of elderly people. The central delivery element is a monthly tea party, typically in private homes.
- 9.52 The focus is on the most isolated and alone. The main target group of 'guests' are therefore people over the age of 75 years, who are living on their own, not very mobile and have no family nearby.

Scheme delivery

- 9.53 The main delivery element is a regular monthly tea party for each supported group. Based on the idea of home hospitality, the model is considered by the organisation to be a very simple and effective one. The idea is to bring people together on a Sunday — which was identified as potentially the loneliest day of the week for many elderly people — to share a cup of tea and conversation. People meeting in their own homes is designed to create a feeling of being part of a family or a group of friends, rather than being a formal support offer.
- 9.54 Guests arrive at the service through a range of routes, ranging from self-referrals or contact from family members to voluntary organisations or health and social care professionals referring individuals to the groups, including a group that is actually hosted in a GP surgery. A number of referral routes to other support services are

also in place where guests require additional support, such as the British Red Cross or Age Cymru services. Generally speaking, third sector provision in Wales was seen as being suitably joined up to ensure that appropriate support is made available.

- 9.55 Certain procedures, mostly linked to health and safety, are in place to manage the groups: hosts must have downstairs toilets and no steps to access the house, with all volunteers being DBS-checked and references obtained for them. Contact the Elderly manages the list of guests and the local volunteer coordinator will carry out an initial assessment visit to any new guest and volunteer. Based on a form provided by Contact the Elderly, this assessment will consider individual needs (e.g. medical history, accessibility for a wheelchair user, etc.) as well as the dynamics of a group and potential impacts on other guests.
- 9.56 Groups have to be small (six to eight guests) for them to be hosted in private homes, although there is some variation, with some groups meeting in church halls or community centres. In some areas, there will be enough groups to host everyone, but this can sometimes be a bottleneck and means that there are waiting lists and maybe not as many people can be reached as would be desirable. At the same time, the highly personal nature of the Contact the Elderly offer is a key strength — the groups often lead to deep, long-lasting friendships. Keeping it simple is important in that respect and the charity therefore has no intention of diversifying and trying to move into other areas of activity. However, other contacts and activities will very often emerge from the contacts that are made through the tea parties.
- 9.57 The coverage of the active groups is constantly changing, with three new groups having been recently launched (at the time of writing), for instance. In the UK there were 718 groups at the start of January 2017, but approximately six groups are added every month. In Wales, there are 45 active 'green' groups (groups that are working well and are almost self-sustaining), with an additional 15 that are currently in need of more intensive support. The biggest issue for groups tends to be when a coordinator leaves, which is why Contact the Elderly has more recently moved to an approach of trying to sign up assistant coordinators for each group.
- 9.58 Identifying additional needs of new groups is part of the staff roles, and a key focus rests on recruiting new volunteers. Many groups will be self-sustaining, but a link with the charity is maintained so as to provide safeguarding support and ensure that the groups are working well overall. Typically, changes in individual groups

themselves will occur as a result of participants passing away — Contact the Elderly also provides support in a bereavement situation.

9.59 Awareness of the opportunities to become involved is created through links with other third sector organisations and through advertising. For example, a national project partnership with Bisto before Christmas — ‘Spare Chair Sunday’ — created a lot of interest from families who were interested in inviting a lonely elderly person to their Christmas dinner. Deciding how much to advertise can be a balancing act.

9.60 Transport is a key constraint for the groups. Jointly with the UK Head Office, the Head of Service for Wales has therefore recently initiated a partnership with the National Transport Association and built cooperation with Dial-a-Ride into a Big Lottery bid for Wales.

Workforce

9.61 There are three members of staff in Wales who look after 900 volunteers and currently 700 guests. As a result of a recent advertising campaign, there is a waiting list of volunteers in readiness for the launch of new groups. Volunteers tend to stay involved on a quite consistent basis, with many having been with the charity for 10 years or more. A member of staff will contact each volunteer coordinator at least once a month and will be available on demand in between, too.

9.62 Staff members work from home, with one support officer looking after existing groups and volunteers; meanwhile, the other two posts are charged with developing new groups. Following a period in which Wales did not have a dedicated Head of Service, a development role has recently been added to the team structure with funding from the Big Lottery Fund. The split role of Head of Service and Development Officer, funded for a period of four years, is now available to strengthen operations throughout Wales. With only two members of staff over the last three years, it was difficult to develop new groups.

9.63 A Contact the Elderly coordinator liaises with the volunteer group coordinator and the guests in order to ensure that everything is in place. In addition to the group coordinator as a key volunteer role, three to four drivers need to be recruited for each group and at least six guests. The drivers tend to be one of the key bottlenecks, particularly since Contact the Elderly is not able to pay any expenses to the drivers, who in the more rural areas often have to cover substantial distances. One third of the total of almost 10,000 volunteers nationwide are drivers, so paying them expenses would not be affordable.

9.64 The volunteer profiles are very diverse, ranging from 16-year-olds as support volunteers to some volunteers who are older than the guests. The volunteers themselves — many of whom may live far from their own family — sometimes experience loneliness or social isolation, but nobody likes to admit this. They may therefore simply be the ones who are slightly more mobile or able to give more energy to organising the meetings, but benefit just as much from the regular meet-ups as the participants. It is then the support and structure that Contact the Elderly is able to provide which makes the difference. Contact the Elderly training — mostly delivered through training days — is open to all volunteers, but is mandatory for the coordinators.

Funding

9.65 Contact the Elderly operates a mixed funding model. The core functions are funded through the national charity's fundraising activities. In addition, further funding applications are made at the level of the local groups and where additional opportunities to strengthen provision are identified — as in the case of the recent Big Lottery bid in Wales. Each group has a group account with Contact the Elderly in order to manage any funds raised, e.g. to fund a Christmas dinner. Depending on the profile and size of the group, the appetite to conduct additional fundraising will vary. Where volunteers cannot afford to host guests, they may therefore simply do a raffle.

9.66 The Welsh Contact the Elderly team has, on occasion, undertaken fundraising on behalf of groups, e.g. in the case of a group that used to meet in a church hall, which started to charge for use of the premises.

Monitoring and evaluation

9.67 Internal monthly reports are compiled with a brief synopsis of each group. In addition, more detailed reporting arrangements are in place, e.g. for the Big Lottery bid, which requires certain statistics. The latter includes data on outcomes; generally speaking, however, this is an area in which Contact the Elderly has not majored thus far, apart from recently commissioned research. (An agency was employed to conduct research with guests.)

9.68 Different ways of measuring outcomes are currently being explored. Questionnaires are not really an option, because it would seem too heavy-handed, but the charity is considering other good practice ways of collecting these data. A 'sun chart', for instance, as used by a group in Monmouthshire, which simply asks people to record how they felt before and after the tea party, is being considered.

Nightingale House

Scheme overview

9.69 Nightingale House is a hospice providing specialist palliative care services, completely free of charge, to patients and their families. Its catchment area stretches from Wrexham, Flintshire and East Denbighshire to Barmouth and border towns including Oswestry and Whitchurch.

9.70 The befriending service is based on the Compassionate Communities model. It currently extends to three communities: Llangollen, Coedpoeth and Llandderfel. Local coordinators work with the formal health and social care system to identify individuals who would benefit from befriending services. Operating through a referral system, the service caters to individuals who are identified by health and social care practitioners to potentially benefit from the befriending service. The main target group are therefore people who are isolated as a result of health issues or caring responsibilities. No formal distinction is made between loneliness and social isolation, but the initial health and social care intervention and referral route ensures that a volunteer-led service is suited to supporting the individual identified, thereby delivering the necessary safeguarding role.

9.71 Coordinators draw on their knowledge of the community to match volunteers and clients and introduce them to each other. Volunteers then carry out regular home visits to clients until support is no longer needed. The professional team at the hospice provides generic support in the form of recruitment DBS checks, induction training, volunteer education, and ongoing supervision support.

Scheme delivery

9.72 The model is inspired by the notion of strengthening community resilience by rekindling some of the traditional structures of community members looking after one another. Building on a pilot scheme in one of the rural communities that are served by the hospice, wherein hospice staff were deployed in the community, the service has been in existence for two years. There are currently three active groups and there are plans to set up a further three groups in the coming year.

- 9.73 The Compassionate Communities model is based on the idea that the key enabler for the model to work is for it to be owned by the local groups of volunteers themselves. The hospice team therefore plays a role in introducing the model to communities — getting local health care professionals on board early in the process, recruiting coordinators where communities express an interest, and providing generic support — but leaves the day-to-day running of the service to the volunteer groups themselves. The effect has been groups naturally refining the service for their particular circumstances, with one local group, for instance, having set up a little lunch club, meeting with their respective clients rather than limiting their role to home visits. Confidence clearly grows over time.
- 9.74 Working closely with the Local Health Board, the Nightingale team is aiming to identify communities that would benefit from this kind of support in the future, mining Health Board data regarding health and deprivation in a community on the basis of identifying postcodes with high levels of out-of-hours contact or emergency department attendance, as well as information on any significant change (e.g. concerns in a community in which the GP practice has recently come under Health Board management). This work is also tying in with social prescribing as part of the ‘Well North Wales’ agenda. Initial contact is made through identifying community champions and holding open community meetings, inviting communities to set up a befriending group.
- 9.75 Coordinators work with health and social care professionals to create the necessary awareness of the service. The nature of the link with GP practices varies, from regular attendance at practice meetings to contact being maintained more informally. Referrals are then made via a cloud-based telephony system — itself identified by volunteers in one of the first groups to be set up — wherein the GP is able to leave a message requesting a call from the coordinator so as to make a new referral. This means that no personal data are shared and ensures confidentiality for volunteers and clients alike. It is then the coordinator’s role to match and introduce volunteers and clients.
- 9.76 The model adopted for the Nightingale-supported befriending service relies on it being community-owned and led by community members on a day-to-day basis. Formal referral routes, however, are an essential part of the model, since these guarantee the necessary safeguarding for clients and volunteers alike. It is also the key safeguard for the hospice’s own reputational risk. Local groups adhering to this referral practice is therefore a precondition for them to be able to take advantage of

the wider induction, training and supervision support, too. Thus far, there has been only one instance in which a befriender has had to raise the fact that an individual's needs would be better met by a social care package — the coordinator had to intervene to get this in place before further befriending support could be made available.

- 9.77 Winning over health professionals to become involved in the scheme can sometimes prove challenging initially. The impression can easily be that this involves additional work for them and it is only once they have experienced the process in practice that they realise the benefits.
- 9.78 Moreover, there can be a perception that being identified for the delivery of the befriending service is indicative of the community facing particular problems, which is sometimes met with resentment. Holding open community meetings, however, has been useful in engaging the wider community in considering what the specific need is. Having this kind of open discussion is very beneficial.

Workforce

- 9.79 Since January 2017 a full-time member of staff at the hospice has been available to support existing groups and has engaged in setting up new groups. Once established, the local groups are themselves responsible for volunteer recruitment. Recruiting volunteers has thus far been straightforward, which was seen to be associated with an approach to introducing the Compassionate Communities model to communities without exerting any pressure to take it up. This has tended to generate enthusiasm and ownership, and self-generates further support through volunteers themselves becoming the best advocates for the service. Strong local ownership of the scheme is key to this. Depending on the profile of the community, growth has been easy to achieve in some, with new volunteers joining the groups all of the time, while the smaller rural community has found it more difficult to grow.
- 9.80 Nightingale House encourages all groups to nominate more than one coordinator in order to guarantee continuity of service and sustainability. Local groups are now also themselves beginning to establish coordinator networks through which to share experience and mutually support one another. Many of the volunteers are themselves retired health and social care professionals. Depending on the profile of the respective community, the size of groups varies considerably, from six volunteers in the small rural community of Llandderfel to 12 in Llangollen. Delivering a one-to-one home visit for approximately an hour each week, it is up to volunteers

to decide the number of clients with whom they wish to work, with most focusing on one person. As a result, turnover is low and continuity for the one-to-one interventions is secured. In some cases, individuals who have benefitted from the support have subsequently become involved as volunteers themselves.

- 9.81 All volunteers receive induction, training and supervision. Clarity regarding the personal and professional boundaries in delivering the befriending service is important. Training modules cover communication with clients, safeguarding procedures, quality assurance, therapeutic relationships, skills for befriending, and specialist training modules, e.g. supporting the bereaved. The hospice also sees to DBS checks and maintains regular communication with the coordinators. All befrienders benefit from six to eight weekly supervision meetings.

Funding

- 9.82 The service is entirely free of charge to clients and the local health and social care practitioners. In-kind support is made available by the hospice. Local groups have very limited funding requirements (e.g. to print leaflets) and have, for instance, applied for funding from Community Councils or held coffee mornings and similar small-scale fundraising activities. This light-touch model, combined with strong community ownership, is seen to provide the best way for the service to secure sustainability.

Monitoring and evaluation

- 9.83 As a community-owned model, the service does not collect any formal monitoring information. As part of safeguarding procedures, volunteers document each visit in a logbook which is held at a client's house and is managed in accordance with information governance requirements once the befriending support comes to an end. Beyond this, the information held is not processed further. The befriending groups are, however, linked into the management responsibilities of the Director for Clinical Innovation and Governance at the hospice and although each group is still evolving, feedback from one carer who had benefitted from the befriending service was included in the hospice annual report for 2016.

“I was introduced to Carol, who became my befriender, and I warmed to her immediately as she had such a calming, empathetic way about her. She would listen to me without judging or offering clichés by way of advice. She was a genuine ‘listening ear’ who made me feel like a person in my own right again.”

- 9.84 Further feedback regarding the benefits of the befriending scheme has been received from individuals who have been befriended and gone on to become befrienders. Formal service evaluation of the experience of compassionate communities from the perspective of the volunteers has been undertaken in this year; it is being written up for publication and will be used to improve the hospice support provided. However, there is no explicit focus on particular outcomes to be achieved for clients themselves over and above tackling social isolation. In view of the fact that the befriending services are entirely volunteer-based, it is important for any evaluation effort to be proportionate. Without a clear rationale and purpose, it is not useful to collect evidence on specific outcomes.
- 9.85 It is also the intention to more formally evaluate the impact that the initiative has had on GP practices. Buy-in from the Health Board could be secured on the basis of existing evidence of the results that can be achieved through this model from the Shropshire Compassionate Communities projects⁸⁸. Its effectiveness in strengthening compliance with planned health care in the form of less demand for out-of-hours health care services in communities in which this kind of befriending service does exist, for instance, is of interest in that respect. There are parallels here with evidence regarding the transformative potential of so-called 'intentional rounding' from the 1000 Lives 'Transforming Care at the Bedside' projects: where patients know that their needs will be attended to on a regular basis, demand for ad hoc support is lower.

Arts4Wellbeing

Scheme overview

- 9.86 Arts4Wellbeing is based in Llandysul and activities cover two counties: Ceredigion and Carmarthenshire, with plans to take the work into Pembrokeshire in the future. A current focus of activity is a project funded by Leader⁸⁹ to develop eight 'Compassionate Communities' with a particular emphasis on reaching older people. However, this target group is not rigid. Other people who are living with challenging issues are also welcomed, e.g. a young person who might have lost the connection to their potential and might be struggling with mental health issues.

⁸⁸ Barry V., Patel M. (2013), An Overview of Compassionate Communities in England, Murray Hall Community Trust & National Council for Palliative Care Dying Matters

⁸⁹ Leader is part of the European Rural Development Programme for Wales and provides funding for community projects based on a local strategy developed by a stakeholder forum, the Local Action Group.

9.87 The scheme builds on a programme of activities surrounding leveraging the arts to build confidence and resilience in individuals and communities alike, which was initiated by Arts4Wellbeing in 2010. The Community Interest Company A4W Innovations CIC was set up in 2016. Key to the scheme is what is described as ‘a fusion of creativity and personal development to improve lives in communities’⁹⁰. An asset-based approach is deployed to develop resilience and promote positive health and well-being. The model relies on hubs being created and volunteers being trained who will then themselves reach out to further communities and nurture a widening network of community groups.

Scheme delivery

9.88 Initially, a mapping exercise was undertaken — working with organisations such as the Ceredigion Association of Voluntary Organisations (CAVO) who are aware of patterns of rural deprivation and specific needs of different communities — and a series of 15 rural taster sessions were delivered so as to engage the hard-to-reach in rural communities. These were an opportunity for people to come along, discuss what issues the community might be facing and use arts and creative activities as an anchor to get people involved. Recurring themes included people looking for friendship, kindness, something to do and somewhere to meet (where they could feel safe).

9.89 It is a key aim of the scheme to offer a space in which new friendships can be formed in communities that have lost their schools, their shops and in which people find it increasingly difficult to make new friends, since, as a result of isolation, people have become fearful. The Leader project offers a framework with which to address these issues, and provides funding for the creation of eight hubs over three years. The emphasis is on providing an intergenerational and creative environment to support emotional health and well-being, self-esteem, and the reduction of social isolation.

9.90 The primary aim is to train volunteers who can then welcome and embrace more people, particularly the more vulnerable in a community, including carers and their loved ones (e.g. people with dementia). The first hub was created in a small farming community in which around 30 people joined in only a few weeks. This has now reached 20 weeks of sessions and a gradual process of withdrawal has started;

⁹⁰ [Hywel Dda University Health Board Director of Public Health Annual Report 2014/15](#)

core volunteers have been trained and a suitable number of community members participate regularly.

- 9.91 Individuals self-refer to the hub activities and community members are also encouraged to invite people where they are aware of people who could potentially benefit. In addition, Arts4Wellbeing has good links with wider third sector and health and social care networks, which will also refer people to the hub activities.
- 9.92 Throughout the project as a whole, using peer mentoring to unlock community assets, rather than parachuting solutions in, is a key tool. This encourages a more positive view of communities themselves. During the course of the initial 20 weeks, closely working with volunteers, including a facilitator to deliver creative workshops, grows a pool of volunteers who can then cross-pollinate the approach in other communities. Each group is very different, but different skills (from felting to dyeing and woodwork) create opportunities for confidence building throughout communities.
- 9.93 The sessions combine a focus on reflection with activities that can subtly build people's confidence. It is easy for the world to become very closed, where people experience isolation. A typical session will therefore involve 'circle work' as well as diverse activities, including drama games, food- and healthy lifestyle-related topics, and arts and heritage activities. These involve, for instance, working with story sharing, bringing in local history, sharing local folklore and Welsh place names, and embedding a sense of place, whereby developing a sense of belonging.
- 9.94 In a carefully phased process, 'hidden steps' help to build confidence. Starting with a single activity, enamel jewellery work with a blowtorch with one-to-one support, for instance, offers something exciting that leads to successful outcomes, gives confidence and provides motivation. Induction into this process is part of the training that volunteers receive. The initial meetings, which are aimed at building a new group, are designed to encourage weekly participation and confidence to try new things, thus increasing people's comfort zones and openness to new ideas, moving people from a fixed to growth mindset. Following five sessions during which people have had cumulative weekly successes, a transformation is observed in people, who previously may very often have been absorbed in their health issues.

- 9.95 Engaging with hard-to-reach groups remains a challenge — people are isolated for a reason. Health issues, transport and disability all create obstacles for people in participating in the activities on offer. To address this, Arts4Wellbeing has set up links, for instance, with Book-a-Bus and encourages car sharing.
- 9.96 The experience of Arts4Wellbeing over the years has suggested that it is important to work through a ‘non-label’ format, focusing on communities as a whole, rather than on individual silos for different target groups, and valuing people as individuals, whatever they bring to the table.
- 9.97 Arts4Wellbeing is working towards securing funding for a Creative Lending Library, which will be volunteer-run and service local Compassionate Community hubs with training, tools and creative activities. The idea is to build capacity so that with only a small amount of training, groups can tap into different activities. In the past, groups would have received funding for a certain thing that makes a limited offer and comes to the end of its shelf life relatively quickly. Working towards capacity building and sharing, and freeing assets within the communities, Arts4Wellbeing’s objective is, instead, to continue adding community assets that can be made available more widely and keep them moving around the communities, including supplying equipment (e.g. peg looms) produced by members within the different groups.

Workforce

- 9.98 The current Leader project provides funding to three part-time members of staff. The staff roles include a Personal & Group Dynamic facilitator, a Creativity Facilitator, and an Administrator.
- 9.99 Arts4Wellbeing is keen to develop collaborative partnerships with other organisations so as to expand the range of activities that can be made available for the hubs, e.g. training through Workways Wales, CAVO, presentations from NEST⁹¹, the British Red Cross, and collaboration with Community Music Wales, which benefit from being able to broaden their reach into rural communities. Connecting services in this way is a key enabler for schemes such as the Compassionate Communities project.

⁹¹ Welsh Government Warm Homes Nest Scheme, <https://www.nestwales.org.uk/>

- 9.100 Arts4Wellbeing also attracts professionals who are keen to give something back by volunteering in their communities. The process is designed in such a way that beneficiaries become volunteers; thus, a ripple effect is created. Arts4Wellbeing facilitates peer mentoring between different groups in order to further support this ripple effect. The intention is to continue growing the programme and building capacity as Arts4Wellbeing withdraws gradually from the individual hubs, once the activities and ways of working have taken root in a community.
- 9.101 Sustainability is a key concern for Arts4Wellbeing. Unlocking and building upon local assets, rather than parachuting things into communities, is seen as key to achieving this. Plans to set up a Heritage and Wellbeing Centre to cater to this kind of activity throughout Ceredigion and Carmarthenshire also form part of a drive towards sustainability, including embedding a strong connection to the sense of place, language and farming heritage in the area. Links with key partners have already been nurtured and the hope is to secure capital funding for this hub-and-spoke model in servicing the needs of volunteers and communities. Arts4Wellbeing is also currently applying to fund a training hub for an ever-growing number of volunteers to build capacity and support the integration of community and residential care homes.
- 9.102 The Board of Arts4Wellbeing CIC brings together a strong mix of skills, from a Carmarthenshire Council Children and Families Manager and a Welsh heritage specialist to a financial advisor and a minister's wife, with two of the directors strongly rooted in the Welsh community. Support derives also from West Wales Action for Mental Health, which have allocated a funding officer to support the organisation in accessing funding.

Funding

- 9.103 The current Leader project comes with three years of funding. A total Rural Development Programme⁹² contribution of just over £80,000 is match-funded at 35% by in-kind and volunteer time contributions totalling just over £36,000. The project budget anticipates just under 1,100 total volunteer hours compared to staff hours of just over 1,500 during the three-year period.

⁹² This programme is funded by the European Union's European Agricultural Fund for Rural Development (EAFRD) and by the Welsh Government.

9.104 The two earlier consultation and mapping exercises were supported by funding from the Dr Dewi Davies Endowment Fund⁹³ and the Intermediate Care Fund.

Monitoring and evaluation

9.105 During a period of reflection at the end of each session, participants are invited to reflect on how they felt when they arrived and how they ultimately feel. This supports a realisation that they are not alone, as well as ownership and awareness of the changes, particularly for people with health issues. Impressions are then also considered with a view to understanding what has worked and what has not.

9.106 Arts4Wellbeing is currently also working with a Public Health Officer from the Hywel Dda Health Board and the Research and Practice Development Officer from the Wales School for Social Care Research (Swansea University) on developing an RBA evaluation toolkit with which to measure the interventions.

Befriending project, Dinas Powys Voluntary Concern (DPVC)

Overview

9.107 The Befriending project forms part of the range of services that DPVC provides to an ageing community, and provides support to socially isolated or lonely people in the communities surrounding Dinas Powys through home visits.

Scheme delivery

9.108 The service is primarily aimed at local people aged over 50 years, but support will be provided to younger isolated residents as required. The service receives referrals mainly from the social services team at Vale of Glamorgan Council, as well as self-referral and referral from family members.

9.109 The regularity and length of the home visits are agreed by the service users and volunteers, but these generally operate as a weekly visit of around one hour in duration. The home visits focus solely on providing social support and volunteers do not provide any personal care services. The Wellbeing and Befriending Coordinator also undertakes weekly telephone calls for some service users as required based on their needs and preferences. Volunteers encourage service users to engage with local activities in order to help them to reduce their feelings of isolation and provide an opportunity for them to meet new people.

⁹³ <http://cfiw.org.uk/eng/grants/45-dr.-dewi-davies-endowment-fund>

9.110 The current service commenced in September 2016 and, to date, has 20 service users supported by 14 active volunteers. The befriending service expanded to Llandough in March 2016 and it has received referrals and recruited a new volunteer as a result of a leaflet drop carried out with the help of Cardiff Day Service Volunteers. There is no timescale for the duration of support that can be provided, although some service users require short-term support following a specific event (e.g. bereavement).

Workforce

9.111 The scheme is supported by one full-time Wellbeing and Befriending Coordinator and 14 volunteers who are generally older and/or retired local people who wish to support others in their community. The befriending volunteers are mainly women, but there are two male volunteers.

9.112 Most of the volunteers have attended an All Wales Safeguarding Course run by the Bridgend Association of Voluntary Organisations. Further training sessions are planned for late 2017, including Alcohol Brief Interventions led by Public Health Wales. All befriending volunteers also have the opportunity to take an e-learning course consisting of 10 modules and attend an introduction to befriending which is facilitated by Befriending Networks.

Funding

9.113 The scheme was initially set up as part of the Friendly AdvantAGE⁹⁴ programme funded by the Big Lottery and run in partnership with the Vale Centre for Voluntary Services as well as Age Connects Cardiff and the Vale, Scope Cymru and Cardiff Third Sector Council. This funding ended in March 2016 and the service was operated on a self-funded basis by DPVC until additional funding was secured through the Integrated Care Fund managed by Vale of Glamorgan Council.

Monitoring and evaluation

9.114 As part of the funding agreement with Vale of Glamorgan Council, basic service information is reported on a regular basis, including the number of referrals received, the number of service users supported, and the number of volunteer hours provided. The service does not currently use a standardised research tool with which to measure social isolation and loneliness, although this formed part of

⁹⁴ The AdvantAGE programme funded by BIG Lottery, aimed to improve the quality of life of older people by providing access to befriending or advocacy services. <https://www.biglotteryfund.org.uk/global-content/programmes/wales/advantage>

an external evaluation of the Friendly AdvantAGE programme (unpublished at the time of writing). The Wellbeing and Befriending Coordinators do, however, liaise regularly with service users through informal chats in order to obtain feedback on the impact of the service on their well-being.

Ffrind i Mi/Friend of Mine (FIM)

Scheme overview

9.115 Delivered by the Aneurin Bevan University Health Board (ABUHB), Ffrind i Mi befriending services aim to help people to participate in their community by:

- Using existing local services and facilities
- Creating a new social link
- Developing wider social networks
- Meeting like-minded people through clubs and groups
- Meeting people with similar needs and supporting one another
- Changing social attitudes so that users become accepted and valued as full members of the community in their own right

9.116 The Ffrind i Mi service provides a team of trained, managed and supported volunteers to engage specifically with individuals over the age of 18 years and internal/external staff to deliver a befriending service for people who are lonely or socially isolated. This service aims to link with and support already existing services available throughout the ABUHB geographical area. The aim is to alleviate people's feelings of loneliness and isolation and provide the opportunity for them to participate in social activity within their own communities. This is achieved through selecting, matching and training volunteers so that they can provide and facilitate the following services within the community in consultation with wider community support groups and Community Connectors. These may include:

- One-to-one befriending
- A book-reading service
- Telephone contact
- Dog walking
- Group activities in community venues
- Developing resources in partnership to support the discharge process for older people leaving hospital
- Developing befriending services for veterans

- Develop emerging person-centred services that meet the continuing social needs of people

9.117 The service delivered by volunteers is carried out under the guidance of ABUHB staff and reviewed and adapted on a regular basis as required.

Delivery model

9.118 The Frind i Mi befriending service supports a number of activities. These include:

- Telephone Befriending: This model is used to provide regular one-to-one or social group support to a service user or group of users in their own home via a telephone link. It is facilitated by volunteers and delivered from either an office of the ABUHB (as the host), its partners' offices or the volunteer's home. Telephone befriending will be the model used a) if this is what an individual requests or b) to overcome barriers of geographical limitations, particularly when the provision of face-to-face support is difficult due to the rural or remote environment in which a potential service user lives.
- Group Befriending: This model provides individuals with a shared interest: the opportunity to meet with one another on a regular basis in an informal and friendly environment. Group befriending provides opportunities to exchange information and share experiences with others who have a shared understanding and can offer solutions based on their own experiences. Group befriending is facilitated by trained staff and volunteers and takes place at agreed intervals based on identified needs. Frind i Mi volunteers, in the main, support existing social groups.
- Intergenerational: This model brings older and younger people together so as to share a two-way learning experience by building trust and respect between generations. Intergenerational activities support the Older People's Commissioner's intergenerational befriending recommendations and can create opportunities for older members of a community to remain physically active and emotionally stimulated through active participation. This model is becoming more widely used by organisations to promote well-being and aid the sense of purpose for older people.
- One-to-One Befriending: Volunteer befrienders visit individuals for at least an hour a week and talk to them on a one-to-one basis, undertaking activities of the individual's choice. These may include reading to them, walking their dog, accompanying them to access community activities, etc. Most of the scheme's

volunteers work elsewhere, i.e. in full-time jobs, and a matching process is used to ensure optimum social intervention that will suit both the volunteer and the individual befriender. Nothing is prohibited, provided the activity is safe and legal.

- 9.119 A referral form has been developed that provides demographic information and individuals' interests. Where appropriate, individuals may be referred to other services with their consent.

Workforce

- 9.120 The scheme is led by a Divisional Nurse leading with support from a lead nurse for patient education and experience, a project support officer, and admin support. There are currently 30 dedicated Ffrind i Mi volunteers.
- 9.121 Ffrind i Mi undertakes training and support in order to build the capacity of the scheme's volunteers and equip them to be better prepared to enter the labour market. This is achieved by offering accredited and non-accredited training, work experience in a number of settings (including the hospital setting), the opportunity to carry out varying roles, and the opportunity to obtain up-to-date references. They also benefit from social interaction with other volunteers, individuals, families, Community Connectors, project staff, and ABUHB and partnership staff so as to help increase their confidence.
- 9.122 Ffrind i Mi project staff are responsible for engaging and inducting suitable volunteers in line with ABUHB Volunteering Policies. Project staff hold regular meetings with volunteers and regularly report on the progress of the project. Individuals, carers and their families are consulted regularly so that the activities offered meet their needs. Project delivery and governance are also supported by a multi-agency steering group. All Ffrind i Mi volunteers are provided with a training programme which covers the following areas:
- Lone working
 - Escalating concerns
 - Protection of vulnerable adults
 - Maintaining boundaries
 - Dementia friends
 - Welsh language active offer
 - Equality and diversity
 - Deprivation of liberties safeguards (DoLS)
 - Communication

9.123 Volunteers are offered one-to-one supervision on a six-week basis and group supervision every two months. Volunteers can contact the Divisional Nurse and/or lead nurse at any time in between arranged supervision.

Funding

9.124 The scheme is funded in part by the Welsh Government-funded Health Technology (Wales) Scheme⁹⁵ and Public Health Wales. The ABUHB provides the resources with which to manage the service. The scheme is supported by an established partnership board, including NHS, Metropolitan Police, National Association of Retired Police Officers, Local Authorities, voluntary organisations, Coleg Gwent, Royal Voluntary Service, Age Cymru, Armed Forces Champions, GPs, Gwent Association of Voluntary Organisations (GAVO), armed forces charity SSAFA, Older People's Commissioner Representative, Community Connectors, Public Health Wales, housing, and South East Wales Academic Health Science Partnership.

Monitoring and evaluation

9.125 The monitoring of activity is undertaken by the Ffrind i Mi operational leads on a weekly basis. The Ffrind i Mi Partnership Board receives reports every two months. Progress on the Ffrind i Mi initiative is also reported through the ABUHB's Patient Experience Committee and through partners' own internal committees. Monitoring information includes:

- Number of referrals to the Ffrind i Mi scheme
- Number of volunteers recruited
- Number of training sessions delivered to volunteers
- Number of befriending matches
- Number of hours of befriending delivered each week/month
- Equality/diversity monitoring
- Feedback from service users, volunteers and referral agents

9.126 An annual evaluation of the service is undertaken and reported through agreed committees and to the Health Technology Challenge (Wales) Scheme (unpublished at the time of writing). The evaluation includes using the outcome information and other information gathered to make judgements about the Ffrind i Mi service and its outcomes, namely:

⁹⁵ <http://gov.wales/newsroom/health-and-social-services/2017/ettf/?lang=en>

- Whether the service has been successful in achieving its objectives
- Whether there have been any unexpected outcomes
- The impact of the scheme
- Whether the evidence indicates that there is still a need for the service, or even a need for expansion
- Whether more resources are needed to deliver the service

9.127 The Frind i Mi scheme is assessed against a series of output and outcome indicators which contribute to the achievement of longer-term social, economic and well-being impacts. The outcomes measured by the scheme are considered mid-term results and may not be seen immediately after the end of the project activity but after some time. An outcome framework has been produced which outlines a series of short-term learning outcomes and medium-term action outcomes.

9.128 The scheme uses the Campaign to End Loneliness Measurement Tool to assess changes experienced by recipients of the service, who are asked a number of questions on the second visit and at an agreed point in time once the support commences. For example, recipients are asked to agree or disagree with the following statements:

- I am content with my friendships and relationships
- I have enough people I feel comfortable asking for help at any time
- My relationships are as satisfying as I would want them to be

9.129 Additionally, recipients are asked:

- Do you currently belong to any clubs, groups or enjoy any hobbies?
- Are there any clubs, groups or hobbies you would access if you were able to or if they were available?

9.130 Asking these questions at the commencement of support and at a set point in time following support will enable the service to measure its impact on reducing social isolation and loneliness throughout the ABUHB geographical area.

Community Connections Befriending Scheme

Overview

9.131 The Community Connections Befriending Scheme is a Bridges Centre initiative. The scheme aims to improve the well-being, confidence and self-sufficiency of older people in the predominantly rural and isolated areas of Monmouthshire. The

scheme offers befriending support and provides a number of social activities with which beneficiaries and volunteers can become involved.

Delivery model

- 9.132 The scheme has one full-time Befriending Manager and three Befriending Coordinators (North, Central and South Monmouthshire). The befriending project works alongside Volunteering for Wellbeing, another Bridges Centre project which supports the befriending project with the recruitment, training and support of the volunteer befrienders. The project was originally designed to cover the 'Wye Valley', i.e. Monmouth and Chepstow and the rural villages in Monmouthshire between those two towns. However, as a result of demand from other areas, the project has spread itself, covering (in the south of the area) Caldicot and (to the west of the original catchment) Raglan and Usk.
- 9.133 Volunteering for Wellbeing works in partnership with Monmouthshire County Council and links volunteers with a range of volunteering opportunities in the community. This is supporting services in becoming more community-based and ensuring that people avoid unnecessary statutory intervention for as long as possible. This project was developed while recognising the approach of the befriending scheme as an example of best practices in supporting people in the community. Although there were initial concerns about the duplication of effort between the volunteer and befriending coordinator roles, Volunteer Coordinators help with the transfer/handover of volunteers and are a key strategy in the recruitment of a diverse mix of volunteers.
- 9.134 Beneficiaries of the scheme are older individuals who are lonely and/or isolated and/or need support in engaging with local services and activities in their area. Recruited and trained volunteers provide befriending support and support with social activities, as well as providing practical support such as driving. Volunteers are unable to provide medical or personal care. Volunteers benefit from the service by learning new skills and developing their confidence. A recent evaluation of the service found that 30% of volunteers involved in the project also reported feeling lonely or isolated but felt better as a result of meeting other people (unpublished at the time of writing).
- 9.135 In the first five years of the project delivered up to October 2016 the scheme supported 471 beneficiaries. Ninety-four per cent of these clients were aged 50 years or above, with the largest group being 80–89 years (31%). Seventy-three per

cent of beneficiaries were female, some 7% of beneficiaries were housebound, and a further 35% need support in getting out of the house. During this period the scheme also engaged 243 volunteers, with 40% of these aged 60 years or above.

9.136 Priority groups for the service include:

- Those who are isolated due to their rural location and/or low income
- Those who have mobility problems
- Isolated residents of social housing and sheltered accommodation
- People who have been discharged from hospital and, therefore, have limited mobility or health problems
- The recently bereaved
- Retired farmers

9.137 Beneficiaries are referred to the scheme through a wide range of routes. The majority derive from Integrated Services Teams at Monmouthshire County Council, with other referrals coming equally from friends/family, neighbourhood services, mental health teams, and other third sector providers.

9.138 Community Connections has made strong links with integrated health and social work teams and has provided a clear pathway for referrals from social workers and health workers working within integrated teams. Ongoing communication and dialogue between Community Connections staff and different agencies have meant that they can act in case concerns are raised while beneficiaries remain engaged with the scheme.

9.139 Once a referral is received, Community Connections sends a letter to the person referred in order to explain that someone from Community Connections will be in touch to arrange a visit. The initial home visit provides an opportunity for staff to explain the benefits of the scheme more fully and understand the person's needs. Thus, staff can decide (with the person) upon the most appropriate befriending arrangements and whether they would benefit from one-to-one support and/or involvement in the groups and social events provided by the scheme. Social workers or day care centre staff will sometimes accompany staff on these visits.

9.140 The information captured in this initial visit assists the service in matching the beneficiary with the right volunteer. Once the matching process has been undertaken the coordinator maintains regular contact with the beneficiary so as to ensure that they are happy with the service and are getting the most out of the befriending support.

- 9.141 Beneficiaries do not always want the same things from the scheme. Some beneficiaries just want someone to take them out or to go shopping; some want to join in activities available in the community. Others are happy to have a befriender visit them — someone to chat to and/or help out with practical tasks such as gardening.
- 9.142 For many older people who come into contact with Community Connections, their befriender is the only person whom they see each week. For others who have family near them, loneliness and depression can still occur as a result of mobility issues, loss of confidence or not wanting to burden family or neighbours. Many of the people supported have no nearby, supportive family.
- 9.143 The majority of volunteers meet beneficiaries as part of a formal befriending relationship, visiting people in their homes at least once a week. In the main, volunteers feel that they are helping beneficiaries by just being there for them and being someone to listen to or talk to. Volunteers also provide practical assistance, providing transport and taking beneficiaries shopping. Some volunteers are able to contribute more volunteering time than are others. It was initially envisaged that beneficiaries would receive support from the befriending service for a limited time; in practice, however, many stay engaged in the service for several years and there is no time limit on the duration of support that they can receive.
- 9.144 Staff have developed good links with other providers, e.g. Alzheimer’s Society, MIND, and the Stroke Association. This encourages cross-referrals and signposting where beneficiaries may have a need that can be better met by other providers.
- 9.145 The Community Connections Befriending Scheme achieved the Approved Provider Standard in May 2014, which is the national quality standard for mentoring and befriending programmes as offered by the Mentoring and Befriending Foundation.

Workforce

- 9.146 The scheme relies on local volunteers from a wide range of backgrounds. Anyone over 16 years of age is eligible to apply to become a volunteer befriender. Volunteers decide to volunteer with Community Connections for different reasons. Some are keen to make use of their professional backgrounds and/or put their experiences and skills to good use. Others are drawing on personal experience, recent loss, and want to do something useful with their time and put something back into the community. Most volunteers feel that they are volunteering in an area in which there is a great deal of need.

- 9.147 Recruitment and retention of volunteers is a challenge for the scheme. Although there is a strong culture of volunteering in Monmouthshire, there is a lot of competition (with 40 volunteering options alone in Monmouth) and Community Connections does not have enough volunteers to meet the potential number of referrals, which can result in frustration from referrers, although stakeholders understand the capacity issues facing the scheme. Competing for and retaining volunteers are ongoing challenges, putting pressure on staff to continue to recruit and train new groups of volunteers. The introduction of Volunteering for Wellbeing has helped to promote the scheme more widely.
- 9.148 The Bridges Centre has developed a Community Car Scheme based on experience of the befriending scheme and evaluation of supporting older people in the community. The scheme involves volunteer drivers using their own cars. This project is enabling people to remain independent for longer and is helping us to get to know people earlier so that referral to befriending is less formal. This will also keep people out of statutory services for longer.

Funding

- 9.149 Community Connections received Big Lottery AdvantAGE⁹⁶ funding in 2011, providing funds for five years. Since November 2016 the service has been able to secure a further two years of funding from the Big Lottery. Monmouthshire County Council contributed through the Integrated Care Fund, with resources available until November 2018.

Monitoring and evaluation

- 9.150 In order to capture the outcomes required by the scheme, an evaluation framework was developed as a useful way of organising what needs to be measured, how, by whom and when. A decision was taken to adopt the Older Person's Outcomes Star as the main tool for measuring outcomes for service users. The main benefits of the star were in terms of its flexibility, with volunteers being able to sit down with a service user and complete the star at set intervals or when someone's circumstances change. The star provides a useful tool with which to plot distance travelled so that the progress made by the service user can be mapped.

⁹⁶ The AdvantAGE programme funded by BIG Lottery, aimed to improve the quality of life of older people by providing access to befriending or advocacy services. <https://www.biglotteryfund.org.uk/global-content/programmes/wales/advantage>

- 9.151 However, staff experience of using the star was negative: they found it time-consuming and difficult to engage service users in the assessment process. Because of the complexity of the star, staff also reported finding it difficult to determine where people were in relation to the different points on the star.
- 9.152 It was agreed to develop an alternative, simple scaled questionnaire entitled 'Quality of Life' in order to capture the key outcomes required by the scheme, one in which the beneficiary would contribute to the assessment rather than be carried out by the member of staff, as was the case with the Older Person's Star. As with the Older Person's Star, a baseline assessment of the beneficiary was conducted and then followed up with a review approximately six months later.
- 9.153 Community Connections collects outcome data in a variety of formats from both beneficiaries and volunteers (unpublished at the time of writing). One of the more creative and visual ways in which staff have been able to capture outcomes is through the use of personal experience maps. Other approaches include digital stories, volunteer diaries and case studies. Community Connections has also produced videos on their website in which beneficiaries and volunteers talk about their involvement in the scheme and what they get out of it. Videos and personal experience maps provide a visual representation of outcomes and a powerful mechanism with which to communicate outcomes to different audiences.

10. Appendix C: Outline of Self-Evaluation Framework

- 10.1 It is important for all programmes engaged in delivering interventions and support to people experiencing social isolation or loneliness to carefully consider and plan an approach to monitoring and evaluating the service being provided. Your approach to monitoring and evaluation should be fully embedded within the delivery of your service and not be regarded as a 'bolt on' activity.
- 10.2 This outline of a framework aims to support organisations in evaluating both the delivery and the impact of their service as well as providing signposting and guidance on existing research which highlights the potential of befriending schemes to deliver both wider economic and social benefits.
- 10.3 It should support organisations in putting in place the necessary monitoring and data collection systems so as to populate their Theory of Change (see Chapter 5 for an example of an outline Theory of Change) and evidence the contribution of their intervention to delivering its intended outcomes and final goal.
- 10.4 This outline of a framework draws on a range of existing resources, best practices, and other relevant guidance.

Introduction

- 10.5 This framework aims to support organisations in evaluating both the delivery and the impact of their service as well as providing signposting and guidance on existing research which highlights the potential of befriending schemes to deliver both wider economic and social benefits.
- 10.6 You may need to consider a range of factors when planning and delivering your self-evaluation approach, including the capability of your existing information management and IT systems as well as staff and volunteer capacity and training needs.

Considering monitoring and evaluation

- 10.7 Monitoring and evaluation are separate processes; however, the information that you collect through your monitoring activities will enable you to evaluate your service. Monitoring involves gathering evidence so as to ensure that you are delivering what you said you would deliver. Evaluation is the process of conducting an assessment of how successful you have been in making the difference that you intended to the people supported by your service.
- 10.8 Before you commence any self-evaluation activity it is important that you are clear about what you are trying to achieve and what methods you will use to assess this. You should also be clear about the timeframes required to provide a credible assessment of your service. Whilst many befriending schemes collect basic monitoring information on the number of people supported and the types of activities delivered, many also stop short of collecting the necessary information on what difference their service is making in the medium to longer term.
- 10.9 In setting up your monitoring and evaluation processes, you need to be clear about the following:
- What is your vision for the service?
 - Who are your target group and what are their needs?
 - What role is your service delivering?
 - What are you trying to achieve and how are you going to do it (service aims and objectives)?
 - Are there clear links between your services (objectives) and the difference that you are trying to make (aims)?
- 10.10 It is particularly important for you to be clear about what issue or need in your target group you are trying to address. In the context of befriending services, the research base suggests that the terms 'loneliness' and 'social isolation' are frequently used interchangeably. However, there is an important distinction between these terms which has implications for how befriending services identify people in need of support, the nature of the support provided, and the associated training provided to befrienders.
- 10.11 Social isolation has been defined as an objective absence of contact and interaction between an individual and a social network. In contrast, loneliness has been conceptualised as a subjective feeling of being alone, representing a mismatch between desired and actual social contact. A distinction has also been drawn

between emotional isolation (the loss of someone close) and social isolation (the lack of engagement with others). You may wish to reflect on these distinctions when considering what your service is trying to achieve and how you will both identify people in need of support and measure the difference that your service is making to them.

What are the benefits of monitoring and evaluation?

10.12 Developing your approach to monitoring and evaluation can provide a range of benefits not only to your befriending service but also to your wider organisation. For example:

- It helps you to learn about what works and what does not work;
- It helps you to recognise and celebrate success;
- It gives you solid evidence to use as a basis for improving practice;
- It supports your forward planning;
- It demonstrates both to funders and to others involved in the service how effectively resources are being used; and
- It keeps you focused on the ultimate purpose of the service.

Potential challenges of monitoring and evaluation

10.13 However, it is also important that you are aware of the potential challenges that you may face in establishing your monitoring and evaluation approach. This may include the following:

- Monitoring and evaluating take time and you should ensure that these are adequately reflected in your service planning;
- The process can feel like yet another administrative burden on your staff/volunteers, so you will need to ensure, where possible, that they are involved in the process of developing your approach;
- The process of evaluating your service may require you to ask questions of your service users, which might be considered intrusive;
- Measuring 'soft outcomes' such as changes in well-being or confidence can be difficult;
- A successful outcome may be different for each service user, which can present challenges in measuring impact throughout a service supporting many people; and
- Once people have left your service it can be difficult to get them to share their experience for the purpose of evaluation.

Whom to involve?

- 10.14 You will need to think carefully about the scope of your monitoring and evaluation activities, particularly the resources and capacity that you can make available to deliver these activities as part of your service delivery. Although many befriending schemes may decide to focus predominantly on the people whom the service is supporting, there is merit in involving a wider range of stakeholders in the evaluation, as this can strengthen the quality of the evidence gathered and improve the credibility of your evaluation reporting.
- 10.15 Stakeholders whom you should consider involving in your monitoring and evaluation activities include:
- Clients – the people supported by your service;
 - Friends/family members – the people who support them (e.g. their relatives or carers);
 - Your staff/befrienders/volunteers – the people delivering the service;
 - Funders and commissioners – the people investing in the service;
 - Policymakers – the people who can learn from/be informed by your service; and
 - Other agencies – those connected with the delivery of your service (e.g. referral partners).
- 10.16 By involving a range of stakeholders in your evaluation you can cross-reference impact evidence from more than one source using a technique known as ‘triangulation’. This can help to improve the accuracy and credibility of your evaluation reporting.

Monitoring

- 10.17 Monitoring and evaluation are essential for any organisation that is committed to providing high-quality services in an effective way. Monitoring and evaluating your work will help you to:
- Determine what works and what does not work;
 - Demonstrate the success of your service in meeting its objectives;
 - Assess how effectively your service has been delivered; and
 - Capture data and evidence that will help you to improve your services and plan for the future.

10.18 You can monitor and evaluate many different aspects of your service:

- Inputs (e.g. staff time, resources, funding);
- Process (how your service is delivered, e.g. the recruitment and training of volunteers or the way in which you set up and manage your referral network);
- Outputs (the services or activities that you provide to the people whom you are aiming to support);
- Outcomes (the changes experienced by the people whom you are supporting); and
- Impact (the longer-term effects of your service).

10.19 Before you start planning your monitoring and evaluation, it is important to be clear about whom exactly you aim to help, i.e. whom your main service users are. It will help if you can be as specific as possible about them (e.g. by defining any particular focus on age, gender, support needs or where they live). Once you have defined your target groups, you can assess what problems or issues they face and how your service can support them. The process of clearly defining your target group can also help you to identify partners/organisations that may assist you in reaching those whom you intend to support, e.g. through a referral network.

Recording the profile of your service users

10.20 It will be important for you to collect as much information as possible on the people whom you are supporting. The research base on loneliness and social isolation highlights that some groups in society are more vulnerable to feeling lonely and socially isolated. As such, producing an accurate profile of the people engaged through your service can help you to communicate with partners, funders and supporters.

10.21 When collecting personal information on your service users you will need to approach this in a sensitive way that avoids asking questions that may feel intrusive. You should always ensure that service users are clear as to why you are collecting their details and how their details will be used and stored. Examples of personal details that you may wish to collect from the people using your service are provided below:

- Age (either full date of birth or tick boxes for age ranges)
- Gender
- Ethnicity
- Disability/long-term condition status
- Employment status
- Housing tenure
- Housing occupancy (whether they live alone or with others)
- Care package (whether they are in receipt of support from their local authority social care team)

10.22 You should also collect information that can assist you with undertaking monitoring and evaluation activities, such as collecting full contact details (e.g. address including postcode, telephone numbers including landline and/or mobile, and email address if they have one) and contact preferences (e.g. how they would prefer to be contacted).

10.23 Your service may also decide to log additional relevant information on your service users (e.g. recent and relevant life stage events), as this can help you to provide appropriate support. This may include:

- Have they recently suffered a bereavement?
- Are they in a period of recovery or rehabilitation following a medical procedure?
- Have they recently experienced a loss of employment?
- Have they recently moved to the area?

Defining your project's goals, aims and objectives

10.24 Once you are clear about whom your service works with and what this involves, you will need to think about:

- Your goals, i.e. what difference your service intends to make
- Your aims, i.e. what your service seeks to achieve for its service users
- Your objectives, i.e. what services you will deliver to bring about these aims

10.25 Your aims and objectives are the key headline features of your service and will help you to promote the service to referral partners, funders, policymakers and potential service users. Having a clear set of aims and objectives will help you to monitor and evaluate your work effectively and, in particular, will inform which evaluation tools you use to assess your service impact.

- 10.26 Your overall aim is a broad statement of the difference that your service intends to make to the lives of your target group. This may be similar to a mission or vision statement and is intended to be aspirational. Because your overall goal statement is intentionally designed to be very broad, you will need to split it into smaller service aims that are easier to monitor and evaluate.
- 10.27 Service aims focus on the needs of the people whom you intend to support, and describe the positive changes that you hope to achieve for them through your service. In the context of tackling social isolation and loneliness these aims may also be about helping to maintain a situation (e.g. living independently) or preventing a situation from getting worse (e.g. a long-term condition).
- 10.28 Once you have identified your service aims, you can think about what you are going to do to bring about those changes for your service users. Your service objectives describe the broad areas of delivery that you plan to provide in order to achieve your service aims. You can identify your service objectives by looking at each service aim and determining what services you will provide to help achieve your stated aims.

Service aims	Service objectives
e.g. To increase the amount of social contact that isolated people have	Provision of weekly befriending visit
e.g. To improve people's connection with their local community	Delivery of a weekly coffee morning group

10.29 Once you have identified your service aims and objectives, you can put these into an evaluation framework:

Service aims	Outcomes	Outcome indicators	Data collection tools and frequency	Responsibility for data collection	How the data will be used
To increase the amount of social contact that isolated people have					
To improve people's connection with their local community					

Service objectives	Outputs	Output indicators	Data collection tools and frequency	Responsibility for data collection	How the data will be used
Provision of weekly befriending visit					
Delivery of a weekly coffee morning group					

Identifying your service outputs

- 10.30 Outputs describe the activities or services that your service users receive from your scheme. These could include home visits or telephone calls from a befriender or group social activities delivered in the community. Each of your service objectives should be broken down into individual outputs or activities, which will form the basis of your monitoring data. Your service objectives are likely to have more than one output, so you will need to work through each to produce your final list of service outputs. Once you have identified your outputs, you can put these into the second column of your evaluation framework.
- 10.31 You do not need to include activities that you undertake to set up your service, such as recruitment and training of volunteers, meetings with referral partners or promotion and marketing of the service, as they are delivery processes that you can capture separately.

Service objectives	Outputs	Output indicators	Data collection tools and frequency	Responsibility for data collection	How the data will be used
Provision of weekly befriending visit	One-to-one befriending visits				
Delivery of a weekly coffee morning group	Coffee morning sessions				

Defining your service outcomes

- 10.32 An outcome describes the actual change or changes that happen as a result of your services and activities. They are changes or benefits that occur for your service users as a direct result of your service. You may find it helpful to split your outcomes depending on when they occur for your service users, e.g.:
- Intermediate outcomes – these can be used to evidence progress towards a longer-term or larger outcome. Some services describe these outcomes as ‘distance travelled’ or steps in the ‘client journey’.

- End outcomes – these comprise the ultimate change or benefit that you are aiming to achieve for your service users, e.g. people feeling less socially isolated.

- 10.33 Identifying the intermediate outcomes of your work is particularly important for services aiming to tackle social isolation and loneliness, as the positive impacts for the service user may take some time to be realised. The intermediate outcomes help you to assess the progress of your service in taking steps towards the end outcomes that you are hoping to achieve.
- 10.34 To ensure that your monitoring and evaluation activity is robust and credible it will be important for you to link your outcomes to your service activities so as to show that it is your difference that is bringing about the positive change or benefit for your service users. This can also be referred to as establishing 'causality'.
- 10.35 Project evaluation relates mostly to your outcomes, whereas monitoring relates mainly to your delivery processes and outputs. Effective monitoring is essential, because if your service does not deliver your activities in the way that you have planned (e.g. befriending visits not being delivered in sufficient frequency for your service users), then you may be less likely to achieve your intermediate and end outcomes.
- 10.36 To identify your outcomes, take each of your service outputs in turn and think about the actual difference that they will make to your service users. The difference may be in terms of their:
- Attitudes, e.g. they feel more confident about life;
 - Behaviour, e.g. they engage in social activities and events more often;
 - Circumstances, e.g. they have joined local clubs and associations;
 - Feelings, e.g. they have better self-esteem; and
 - Health, e.g. they feel less anxious or depressed.
- 10.37 Having come up with a list of outcomes, you now need to make sure that the set of outcomes that you have identified will help you to achieve your service aims. Although you may define a range of service outcomes which describe changes and benefits for your service users, not all of the service users will experience the same changes at the same time (if at all). Your evaluation approach will enable you to evidence the outcomes achieved for different service users, which may identify some specific themes that you may wish to explore in more detail (e.g. analysing service user outcomes by profile characteristics).

Making a distinction between your outcomes and your impact

10.38 Your outcomes are what happen as a direct result of your service. Some of your outcomes may be intermediate ones (e.g. evidencing the distance travelled by your service users), whilst others may be your final end-of-service outcomes. The changes that occur over a longer period of time for service users as a result of your service can be referred to as the 'impact'. Befriending projects are increasingly required to evidence how their services contribute to local and national priorities, e.g.:

- Reducing the number of older people requiring treatment to address anxiety or depression;
- Reducing the number of avoidable GP attendances by older patients;
- Delaying or reducing the need for more complex care packages;
- Increasing the proportion of older people able to live independently in their own homes; and
- Reducing the proportion of older people who are inactive.

10.39 You may find it difficult to establish a direct link between your outcomes and local and national priorities through your self-evaluation activity without external support and funding. Consequently, your approach should focus on establishing service outcomes that you feel your service can reasonably be expected to achieve as a result of the services and support that you provide. You may wish to use existing research studies and evidence reviews to establish causal links between your outcomes and longer-term impacts for both service users and other stakeholders (e.g. health services or care providers).

10.40 Once you have drawn up a range of outcomes, you should prioritise the most important ones based on whether they are realistic, demonstrate significant change and provide the evidence for which your funders or other stakeholders are looking.

Allocating indicators to measure your outcomes

10.41 An indicator is a marker of accomplishment or progress. There are several types of indicators that help you to monitor the delivery of your service, including process, output and outcome indicators.

- 10.42 Process indicators help you to monitor how well your service is being delivered. Examples may include:
- Staff or volunteer satisfaction
 - Waiting lists for service users receiving their first home visit
 - The number of inward referrals received by the service
 - The number of onward referrals made by the service
 - Overall service costs and how the money is spent
- 10.43 Output indicators enable you to collect data on the number of services and activities that your project delivers. Examples may include:
- The number of befriending visits completed
 - The number of service users supported
 - The number of service users attending coffee morning sessions
 - Average duration of an in-home visit
- 10.44 Outcome indicators help you to collect evidence of the changes which occur as a result of your service and show progress towards achieving your service aims. Examples may include:
- Service user levels of confidence
 - Service user levels of self-reported well-being
 - Service user levels of anxiety or depression
- 10.45 In order to measure your outcomes, you will need to collect information on your outcome indicators. You will also need to collect information on your output indicators so that you can establish a 'causal link' between the services that you have delivered, and the outcomes experienced by your service users.
- 10.46 It can be difficult to collect evidence from all of your service users against all of the indicators that you decide to use. Consequently, you may decide to prioritise a smaller number or focus specific indicators for different types of service users (e.g. male or female or those who have experienced a recent bereavement).
- 10.47 You should aim to collect both numerical information (i.e. quantitative data) as well as more descriptive or narrative data (i.e. qualitative information). Once you have produced a list of your outcome indicators, you should try to prioritise the most important and useful ones so as to measure the delivery and impact of your service.

10.48 Some outcomes may need more than one indicator so as to ensure that you have sufficient information to produce credible evidence that the outcome has been achieved. You should also look to add targets to your indicators in order to clearly state the degree of change that you wish to achieve in your service outcomes. For example:

- 80% of service users report increased levels of confidence
- 70% of service users report improved levels of well-being
- 50% of service users report reduced levels of anxiety or depression

Outputs	Outcomes	Assumptions
One-to-one befriending visits	<ul style="list-style-type: none"> • 80% of service users feel more confident about life • 90% of service users feel more motivated to engage in local activities and events 	<ul style="list-style-type: none"> • The befriending sessions help service users to improve their levels of self-confidence • The befriending sessions are able to connect the service users to local activities and events
Coffee morning sessions	<ul style="list-style-type: none"> • 70% of service users make new friends • 50% of service users feel less anxious or depressed 	<ul style="list-style-type: none"> • The coffee morning sessions provide an opportunity for people to make new friendships • Being involved in the coffee mornings and making new friends reduces the service user's feelings of anxiety or depression

Evaluation

Baseline data

- 10.49 Your evaluation aims to help you to make an informed judgement about how successful you have been as a service in achieving your service aims and objectives. In order to measure the changes or benefits achieved for your service users in a more robust way, you will need to collect some baseline information on the situation for the individual at the point at which they join your service. This information needs to relate to the improvements that you are trying to make, so if your service aims to reduce older people's levels of anxiety or depression or sense of loneliness, for example, then you will need to conduct an assessment of an individual's levels of anxiety or depression or loneliness at the beginning.
- 10.50 There are several ways in which you can set a baseline, including:
- Using a service user questionnaire/self-assessment scales;
 - Using a referral assessment; and
 - Setting goals.

Where to collect your data from

- 10.51 Your outcome monitoring will be more robust if you can capture your information from a number of sources, such as from your service users, your volunteers as well as other stakeholders (including referral partners or service user family members or carers). You can collect information on your outcomes by:
- Asking your service users for information, e.g. using questionnaires, interviews or tests
 - Recording information on your service users, e.g. using case records
 - Collecting information through observation, e.g. asking volunteers to record feedback on the changes that they have observed using diary sheets
- 10.52 You may also want to seek out other information so as to strengthen your outcome information, which could involve looking at other people's research, reports or statistics in order to help you assess progress towards your outcomes (e.g. social care assessment data or patient records), although you may not be able to access some of these due to data protection and confidentiality regulations.

- 10.53 Focusing on the information that you can realistically collect will help you to ensure that your monitoring and evaluation approach is practical and easy to manage. You may be able to collect some core information from all of your service users by incorporating this into your delivery model (i.e. data are collected by your volunteers as part of regular home visits or at social activities in the community). However, it is likely that you will not be able to collect in-depth outcome information from all of your service users, so you may want to collect from a sample thereof.
- 10.54 There are different types of sampling methodology; you will need to consider the pros and cons of each approach and, in particular, try to ensure that your approach avoids any unintended bias (i.e. collecting information solely from service users who have experienced the greatest changes or benefits).
- 10.55 Broadly speaking, sampling approaches can be split into the following categories:
- Purposeful sampling – e.g. deliberately choosing service users who represent a range of characteristics (e.g. geographical location or people recovering from a period of ill health);
 - Random sampling – e.g. selecting 10% of service users randomly from your database;
 - Stratified random sampling – e.g. dividing your service users into subgroups (e.g. male and female) and then randomly selecting within each subgroup.

When to collect your data

- 10.56 How often you collect your data will depend on how your service is delivered and how long service users are being supported by you. For example, if your service offers home visits for a maximum of three months, then you should collect information at the point at which they join the service (baseline data) and then again when they exit the service. If your service users can stay with the service for longer periods (e.g. annually), then it will be good practice to collect data on an annual basis as a minimum. Both the frequency of your data collection and the sample size that you use will be influenced by the resources and capacity that you have available so as to support your self-evaluation activity.

Follow-up data

- 10.57 Ideally, you should try to collect follow-up data on people that have left your service. This information can assist you in evidencing the longer-term impact of your service and your contribution to wider local or national priorities. For example, if your service intends to reduce levels of social isolation by connecting at-risk people with activities in their local community, then are they people still actively engaged in these activities six months after leaving your service? To find this out, you should consider undertaking follow-up consultations with a sample of ex-service users.
- 10.58 This activity can be challenging, given the difficulty in contacting people once they have left your service; furthermore, response rates can often be low, whilst the capacity required to undertake follow-up work can be high. You will need to be realistic as to how much follow-up activity you can commit to undertaking. You may consider involving volunteers in the process of undertaking follow-up consultations with service users.

How to collect your data

- 10.59 There are a range of approaches that you can use to collect your outcome data. These may include:
- Questionnaires/surveys;
 - Telephone interviews;
 - Face-to-face interviews;
 - Focus groups;
 - Observation;
 - Self-completion diaries; and
 - External assessments.
- 10.60 It is a good idea to consult with your staff and volunteers as well as other agencies and your funders when selecting which approach to use. You will also need to consider the access needs of each group to be consulted when designing your approach (e.g. ensuring that questionnaires can be accessed by visually impaired service users).

Deciding how to develop your research tools

- 10.61 Having selected your approach, you will need to consider whether to:
- Develop your own tools – either by adapting something that you are already using or by designing new research tools
 - Using an existing tool – e.g. a standardised questionnaire or assessment tool developed by someone else
- 10.62 When considering using an existing tool, you will need to make a decision on the extent to which this captures the information that you are looking to gather in order to assess your own progress in meeting your service aims and objectives. There are advantages to using existing tools, such as saving time or enabling you to compare your service with similar services, but you should always ensure that whichever tool you use can generate the data that you need so as to assess your own performance.
- 10.63 There are a range of validated research tools that you could consider using. The Campaign to End Loneliness has produced a [resource pack](#) in order to assist organisations in measuring their impact on loneliness in later life. Specific tools that you may consider using include:
- Ando–Osada–Kodama (AOK) loneliness scale;
 - De Jong Gierveld Loneliness Scale;
 - Geriatric Depression Scale (GDS);
 - Short Form Health Survey v2 (SF-12) mental-health component score (MCS);
 - The Campaign to End Loneliness Measurement Tool;
 - The Life Satisfaction Index A (LSI- A);
 - UCLA three-item loneliness scale.
- 10.64 If your service is aiming to increase the activity levels of service users and engagement in a range of social activities in their community, you may also consider adopting research questions from the following:
- [Active Adults Survey](#) – The Active Adults Survey is a large-scale survey of the adult population in Wales
 - [National Survey for Wales](#) – The National Survey for Wales is a study run by the Office for National Statistics on behalf of the Welsh Government and their partners (Sport Wales, Natural Resources Wales, and the Arts Council of

Wales). The study gathers information on many topics, including health, schools, sports, arts and culture.

- 10.65 In designing your research tools, you should look to use a combination of open-ended and closed questions in order to allow you to capture both quantitative and qualitative data:
- Open-ended questions provide you with qualitative information. They will allow your service users to respond in a way that enables them to express their true feelings or experiences, e.g. 'What difference have the home visits made to your self-esteem?'
 - Closed questions provide you with quantitative information. Closed questions will require your service users to select their answer from a pre-determined range of options such as yes/no, multiple choice or from a scale.
- 10.66 Scaled questions are particularly useful when developing forms or questionnaires to assess your outcomes. You can ask service users to rate themselves at the start of their support from the service (e.g. a baseline) and then at an agreed future date (e.g. when they leave the service).
- 10.67 If you choose to develop your own tools, you should always pilot these with a small number of people before incorporating these into your monitoring and evaluation process. This will help to ensure that those whom you intend to respond to the research questions clearly understand them and can respond honestly and accurately.

Data protection

- 10.68 If you are going to gather personal information (e.g. names, addresses or dates of birth), you will need to ensure that your service is registered with the [Information Commissioners Office](#).

Anonymity and confidentiality

- 10.69 You should think about whether you want to allow your service users to complete your research tools anonymously or not. Allowing your service users to provide their feedback anonymously can increase their willingness to answer honestly but, at the same time, can also make it difficult for you to track their progress over time. Alternatively, you may decide to simply reassure your service users that their responses will be treated confidentially.

Obtaining consent

10.70 You will need to ensure that the people from whom you seek information are provided with an opportunity to make an informed decision about whether to participate in any research or evaluation activity. If you design a tool for use with vulnerable adults, you will also need to gain consent from their family members or carers. For further information on research ethics and good practices in conducting social research, you can refer to the following:

- [Social Research Association Ethical Guidelines](#)
- [UKES Guidelines for Good Practice in Evaluation](#)

Training staff and volunteers

10.71 You will need to think about what training and support staff and volunteers will need so as to assist them in using your monitoring and evaluation tools. This is essential, as it:

- Helps people to understand why they are doing it;
- Ensures that people follow correct procedures, e.g. securing consent;
- Improves the quality of the data collected; and
- Achieves buy-in to the evaluation process.

10.72 You should aim to allocate time to supporting the people who will be using your monitoring and evaluation framework so as to ensure that they are clear as to why they are being used, how to use the research tools and how they should collate and record the information collected.

10.73 Support or training for your staff or volunteers could include:

- Writing guidance on using the tools;
- Incorporating monitoring and data collection responsibilities into job descriptions and staff or volunteer inductions;
- Identifying someone to whom people can go for support; and
- Providing feedback sessions wherein staff and volunteers can view and explore the data collected in order to assess progress against service aims and objectives.

Analysing your monitoring and evaluation data

10.74 Once you have collected your monitoring and evaluation data using your research tools, you will be able to use these to assess your progress in meeting your service aims and objectives. It will be much easier to analyse your data if these are gathered against your output and outcome indicators as outlined in your evaluation framework. You may find it helpful to analyse your data using the following steps:

Step 1

- Draw together a summary of your service using your process indicators

Step 2

- Bring together information on how the service has functioned (e.g. the number of people supported, how often, what they did during support sessions or visits)
- Collate the baseline information that you have (on both service users and volunteers)
- Collate all of the information that you have on changes for service users (including intermediate and end outcomes)
- Gather together information on changes for volunteers (if relevant)

Step 3

- Summarise the quantitative information that you have gathered (e.g. how many service users you supported, how many hours of support were provided, their assessment scores for key outcomes such as anxiety or depression)
- Review the qualitative information to identify common themes and case study examples, e.g. volunteer diaries, reports, interviews, focus groups, etc.

Step 4

- Match the information with what you set out to achieve (your service aims and outcomes) and your outcome indicators

10.75 The above steps should help you to make links between your outcomes and the actual services and support (outputs) that your service users have received. By establishing a causal link across your service activities, outputs and outcomes, you will be able to produce a more credible, robust and evidence-based impact report.

Cost–benefit analysis and social return on investment approaches

10.76 There are additional approaches that you could consider, although these may be beyond your capacity or expertise to deliver as part of a self-evaluation activity. Examples of additional approaches include:

10.77 Cost–benefit analysis – this involves assessing the costs of your services against the benefits delivered to service users. A cost–benefit analysis is usually carried out in relation to financial costs and financial benefits (e.g. the resources needed to run your befriending service compared to the potential cost savings generated by it).

10.78 Social Return on Investment (SROI) – this is a principle-based method for measuring extra-financial value (e.g. social value) not currently reflected in conventional financial accounts, relative to resources invested. It can be used by any organisation or service to evaluate the impact on stakeholders and to identify ways in which to improve performance.