

# **The use of telephone befriending in low level support for socially isolated older people – an evaluation**

## **Abstract**

There is increasing policy recognition that the alleviation of social isolation and loneliness among older people should be prioritised. Recently technology, such as telephone networks, mobile phones and the Internet, has received attention in supporting isolated and lonely older people. Despite lack of evidence, telephone befriending has been considered an effective low-level method to decrease loneliness among older people. This study evaluated the impact of a national befriending scheme for isolated and/or lonely older people, involving eight project sites across the UK. The purpose was to identify the impact of different models of telephone-based befriending services on older people's well-being, and examine the extent to which befriending services are of preventive value for older people, their carers and the wider health economy. A pluralist approach was taken, using a range of qualitative and quantitative methods. In this paper, we report on the findings from 40 in-depth interviews with service recipients and volunteers. The most important finding was that the service helped older people to gain confidence, re-engage with the community and become socially active again. Three main topics were identified: why older people valued the service, what impact it had made on their health and well-being and what they wanted from the service. Under these topics nine subthemes emerged: life is worth living, gaining a sense of belonging, knowing they had a friend, a healthy mind is a healthy body, the alleviation of loneliness and anxiety, increased self-confidence, ordinary conversation, a trusted and reliable service, the future - giving something back. In conclusion, the findings present in-depth qualitative evidence of the impact

of telephone befriending on older people's well-being. Befriending schemes provide the low-cost means for socially isolated older people to become more confident and independent and develop a sense of self-respect potentially leading to increased participation and meaningful relationships.

**Key words:** older people, loneliness, social isolation, technology, telephone befriending, social engagement

## **Introduction**

With increasing policy interest in older people's well-being there is renewed focus on services and practice that support and promote older people's quality of life. Research has shown that there is a strong and positive association between quality of life and social participation (Bowling 2005, Bowling & Gabriel 2007). This has been recognised widely in social policy (see for example Associate Minister of Health 2002, Berkels *et al.* 2004, World Health Organisation 2004, Social Exclusion Unit 2006,). In both the '*Health of Older People*' strategy in New Zealand (Associate Minister of Health 2002) and the '*Sure Start to Later Life*' document (Social Exclusion Unit 2006) in the UK, the prevention of social isolation is identified as a priority to increase older people's social engagement and improve their quality of life. Social engagement is a wider concept than simply social activity and incorporates social relationships, cultural and civic-based activities with access to basic services in the neighbourhood and to financial resources and consumption of material goods (Victor *et al.* 2009). Strengthening social networks, supporting social engagement and reducing social isolation and loneliness may therefore be ways of improving older people's quality of life (Cattan & Ingold 2003, Cattan *et al.* 2003, Cattan *et al.* 2005, Bowling & Gabriel 2007).

The expressions social isolation and loneliness are frequently used interchangeably but have been defined as two distinct experiences. Loneliness is described as a subjective negative feeling of lack or loss of meaningful relationships. In other words, it is the individual's judgement about the desirability of the quality and quantity of their existing relationships which determines their experience (Victor *et al.* 2000, Scharf & de Jong Gierveld 2008). Social isolation, on the other hand, has been

defined as the absence of meaningful contacts with individuals or communities (Andersson 1998, Scharf & de Jong Gierveld 2008) and therefore as an objective measure of an individual's social relationships. Victor *et al.* (2009) however, challenge the notion of the objectivity of social isolation, suggesting that individuals create their own meaning and understanding of social isolation based on multiple realities of their life experiences.

An understanding of the way older people deal with social isolation and loneliness may provide clues for developing acceptable and realistic interventions to alleviate isolation and loneliness. The closely associated concepts of self-esteem and self-efficacy have been drawn on to explain older people's coping strategies. Van Baarsen (2002) found that the loss of a partner could lead to low self-esteem, which in turn increased loneliness over time. However, the study suggested there was a delayed effect on social isolation (or social loneliness (Weiss 1980)) leading the author to conclude that the effectiveness of interventions could be increased by understanding the distinction between the two types of loneliness. Both domain-specific and general self-efficacy beliefs were shown to predict loneliness in a Canadian study (Fry & Debats 2002), with distinct gender differences in domain-specific efficacies. However, it would seem that there are cultural but not gender differences in how older people cope with loneliness (Rokach & Orzeck 2004). Cattan *et al.* (2003) found that 'socially active lonely' older people (Stevens & van Tilburg 2000) used different strategies to regain or maintain a sense of control from those who were judged to be lonely. They suggested that these differences potentially demonstrated differences in self-efficacy, which could be of relevance in the development of effective interventions and services.

The effectiveness of technology, such as telephone networks, mobile phones and the Internet has received increasing attention in supporting isolated and lonely older people. In the early studies in the 1980s, it was often not a case of whether or not the interventions were acceptable, but more about the reliability of the technology. Recently, however, a number of studies have indicated that telephone and email groups can provide emotional support, alleviate loneliness and increase coping self-efficacy (White *et al.* 2002, Heckman *et al.* 2006, Torp *et al.* 2008). In contrast, one to one technology based support and counselling, such as telephone befriending has to date not shown the same promising results (Heller *et al.* 1991; Cattan *et al.* 2005).

### **The study**

Following an earlier study, which used a case study approach, on how older people are supported to overcome social isolation and loneliness (Cattan 2002), Help the Aged, in partnership with the insurance company Zurich, funded a number of pilot telephone support projects across the UK. An evaluation, which included all eight ‘*Call in Time*’ projects across the UK was conducted between March 2007 and July 2008. The purpose of the study was to evaluate the impact of the ‘telephone befriending’ scheme for vulnerable, isolated and/or lonely older people. The objectives were to: explore the impact of different models of telephone-based support and befriending services for older people with regards to mental and physical well-being, quality of life ; identify best practice and factors in service delivery which optimise the impact on recipients through a comparison of different models; examine the extent to which befriending services are of preventive value for older people, their

carers and the wider health economy; identify 'models of good practice' by examining the component parts of each model.

A pluralist approach combining a range of quantitative and qualitative methods was used in order to enable cross-validation of the data and to provide depth as well as breadth to the findings. The chosen methods included telephone questionnaires, health diaries, in-depth semi-structured interviews, focus groups and a Delphi survey, all involving either older people who were participating in one of the telephone befriending projects or project co-ordinators. In this paper, we report on the in-depth interviews with older recipients of telephone befriending, which set out to explore to what extent older participants in the service considered telephone befriending to have made an impact on their quality of life. We conclude by discussing the findings in relation to the social engagement agenda.

## **Methods**

The Call in Time Programme has 8 telephone support projects in different locations spread across the country, which are managed by voluntary and charitable organisations, each with its own operational structure. The programme aims to directly support between 800 – 1000 older people via the eight projects. The individual projects vary in terms of length of service operation as well as the number of older people and volunteers participating in the project. Older people were recruited onto the programme by various means according to the systems in place within the individual projects, but in all cases the project co-ordinator managed the process. Older people accessed the programme by referral from another organisation, answering an advertisement in the newspaper or on local radio, word-of-mouth and responding to a presentation by a project co-ordinator. Most project co-ordinators

believed the service should be for anyone in need and did not stipulate any additional criteria, except perhaps a minimum age requirement. However, this was not always enforced. Characteristically, the older people participating in the programme were often housebound, had restricted mobility, lived alone and were reliant on external agencies for their health and social care needs. Calls to the older people were made by volunteers and the project co-ordinators. The number of volunteers working for the individual telephone support projects ranged from 1 – 30. This, and the resources available, influenced the number of calls made, usually organised according to a weekly rota.

The first stage of the study involved a telephone quality of life survey in which 40 older people agreed to participate from the 8 projects. The purpose of the telephone survey was to provide data on the effectiveness of the befriending service in relation to the outcomes for older people. This meant that the survey was conducted as a 'before and after study' with measurements taken at two points. Older people were interviewed at baseline when they had recently enrolled on the befriending programme and then again 3-4 months later when they were able to comment on their experience of being involved in the befriending programme. Older people who took part in this survey were then invited to participate in the second stage of the study, individual semi-structured interviews. The in-depth interviews enabled key themes that emerged from the telephone survey to be explored. These included: the befriending process; the value of befriending for older people; the needs of older people in relation to the befriending service; the impact of the befriending service on the physical and emotional health of older people; the effect of the befriending service on social interaction amongst older people and older peoples' general well-being. Participants were either older people who were in receipt of the befriending service,

i.e. befriendees, older people who acted as volunteers for the befriending service, i.e. befrienders, or older people who performed both roles.

Forty older people, both male and female, (27 service recipients, 6 volunteers and 7 combined recipients and volunteers) from seven of the eight projects agreed to take part in the interviews. The participants were of various ages from those in their 50's to those in their early 90's, spread across a wide geographical area within England and Scotland. Most projects had a 'theoretical' minimum age criteria for joining the befriending service, which varied between projects, although in practice this was not strictly adhered to. Most project co-ordinators considered any individual who was thought to be 'in need' for acceptance onto the befriending service.

Face validity was checked by piloting the interview schedule and making necessary changes to the questions. The interviews were conducted either in people's homes or in a convenient place locally, such as a village hall and lasted about 1 – 1 ½ hours. A written and verbal explanation to the study was given and confidentiality assured. The interviews were recorded with the participants' consent. Ethical approval was obtained from Leeds Metropolitan University Faculty of Health Ethics Committee. Because of the sensitivity of the subject being explored, a protocol was devised for the researcher on how to deal with issues of concern should they arise.

### **Analysis**

The analysis of the data commenced during the data collection period and was conducted by the lead researcher, i.e. the interviewer, and other members of the research team. The interviews, transcription and analysis formed part of a cyclical and



continuous process where the interviews informed analysis and analysis informed the interviews. Therefore, the interview recordings were listened to, as far as possible, on the day of the interview, in order to provide initial themes and to highlight potential areas to be pursued in further interviews. The interviews were transcribed verbatim. Analysis and interpretation followed 'Framework Analysis', a case by theme approach, a practical and effective way of managing, summarising and synthesising complex qualitative data (Ritchie & Lewis 2003). Like other qualitative analysis it is data driven and does not presume orientations or themes. Firstly, transcripts were read in order to increase familiarisation with the data and to provide the researchers with an overview. In addition, notes were made relating to initial themes based on the research questions and the information that emerged from the interviews. Secondly, transcripts were systematically coded according to the themes that emerged and these were grouped according to sub-headings within a framework structure. Finally, the various sub-headings were collapsed into key themes, which captured the essence of the interviews. The framework structure aided in the organisation of the wealth of data that emerged from the interviews and resulted in a clear synthesis of coded data, sub-themes and key themes. Three key themes were identified: why older people value the telephone befriending service; what impact the service has made on their health and general well-being and what they want from the telephone befriending service. Under each main theme, a number of sub-themes also emerged. These themes and their sub-themes are described.

## **Findings**

The purpose of this study was to identify the impact of different models of telephone-based befriending services on older people's well-being and to examine the extent to

which befriending services are of preventive value for older people. In light of these objectives a wealth of evidence emerged, in the form of participants' comments, that illustrates the positive impact telephone befriending has on older people's well-being and quality of life. This evidence is grouped according to key themes and their sub-themes. Each theme and its sub-themes are now systematically explained using quotations from the participants to illustrate the pertinent points.

### *1. Why older people value the telephone befriending service*

The three sub-themes that emerged under this first theme were:

- Life is worth living;
- Sense of belonging;
- Knowing there's a friend out there.

#### *Life is worth living*

All the participants commented on the big difference the telephone calls had made to their lives. Participants felt they had a reason to keep going, they had a purpose in life and, importantly, life was once again worth living.

Many of the older people who were interviewed described themselves as socially isolated because they were housebound. They commented on how they were no longer able to go out because of their physical health and this made them feel downhearted, isolated and weepy at times. The telephone befriending service made a big difference because it brought the older people into contact with other people, as this comment illustrates:

*'It brightens up your day when you've got nobody. It makes you feel better, it really does. If you didn't look forward to it, it wouldn't matter would it? I've got nobody, no neighbours. I'm on my own all the time. It's nice to know you've got somebody connected with you.'*

(Female, 76)

### *Sense of belonging*

Participants talked about a sense of belonging since they had become involved in the telephone befriending service. They felt they were not forgotten; this was particularly relevant for those who were without family. Participants also commented on how being part of the telephone befriending service had increased their self-worth. It gave participants a tangible link with the outside world rather than the focus simply being their own world, which more often than not, was constrained by the same four walls every day. The importance of this link to the outside world is exemplified by the following comment:

*'It makes you understand that you're part of the world and there are other people who are interested in your world. You're not on your own. I do think an awful lot of her, no doubt about that. It certainly brightens my day and sometimes it will be the only call I get all day. Apart from having more calls I can't see what else I can hope for.'*

(Female, 82)

### *Knowing there's a friend out there*

Participants relied on their befriender for friendship. The contact, therefore, represented more than simply an opportunity to have a chat. Participants wanted to establish a meaningful friendship with their befriender who they felt cared about them. It was comforting to know they were not alone, as this comment by one female participant illustrates:

*'You can't put it into words. It's just knowing that there's somebody there, especially when you live on your own. It's just priceless. 'I wouldn't be without her. I'd pay for it. It's fabulous. I look forward to it. It's absolutely brilliant when she rings up!'* (Female, 72)

Participants made a distinction between their befrienders and other people, including family. Interviewees spoke of being able to tell their befrienders intimate things they would not speak to their family about. Participants also said their befrienders were not intrusive and respected their needs. Many of the participants referred to shared interests as being an advantage in order to break down any initial barriers and to establish a meaningful reciprocal relationship. It was important for older people to be able to chat but also to be able to listen and hear about people's lives and other events as the following comment illustrates:

*'I think sometimes it's easier to talk to someone who is not a close relative because it's a voice that you associate at the end of the line and so you can really pour anything out. It gives a sense of belonging as well. When your partner dies, that's it. I didn't have a clue who anybody else was. The funniest joke in the world is not funny if you*

*have nobody to tell it to. You can share with somebody and it gives you an incentive again to get up and do something rather than staying at home. It's going to help you forget your aches and pains.'* (Male, 83)

## *2. The impact the telephone befriending service made on older people's health and general well-being*

Older people were asked about the impact they thought the telephone befriending service had made on their physical and emotional health, general well-being, social interaction and life in general. Three main sub-themes were identified:

- A healthy mind is a healthy body;
- Alleviates loneliness and anxiety;
- Greater confidence.

### *A healthy mind is a healthy body*

Participants commented on how much better they felt in terms of their emotional health and they made a direct link between their improved state of mind and being a member of the telephone befriending service. In most cases they reported feeling more content with life overall and in many instances participants stated they no longer suffered as badly with depression. Some interviewees stated that the telephone calls had helped to improve their general well-being, which in turn had had a positive effect on their physical health, illustrated by the following comment:

*'If you don't get depressed you're bound to feel better physically. It's when you get depressed that you don't want to go out or do anything.'*

(Female, 68)

The telephone befriending service enabled the participants to forget their aches and pains and gave them an incentive to get up and do something and generally be more active. The following comment is typical of what many participants said about the impact of the telephone befriending service:

*'I'm very much happier than I was. I feel like doing things again.'*

(Male, 70)

Participants commented on how they found weekends and winter evenings the worst times since these tended to be the occasions when they had no contact with anyone. One participant said how lonely and down-in-the-dumps they felt because of the dark days. However, following contact with their befriender, they felt much more cheerful and had more get-up-and-go, as the following enthusiastic response from a female participant illustrates:

*'On Monday night when I'm lying in bed I say: "Ok, I've got my telephone call tomorrow" and that keeps me lifted. I smile more and I laugh more. I think it's changed my life. I feel a lot freer.'* (Female,

75)

*Alleviates loneliness and anxiety*

Participants talked about how they felt less lonely as well as less anxious since joining the telephone befriending service. It had given them greater peace of mind and in many cases had stopped them worrying, especially in relation to their own safety. For one female participant safety was uppermost in her mind:

*'I'm going to be safe now I think with her help. Otherwise I felt awful and I felt life ain't worth living any longer.'* (Female, 76)

They appreciated the additional support provided by the service, in terms of access to other services, which helped to alleviate the worry of managing everyday tasks, for example, cleaning, shopping and household repairs. When asked what the impact would be on participants if the telephone befriending service were to stop, many of them were visibly alarmed and had to be reassured that this was a hypothetical question. They were clearly anxious by the thought they would have to return to the experience of before, in other words loneliness, which would mean not talking to anyone for days and not having anything to look forward to in their lives, for example:

*'It would just put me back where I started; it would worry me. It was scary, lonely, empty. I hope it won't finish; it means an awful lot to me.'* (Female, 88)

### *Greater confidence*

The telephone befriending service had an important effect on participants' confidence levels, which impacted on their emotional and physical health. Participants who said

their confidence had increased felt better about themselves and were more inclined to be physically and socially active. Some older people spoke of being shy and reserved prior to joining their local telephone befriending service and yet once they started receiving calls this was no longer the case as the following comment illustrates:

*'It has opened up that new part of me. Whereas before I found it hard to talk to people, now I...'* (Male, 72)

In some instances, contact with their befriender had increased participants' self-confidence and inspired them to go out and socialise with people. They now felt able to go to the local pub or the day centre and mix with others. In addition, they commented on how they had been motivated to go and do their own shopping, which had given them a sense of independence as well as pleasure and the feel-good factor. Some participants even volunteered and made calls to others in similar situations. By doing this, they felt part of society and less of a burden.

### *3. What older people want from the telephone befriending service*

Older people were asked about their needs in relation to the telephone befriending service and specifically why they were enrolled on the befriending service. Three key sub-themes were identified:

- Ordinary conversation;
- Trusted and reliable;
- Future development.



### *Ordinary conversation*

The participants wanted to engage in what they considered to be normal and ordinary conversation. What mattered most was being able to talk about everyday topics and feel they were involved. The telephone befriending service was a unique and distinct service for them because it did not focus on problems but on ordinary, everyday living, whereas, for example, doctors or social workers dealt with problems.

Participants were clear that they did not want to be problematised. Equally important was the fact that a conversation was a two-way exchange with the opportunity to have a good chat and a laugh. This is exemplified by the following extract:

*'I want somebody to talk to me...they (dogs) don't answer me back so it's a one-sided conversation and it doesn't fill any little needs.'*

(Female, 74)

Participants felt their befrienders spent quality time with them unlike other services, for example paid carers, who were said to be in and out. They appreciated the fact that their befriender was an individual who telephoned and spoke to them because they cared enough to want to be involved and did not do so out of obligation. The following comment is typical of many participants' responses:

*'They talk about topical things and if you're lonely it gives you something to think about, and if I've got any worries I can always tell them. I couldn't speak more highly of them. If you need them they're there on the spot. You'd just rot otherwise without having a talk once a*

*week on the phone and it makes a big difference when you can't go out. Sometimes I long for the phone to ring.'* (Female, 77)

### *Trusted and reliable*

Participants said what they most wanted from the telephone befriending service was to develop a friendship. For many of the participants their befriender was someone, often the only person, whom they could confide in and rely on. They trusted them completely and were totally confident their befriender would be there should they need them as the following comment illustrates:

*'They're always there. I've only got to pick up the phone.'* (Male, 73)

Knowing their befriender was there for them made participants feel better in terms of their emotional health and alleviated the fear of becoming ill or dying without anyone realising. Knowing they could get help if they needed it made a big difference to their lives. Participants commented on how much more reliable the telephone befriending service was compared with other services and said they had never been let down by their befriender. Knowing that participants could rely on their befriender was extremely important as the following comment exemplifies:

*'I've had calls from B now for, I think it's eight or nine months. I'd say we talk for mostly ten minutes; sometimes it can be quarter of an hour when we get really chatting. It's just knowing that there's someone out there who you can converse with and feel comfortable with. I've never even met the woman but I feel I know her. She's got a*

*very nice voice and she makes you feel at ease. I feel great about it. I think without the befriending service I wouldn't feel as comfortable as I do. You feel safer and secure. You know there's someone out there looking for you. That's the best way I can explain it really.'* (Female, 91)

#### *Future development – giving something back*

All participants were extremely positive about the telephone befriending service. They recognised its value and were full of praise for their befriender, in terms of the effect on their health and well-being, as well as general quality of life. Many of the participants wanted to be able to do the same for others who were in need by training to become a volunteer and make calls.

The majority of participants wanted the telephone befriending service to be extended so they could receive more telephone calls. They also offered suggestions as to how to go about publicising the service based on their experiences. These included advertising at the local library, in the local newspaper and on local radio, as well as displaying posters at bus stops. As well as volunteering to call people, some participants suggested they could become more involved in the telephone befriending service by encouraging others to join. They offered practical ideas, for example, going out to presentations and speaking to people about the benefits of the service.

Many participants stated that while they were very happy with the telephone calls they received, they would very much welcome visits from their befriender. They said that they would like to be able to put a face to a voice and meet their befriender. For

those individuals who had never met their befriender it was certainly a memorable occasion when they finally did and it had a positive effect on their emotional health.

In summary older people identified the key benefits of the telephone befriending service as:

- They feel life is worth living
- They feel they are not forgotten and they belong
- They know they have a friend who cares who is not family
- They know they have a friend who is trustworthy and reliable
- They feel less lonely and less anxious
- They have greater peace of mind
- They can engage in ordinary conversation
- They are happier and more confident
- They no longer feel a burden to society
- Their emotional and physical health is improved
- Their general well-being and quality of life is improved
- The service is unique and distinct from other services

## **Discussion**

This research set out to evaluate the impact of telephone befriending services for older people. It became clear early in the study that not only did these services give older participants in the scheme ‘a reason to get up in the morning’ as several other evaluations of similar schemes have found (Dean & Goodlad 1998, Stewart *et al.* 2001 Andrews *et al.* 2003), but they seem to have a profound and deep impact on older people’s lives.

### *Limitations of study*

Telephone befriending schemes are said to serve several different purposes, with the main one being to reduce social isolation and loneliness (Heller *et al.* 1991, Thomas & Urbano 1993, Stewart *et al.* 2001). Bearing in mind that about a third of older people say they are sometimes lonely and a much smaller percentage state they are frequently lonely (Victor *et al.* 2005) the numbers of older people accessing such services are unlikely to be high. In addition, it could be speculated that older people who are truly isolated and lonely are less likely to be in contact with befriending services than older people who have some social contacts. Our aim had been to interview up to 50 telephone befriending service participants, but by the time we had interviewed 40 older people our time frame was exceeded because of the limited numbers entering the service. However, as data saturation had been reached it was decided not to jeopardise the study by seeking to recruit further individuals to the study.

### *Reaching lonely older people*

At the start of the study, we did not have a clear picture of what ‘type’ of older person was likely to use a telephone befriending service. We found that older people were in contact with the projects for a variety of reasons (e.g. bereavement, caring responsibilities, recent stay in hospital, physical health problems) but that the one common experience was loneliness. It seemed, therefore, that the befriending services were reaching their intended target group, although we had no way of knowing how many lonely older people were not reached or able to access the services.

### *Re-engaging with the community*

The most important finding from this study was that the service helped older people to re-engage with the community and the outside environment. Although the evidence regarding the effectiveness of telephone befriending in alleviating loneliness remains unclear (Cattan *et al.* 2005), we know from past qualitative research that older people value befriending services (Dean & Goodlad 1998, Andrews *et al.* 2003, Cattan *et al.* 2003). However, our interviews suggest that telephone befriending offers participants something unique compared to other services, namely, a chance to engage in ‘ordinary’ conversation. In other words, it did not set out to remind them of their problems (even though they did talk about them), but rather to emphasise that they were still part of a community and had something to offer within that community.

Feeling that they belonged and that they were not a burden to others meant that they gained self-respect and self-confidence. We know from previous research that there is a strong association between self-confidence and self-efficacy, which in turn could suggest that befriending has an indirect effect on loneliness through the development of self-efficacy (Fry & Debats 2002, Fokkema & Knipscheer 2007). This improvement in how they felt about themselves had two important effects. The first was that from having received calls they ‘wanted more’, requesting home visits and access to outside activities. Telephone befriending therefore empowered older people to reach other activities. For some a second effect was that the confidence they gained went beyond the project and they became socially (and economically) engaged in their local community again, becoming volunteers themselves or initiating social activities.

### *Feeling included in society*

The Social Exclusion Unit (2006) report *A Sure Start to Later Life: Ending Inequalities for Older People* makes a case for older people's rights to independence, dignity, choice, participation and meaningful relationships. The report states that exclusion from society is compounded by the failure of services to respond to complex issues, such as bereavement, health problems or financial difficulties, in old age. Our findings suggest that befriending schemes do respond to these issues by providing a way for socially isolated older people to become more confident and independent, thereby leading on to increased participation and meaningful relationships. Some research (see for example: van Haastregt *et al.* 2000, Charlesworth *et al.* 2008) suggests that befriending schemes are not an effective way of improving well-being. However, most such studies use quantitative quality of life measures and make their judgements based on intention to treat analysis. In addition, few have had a strong theoretical grounding.

This study found that for those older people who participated in the service perceived well-being and mood improved and their activity levels increased, even for those who suffered from chronic depression. Previous studies of other forms of activities, such as communal gardening and volunteering, have similarly found that the social component of the activity has a positive impact on self-rated health (Mather *et al.* 2002, Milligan *et al.* 2005, Tang 2009). Another aspect was the fear of 'what if' something should happen. For older people living alone the security of knowing that someone was going to call at a specified time meant they were less fearful of becoming ill, having an accident or dying alone without anyone else knowing. The recent *End of Life Care Strategy for England and Wales* (Department of Health 2008)

proposes that older people receiving care should have access to a 24-hour helpline. However, the fundamental difference is that a helpline is an impersonal source of support which requires the individual to take initiative, whereas the telephone befriender becomes a trusted friend.

### *Having choice*

It was quite clear that all services and activities were not required all of the time, but participants wanted choice. Recent UK policy documents such as *Our Health, Our Care, Our Say: A New Direction for Community Services* (Department of Health 2006), *Putting People First* (Department of Health 2007) and the *Carers' Strategy* (HM Government 2008) emphasise the integration and personalisation of health and social care services. Although the emphasis is on statutory services to listen and respond to people's needs, to provide more choice for those receiving care and to provide greater support for people with long-term needs, the very nature of the 'personalisation agenda' could mean that older people have the choice to opt for a range of services, including befriending support.

In summary, our study showed that telephone befriending services provide a much needed service for older people who are socially isolated and/or lonely. For many it is the first step towards regaining their confidence and self-respect. Despite policy emphasis on preventing social exclusion, promoting personalised services and listening to older people's voices in the UK there seems to be a reluctance to fund telephone befriending other than through short-term grants or similar because of the lack of evidence. The older people we spoke to talked about telephone befriending providing them with 'a life line' and expressed powerlessness about being able to



influence their own services. Future research on the impact of befriending services will need to consider the complex factors that interact in the intervention to reduce loneliness. Pitkälä et al. (2009) suggest that it may not be the content of an intervention that defines its effectiveness but rather participants' sense of control, empowerment and improved sense of mastery. A solid theoretical model is therefore essential in any future evaluation of befriending services.

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