Low-level support for socially isolated older people:

An evaluation of telephone befriending

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Abbreviations

CSV   Community Service Volunteers

CRB   Criminal Records Bureau

HtA   Help the Aged

NICE   National Institute for Health and Clinical Excellence

RSVP   Retired and Senior Volunteer Programme

RNIB   Royal National Institute of the Blind

WRVS   Women's Royal Voluntary Service

Executive summary

Introduction

In May 2005 Help the Aged and Zurich Community Trust launched a two year national programme 'A Call in Time'. The purpose of the programme was to provide low level support and befriending services via the telephone to older people who are lonely, isolated or vulnerable. Eight projects were funded across the country.

Following the launch of the programme, Help the Aged commissioned the Centre for Health Promotion Research at Leeds Metropolitan University to undertake an evaluation of the programme and to investigate the direct impact of low level support on older people who are vulnerable, isolated or lonely using the telephone as a specific tool of befriending. The main objectives of the evaluation were to:

- Measure and identify the effectiveness of telephone befriending services for older people with regards to their mental and physical well-being and their quality of life[1] and the extent to which services were of preventive value.

- Examine the components parts of each model of telephone befriending and identify 'models of good practice'.

All eight telephone befriending schemes functioning within a variety of different parameters were included in the evaluation. The participants in this research included project co-ordinators, project volunteers and older people who were in receipt of the services.

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[1] NB in using the expression 'quality of life' we are not referring to the measurement of 'QoL' or 'QALY', but using the term broadly to include such factors that help maintain the well-being of older people

Evaluation methods

The evaluation was undertaken over 18 months and was divided into three distinct parts: the case study, the quality of life assessment and the volunteer survey.

The case study included a mapping exercise which reviewed written documents relating to each of the projects, semi-structured interviews with the eight project co-ordinators and a Delphi survey that was distributed to project co-ordinators in order to reach a consensus view about a 'model of best practice'.

The quality of life assessment incorporated a telephone survey using the SF-36 Health Survey Questionnaire, individual health diaries and in-depth interviews with older people who were in receipt of the telephone befriending service.

The Volunteer survey constituted a satisfaction questionnaire that was distributed amongst Zurich employees who participated as telephone befrienders in the Call in Time programme.

Findings

Overall the study suggests that the telephone befriending service has a major impact on participants' lives. Many interviewees could not imagine life without it. The relationship with their 'befriender' was crucial to their quality of life and the maintenance of their emotional and physical health.

Older people's quality of life

The most important finding from the evaluation was that the telephone befriending service helped older people to re-engage with the community and their external environment. The research suggests that telephone befriending is more than something to look forward to, that the service offers participants a chance to engage in 'ordinary' conversation, making it unique compared with other statutory and voluntary services where the emphasis is on dealing with problems. For the participants the telephone befriending service emphasised 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. Interviewees said the telephone befriending service gave them a reason to live and made them feel they were valued members of society. As a consequence of becoming more confident many participants became volunteer befrienders themselves and also more socially and economically engaged in their local community again.

The study also found that perceived well-being and mood improved and activity levels increased among telephone befriending service recipients, including those suffering from chronic depression. Many reported a reduction in loneliness. In addition, for some participants the security of knowing that someone was going to call at a specified time meant they were less fearful of living alone. The anxiety was not about living alone per se, but about becoming ill, having an accident or dying alone without anyone else knowing.

Model of best practice
Befriending was defined as an agent that provides a companionship service, an emergency response service or a combination of both, which exists as a service for any older person in need. The consensus view was that a model of best practice has to be flexible, based on befriending via the telephone combined with peer-to-peer support and with telephone calls being shared, and reciprocal. This 'ideal' model includes scope for developing telephone clubs based on shared interests as well as face to face home visits. It was suggested that each befriending service needs to have the flexibility to develop and adapt as and when necessary according to particular needs within its local area. Although telephone befriending is often the first attempt to develop social links, for many it is also a vehicle for other activities. It was clear that all services and activities are not required all of the time, but that participants nonetheless want choice. Consequently, befriending services (or friendship circles) need to be responsive to older people's expressed needs and provide flexibility and choice.

Clear referral pathways linking voluntary and statutory bodies improve the chances for isolated older people to access befriending services. Although some older people contact the services direct, 'other' routes are required, which are accessible to those most in need of befriending services. There was a common view that although a consistent national message was needed about befriending services, local promotion had to be the responsibility of local project co-ordinators as they were best placed to meet local needs.

A note on definitions of 'befriending service'

Most interviewees did not like the expression 'befriending service'. It was considered to be patronising and one sided, as if older people were being 'done to' rather 'participating in' the activity. It was pointed out that conversations were reciprocal and the term 'befriending' should be changed to emphasise the reciprocal nature of the activities. Notably, some of the befriending schemes had already changed their names to 'friendship circles' or equivalent.

Volunteer satisfaction

Satisfaction with the volunteer work environment among respondents was high, with no negative responses recorded. Wanting to work with people, fulfilling moral obligations and wanting to help people were reasons for volunteering. Respondents agreed that volunteering had increased their self-confidence and interpersonal skills, increased their awareness of community needs and involvement in other opportunities in the community and overall had made a positive impact on them.

In conclusion

This study has shown 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, which ultimately can prevent them from becoming socially excluded. Importantly, the consequence is that these individuals become both socially and economically active again in their communities. Despite government policy emphasis on preventing social exclusion, promoting personalised

services and listening to older people's opinions there seems to be a reluctance to support telephone befriending other than through short-term funding. Older people in this study talked about telephone befriending providing them with 'a life line' and worried about the service being taken away from them.

The findings from this research provide in-depth qualitative evidence of the impact of telephone befriending on the quality of life of isolated and lonely older people. In addition a conceptual model for future friendship networks is presented.

Section 1: Aims and remit of programme

In May 2005 Help the Aged and Zurich Community Trust launched a two year national programme 'A Call in Time'. The purpose of the programme was to provide low level support and befriending services via the telephone to older people who are lonely, isolated or vulnerable. Eight projects were funded across the country using volunteers to deliver support for older people at times when they might need some extra help, such as following bereavement or after spending some time in hospital. This partnership was based on interest in Zurich Community Trust to develop a sustainable and accessible staff volunteering programme (one of Zurich's core values being 'to support people in times of need') and previous Help the Aged research, which suggested that low level support was valued by older people (Cattan, 2002). However, because of lack of research evidence the effectiveness of home based support such as befriending and home visiting schemes on mental well-being among older people has remained unclear (see Cattan et al, 2005; Elkan et al, 2001; Van Haastregt et al, 2000 and Windle et al, 2007).

Following the launch of the programme, Help the Aged commissioned the Centre for Health Promotion Research at Leeds Metropolitan University to undertake an in-depth evaluation of the programme and to investigate the direct impact of low level support for older people who are vulnerable, isolated or lonely using the telephone as a specific tool of befriending.

The initial purpose of the research was to investigate the effectiveness of low level support and befriending services utilising the telephone for older people who are socially isolated, lonely and/or vulnerable and had the following objectives:

1. To measure and identify the impact of a range of models of telephone-based low level support and befriending services for older

people with regards to mental and physical well-being, quality of life[2] and on the wider health and social care economy

2. To identify best practice and such key factors in service delivery which optimise the impact on recipients through a comparison of different models

3. To examine the extent to which befriending services are of preventive value for older people, their carers and the wider health economy

An additional aim and objective were included halfway through the study. These were:

Aim: to explore best practice models of low-level telephone support and befriending services for older people who are socially isolated, lonely and vulnerable.

Objective:

4. To examine the components parts of each model of support and service and identify 'models of good practice'.

Parameters of the study

This study set out to investigate the impact of low level support on older people who are vulnerable, isolated or lonely using the telephone as a specific tool of befriending. As the intention was to identify 'evidence of effect' of an established national community programme a randomised controlled trial would not have been appropriate and a range of evaluation tools were utilised instead. All eight telephone befriending schemes functioning within a variety of different parameters were included. The participants in this study ranged

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[2] NB in using the expression 'quality of life' we are not referring to the measurement of 'QoL' or 'QALY', but using the term broadly to include such factors that help maintain the well-being of older people

from older people who were able to access services and other commodities with some support to those who were housebound because of physical impairments or because they were caring for someone needing 24 hour care. Because of the study design we initially proposed to include only those older people who were recruited to the befriending schemes during the first three months of the study. However, because the projects were at different stages in their development and because there was not a constant stream of new service recipients we widened our recruitment strategy to include older people who had started receiving befriending services before the study commenced. In addition one further project, funded by Help the Aged but not part of the Call in Time programme was added to the evaluation.

The study also included project co-ordinators and project volunteers from the eight projects. The main purpose was to gain detailed information about how the projects functioned, the relationship with the host organisation (if there was one), perceptions of strengths and weaknesses and long-term sustainability. An important question was in what way the befriending service was thought to have made an impact on their clients' quality of life and its preventive value.

Theoretical framework

The theoretical framework for the study was based on Social Learning (Cognitive) Theory (Bandura, 1977), which emphasises the role of reciprocal interaction in order to increase self-esteem, coping and sense of control. In addition, Maslow's (1946) 'hierarchy of need' was used to explore the way in which befriending services were targeted at different types of need. Befriending schemes could also be said to be based on theories concerned with resilience and/or coping skills, an approach recommended by the European Commission. There are emerging theories regarding resilience, but these have in the main been utilised in research with families and children. Resilience was therefore referred to but not used as a framework.

Methods

The evaluation was undertaken over 18 months and could be divided into three distinct parts: the case study, the quality of life assessment and the volunteer survey.

The case study included the following parts:
A mapping exercise which reviewed written documents about the projects
All eight project co-ordinators were asked to provide information and five responded. In addition, Help the Aged provided details about agreements, contracts and so on.

Semi-structured interviews with the eight project co-ordinators

A Delphi survey to reach a consensus view about a 'model of best practice'
All eight project co-ordinators were invited to participate, but only five agreed. Their opinions were collated through a series of three survey questionnaires.

Quality of life assessment incorporated three elements:
Quality of life telephone survey based on the ***SF-36 Health Survey*** Questionnaire
This was constructed as a 'before and after' study with participants interviewed when they had recently enrolled on the programme and again 3 – 4 months later. Eighty two older people were invited to participate, 40 agreed to be interviewed in the first round and 23 in the second set of interviews.

Individual health diaries

All participants in the quality of life survey were asked to fill in an individual health diary three times during the course of the study for seven days each time. Five older people agreed to fill in a health diary.

Interviews with older people

All participants in the quality of life survey were asked if they would be willing to be interviewed in greater detail about their experiences of the befriending schemes, either in a focus group or one to one. Forty older people from seven

projects agreed to participate in the interviews. Of the interviewees, 27 were in receipt of telephone befriending services, six were volunteers with the projects and seven participants were both in receipt of services and acted as volunteers.

Volunteer satisfaction survey

A questionnaire was distributed among 40 Zurich employees who participated in the Call in Time programme as telephone befrienders. Nineteen returned their questionnaires.

Contributors to the study

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Section 2: Literature review

Introduction

A wide variety of services exist for older people who are frail, vulnerable, socially isolated or lonely. However, there is little research evidence that demonstrates the effectiveness of these services. Likewise, there is little evidence in the research literature of the acceptability and appropriateness of these services for older people in terms of their mental and physical health and quality of life and which takes into account the diversity of older people in relation to age, ethnicity, gender, social class and geography. In light of this apparent gap in research, a systematic review was undertaken, which concluded that "educational and social activity group interventions that target specific groups can alleviate social isolation and loneliness among older people, (but) the effectiveness of home visiting and befriending remains unclear" (Cattan et al, 2005: 41). A NICE systematic review that examined public health interventions to promote mental well-being in older people concluded that there is a shortage of evidence that assesses the effectiveness and cost-effectiveness of interventions to improve the mental well-being of older people (Windle et al, 2007). Both reports highlight that there is conflicting evidence regarding individually targeted health promotion interventions on the mental well-being of older people.

Social isolation and loneliness

Social isolation and loneliness have long been identified as problems associated with older people. Social isolation is defined as an objective measure of social interaction, namely the number of contacts and interactions between an older person and their wider social network. Loneliness refers to the subjective state of negative feelings associated with perceived social isolation, a lower level of contact than that desired or the absence of a specific desired companion (Wenger et al, 1996). According to Age Concern England (2005) Britain's older people are living in isolation, with those over the age of 65 twice as likely as other age groups to spend over 21 hours of the day alone. Reportedly, in 2002 29% of women aged between 60 and 74 years

lived alone compared with 16% of men of the same age. Amongst women aged 75 years and over, 60% lived alone compared with 29% of men of the same age (Office for National Statistics, 2005; see Table 2.1). This trend is set to continue over the next twenty years, with an increase of nearly 50% in the number of people aged 85 years and over expected to be living alone and who are likely to suffer from some form of disability or debilitating illness (Hersey, 2005).

A variety of factors may have an impact on older people in terms of increasing their sense of social isolation and loneliness (Victor et al, 2006). For example, as a result of retirement or relocation older people may lose connections to important components of their social environment. The changing needs of members of the extended family may reduce their social contact and contemporaries may be lost through illness or death. In the case of widows and widowers, there may be no companion with whom to interact and engage in social activities. In addition, there may be a lack of availability or accessibility to desired activities or a number of personal factors may impinge on the ability of older people to engage in social activities (Mott and Riggs, 1992). For example, poor health, lack of mobility, financial constraints, adverse side effects of medications, difficulties with transport, caring for a significant other, fear for personal safety and needing assistance are all factors that may contribute to reduced social activity, lack of interaction with others and eventually social isolation (Victor et al, 2006).

Table 2.1 Percentage of men and women living alone, by age

All persons aged 16 and over Great Britain 2002			
	Percentage who lived alone		
	Men	Women	Total
16-24	5	5	5
25-44	16	8	12
45-64	15	15	15
65-74	18	34	27
75 and over	29	60	48
All aged 16 and over	15	18	17
All persons*	12	15	13
Weighted bases (000's) =100%**			
16-24	3,153	3,132	6,286
25-44	8,025	8,379	16,404
45-64	6,784	6,974	13,757
65-74	2,248	2,544	4,792
75 and over	1,536	2,456	3,993
All aged 16 and over	21,746	23,485	45,232
All persons*	27,524	29,047	56,571
Un-weighted sample**			
16-24	982	1041	2023
25-44	2659	2920	5579
45-64	2494	2675	5169
65-74	849	917	1766
75 and over	595	840	1435
All aged 16 and over	7579	8393	15972
All persons*	9706	10443	20149
* Including children.			

Source: Table 3.4 (Office for National Statistics, 2002)

** The un-weighted base represents the number of people/households interviewed in the specified group. The weighted base gives a grossed up population estimate in thousands.

Evidence base

Mental illness, low morale, poor rehabilitation and admission to residential care have all been found to be correlated with either social isolation or loneliness or both (Wenger et al, 1996). Seemingly, older people are more at risk of developing mental illness, such as dementia, as well as physical ill-health caused by social isolation and loneliness.

However, as stated above, there is a distinct lack of evidence relating to the effectiveness of services aimed at reducing loneliness and social isolation amongst older people, in terms of their health and quality of life. In particular, the impact of interventions, for example, befriending services for older people such as telephone befriending and other forms of low-level support, are the subject of considerable debate. Van Haastregt et al (2000) in their systematic review, which assessed the effectiveness of preventive home visits for older people, found no clear evidence in favour of the effectiveness of preventive home visits for older people living in the community. Conversely, Elkan et al (2001) in another systematic review, which investigated the effects of home visits on older people, stated that home visiting can reduce mortality and admission to institutional care among older people. This is reinforced by the work of Wenger et al's research (1996) that focused on older people living in a range of settlements in North Wales. Findings from this study illustrate that "interventions at the network level which increase contact and interaction are likely to have preventative outcomes in terms of…health maintenance as well as improving quality of life" (Wenger et al, 1996, 351). One course of action advocated by Wenger et al is to set up services and programmes that reduce loneliness, thereby greatly improving older people's quality of life and well-being. Further evidence in support of this statement is provided by slightly older research conducted by Sinclair (1990) and Jerrome (1991), who both recognised the impact that loneliness and social isolation can have on quality of life. Furthermore, they identified loneliness and social isolation as important targets for preventive strategies because of their potential adverse effects on older people's general well-being.

This debate continues, as illustrated by three recent studies on home visiting. In a study that focused on befriending carers of people with dementia Charlesworth et al (2008) found that access to a befriender was not effective in improving carer's well-being or quality of life, although this may have been due to the limited uptake of the befriending intervention and to the higher than anticipated levels of family support and contact with carers' support services. Likewise, health care use and health care costs were not reduced in a Dutch randomised controlled trial (Bouman, 2008) of home visits to older people with poor health. On the other hand, twice-yearly preventive home visits to healthy older people aged 75 years and over were found to be cost-effective (Sahlen, 2008).

In addition, there are several studies that concentrate on the value of assistive technology for helping older people to stay socially connected and reducing feelings of loneliness (Mann et al, 2008; Blythe et al, 2005 and Monk et al, 2005). These conclude that assistive technology, which is focused on increasing communication and widening participation, can help increase the independence and quality of life of older people. In particular, the telephone provides many opportunities for reconnecting people to the community and preventing social isolation. Hackney Borough Council use telephone conferences to link up groups of socially isolated older people as part of their Friendship Link scheme, which supports individuals through recreational telephone conferences and weekly one-to-one contact. Reed and Monk (2004) conclude that the value of this befriending service is the opportunity it affords for human contact. In an evaluation of the 'Senior Help Line' established in 1998 in Ireland to provide a confidential listening service, older volunteers reported substantial personal gains from being involved in the service (O'Shea, 2006). Interestingly, the reasons why people contacted the help line changed over time. When the service was first established the majority of callers contacted the service for information. Four years later half the calls were made because of loneliness and wanting someone to chat to. The UK Parliamentary Audit Commission (2004) recently concluded that such assistive technologies have great potential for improving the quality of care and reducing costs.

Given the literature to date it would not be unreasonable to conclude that the effectiveness of befriending services, certainly in terms of the preventive value in relation to measurable outcomes and older people, is unclear (Cattan et al, 2005). However, based on what is known about the value of befriending services in relation to different user groups, the implication is that this service is invaluable in reducing social isolation. In general, befriending is positively perceived by service users, for example, those suffering from schizophrenia and other serious mental illnesses, as well as people with learning difficulties (Heslop, 2005). A study investigating the nature and extent of befriending and mentoring services in Scotland, which included a particular focus on the provision for young people, concluded that "all projects believe the supportive relationships that they initiate achieve outcomes relating to increases in confidence, self-esteem and a reduction in isolation" (Befriending Network Scotland, 2003: 4). Furthermore, a study that assessed the impact of a telephone intervention on older adults living with HIV/AIDS found that individual and group level interventions can be implemented successfully through the telephone (Heckman et al, 2006). Findings from this research deduced that psychological well-being and coping efforts were enhanced using the telephone as a means of support. In addition, an evaluation (RNIB, 2005) of the RNIB emotional support telephone service reported just how beneficial the service was for its clients. After six months people considered others in the group to be their friends and after one year they reported reduced feelings of loneliness, which contributed significantly to increased confidence and improved general well-being.

Whilst the long-term benefits of regular home visits and befriending schemes for older people are the subject of controversy, in particular as far as their preventive value is concerned, the fact remains that one-to-one interventions in the form of home visits, carer support and befriending are the most frequently provided services to alleviate loneliness, reduce social isolation and help older people become accepted and valued members of the community in their own right (Mulligan and Bennett, 1977/8; Dean and Goodlad, 1998; Cattan, 2002). It is no coincidence that health promotion services aimed at alleviating social isolation and loneliness amongst older people have long

been considered essential in terms of the support they provide, especially in relation to older people's emotional well-being and quality of life (Walters et al, 1999). Andrews et al (2003) and McNeil (1994) argue that even when an older person has regular contact with relatives it is also important for an older person's sense of well-being and happiness to maintain some kind of non-family social interaction. This is reiterated in research conducted by Lillyman and Land (2007) who state that one way of reducing social isolation among older people is through befriending schemes where the emphasis is on one-to-one relationships rather than large social gatherings. For older people friendship relationships provide a sense of security and a sense of belonging which can mediate the effects of social isolation and loneliness. Most importantly, those with a high level of friendship support are likely to have good physical as well as emotional health, relatively high resistance to stress and are better able to deal with major life changing events (O'Conner 1992). One-to-one relationships have also been associated with reductions in mortality (Greenwood and Berry, 2001). In addition, it is worth noting that a growing body of research evidence refers to the value that older people themselves place on preventative services (Lewis et al, 1999; Wistow and Lewis, 1997) and highlights the importance of these for quality of life and well-being in older age (Raynes et al, 2006).

There is a wealth of qualitative research emphasising the importance of social support for all ages and population groups, including older people. Several studies suggest that social engagement is critical in maintaining cognitive ability (Bassuk et al, 1999) and reducing mortality (Glass et al, 2000) and social isolation (Findlay, 2003). Research that focuses on social networks and their relationship to health indicates a causal relationship between the two (Jorm, 2005). Social networks have been found to have a protective effect by influencing health behaviours and inducing psychological benefits, for example, alleviating symptoms of depression, instilling coping mechanisms and boosting morale, thereby improving the overall health of older people. Victor et al (2000) maintain that research has consistently demonstrated the importance and value of social relationships, as well as family, in the definition of a good quality of life. Further evidence of the value attached to social

support systems is provided by Cant and Taket's review (2005) of a voluntary sector project that sought to minimize social isolation and build social networks amongst Irish older people living in London. The project identifies befriending and telephone support services as instrumental in maintaining the mental well-being of its members, generating a sense of belonging among members and assisting in the development of social networks. Research of this nature is coupled with anecdotal evidence and the widely held belief that home visits improve the well-being of housebound older people who live alone (Cattan et al, 2003).

Even though there is an apparent lack of peer reviewed published research that examines the effectiveness of befriending services for older people there is a wealth of information from the grey literature. Much of the literature produced on behalf of voluntary organisations and charitable foundations supports the move towards befriending services as a sustainable solution for reducing social isolation and for their longer-term preventive value.

A variety of organisations, including the Mentoring and Befriending Foundation and Community Network have been actively involved in research (Philip and Spratt, 2007) and the promotion of low-level befriending services aimed at a variety of user groups including older people. Findings from work undertaken by these groups, coupled with those from research conducted by the Joseph Rowntree Foundation, consistently reinforce the idea that befriending services need to be an integral part of a preventive strategy, one which is centred on planning for an ageing society (Joseph Rowntree Foundation, 2004). A literature review of mentoring and befriending initiatives undertaken by the Scottish Executive (Wood, 2003) reiterates these claims and highlights the need for such services to be firmly integrated within the wider context of service provision. It is over a decade since Wistow and Lewis (1997) argued that a national policy framework, which recognises the value of preventive strategies such as befriending services, is needed. Yet, there is still an absence of a coherent policy framework at a time when there is a broad based consensus that befriending services are effective in terms of their preventive value for older people. Indeed, the Wanless report (2006)

concludes that in order to effectively address the needs of older people, health and social care need to be better co-ordinated with an increase in service provision and most importantly, a greater focus on those services of preventive value.

The overall conclusion is that befriending services, including low-level telephone befriending schemes, have a role to play in the community care of a varied group of service users (Bradshaw and Haddock, 1998; Heslop, 2005), regardless of age, gender and ethnic group. However, this does not discount the fact that clearly there is a need for further research to measure the specific outcomes of befriending. The key points to emerge from a review of the literature emphasise the need for a targeted approach to research, one that addresses gaps in our existing knowledge base. This means focusing on befriending services for older people, in particular the effectiveness of such services in terms of their impact on older people's quality of life and their overall preventive value. In addition, there is a need for research that makes a distinction between different types of low-level befriending as opposed to research that simply regards all befriending services as one and the same. For example, telephone befriending is a distinct form of befriending to that of home visiting and therefore, needs to be treated as such in any research activity. Furthermore, research needs to be carried out which investigates different models of low-level befriending, drawing on current understanding as to why certain types of services might or might not be effective. It is with these points in mind that the current study carried out research evaluating low-level support for older people who are vulnerable, isolated or lonely using the telephone as a specific tool for befriending.

Section 3: Methodology

There were three strands to the research process:

- Case study approach involving nominated befriending projects
- Quality of life assessment involving older people
- Satisfaction investigation involving volunteers

Each of these strands will now be explained in order to illustrate how the research was conducted.

1. Case study approach

A detailed examination of eight 'Call in Time' projects, plus one other project (see Appendix 1 for details of participating projects), was undertaken using a case study approach. The aim of this was to identify a model, or models, of good practice. There were three component parts to this stage of the research.

Mapping exercise

The aim of the mapping exercise was to identify models of good practice as well as benefits to the wider health economy. As part of this exercise all project co-ordinators were asked to supply written documents from each of their projects. These included information leaflets, project proposals, monitoring tools and data, financial statements, standardised project forms, etc. All eight of the 'Call in Time' project co-ordinators were approached.

Semi-structured interviews

Following on from the mapping exercise one-to-one semi-structured interviews were conducted with project co-ordinators. The aim of the interviews was to explore in more detail the different models of befriending, for example, procedures relating to the day-to-day workings of the service, recruitment, referrals, promotion and publicity, structure and management and support mechanisms associated with the service. In addition, the aim was to

explore project co-ordinators' perceptions of the strengths, challenges and improvements, as well as the impact of the service on older people's quality of life and its preventive value (see Appendix 2 for the project co-ordinator interview schedule). These interviews took place at the project co-ordinators' place of work and all eight 'Call in Time' project co-ordinators participated (see Appendix 3 for project co-ordinator information sheet).

Delphi survey

The next stage of the research included a Delphi style survey. The aim of this was to explore in greater depth the various models of befriending and identify models of good practice together with their component parts. This process complemented the information obtained from the case studies and interviews. A Delphi style survey is a structured group interaction process that is directed in 'rounds' of opinion collection and feedback. Opinions are collected by conducting a series of surveys using questionnaires. The results of each survey are presented to the group and the questionnaire used in successive rounds of the survey is complied based on the results of the previous round. This is in order to reach a final consensus view of priorities within the issue being explored – in this case, what a 'good' befriending service looks like. In this research, themes from the analysis of the interviews formed the basis of the questionnaire and included questions relating to promotion and publicity of the befriending service, structure of the befriending service, characteristics of an effective befriending service, referrals and finally, recruitment of volunteers. Project co-ordinators' opinions and feedback were collected through a series of three surveys using this questionnaire approach. They were asked to indicate the extent to which they agreed with a series of statements relating to the different themes. In this way a consensus was reached regarding what constitutes a 'model of good practice' of telephone befriending services. Five of the eight project co-ordinators participated in the Delphi survey (see Appendix 4a, 4b and 4c for the Delphi survey questionnaires).

2. Quality of life assessment

In order to assess the impact of the befriending service on older people's quality of life this part of the research included a quality of life telephone survey, individual health diaries and where appropriate, either one-to-one semi-structured interviews or focus group discussions, all involving older people who were participating in one of the telephone befriending programmes. All the original case study projects plus three additional befriending projects were asked to participate in this stage of the research (see Appendix 1 for details of additional befriending projects).

Quality of life telephone survey

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. The telephone survey was based on the SF-36 Health Survey Questionnaire (SF-36) (Ware et al, 2005). This is an internationally recognised and validated questionnaire that measures quality of life and contains 36 questions relating to eight dimensions: physical functioning, social functioning, role limitations due to emotional problems, mental health, energy/vitality, pain and general health perception. Older people agreed to participate in the SF-36 survey on a voluntary basis and were recruited through their project co-ordinator. All project co-ordinators were asked to inform new clients of the telephone interviews and to find out if they were willing to participate in this stage of the research. Project co-ordinators then forwarded the names and telephone numbers of those clients who consented to participate in the telephone interviews to the research team. For the baseline telephone survey a sample of 40 clients agreed to participate. Following this, 23 clients agreed to participate in the telephone survey that was conducted 3-4 months later.

Individual health diaries

All the older people who took part in the telephone survey were asked to participate in the next stage of the research which involved completing health diaries. The aim of the health diaries was to gain a deeper insight into older people's health and their feelings and to identify whether a significant change occurred in their health and feelings whilst they were in receipt of the befriending service. The diaries were distributed three times, at the same time as the SF-36 questionnaires; at baseline, 3 – 4 months later and halfway between these two dates. All three diaries were identical in terms of the questions and format (see Appendix 5 for the health diary questions). Each participant completed the health diary once every day for a period of one week. They repeated this process on each of the three separate occasions. Five older people agreed to participate in the health diary process.

Semi-structured interviews

All older people who participated in the telephone survey were asked if they were willing to be interviewed in more detail about the befriending service they received (see Appendix 6 for the older people information sheet). In-depth interviews were conducted on an individual basis or as part of a focus group discussion depending on what was most convenient for the participants. The aim of this stage of the research was to investigate complex feelings and attitudes amongst older people relating to befriending services and the extent to which they considered the befriending services to have made an impact on their quality of life as well as their preventive value. 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 (see Appendix 7 for the older people interview schedule). 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. A sample of 40 older people from seven

befriending projects participated in this stage of the research. All interviews were conducted either in people's homes or in a convenient location local to where they lived, for example, a village hall.

3. Volunteer satisfaction survey

A volunteer survey was constructed in order to measure volunteers' satisfaction levels in relation to their volunteering experience as an employee of Zurich (see Appendix 8 for the volunteer survey). The aim of the volunteer survey was to identify the benefits of Call in Time volunteering both for the volunteer and Zurich. Questions were based on three areas: volunteer work environment, reasons for volunteering and effect of volunteering on the volunteer. A Zurich representative distributed the volunteer survey to employees and following completion all responses were collated by the research team. A sample of 40 volunteers were approached to participate in the volunteer survey and 19 responded.

Problems encountered

There were some difficulties associated with the sample size, especially in relation to the SF-36 survey and the health diaries. The number of older people who agreed to participate in the SF-36 survey as a whole was lower than anticipated. As far as the first round of the survey was concerned, the low number of participants was due to the fact that many telephone befriending services were in an early stage of development or conversely, they were well established, but did not have the throughput of new clients at that time. In both cases project co-ordinators did not have a current pool of new clients from which to recruit volunteers. In addition, a couple of telephone befriending services experienced ongoing service level difficulties which meant project co-ordinators were not in a position to recruit client volunteers. Regarding the second round of the survey in which the sample was drawn from those older people who participated in the first round, the expected number of volunteers was once again lower than anticipated. There were various reasons for this including illness, no longer being part of the telephone befriending service and simply not wanting to participate on a second occasion.

The sample size for the health diaries was again lower than expected. Older people who participated in the SF-36 survey were reluctant to complete a diary and they cited sight problems, not wanting the bother of filling in a form and not being willing to complete a form on more than one occasion as the main reasons for declining to participate in this stage of the research. Whilst participants seemed happy to cooperate on one level, i.e. answer questions over the telephone, they were not necessarily able or willing to contribute by completing a questionnaire. This is perhaps an indication of how much participants valued the human contact and the opportunity to talk to someone. Indeed, this was confirmed by the length of the telephone conversations that researchers had with participants; the older people clearly wanted to talk!

In addition, there were difficulties associated with the Delphi survey and the sample size. It was expected that all eight of the project co-ordinators would participate in the Delphi survey, especially as this gave them the opportunity to have their say and directly contribute to a 'best practice' model of telephone befriending. However, only five out of the eight project co-ordinators participated. Since the survey was administered anonymously it is impossible to comment on the exact reasons as to why this was the case. The fact that some project co-ordinators were new to the job or in the process of changing jobs may have been a contributory factor.

Section 4: Findings
Older people's quality of life

Analysis of the in-depth interviews

The analysis of the in-depth interviews was based on the extent to which older people considered the telephone befriending service to have made an impact on their quality of life and to be of preventive value. The findings explain why older people value the service, what impact it has made on their health and general well-being and what they want from the service. The emphasis is on the older person's perspective but where appropriate, project co-ordinators' observations have also been included.

Why older people value the telephone befriending service

Older people were asked about the value of the telephone befriending service and what it meant for them. Three major themes were identified:

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

<u>Life is worth living</u>

When asked about the importance of the telephone befriending service all the interviewees commented on the big difference the telephone calls had made to their lives, whether the service was for a short period at times of need or over an extended length of time. Interviewees said they felt they had a reason to keep going, they had a purpose in life and importantly, life was once again worth living, as it was when they were able to get out and do more.

"You think well my life is worth living."

Many of the older people who were interviewed were socially isolated because they were housebound and therefore, they were unable to leave their home unless someone came to take them out. Participants who completed

the health diaries commented on how they were no longer able to go out because of their physical health and this made them feel "down-hearted, isolated and weepy at times". The telephone befriending service made a big difference because it brought the older people into contact with other people. Often they did not see anyone for days or sometimes weeks and therefore, had no opportunity to interact and speak with anyone. Frequently, their only contact with the 'outside world' was with their befriender on the telephone.

> "It makes a big difference when you can't go out."

> "Often don't see a soul and don't speak with anyone...it's wonderful to have them especially when you don't see anybody in the days."

> "I will sit here and sometimes I don't know what I do… if it wasn't for people ringing in the mornings I'd go in there and just lie on the bed."

"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."

Sense of belonging

Interviewees talked about a sense of belonging which had developed as a result of being involved in the telephone befriending service. It was important to them to be part of the service because it meant they were not forgotten. In particular, this applied to those who had no family.

> "We feel we belong to an organisation…we're part of the community and we're no longer forgotten."

As well as feeling they were remembered and someone took notice of them, interviewees commented on how being part of the telephone befriending

service had increased their self-worth and consequently, made them feel better in themselves.

"It makes you feel better and feel that I'm not forgotten."

In addition, it gave interviewees a tangible link to what was happening in 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.

"You feel there's still life out there and you're not just by yourself."

"I can go for my walk and come back. Sometimes I meet someone I can say good morning to or good afternoon but there are very few. I can't tell you enough how nice it is to go out and have a chat with someone so the telephone calls replace an awful lot of that. 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."

Knowing there's a friend out there

"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!"

This comment is typical of the response from interviewees regarding their befriender and illustrates just how much they valued their calls. Indeed, it was clear from conducting the interviews, where it was possible to gain a greater sense of what the telephone befriending service meant to individuals, that interviewees had come to rely on their befriender. For many of the interviewees the contact with their befriender represented more than simply an opportunity to have a chat. Whilst it was important to be able to communicate with someone it was perhaps of greater significance to establish a meaningful friendship with someone who they knew cared about them and to know they were not alone.

"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."

"It's nice to know that you have got somebody connected with you."

This was reiterated by the project co-ordinators who agreed that for the older people it was the caring attitude of the befrienders and the feelings that this engendered in them, knowing that they mattered to someone, which was especially important.

"They want to know there's somebody there, somebody who cares for them."

Interviewees made a distinction between their befrienders and other people, including family. They valued the telephone befriending service because in many respects it was an individual, tailor-made service. Befrienders were not intrusive and respected their needs.

"They'll give you as little or as much as you need."

Interviewees spoke of being able to tell their befrienders intimate things they would not speak to anyone else about. In cases where the interviewees had family they revealed they often told their befriender more than they did their own family. Many of the interviewees 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 listen and hear about people's lives and other events. This was often their only contact with what was happening 'outside'.

> "I think sometimes you get more intimate than you can with 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 and it's your well-being."

What impact the telephone befriending service made on older people's health and general well-being

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

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

<u>A healthy mind is a healthy body</u>

Interviewees 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. At the very least interviewees felt happier than they had done prior to joining the telephone befriending service and in most cases they reported feeling more content with life overall. In many instances interviewees stated they no longer suffered as badly with depression.

"I think it's a really great idea and it's done me a lot of good definitely."

"It brightens up your day when you've got nobody. I'm on my own all the time. It makes you feel better, it really does."

"I suffer from depression and I don't suffer as much now and that (telephone befriending service) has altered it."

"It's been a God send to me."

Some interviewees made the link between a healthy mind and a healthy body stating that the telephone calls had helped to improve their general well-being, which in turn had had a positive effect on their physical health.

"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."

The telephone befriending service enabled the interviewees to forget their aches and pains and gave them an incentive to get up and do something and generally be more active.

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

"We have to keep on trying. What you don't move goes rusty!"

All the interviewees said how much they looked forward to the conversations with their befriender, or in some cases visits from their befriender, and this gave them the motivation "to keep going." When they had been away from home, for example, in hospital, what they most looked forward to was contact with their befriender.

"I was in hospital a long time. When I came back that was the first thing I looked forward to, telephone ringing."

Looking forward to the telephone calls or visits from their befriender had a positive effect in itself with interviewees commenting on how much better they felt in the time leading up to the contact with their befriender.

"To be honest it makes my day. I feel great when she's coming. She's my best friend; she really is my best friend. It's the only time I smile."

Participants who completed the health diaries commented on how they did not like weekends. They found weekends and winter evenings the worst times since these tended to be the occasions when they had no contact with anyone. One respondent said how much s/he felt lonely and "down-in-the-dumps" because of the dark days. However, following contact with people s/he felt much more cheerful and had more "get-up-and-go".

"I enjoy talking to R. I forget about everything else. I'm just sitting talking away on the phone. It does pass the time. It makes me feel as if I'm not crippled, I can do anything. Now I'm part of something and to tell you the truth, I'm doing something that I want to do and that makes me feel good. The main benefits was that you've got something in common with other people, you can talk to them and ask them things just the same as they can talk to me and tell me things. 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."

Alleviates loneliness and anxiety

Interviewees 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.

"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."

Interviewees appreciated the additional support provided by some of the befriending services, in terms of access to other sources of help which alleviated the worry of managing every day tasks. For example, they commented on how reassuring it was to know they could get help with cleaning, shopping, transport and household repairs, as well as obtain information about other clubs and advisory services.

Many of the interviewees found it comforting to be part of the service and they felt they were not alone.

"I spend hours and hours here on my own…I just sit here and wait. I'm waiting for them every morning. I think it's 10.45, they'll ring in a minute."

"There are times when I long for phone to ring. I've sat two days this week and I've had no-one…I sit there and I cry my eyes out."

When asked what the impact would be on interviewees 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', i.e. loneliness, which would mean not talking to anyone for days and not having anything to look forward to in their lives. The following comments are typical of the responses of interviewees regarding the impact on their lives if the service were to stop.

"You can't be without them; I'd see nobody."

"It would just put me back where I started; it would worry me. It was scary, lonely, empty."

"Please don't ever stop it!"

"I hope it won't finish; it means an awful lot to me."

The project co-ordinators also referred to the impact of a cessation in service on their members. Their comments reiterate what the interviewees themselves said.

"You wanted to know how important the call is for those people. You know the person is virtually sitting on the phone because just one ring and they answer straight away."

"I'm talking to someone who is 97 and hasn't been out for twelve years and I'm the only person she can talk to."

In addition, many of the project co-ordinators commented on how much of a difference it would make to their volunteers and the effect it would have on their own lives if the service were to stop.

"I love talking to my members; they've made my life different as well."

"Knowing someone cares, that's the essence of it. Whereas before I didn't feel that anyone cared and I would have died and they wouldn't have known for a fortnight, whereas now I don't feel as lonely. I suffer from depression and I don't suffer as much now and that has altered it. It's like contentment so therefore my brain has stopped worrying about a lot of it. It's peace of mind and knowing there's a friend out there. I've got someone I can turn to. I should miss it mind if I didn't have it. I hope it won't finish; it means an awful lot to me."

Greater confidence

The telephone befriending service clearly had an important effect on interviewees' confidence levels which in turn had an impact on their emotional and physical health. Having more confidence made them feel better about themselves and consequently, they 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 to receive calls this was no longer the case.

"It has opened up that new part of me. Whereas before I found it hard to talk to people, now I…"

In some instances, for those who were able to go out by themselves, the contact with their befriender had increased their self-confidence and inspired them to go out and socialise with people. They now felt able to go to the local pub or day centre and mix with others. In addition, those participants who completed the health diaries 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". For those who were not able to go out, increased confidence levels had resulted in interviewees joining other services that were available, for example, a telephone book club. Being part of the telephone befriending service had even inspired some interviewees to "give something back" and volunteer to make calls to others as well as receive calls. What interviewees did not want to be was a burden; they wanted to feel part of society. The desire to make calls was a measure of how much participants felt valued by the telephone befriending service and building up their confidence was key to this.

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. As far as their responses were concerned the most striking aspect was that their needs amounted to very little and yet seemingly, what they wanted could only be provided by the telephone befriending service. Clearly, the telephone befriending service was a unique service. Three key themes were identified:

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

Ordinary conversation

The interviewees wanted to engage in what they considered to be a normal and ordinary conversation. Many of them spoke about the primary focus of the telephone befriending service being "somebody to talk to".

"I know I've got Lifeline but it's not the same as talking to someone."

This was a different emphasis from any other professional service, for example, that provided by social workers, nurses and doctors, where the

emphasis was on dealing with problems. For the interviewees the telephone befriending service was not about this type of support. In this sense the telephone befriending service represented a distinct service for them compared to other services because it was not explicitly about problems. It was very clear from talking with the interviewees they did not want to be 'problematised'. This was why they had joined the telephone befriending service in the first place because it offered a different type of service.

Interviewees appreciated the contact with their befriender because to them the service was about something as simple as communicating with another human being and having the opportunity to talk, listen and share information. What mattered most regarding their conversations with their befriender was interviewees could talk about everyday topics and feel they were involved.

"We talk about topical things...gives you something to think about."

Equally important was the fact that a conversation was a two-way exchange.

"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."

Participants who had completed the health diaries welcomed the opportunity to have a "good natter" and "a laugh" and found conversation "stimulating" and said that it "breaks the daily routine".

Interviewees acknowledged their befrienders spent quality time with them unlike other services, for example, carers, who they said were "in and out". In addition, they appreciated the fact that their befriender was an individual who telephoned and spoke to them because s/he cared enough to want to be involved and did not do so because s/he was obliged to.

"Someone who asks how you are and if there's anything she can do or get."

> "It has helped because I was depressed. But I can talk things over and then we get onto chatting about ordinary things. 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."

Trusted and reliable

In the absence of a spouse or family, interviewees said what they most wanted from the telephone befriending service was to develop a friendship.

> "It was a lonely life. I was just hoping a friendship could come out of it via the phone."

Friendship meant being able to trust and rely on an individual and for many of the interviewees 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" if they should need them.

> "They're always there. I've only got to pick up the phone."

> "You can always get hold of them; it's like a back-up."

Knowing their befriender was 'there', or that they could get hold of their befriender on most occasions, made interviewees feel better in terms of their emotional health and in addition, alleviated the fear of becoming ill or dying without anyone realising. Knowing they could get help if they needed it made a huge difference to their lives.

In terms of reliability many interviewees contrasted the telephone befriending service with other services they received. They 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.

"If they say they're coming, they come. It's not like you ring the police or the social services, they come…more reliable than all your other, even the police, they're just hopeless."

"I've had calls from B now for, I think it's 8 or 9 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."

<u>Future development</u>

All the interviewees, without exception, appreciated the telephone befriending service for what it gave them, as outlined in the previous sections. No-one had any criticisms of the service and in all cases the interviewees had nothing but praise for their befriender. Interviewees expressed an interest in becoming more involved in the service. This was a reflection of the positive experience they had encountered as befriendees. They recognised the value of the telephone befriending service and the relationship they had established with their befriender, in terms of what it meant for their health and well-being and general quality of life. Many of the interviewees stated they wanted to be able to do the same for others who were in need and therefore, they would appreciate the opportunity to "give something back" by training to become a volunteer and make calls.

"Love to help people because I've been through it myself."

The majority of interviewees wanted the telephone befriending service to be extended so they could receive more telephone calls. They recognised that in order to do this more publicity was needed to recruit volunteers and also to access older people in need. They offered some suggestions as to how to go about publicising the service based on their experiences and these included

advertising at the local library, in the local newspaper and on local radio, as well as displaying posters at bus stops.

Many interviewees stated that whilst they were more than happy with the telephone calls they received, visits from their befriender would be very welcome. 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. Most importantly, it was tremendously uplifting in terms of their emotional health.

> "I really am excited to meet her today. I feel a lot better today because I was going to meet her and I thought I never would."

As well as volunteering to call people some interviewees suggested they could become more involved in the telephone befriending service by encouraging others to join. They offered practical ideas as to how they could be of use, for example, going out to presentations and speaking to people about the benefits of the service.

One of the key factors for the project co-ordinators, in terms of development of the telephone befriending service, was flexibility. Many of them stressed how important it was to be in a position to adapt to the changing needs of their clients. For example, some clients received a telephone call once a week and some clients received calls every day. The frequency of calls depended on individual circumstances. Certain projects also incorporated home visits. In addition, project co-ordinators suggested the service should be available for those with long and short-term needs. Some clients needed the service on a long-term basis primarily for companionship whereas other clients would only 'dip into' the service when needed. For example, people benefited from extra support at difficult times in their lives such as when a partner died or when they had to move house. As one project co-ordinator said,

> "What's the point of doing it if we can't be flexible?"

Summary

There is no doubt the telephone befriending service made a big difference to the lives of the interviewees. It gave them a reason to live knowing they had a friend whom they could talk with, someone who cared about their welfare and whom they could rely on. It was important to feel they 'belonged' and were not forgotten and this was one aspect in which the telephone befriending service excelled. Interviewees reported a significant reduction in loneliness and being less anxious since joining the telephone befriending service. It gave them greater peace of mind, offered them comfort and reassurance and alleviated the worry of managing all alone. Interviewees felt much happier as a result of regular contact with their befriender and they were far more confident, which resulted in an improvement in their self-esteem and general well-being.

The consequence of this was a general sense of improvement in interviewees' emotional and physical health. They not only relished the time with their befriender but they looked forward to the contact as well. Many interviewees reported that they suffered less with depression, were more inclined to keep going and be active and felt inspired to socialise more and be involved in other groups. All these factors contributed to an improved quality of life.

Interviewees primarily wanted to engage in ordinary conversation and they appreciated the telephone befriending service because it gave them the opportunity to do this. In addition, it was unique and distinct from other services they received, where the emphasis was on dealing with any problems they might have rather than spending quality time with them and simply talking. It was important for interviewees to be able to develop a friendship and build up a reciprocal relationship with someone who they could trust and who was not family. A measure of how much the interviewees valued the telephone befriending service and felt a part of it was the fact that they wanted more calls and said they would welcome the opportunity to train as a volunteer so they could make telephone calls.

Overall the telephone befriending service had a tremendous impact on the lives of all the participants. Many interviewees could not imagine life without it and the relationship they had established with their befriender was crucial to their quality of life as well as the maintenance of their emotional and physical health. If the telephone befriending service were to stop this would have a devastating impact on the lives of many older people who would suddenly find themselves plunged back into a state of loneliness and social isolation. This could have major repercussions on their emotional and physical health.

The key benefits of the telephone befriending service for older people are:

- 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

SF- 36 analysis

Forty questionnaires were completed in the first round of telephone interviews and 24 in the second, giving a retention rate of 60%. Questionnaires received from the same individuals were matched and scores calculated as described in the SF-36 health survey manual and interpretation guide. Mean scores and standard deviations for first and second questionnaires are displayed in Table 4.1.

Table 4.1: Mean (SD) SF-36 scores by timepoint

Scale	Score	
	Questionnaire 1	Questionnaire 2
Physical functioning	25.83 (28.96)	22.22 (24.33)
Bodily pain	31.17 (25.06)	27.61 (19.23)
General health	37.56 (27.36)	29.83 (15.55)
Vitality	38.06 (20.01)	28.06 (19.11)*
Social functioning	51.39 (36.35)	26.39 (33.73)*
Mental health	44.22 (23.86)	42.67 (19.69)

* statistically significant difference between questionnaires 1 and 2 ($p < 0.05$)

Due to the small number of participants, there was a lot of variability in the scores, as can be seen from the high standard deviations. Mean scores for questionnaire 2 were lower than mean scores for questionnaire 1 for all scales in the SF-36. The difference between the scores for the first and the second questionnaires was statistically significant for the vitality and social functioning scales. This suggests that vitality and social functioning had decreased in the group over time.

This does not necessarily mean that the intervention made people worse, but instead it could mean that people who had conditions that got worse over the course of the study were more likely to stay in the study and complete the

second questionnaire, whereas those whose health improved were more likely to leave the study. It is unlikely that taking part in the intervention, or the study, would have led to a deterioration in health. It is possible that people whose health worsened found the intervention more useful, and were therefore more motivated to take part in the second telephone interview, than people whose health improved, who may not have had as much need for the intervention.

When there are small numbers of people or when a large percentage of people drop out of a study it is difficult to draw very firm conclusions because we do not know what happened to the people who dropped out, or whether the people who took part were different in some way from the larger group of people who received the intervention. Due to the small numbers, these findings may not be applicable to the larger population of people who are eligible to receive the intervention, and, without knowing what happened to people who left the study we can only make assumptions about why the scores decreased over time.

Section 5: Findings

Model of 'best practice'

<u>Analysis of the case studies</u>

The analysis of the telephone befriending projects, incorporating the mapping exercise, interviews with project co-ordinators and the Delphi survey, was based on two overall questions:

1. What makes a 'good' project?
2. What are the necessary criteria for a 'best practice' model of telephone befriending?

Bearing in mind these questions four key areas emerged as priority issues for a 'best practice' model of telephone befriending. These were:

- Structure of telephone befriending services;
- Recruitment of volunteers;
- Referrals;
- Promotion and publicity.

Structure of telephone befriending services

Each of the eight telephone befriending services included in this evaluation was organised according to a different model. The majority of telephone befriending services existed to provide companionship but others were organised as an emergency response service. From the interviews with project co-ordinators it was evident that some telephone befriending services saw themselves as less of a befriending service and more as a means of support for older people at key times of need, for example, on returning home from hospital or as a regular reminder to take medication. Some projects had evolved to take on additional roles, such as face-to-face visits and/or telephone clubs reflecting members shared interests.

The Delphi survey revealed there was a consensus amongst project co-ordinators regarding the development of the telephone befriending service. Project co-ordinators stated the service should have the flexibility to develop and adapt as and when appropriate. In addition, they believed that telephone befriending services did not need to be identical in terms of delivery. Although the befriending service is conducted over the telephone initially, project co-ordinators agreed there should be the additional option of face-to-face befriending if appropriate. Project co-ordinators stated in the interviews that volunteers could visit an older person to provide companionship in the home and/or to help them get out by, for example, taking them shopping. The general consensus from the Delphi survey was for a telephone befriending model to be based on a combination of telephone calls and peer-to-peer support, where all members are encouraged to make telephone calls as well as receive them, thereby developing 'telephone clubs'. In practice a telephone befriending service would have a telephone membership scheme where older people chose to receive or make calls to other older people based on shared interests. In addition, project co-ordinators felt there was scope for telephone befriending services to offer a matching or introductions service, again based on common interests. Instead of, or in addition to receiving or making telephone calls older people could be introduced to other older people in their local area.

An important issue to emerge related to the name 'befriending'. When interviewing the project co-ordinators it was evident that many of them preferred not to use this term as it represented a potential source of conflict. For the older people themselves it had connotations associated with loneliness. The consensus from the Delphi survey was that the name of the standardised telephone befriending service needed to change from 'befriending' to a name that emphasised 'friendship clubs for people who want to stay in touch'. Indeed, many telephone befriending services had already adopted their own name in place of 'befriending', for example, 'Circle of Friends'.

In terms of staffing, the consensus from the Delphi survey was that telephone befriending services could be managed either by a full-time or part-time project co-ordinator. The analysis of the interviews revealed that for the project co-ordinators more important issues were time and resources.

> "From start to finish, you go out, you promote the project, you get the volunteers, you do all of the application forms, getting them on the database, introduce them…problem solving…you try to do a thousand jobs in the hours; invariably you go over the hours."

They stated they needed to be allocated sufficient time and resources in order to allow them to manage the telephone befriending service effectively. It was important for project co-ordinators to have a good working relationship with the Help the Aged manager. In the Delphi survey project co-ordinators agreed clear boundaries needed to be established in order that they and the Help the Aged manager were aware of each other's responsibilities and expectations. In addition, it was important for project co-ordinators to receive regular support from the Help the Aged manager in the form of telephone calls and visits. It was suggested support could also be provided in the form of a steering group or network of local partners. Project co-ordinators highlighted the issue of training for themselves and stated in the interviews that more training was needed in certain areas, for example, dementia. The consensus from the Delphi survey was that it was essential to have a record keeping system in place for the continual monitoring and assessment of clients and volunteers. In addition, project co-ordinators thought they should be responsible for the finances of telephone befriending services deciding themselves how best to allocate funding.

Recruitment of volunteers

There was no consistency amongst the telephone befriending services as far as the recruitment of volunteers was concerned. Many project co-ordinators recruited volunteers through organisations they already worked with. The interviews revealed this was their preferred way to recruit volunteers since volunteers already had CRB (Criminal Records Bureau) clearance and

therefore, the process of recruitment was quicker. However, some project co-ordinators were directly responsible themselves for recruitment. The general consensus from the Delphi survey was the responsibility for recruitment of volunteers should be that of the project co-ordinator or a delivery partner such as WRVS or CSV/RSVP. The Delphi survey revealed it was important for all project co-ordinators to have enough volunteers in place for the telephone befriending service to be sustainable. In addition, it was considered essential, as part of the recruitment process, for projects to have structured programmes established to train volunteers, although project co-ordinators disagreed with a standardised training programme since they felt this was inappropriate for a scheme where individual projects varied in terms of how they operated.

In terms of who was eligible to volunteer the consensus amongst the project co-ordinators was that it was more important to match volunteers to clients according to shared interests rather than any other criteria, such as ethnicity or gender. Project co-ordinators were strongly opposed to recruiting volunteers according to age since age was thought to make no difference to friendship and companionship. Most project co-ordinators felt that if an age limit were set this could prove to be an unnecessary barrier in terms of recruitment.

> "Volunteers should be matched by interests and hobbies. Matching by age alone could prove very difficult in recruiting volunteers. Age should not come into the match."

Volunteers did not need to be mobile nor did they have to live in the local area; all they needed was a telephone.

From the interviews it was evident the relationship between the project co-ordinator and volunteer was an important one. Project co-ordinators felt one of their responsibilities was to ensure volunteers felt happy and were well looked after. If volunteers were happy this reflected in their calls to clients and in addition, they would frequently offer more time to volunteering. Project co-ordinators were fully aware that volunteers were not paid members of staff

and could leave at any time; this meant project co-ordinators often felt they had to give their volunteers more attention than paid staff.

> "You are dependent on volunteers, you can't treat them as paid staff so you have to pamper them all the time and unfortunately they just leave."

Referrals

The most important factor to emerge from the Delphi survey in terms of referrals was the majority of project co-ordinators stated they had limited time for referrals but nevertheless referrals should be their responsibility rather than part of a centralised approach. All project co-ordinators agreed they were in the best position to understand their target group and therefore, they should be allowed enough time to develop and establish a referral network. When interviewing project co-ordinators about referrals they recognised that it took time for stakeholders and organisations to familiarise themselves with the telephone befriending service and to learn to trust what often represented for them a new service. This is an important factor that needs to be considered when deciding on the funding period.

> "Nobody has seen it (telephone befriending service) before and anything new…takes a year for the people to get used to the name of it and trust in them"

It was evident from the interviews that as far as some projects are concerned there are formal procedures and links with local stakeholders already in existence. For others a formal system has not yet been established and referrals seem to occur through an informal and personal route. Project co-ordinators suggested the telephone befriending service be administered in partnership with an existing organisation that specialises in referrals.

> "The biggest problem I think is that it's (the telephone befriending service) not inter-linked with any other service. That's why nobody feels

obliged to refer anyone. I think a project of this sort should be linked so that you would get regular referrals"

In this way the telephone befriending service can utilise the referral procedure that is already in place within the organisation. In addition, telephone befriending services should target those professionals who deal with older people directly for referrals, for example, nurses, social workers, care organisations, health centres, GP surgeries, occupational therapists, etc.

From the Delphi survey the consensus amongst project co-ordinators was that the telephone befriending service should be for anyone in need and even if a lower age limit was identified project co-ordinators said they would not turn anyone away if they were in need of support.

Promotion and publicity

It was clear from the interviews that for many telephone befriending services there was no formalised procedure in place for promotion and publicity. Currently, this tends to happen on an ad hoc basis utilising whatever means are available in the local area. Much depends on the time that project co-ordinators have available and the extent to which different stakeholders and service providers in each area are willing to recognise the telephone befriending service. Since many project co-ordinators work part-time on the telephone befriending service and often have other additional work commitments, the amount of time available for promotion and publicity on top of other project related tasks is often minimal.

In terms of advertising and raising the profile of the telephone befriending services, the general consensus from the Delphi survey was the message needed to be consistent across all projects, although project co-ordinators did not specify what this message should be. As far as project co-ordinators were concerned this was the most important factor in order to avoid confusion especially for referral agencies and potential clients.

As part of the Delphi survey most project co-ordinators agreed that Help the Aged have the resources that individual projects lack and therefore, Help the Aged should have overall responsibility for generic promotion and publicity. Concurrently, project co-ordinators should be responsible for local promotion and publicity as they are aware of local needs and networks within their area. They know who and where to target in order to maximise effectiveness. Project co-ordinators did not agree with the idea of introducing standardised branding at local as well as at national level since it was highly likely standardised information aimed at a local area would be inappropriate and irrelevant. However, one idea was for project co-ordinators to focus on local promotion and publicity using standardised Help the Aged templates; these could be personalised by project co-ordinators so the material was appropriate for individual projects. The consensus was for Help the Aged to meet the cost of producing promotional material.

The consensus from the Delphi survey was that the best way to promote and publicise individual telephone befriending services was through presentations to local groups, personal connections, advertisements in local papers, posters and press releases. Mailings and leaflet drops were deemed to be less effective because of the volume of 'junk' mail people were already bombarded with. This was confirmed in the interviews when project co-ordinator's stated in the past these strategies had not generated a good response and it was always preferable to talk face-to-face.

> "When I just go and chat with them and have a laugh with them somehow I get a referral"

Summary

The analysis of the different telephone befriending services identified a model of 'best practice'. This model is based on befriending via the telephone combined with peer-to-peer support, where all members are encouraged to make telephone calls as well as receive them. The model includes scope for developing telephone clubs based on shared interests as well as home visits.

Each befriending service needs to have the flexibility to develop and adapt as and when necessary according to particular needs within its local area. Befriending means providing a companionship service, an emergency response service or a combination of both and exists as a service for any older person in need.

The key factors and their component parts that were identified as priority issues for a 'best practice' model of telephone befriending are summarised in the box below.

Key characteristics of a 'best practice' model

Structure
- Combination of telephone calls, face-to-face visiting and telephone clubs
- Ability to develop service as and when appropriate
- Emphasis on friendship rather than befriending; name that reflects this
- Sufficient time and resources to administer service
- Supportive network with regular input from Help the Aged manager
- Regular training for Project co-ordinator
- Continual record keeping and monitoring system
- Finances responsibility of Project co-ordinator

Recruitment
- Responsibility of project co-ordinators and/or partner organisation
- Sufficient number of volunteers for service to be sustainable
- Structured training programme; not necessarily standardised
- Matching based on shared interests rather than age

Referrals
- Responsibility of Project co-ordinator
- Sufficient time allocated for establishing referral network
- Collaboration with referral agencies
- Targeting of professionals who work directly with client group
- A service for anyone in need

Promotion and publicity
- Consistent message
- National promotion responsibility of Help the Aged
- Local promotion responsibility of Project co-ordinator
- Financing of promotional materials by Help the Aged
- Face-to-face promotion

Section 6: Findings
Volunteer satisfaction survey

Analysis of volunteer survey

Forty volunteer surveys were handed out, of which 19 were returned, giving a response rate of 47.5%. We do not know the demographic details (age, sex etc) of responders or non-responders so we cannot say whether those who responded were different from non-responders with regard to any demographic details or other details such as how long they had been a volunteer. It is possible that those who did not respond felt less positively about volunteering than those who did respond, but this cannot be proved.

The majority of returned surveys were filled in correctly, with only one or two answers missing from the set. The final two questions were the questions most likely to be left unanswered ("Do you plan to continue volunteering?" and "Would you recommend this volunteer programme to a colleague?") most likely because they were at the end of the survey document.

Volunteer work environment

Responses to questions in this section of the survey indicated that satisfaction with the volunteer work environment among respondents was very high, with no negative responses recorded.

Q1. I am satisfied with my volunteering experience overall.
All respondents agreed (n=10) or strongly agreed (n=9) with this statement.

Q2. I find it easy to fit volunteering into my working day.
The majority of respondents agreed (n=10) or strongly agreed (n=6) with this statement, while 3 neither agreed nor disagreed.

Q3. I use my skills and abilities doing meaningful work.
All respondents agreed (n=11) or strongly agreed (n=8) with this statement.

Q4. I find volunteering enjoyable.

All respondents strongly agreed (n=13) or agreed (n=6) with this statement.

Q5. My volunteering gives me a sense of accomplishment.

The majority of respondents strongly agreed (n=12) or agreed (n=5) with this statement, while one neither agreed nor disagreed, and one did not answer the question.

Q6. I have the support and guidance I need to accomplish my volunteer activities.

The majority of respondents agreed (n=9) or strongly agreed (n=9) with this statement, while one neither agreed nor disagreed.

Q7. I feel proud to work for a company that encourages volunteering.

The majority of respondents strongly agreed (n-16) or agreed (n=3) with this statement.

Reasons for volunteering

Responses in this section were more mixed than in the previous section. While the majority of respondents agreed that wanting to work with people, fulfilling moral obligations, and wanting to help people were reasons why they volunteered, a substantial proportion of respondents neither agreed nor disagreed with these statements, and a few disagreed. The most ambivalent response was to statement two "I feel it is my duty as a citizen". The least ambivalent response was to statement five "I see it as an opportunity to make a difference": all respondents agreed with this statement. The majority of respondents disagreed with statement six "I want to improve my CV", with only one respondent agreeing with this statement.

Q1. I volunteer because I want to work with people

The majority of respondents strongly agreed (n=8) or agreed (n=5) with this statement, with five neither agreeing nor disagreeing and one who disagreed.

Q2. I volunteer because I feel it is my duty as a citizen.

There was a mixed response to this question, with the most popular response (n=6) being 'neither agree nor disagree'. Five respondents disagreed with the statement, while four agreed and three strongly agreed.

Q3. I volunteer because it fulfils my moral obligations.

The majority of people agreed (n=10) or strongly agreed (n=3) with this statement, while two disagreed and four neither agreed nor disagreed.

Q4. I volunteer because I see it as an opportunity to make a difference.

All respondents strongly agreed (n=15) or agreed (n=4) with this statement.

Q5. I volunteer because I want to help people.

The majority of respondents strongly agreed (n=11) or agreed (n=6) with this statement, while one person disagreed and one person neither agreed nor disagreed.

Q6. I volunteer because I want to improve my CV.

The majority of respondents disagreed (n=5) or strongly disagreed (n=5) with this statement. Eight people neither agreed nor disagreed, while one strongly agreed.

Effect of volunteering on you

There was some disagreement with all of the statements below, however for all of them except statement 2 ("developed new job-related skills") the majority of respondents agreed.

Q1. My volunteering has increased my self-confidence and interpersonal skills.

The majority of people either agreed (n=10) or strongly agreed (n=2) with this statement. Three respondents disagreed and four neither agreed nor disagreed.

Q2. My volunteering has helped me develop new job-related skills.

The majority of respondents (n=13) neither agreed nor disagreed with this statement, while five disagreed and one strongly agreed.

Q3. My volunteering has increased my awareness of community needs.

The majority of respondents agreed (n=8) or strongly agreed (n=8) with this statement. Two disagreed and one neither agreed nor disagreed.

Q4. My volunteering has increased my involvement in other opportunities in the community.

The majority of respondents agreed (n=8) or strongly agreed (n=3) with this statement. Five disagreed and three neither agreed nor disagreed.

Q5. My volunteering has made a positive impact on me.

The majority of respondents agreed (n=9) or strongly agreed (n=8) with this statement, one disagreed and one neither agreed nor disagreed.

Do you plan to continue volunteering?
Sixteen respondents answered this question: all but one answered 'yes'.

Would you recommend this volunteering programme to a colleague?
Fifteen respondents answered this question: all of them answered 'yes'.

Section 7: Key findings and policy recommendations

This research set out to evaluate the impact of telephone befriending services for older people. It became clear quite 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, but they had a profound and deep impact on older people's lives. The study consisted of three parts: a quality of life evaluation; an attempt to develop a consensus of a 'model of best practice' and finally a survey of employee volunteer satisfaction. This section starts with a discussion of the methods used and continues with a reflection and summary of the main findings from each section related to recent and relevant policy documents.

Study participants

Telephone befriending schemes are said to serve several different purposes, with the main one being to reduce social isolation and loneliness. 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 the numbers of older people accessing such services are unlikely to be high. In addition, it could be assumed 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 networks. One of the difficulties we encountered at the beginning of the study was indeed the small numbers entering the projects during the data collection period. For the telephone quality of life survey we set out to include only those who were referred to and started participating in the befriending service during a three month period. It became apparent that we were not going to achieve our original target and we took a decision to include a small number of participants who had joined shortly before the study commenced. Even with these additional participants our sample for the telephone survey fell short of the target. On the other hand the qualitative interviews provided an in-depth insight into 40 participants' experiences and views of the befriending services.

Interestingly, when we commenced the study we did not have a clear picture of what 'type' of older person was likely to use a telephone befriending service. Although it was not an aim of the study to investigate who made use of the services, it became clear 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, therefore, seemed that the befriending services were reaching their target group. Of course, we do not know how many lonely older people were not reached or able to access the services.

Similarly, a surprising number of project co-ordinators did not take part in the Delphi survey. It may have been because of staff changes or the uncertainty of funding. However, it did mean that the findings could only be interpreted with some caution.

Definitions of 'befriending service'

A common theme that ran through the interviews with both the older participants and the co-ordinators was the issue of what a befriending service does (and what it does not) do. Most interviewees did not like the expression 'befriending service'. It was considered to be patronising and one sided, as if older people were being 'done to' rather 'participating in' the activity. It was pointed out that conversations were reciprocal and not a simple one way communication (which was also obvious from the replies in the volunteer survey). Notably, some of the befriending schemes had already changed their names to 'friendship circles' or equivalent and a strong message was that the term 'befriending' should be changed to emphasise the reciprocal nature of the activities.

Older participants' quality of life

The most important finding from this study regarding the impact of the befriending services on older participants' quality of life was that the service helped them to re-engage with the community and the external environment. Past qualitative research has shown that older people value befriending services (Dean and Goodlad, 1998; Cattan et al, 2003). However, our

interviews suggest that telephone befriending is more than something to look forward to. It was the fact that this service offered participants a chance to engage in 'ordinary' conversation, which made it unique compared with other statutory (and even other voluntary) services. 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. This improvement in how they felt about themselves had two important effects. One outcome was that from having received calls they became more actively involved in the service and either became volunteers themselves or helped to initiate other wider activities such as telephone book groups or social activity groups. For some the confidence they gained went beyond the project and they became socially (and economically) engaged in their local community again.

The Social Exclusion Unit (Social Exclusion Unit, 2006) report *A Sure Start to Later Life: Ending Inequalities for Older People* makes a case that older people aspire to independence, dignity, choice, participation and meaningful relationships. The report states that exclusions from society become compounded by the failure of services to respond to the 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 and develop a sense of self-respect which can lead on to increased participation and meaningful relationships. These messages are important because they reflect what older people themselves express and demonstrate through their activities. 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. 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. In addition, for some participants the security of knowing that someone was going to call at a specified time meant they were less fearful of living alone. The anxiety was not about living alone per se, but about becoming ill, having an accident or dying alone without anyone else knowing.

The conclusions that can be drawn from the telephone survey using the SF-36 quality of life survey are less clear. The main reasons were the very small numbers who completed the survey and the ambiguity of many of the questions for older people who are frail, housebound and/or have mobility problems. Other similar tools were tested. However, all had major weaknesses with respect to the population group we set out to interview. The only statistically significant results suggested that vitality and social functioning had decreased in the older people who took part in the survey. This does NOT mean that older people's health deteriorated as a result of the service. It is possible to speculate that those who remained in the project and were willing to be interviewed twice, felt some benefit from the project and possibly even from the interviews because of increasing health problems. It should be noted that those who took part in the telephone interviews were not necessarily included in the in-depth interviews, which might explain why there are some inconsistencies between the findings. The exercise did, however, demonstrate that there is a need to develop a quality of life survey tool specifically for frail older people.

Model of best practice

The conclusion reached by our study is that there is not one model of best practice, but several. Despite this, as can be seen from the results, some important common themes emerged. The, by far, strongest message was that the service needs to be flexible and meet older people's needs, which echo previous research (Cattan et al, 2005). Importantly, our findings showed that although telephone befriending frequently was the first attempt to develop social links, for many it became a vehicle for other activities as evidenced by the in-depth interviews. Many, therefore, if the opportunities were available, requested home visiting, joined an interest group and so on. It was quite clear

that all services and activities were not required all of the time, but participants wanted choice and the results from the Delphi survey echoed this. Recent Government policy documents such as *Our Health, Our Care, Our Say: A New Direction for Community Services* (Department of Health 2006), *Putting People First* (HM Government, 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. The findings from our study suggest that likewise, befriending services (or friendship circles) need to be responsive to older people's needs and provide flexibility and choice.

Another point raised by the Delphi survey was a strong agreement that clear referral pathways linking voluntary and statutory bodies improved the chances for isolated older people to access befriending services. Although some older people contact the services direct, it is possible that these are the 'active lonely' (Cattan et al, 2003), with some (albeit not necessarily satisfactory) social networks. Therefore, 'other' routes are required, which are accessible to those most in need of befriending services, tying in with *Our Health, Our Care, Our Say* (Department of Health, 2006), which sets out to improve access to community services and support people with long term needs. There was also a common view that although there needed to be a consistent and co-ordinated national promotional message about befriending services, local promotion needed to be the responsibility of local project co-ordinators. This extended to the consensus that befriending services could only be tailored by the project co-ordinators to meet local needs. It was less clear from our survey and interviews, however, how they envisaged including the older person's voice in developing services that are responsive, acceptable and appropriate for older people who are socially isolated and lonely.

In summary, this study has shown 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 self-respect and their confidence, which ultimately can prevent them from becoming socially excluded. Despite the current Government's policy emphasis on preventing social exclusion, promoting personalised services and listening to older people's voices there seems to be a reluctance to support telephone befriending other than through short-term grants or similar funding. The older people we spoke to talked about telephone befriending providing them with 'a life line' and worried about the service being taken away from them. The powerlessness they felt about being able to influence their own services was obvious.

The findings from this research provide in-depth qualitative evidence of the impact of telephone befriending on the quality of life of isolated and lonely older people as well as a conceptual model for future friendship networks. It is time that isolated older people's voices are heard and their views taken into account for any progress to be made when developing appropriate and responsive services for older people.

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Appendix 1

Participating projects

Age Concern Herefordshire and Worcestershire A Call in Time
Brent Carer's Buddy Project
Camden Intouch
East Lothian A Call in Time
Good Morning Gloucestershire
Help the Aged Senior Link
Hull A Call in Time
RSVP Chester-le-Street A Call in Time
The Dengie Project Trust Circle of Friends, Southminster

Additional projects
Age Concern Halton Good Neighbourhood Service
Friendship Phone Network London
Independent Living North Lincolnshire

Appendix 2

Low-level support and befriending services for older people

<u>Project co-ordinator information sheet</u>

Thank you for taking an interest in our project. Please read this information sheet carefully before deciding whether or not you want to take part.

<u>What is this project about?</u>
There is a wide range of befriending services available for older people. Leeds Metropolitan University has been asked by Help the Aged to investigate the impact of befriending services on the quality of life and well-being of older people, using the telephone (the Call in Time Programme).

<u>Why do we want to talk to you?</u>
We think it is vital that people like yourself are involved in the research. You can help us to find out what works, how befriending services, such as the Call in Time Programme, can be improved and whether this type of support is of value in terms of older people's quality of life and general well-being.
<u>Remember:</u> Taking part is voluntary and you can refuse at any time.

<u>What will you be asked to do?</u>
If you agree to take part in this project, you will be invited to answer some questions about the impact and value of the befriending service on older people's quality of life. The interview should last about 1 hour.

<u>Can you change your mind and withdraw from the project?</u>
Yes, you can withdraw at any time and without any disadvantage to yourself of any kind. If you should require any support or further assistance, either during or after the project, this will be provided.

<u>What information will be collected and what will it be used for?</u>
Our conversation will be recorded to help with accuracy but we will check you are happy for us to do this first. Recordings will be destroyed as soon as notes have been taken. All information will be stored securely and only a member of the research team at the university will have access to it. All information will be destroyed after 10 years.

Anything that you say will be strictly confidential. This means that your name will not be used at any time. The results of the project will be published in a Help the Aged report, but you will not be identified in any

way. All comments or quotations used in the final report will be anonymous. However, if you divulge information that we feel could potentially put you at risk we will have to inform the appropriate authority. This is in line with Help the Aged policy.

<u>What if you have any questions?</u>
We hope you feel that you can contribute to this project. Your support will help us develop the befriending service to best meet the needs of older people. If you have any questions about this project, either now or in the future, please feel free to contact us using the details below. If you decide that you do not want to be involved there will be no disadvantage to you of any kind.

The research team are:

Mima Cattan, Marianne Kennedy, **Anne Marie Bagnall and Nicky Kime**

We are based at the Centre for Health Promotion Research at Leeds Metropolitan University.

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If you wish to talk to an independent representative within the university and someone who is outside of the immediate research team, please contact **Jane South** on 0113 81 24406.

Appendix 3

Project co-ordinator interview schedule
The purpose of the interviews will be to examine the extent to which project co-ordinators consider the befriending service to have made an impact on the quality of life of older people and in addition, its preventative value. Within this objective the following needs to be considered.

One way to interview project co-ordinators is to use a narrative approach. The narrative approach allows the project co-ordinators to take the lead and empowers them to give their account of the befriending project (guided by 'probes') rather than researchers dictating the course of the interview through a more formal set of questions. It is suggested that this approach will provide a greater insight into the individual befriending projects and the project co-ordinators experiences of managing their projects.

The following interview schedule provides an indication of the areas that will be addressed in the interview.

I'd like to know about the telephone befriending project, (name of project, e.g. RSVP) that you manage. Can you tell me about this?

Probing questions:

Project structure
How is the befriending project organised?
What about changes to the structure or activities over the lifetime of the project?
Is there anything similar available for older people in the area?
What other forms of support are there available for older people in the area?
How does the befriending service fit in with what is available?

Management of the project
How is the project managed?
What is the exact role of the project co-ordinator, etc?
What support do you, as the project co-ordinator receive?
What support would you like to receive?

Stakeholders
Who else is involved?
What is the nature of their involvement?

Referral pathways
How does this work?
To what extent are referral pathways and contacts with other services utilised?
Any change in referral patterns?

Recruitment of volunteers and older people
What are the associated issues?

Benefits of the befriending service
What are these?

Successes of the befriending service (in terms of outcomes)
What are these?

Problems/difficulties associated with the befriending service
What are these?

Challenges of the befriending service (for the project and for the project co-ordinator)
What are these?

Improvements to the befriending service
What changes would you, as the project co-ordinator, like to see?

The older person's quality of life
What impact has the befriending service made to older people's quality of life?

Preventive value
To what extent is the befriending service of preventive value?

Appendix 4a

An evaluation of the benefits of telephone support for older people – A Call in Time

Delphi Survey – QUESTIONNAIRE 1

Section 1   Promotion and publicity

Please indicate your agreement with each of the statements 1 – 6J below by ticking the appropriate box:

1. There needs to be a combined approach to promotion and publicity, between HtA and the project co-ordinator.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. Promotion and publicity needs to be the sole responsibility of HtA.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. Promotion and publicity needs to be the sole responsibility of the project co-ordinator.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. HtA should have overall responsibility for promotion and publicity at a national level, i.e. through its website.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. The project co-ordinator should focus on local promotion and publicity using standardised HtA templates, but s/he personalises these so the material is appropriate to the individual project, e.g. Circle of Friends.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

6. The best way to promote the project is through:

A. Presentations by the project co-ordinator to local organisations and different interest groups

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B. Press releases

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

C. Radio advertising

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

D. Advertising in local papers

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

E. Word-of-mouth

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

F. Personal connections

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

G. Leaflet drops

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

H. Posters

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

J. Mailings

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Section 2   Structure of the service
Please indicate your agreement with each of the statements 1 – 3 below by ticking the appropriate box:

1. An appropriate model for a befriending service would be an emergency support/good morning calling service using a paid worker within 'Link-UP', formally known as SeniorLink, where calls are made to clients following falls, hospital visits and other traumatic events [similar to the way in which 'Good Morning Gloucester' operates now].

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. An appropriate model for a befriending service would be a flexible service offered via the telephone with the additional option of face-to-face befriending.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. An appropriate model for a befriending service would be to combine telephone 'befriending' with peer-to-peer support where all members are encouraged to make phone calls as well as receive them, thereby developing telephone 'clubs'.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Section 3   Characteristics of an effective befriending service
Please indicate your agreement with each of the statements 1 – 19 below by ticking the appropriate box:

1. The most effective service is that which combines model 2 with model 3 (see section 2, numbers 2 and 3 above) in order to provide a development strategy rather than an exit strategy for members.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. Befriending services should be identical in delivery and in terms of branding.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. The cost of producing leaflets and other promotional material should be met by HtA.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. There should be a standardised training programme for project co-ordinators.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. In order to deliver the standard project model HtA should team up with one high profile delivery partner such as CSV/RSVP or WRVS that specialises in volunteering and has the local office infrastructure to house the projects.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

6. The basis for the design of the standardised project model should be the toolkit/checklist provided by The Mentoring and Befriending Foundation, who run an accreditation scheme (see attached booklet).

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

7. The name of the standardised telephone service needs to change from 'befriending' to a name that emphasises 'friendship clubs for people who want to stay in touch'.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

8. A befriending service should have a phone membership scheme, whereby older people can choose to receive calls or make calls to other older people based on shared interests (i.e. the Call in Time model).

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

9. A befriending service should have a matching scheme, whereby older people can be introduced to other older people in the area based on shared interests.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

10. A befriending service should have a face-to-face service where volunteers can be matched to a local older person to visit them or volunteers can help the older person get out.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

11. Each befriending service needs to have a record-keeping system in place for monitoring clients and volunteers.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

12. Project co-ordinators should be responsible for the finances of the befriending service.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

13. Project co-ordinators should not be responsible for the finances of the befriending service.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

14. Each befriending service should be managed by a full-time project co-ordinator.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

15. Individual befriending services can be managed on a part-time basis as one of several responsibilities of the project co-ordinator.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

16. Each befriending service should be linked to a steering group or network of local partners.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

17. Each befriending service should have the flexibility to develop and adapt its service as and when appropriate.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

18. Project co-ordinators should receive regular telephone and face-to-face support from HtA.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

19. Clear boundaries should be established so project co-ordinators and HtA are aware of each others responsibilities and expectations.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Section 4   Referrals
Please indicate your agreement with each of the statements 1 – 4 below by ticking the appropriate box:

1. The befriending service should be rolled out as part of a partnership with an existing organisation that specialises in volunteering. In this way the befriending service can utilise the referral procedure of the organisation that is already in place.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. The befriending service should target those professionals who deal with older people directly for referrals, for example, nurses, social workers, care organisations, health centres, GP surgeries, occupational therapists, etc.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. Project co-ordinators are in the best position to understand their target group and should be allowed enough time to develop and establish a referral network.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. The befriending service should be for anyone 'in need'.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Section 5   Recruitment of volunteers
Please indicate your agreement with each of the statements 1 – 9E below by ticking the appropriate box:

1. The best way to recruit volunteers is through established procedures that the befriending service already has in place.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. The best way to recruit volunteers is through an organisation that the befriending service already works with.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. Recruitment of volunteers should be the responsibility of the project co-ordinator.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. Recruitment of volunteers should be the responsibility of a delivery partner such as CSV/RSVP or WRVS.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. A structured programme needs to be in place to train volunteers.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

6. Project co-ordinators are obliged to 'pamper' volunteers as they recognise that volunteers are not paid members of staff.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

7. Volunteers can be 'anyone' (assuming they have CRB clearance) providing they have a telephone.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

8. Volunteers do not have to be mobile nor do they have to live in the local area.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

9. Volunteers should be matched by:

A. Age

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B. Gender

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

C. Interest

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

D. Ethnicity

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

E. Geography

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

PLEASE USE THIS BOX TO COMMENT ON ANY OF THE ABOVE STATEMENTS

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS! ☺

Appendix 4b

An evaluation of the benefits of telephone support for older people – A Call in Time

<u>Delphi Survey – QUESTIONNAIRE 2</u>

<u>Section 1   Promotion and publicity</u>

Please indicate your agreement with each of the statements 1 – 4B below by ticking the appropriate box:

1. There needs to be a combined approach to promotion and publicity, between HtA and the project co-ordinator.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. Promotion and publicity needs to be the sole responsibility of the project co-ordinator.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. HtA should have overall responsibility for promotion and publicity at a national level, i.e. through its website.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. The best way to promote the project is through:

A. Radio advertising

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B. Mailings

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Section 2 Characteristics of an effective befriending service
Please indicate your agreement with each of the statements 1 – 8 below by ticking the appropriate box:

1. In order to deliver the standard project model HtA should team up with one high profile delivery partner such as CSV/RSVP or WRVS that specialises in volunteering and has the local office infrastructure to house the projects.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. The basis for the design of the standardised project model should be the toolkit/checklist provided by The Mentoring and Befriending Foundation, who run an accreditation scheme (see attached booklet).

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. The name of the standardised telephone service needs to change from 'befriending' to a name that emphasises 'friendship clubs for people who want to stay in touch'.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. A befriending service should have a face-to-face service where volunteers can be matched to a local older person to visit them or volunteers can help the older person get out.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. Project co-ordinators should not be responsible for the finances of the befriending service.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

6. Individual befriending services can be managed on a part-time basis as one of several responsibilities of the project co-ordinator.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

7. Each befriending service should be linked to a steering group or network of local partners.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

8. Each befriending service should have the flexibility to develop and adapt its service as and when appropriate.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Section 3   Referrals
Please indicate your agreement with statement 1 below by ticking the appropriate box:

1. The befriending service should target those professionals who deal with older people directly for referrals, for example, nurses, social workers, care organisations, health centres, GP surgeries, occupational therapists, etc.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Section 4   Recruitment of volunteers
Please indicate your agreement with each of the statements 1 – 3A below by ticking the appropriate box:

1. Recruitment of volunteers should be the responsibility of a delivery partner such as CSV/RSVP or WRVS.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. Project co-ordinators are obliged to 'pamper' volunteers as they recognise that volunteers are not paid members of staff.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. Volunteers should be matched by:

A. Age

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

PLEASE USE THIS BOX TO COMMENT ON ANY OF THE ABOVE STATEMENTS

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THANK YOU FOR TAKING THE TIME TO COMPLETE THIS! ☺

Appendix 4c

An evaluation of the benefits of telephone support for older people – A Call in Time

Delphi Survey – QUESTIONNAIRE 3 (FINAL)

Section 1   Promotion and publicity

1. There needs to be a combined approach to promotion and publicity, between HtA and the project co-ordinator.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Please explain your answer

2. HtA should have overall responsibility for promotion and publicity at a national level, i.e. through its website.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Please explain your answer

3. The best way to promote the project is through **mailings**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Please explain your answer

| |
| |

Section 2   Characteristics of an effective befriending service

1. In order to deliver the standard project model HtA should team up with one high profile delivery partner such as CSV/RSVP or WRVS that specialises in volunteering and has the local office infrastructure to house the projects.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Please explain your answer

| |
| |

Section 3   Recruitment of volunteers

1. Volunteers should be matched by **age**

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

Please explain your answer

| |
| |

Please use the space below to add any further comments

Appendix 5

This health diary represents the first of three health diaries that were identical apart from the final instructions.

leeds metropolitan university

TELEPHONE BEFRIENDING SERVICES FOR OLDER PEOPLE

HEALTH DIARY

ZURICH

A Call in Time
A national network of telephone support for older people

HELP THE AGED
WE WILL

HEALTH DIARY

Thank you for agreeing to complete this health diary.
Please answer questions 1, 2 and 3 for each of the 7 days.

Day 1

Q.1
How do you feel today? Please circle your response

Very good   Good   Alright   Not so good   Terrible

Q.2
Could you please write a few lines about how you feel today? For example, you may want to mention how you feel physically or write about your mood.

_____
_____
_____
_____

Q.3
Have you noticed any particular changes in your health?

_____
_____
_____

Day 2

Q.1
How do you feel today? Please circle your response

Very good   Good   Alright   Not so good   Terrible

Q.2
Could you please write a few lines about how you feel today? For example, you may want to mention how you feel physically or tell me about your mood.

_____
_____
_____
_____

Q.3
Have you noticed any particular changes in your health?

_____
_____
_____

Day 3

Q.1
How do you feel today? Please circle your response

Very good   Good   Alright   Not so good   Terrible

Q.2
Could you please write a few lines about how you feel today? For example, you may want to mention how you feel physically or write about your mood.

_____
_____
_____
_____

Q.3
Have you noticed any particular changes in your health?

_____
_____
_____

Day 4

Q.1
How do you feel today? Please circle your response

Very good   Good   Alright   Not so good   Terrible

Q.2
Could you please write a few lines about how you feel today? For example, you may want to mention how you feel physically or tell me about your mood.

_____
_____

_____
_____

<u>Q.3</u>
Have you noticed any particular changes in your health?

_____
_____
_____

<u>Day 5</u>

<u>Q.1</u>
How do you feel today? Please circle your response

Very good   Good   Alright   Not so good   Terrible

<u>Q.2</u>
Could you please write a few lines about how you feel today? For example, you may want to mention how you feel physically or write about your mood.

_____
_____
_____
_____

<u>Q.3</u>
Have you noticed any particular changes in your health?

_____
_____
_____

<u>Day 6</u>

<u>Q.1</u>
How do you feel today? Please circle your response

Very good   Good   Alright   Not so good   Terrible

Q.2
Could you please write a few lines about how you feel today? For example, you may want to mention how you feel physically or tell me about your mood.

_____
_____
_____
_____

Q.3
Have you noticed any particular changes in your health?

_____
_____
_____

Day 7

Q.1
How do you feel today? Please circle your response

Very good   Good   Alright   Not so good   Terrible

Q.2
Could you please write a few lines about how you feel today? For example, you may want to mention how you feel physically or write about your mood.

_____
_____
_____
_____

Q.3
Have you noticed any particular changes in your health?

_____
_____
_____

Please use the space below to add any other comments that you would like to make about your health.

P.T.O

THANK YOU! I really appreciate you taking the time to complete this health diary.

I would be very grateful if you could complete exactly the same health diary on two further occasions. I will send you the second health diary to complete in approximately six weeks time and the third health diary to complete approximately six weeks after that. When I have received all three completed health diaries I will send you a £20 gift voucher as a way of saying thank you for taking part in this research.

Please return your completed health diary in the stamped addressed envelope provided.

If you have any questions please feel free to contact me. My contact details are:

Nicky Kime
Room 230
Centre for Health Promotion Research
Queen Square House
Leeds Metropolitan University
Calverley Street
Leeds
LS1 3HE
Tel 0113 812 4333
Email n.kime@leedsmet.ac.uk

Official use only

Client Code   _____

Health Diary No.   _____

Date Received   _____

Appendix 6
Example of older people information sheet

Thank you for taking an interest in our project. Please read this information sheet carefully.

What is this project about?
There is a wide range of befriending services available for older people. Leeds Metropolitan University has been asked by Help the Aged to investigate the impact of befriending services on the quality of life and well-being of older people, using the telephone (the RSVP Telephone Befriending Service).

Why do we want to talk to you?
We think it is vital that older people like yourself are involved in the research. After all, you are in the best position to comment on the support that you are receiving. You can help us to find out what works, how befriending services, such as the RSVP Telephone Befriending Service, can be improved and whether this type of support is of value in terms of your quality of life and general well-being.

Remember: Taking part is voluntary and you can refuse at any time.

What will you be asked to do?
If you agree to take part in this project, you will be invited to answer some questions about the RSVP Telephone Befriending Service. This should take about 1 hour.

Can you change your mind and withdraw from the project?
Yes, you can withdraw at any time and without any disadvantage to yourself of any kind. If you should require any support or further assistance, either during or after the project, this will be provided.

What information will be collected and what will it be used for?
Our conversation will be recorded to help with accuracy but we will check you are happy for us to do this first. Recordings will be destroyed as soon as notes have been taken. All information will be stored securely and only a member of the research team at the university will have access to it. All information will be destroyed after 10 years.

Anything that you say will be strictly confidential. This means that your name will not be used at any time. The results of the project will be published in a Help the Aged report, but you will not be identified in any way. All comments or quotations used in the final report will be anonymous. However, if you divulge information that we feel could

potentially put you at risk we will have to inform the appropriate authority. This is in line with Help the Aged policy.

<u>What if you have any questions?</u>
We hope you feel that you can contribute to this project. Your support will help us develop the befriending service to best meet the needs of people like yourself. We appreciate that you may have questions about the research so please contact us at any time using the details overleaf. Alternatively, you can ask your project co-ordinator. If you decide that you do not want to be involved there will be no disadvantage to you of any kind.

The research team are:

Mima Cattan, Marianne Kennedy, **Anne Marie Bagnall and Nicky Kime**

We are based at the Centre for Health Promotion Research at Leeds Metropolitan University.

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If you wish to talk to an independent representative within the university and someone who is outside of the immediate research team, please contact **Jane South** on 0113 81 24406.

Appendix 7

An evaluation of the benefits of telephone support for older people – A Call in Time

Older people interview schedule

The focus group discussions/ individual interviews will examine:
- the extent to which older people consider the befriending service to have made an impact on their quality of life and is of preventive value
- older people's needs and the nature of the befriending service they receive
- whether older people have been signposted onto other services and made use of these services

Themes and potential questions

Befriending service –

Explore the befriending **process** with older people in terms of:
- Publicity – *how did you hear about the befriending service?*
- Accessibility – *how easy was it for you to access/get in touch with the befriending service?*
- Matching process – *can you talk me through the process of being matched to a volunteer?*
- Signposting – *have you been able to make contact and use other services through the befriending service?*

Explore the **value** of the befriending service for older people in terms of:
- General health and well-being – *how important is it for you? Why the befriending service and not something else? What type of support do you receive from the befriending service? If the befriending service did not exist would it make a difference to your life?*
- Relationship with volunteer/project co-ordinator – *can you talk me through the relationship that you have with your volunteer/befriender?*
- Main benefits of the befriending service – *what are the positive aspects? Are there any negative aspects?*
- Impact – *can you tell me about any other changes in your life as a result of the befriending service?*

Explore the **needs** of older people in relation to the befriending service in terms of:
- Expectations – *is the befriending service like what you expected it to be?*
- Type of need – *what did you want from the befriending service? Have these 'wants' been met?*
- Improvements to the befriending experience – *how can your experience of the befriending service be improved?*
- Future – *what would you like to happen now in terms of your involvement with the befriending service?*

Health – physical and emotional health. Explore past (pre-befriending) and present health. *Has the befriending service made a difference? If so, how?*

Activities – **house related tasks**, e.g. cleaning, preparing meals, etc.; **personal care**, e.g. washing, dressing, etc.; **mobility**, e.g. bending, kneeling, lifting, etc.; **outside tasks**, e.g. shopping, walking any distance, etc. Explore whether changes have occurred and if so, how have older people's ability to perform activities changed in the last few months (i.e. since before older people joined the befriending service and whilst older people have been in receipt of the befriending service). Explore ability to perform these activities in relation to older people's physical and emotional health (pre-befriending and during befriending). *Has the befriending service in any way affected your ability/inclination to perform these activities?*

Social interaction – occasions when older people socialise either with family, friends, neighbours or groups. Explore whether changes have occurred since receiving the befriending service and if so, in what way has social interaction changed. Explore social interaction in relation to older people's physical and emotional health (pre-befriending and during befriending). *Has the befriending service in any way affected your ability/inclination to socialise?*

General well-being – feelings and mood. Explore past (pre-befriending) and present general well-being. *How does it make you feel being part of the befriending service?*

Explore any **other issues** that older people have in relation to the befriending service – *is there anything else you would like to say about your experience of the befriending service?*

Appendix 8

An evaluation of the benefits of telephone support for older people – A Call in Time

Volunteer satisfaction survey

A. Volunteer work environment

Please indicate your agreement with each of the statements 1-7 below by ticking the appropriate box:

1. I am satisfied with my volunteering experience overall.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. I find it easy to fit volunteering into my working day.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. I use my skills and abilities doing meaningful work.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. I find volunteering enjoyable.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. My volunteering gives me a sense of accomplishment.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

6. I have the support and guidance I need to accomplish my volunteer activities.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

7. I feel proud to work for a company that encourages volunteering.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

B. Reasons for volunteering

Please indicate your agreement with each of the statements 1-6 below by ticking the appropriate box:

1. I volunteer because I want to work with people.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. I volunteer because I feel it is my duty as a citizen.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. I volunteer because it fulfils my moral obligations.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. I volunteer because I see it as an opportunity to make a difference.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. I volunteer because I want to help people.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

6. I volunteer because I want to improve my CV.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

C. Effect of volunteering on you

Please indicate your agreement with each of the statements 1-5 below by ticking the appropriate box:

1. My volunteering has increased my self-confidence and interpersonal skills.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

2. My volunteering has helped me develop new job-related skills.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

3. My volunteering has increased my awareness of community needs.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

4. My volunteering has increased my involvement in other opportunities in the community.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

5. My volunteering has made a positive impact on me.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree

PLEASE USE THIS BOX TO COMMENT ON OR TO ADD FURTHER DETAIL TO ANY OF THE ABOVE STATEMENTS

Do you plan to continue volunteering?

Yes ☐

No ☐

Would you recommend this volunteer programme to a colleague?

Yes ☐

No ☐

☺ **THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!** ☺