



MAST  
Museum Action for Survivors of Terrorism



Strule Association



# The Gift of Time

## Victims & Survivors

Befriending Service Report



March 2023

This programme has received support from the Victims Support Programme for Groups working with Victims and Survivors, which is administered by VSS on behalf of the Office of the First and Deputy First Minister.

# Foreword

## Kenny Donaldson, SEFF's Director

It is my pleasure to prepare this Foreword as Director of South East Fermanagh Foundation (SEFF) in recognition of our role as lead partner for this project.

This Gift of Time Befriending Report and related short film is aptly being launched over Volunteer Week. It is the view of our partnership of befriending groups that there was a need for this study to be completed so that policymakers and others might have a fuller understanding of the benefits of the befriending service.

I thank and recognise all partners who contributed positively to this project, this report and short film represents a combination of all our efforts.

The report seeks to raise awareness around the areas where further investment is required spanning finance, human resources, and a will for Government departments to work together collaboratively in ensuring the longer-term sustainability of this essential community-based service.

SEFF were part of the initial conversations which led to the establishment of a befriending service within the victim/survivor sector, back in 2006. Over the last 17 years the service has developed significantly, within SEFF but also across the wider sector. Groups with staff resources and others reliant solely on voluntary input have each sought to professionalise their services, improving outcomes for service users, referred to as befriendees.

Without question the befriending service is a crucial foundation service for many groups providing services to victims/survivors, it is an intimate service and facilitates close connections between people, it reaches the vulnerable, isolated and marginalised in a way in which many other support services do not.

The service targets those who have become isolated because of ill health, disability, bereavement or other events life throws at us. The volunteer befrienders are trained to help those who are vulnerable in assisting them to reclaim their life. Befrienders act in total confidence, they visit befriendees in their own home. They also accompany befriendees on an outing, an activity, shopping trip or just for a cup of tea.

Another important aspect of the service for those living in rurally isolated communities is that befrienders may accompany befriendees to a hospital appointment or to visit someone in hospital. The service is principally about the promotion of human connections.

It is the need of every single one of us to feel wanted, to feel we belong and that we matter to someone else in this world. We all know that feeling isolated can make us feel depressed and sometimes angry. It can be hurtful and we could feel resentful and that in turn can cause our behaviour to worsen.

The service seeks to promote independence, reduce loneliness and social isolation and seeks to support service users and families through bouts of ill health as well as boosting individual's confidence levels. Having a friend that we can share our problems with or just forget our problems with can be a great help for our self-confidence which then in turn helps us face the world knowing that we are important and a valuable member of the society we live in.

The Befriending Service benefits from the external support offered by QE5 Consultancy who have been at the heart of developments within the service over the years and fittingly have been involved in developing this report.

We wish to recognise the involvement of Lyons Digital Productions who have worked with patience and displayed significant creativity culminating in the production of the short film which accompanies this report.

Crucially though we thank The Executive Office and The Victims and Survivors Service who have enabled this report and film to be produced through the financial investment made.

There are a range of challenging recommendations within this report which requires collaboration and partnership if action across these areas is to follow. We within the sector are ready for this challenge and we trust that others will respond positively also.

The Befriending service helps keep people living within their communities and out of formalised health services and hospital, it is an essential element of Social Care provision and needs to be given the respect, support and resources needed to respond to the growing need within Society. Many do not have family infrastructure around them as would have been the case in the past.

Finally, we thank all the special people across Northern Ireland, the volunteer befrienders and coordinators who offer their precious Gift of Time in support of others.

## Contents

<b>1. Introduction to Befriending.....</b>	<b>6</b>
What is Befriending? .....	6
The Gift of Time Training Programme.....	6
Links with Social Prescribing.....	6
COVID.....	8
Supervision: Support and Safety.....	8
Volunteer Recognition.....	9
Measurement.....	9
<b>*Jack Befriender Profile .....</b>	<b>10</b>
<b>2. Annual Monitoring Figures &amp; Analysis.....</b>	<b>11</b>
Befriending Population.....	11
Referrals, Discharges & Deaths .....	12
Biography .....	12
Co-ordinators Observations.....	13
<b>3. Service Overview .....</b>	<b>14</b>
Indirect & Direct Hours .....	15
<b>Befriender Review.....</b>	<b>16</b>
<b>4. Cost Benefit Analysis.....</b>	<b>18</b>
<b>*Gemma Befriender Profile .....</b>	<b>20</b>
<b>5. Befriender Reviews .....</b>	<b>21</b>
Well-Being .....	21
Methodology.....	21
Measurement.....	21
Social Well Being .....	21
Short Warwick-Edinburgh Mental Well-being Scale .....	22
UCLA .....	22
Review Data .....	22
Profile of Befriendees.....	23
Befriender Objectives .....	23
Comparative Analysis Social Well Being .....	26

Loneliness .....	28
Comparative Analysis Loneliness.....	29
Comparative Analysis Mental Well-Being.....	31
Befriender Review.....	32
6. Qualitative Feedback .....	34
Impact Statements .....	34
Befriender Review.....	37
6. Conclusion & Recommendations.....	39
1. Volunteer Planning & Recruitment.....	39
2. Training.....	39
3. Acknowledgement .....	39
4. Impact.....	39
5. Emerging Health Concerns .....	40
6. Supervision .....	40
7. Linkages with Health .....	40
Befriender Review.....	41
References.....	43

## 1. Introduction to Befriending

The following report provides an update on the Befriending service funded by the Victim and Survivors Service (VSS) across Northern Ireland. The report focusses on the performance of the program between April 2021 to March 2022, looking at key developments and measurable outputs of the service, and makes recommendations as to further development in the forthcoming financial year.

### What is Befriending?

Befriending is a community service, which is volunteer led and managed. Its premise is based on a supportive relationship offered to a vulnerable person who is finding living in their community difficult. This could be for a number of reasons, for example they might be recently bereaved, isolated and lonely, or have experienced a life-changing illness or maybe they are experiencing trauma from a past life event/s. Some have limited or no family and need support getting to hospital appointments/treatments, getting groceries or partaking in social interaction or engagement. The service also supports those who are housebound, terminally ill or their carers who are experiencing burnout.

The Gift of Time Befriending Service provides companionship, the chance to develop a new relationship, and opportunities to participate in social activities. Its purpose is to reduce social isolation and enhance quality of life.

The service consists of trained Befrienders, who provide the service to Befriendees based on assessed need. The governance of the service is the responsibility of the volunteer co-ordinator, who assesses the referrals, allocates Befrienders and oversees the **case progress**.

They have access to external supervision, which consists of advice, guidance, monitoring, and evaluation.

### The Gift of Time Training Programme

The Gift of Time has a comprehensive and accredited training programme for volunteer Befrienders and Co-ordinators. The programme provides individual befrienders with the practical skills and knowledge needed to be effective and valuable companions. The training covers Understanding Befriending, Relationship Building, Listening and Communication, Boundaries, Attitudes & Values, Endings and Volunteer Support.

The Co-ordinators training covers the governance areas of policy application, supervision, monitoring, and evaluation including case reviews and psychometric measurement.

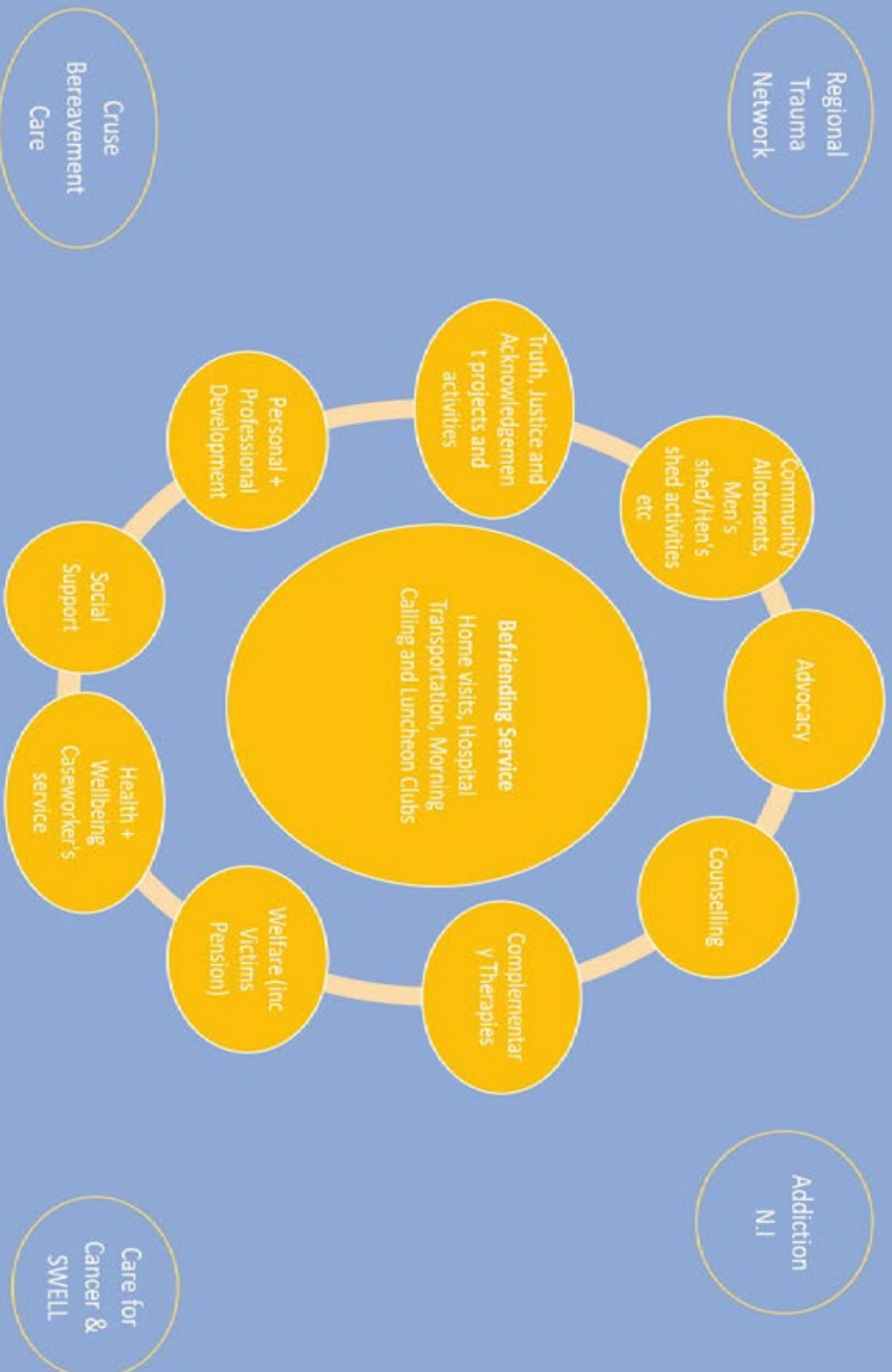
Refresher training is set to be provided every two years, which reviews practices, updates Befrienders and Co-ordinators on any new developments or practices. Training records are maintained and updated by the Co-ordinators.

### Links with Social Prescribing

Befriending is at the heart of social prescribing. Volunteers with the skill set who give up their time to help maintain people in their own home and in the community. It enables Befriendees to focus on what matters to them by providing practical and emotional support.

Befriending is central to ensuring vulnerable individuals and those in need of care and support receive timely intervention through referral processes and collaborative working with others, both within the respective organisations and beyond, as depicted overleaf.

# The Gift Of Time Befriending Service



## COVID

The past two years has been a particularly difficult year for the service because of COVID and the lockdowns. Social based activity and support is the cornerstone of the Befriending Service and thus has had to adapt over the period of the pandemic, to meet the needs of the Befriendees whilst ensuring adherence to Public Health guidelines. The service has been fully involved in the delivery of food parcels, grocery shopping, prescription collections and support to attend Hospital appointments for Cancer treatment and other emergencies. On occasions the Befrienders or Co-ordinators visited Befriendees who were finding it difficult to cope. They often spoke to people through open doors and windows in order to relieve their anxiety and sense of panic.

The Service had opened up for social support when restrictions were eased, with some coffee mornings and luncheon clubs, being delivered with outdoor face to face contacts. This was challenging for many of the Befrienders and Co-ordinators who are in their 70's and 80's and thus had been shielding.

The majority of support, however, was via telephone. Records were maintained and monitoring returns submitted. The telephone contact has been beneficial for both Befriender and Befriender in terms of minimising the impact of social isolation and reducing loneliness.

Some Co-ordinators reported that all Befriendees are being contacted weekly or twice daily, others less frequently. The issues being encountered are loneliness, anxiety, mental health issues including exacerbation in PTSD symptomatology. There is also an increase in the number being referred for support with terminal illness and deterioration in chronic illnesses such as Respiratory and Cardiac conditions.

Many Befrienders had to deal with the death of their Befriendees from COVID and other chronic illnesses and this was extremely stressful for those involved.

## Supervision: Support and Safety

Supervision has two core components, supervision and administration. The co-ordinators provide internal supervision both on an individual and group basis. They follow a quarterly programme with individual supervision in month one, group supervision on month two and Befriender reviews on month three. These are usually conducted face to face or via zoom. Supervision ensures that Befrienders are getting the correct level of support to maintain safe services and ensure Befrienders have an opportunity to discuss any issues affecting their volunteering. External supervision is provided to the co-ordinators and follows the same programme model as internal supervision.

Administration is where governance issues are addressed. Contact sheets are checked against mileage claims. Monitoring data is captured which details direct and indirect activity and costs.

Checks are made on car insurance, MOT certificates, updated Access NI checks and driving

license checks. The co-ordinators also maintain Befriender and Befriender individual files.

## Volunteer Recognition

It has to be recognised that the Befriending service has been at the forefront in helping the most vulnerable in the community for the past 17 years. Many have worked tirelessly, to ensure that Befrienderes and their carers get the support they needed. Befrienders have a small reward budget for their Befrienders, which allows for them to meet as a group over a meal or on a respite day.

Acknowledging their dedication to others through this report and video goes some way to acknowledging their contribution to their respective communities, whilst encouraging others to give of their time to support others. Co-ordinators have expressed a desire to plan an annual recognition event for their Befrienders in the coming years.

## Measurement

Psychometric measurements have been in operation for the past four years. in relation to Befriender reviews. The review tool tests the areas of Social Well-being, Mental Well-Being and Loneliness. Next year will see the addition of physical well-being. The findings are included in this report with correlations outlined from the past three years. In 2001 to 2022 there were 406 reviews in total completed by Befrienders and Co-ordinators. However, 330 of these were deemed as repeat reviews thus included in the analysis. The reviews were programmed quarterly in line with supervision and monitoring schedules.

The Co-ordinators completed 4 case studies from their service during the year, with one completed each quarter during external supervision. Samples of these are depicted throughout this report.

## \*Jack Befriender Profile

Jack is 73 years of age and is a retired bus driver. He is widowed with two children and lives alone. He has been Befriending for the past 10 years.

"I was lonely and lost after my wife died. A friend referred me to SEFF for help. I got a phone call from the Co-ordinator, who arranged to come and visit me. I was wary at the start, but he reassured me that everything would be done at my pace and I could stop the service if I wished.

He came back two days later with William my Befriender. He was a former part time member of the UDR, so we immediately got talking and for the first time I felt a lot better. He visited me at home and then got me involved in the allotments and I made friends with a lot more people. I felt less isolated and lonely and soon I was able to join in activities by myself as I had more confidence. The Co-ordinator came to visit me after about a year and suggested I consider becoming a Befriender. I agreed and was nervous about doing the training, but it was enjoyable, and I learned a lot. I felt really proud when I completed the course.

I now have 6 Befriendees and I enjoy meeting with them some in their own home, others I take to Hospital appointments or shopping. It is so rewarding, and it helps me as well as the Befriendees. We all need to support each other, and I am glad I took the first steps".

- Name changed to Protect the identity of the Befriender.

## 2. Annual Monitoring Figures & Analysis

Monitoring Returns gathers timely information on activities and associated costs (where applicable given that not all activities have financial claims). They record all direct activities (i.e., time spent in direct contact with Befriendees) and indirect activities which support the service (supervision and administration, Befriender meetings, training and development, etc). Returns are submitted monthly by the Co-ordinator and are loaded onto the database and used for analysis.

### Befriending Population

The Monitoring Returns were received from eleven groups. As of the 31st of March 2022, there were 23 Co-ordinators of which 2 are in-active. We had one Co-ordinator who died and whom had been with the service since its inception. Two other Co-ordinators retired and have been replaced. There is a complement of 96 Befrienders and 399 Befriendees. The service is down 5 Befrienders from last year. There were 4 four deaths, 5 who left due to deteriorating health and 4 who retired for personal reasons. The service recruited and trained 20 Befrienders, with 12 commencing Befriending this year. However, 3 subsequently left, to go to paid employment and one died suddenly. Seven trained as Co-ordinators with 4 commencing in the role and two subsequently left, one to take up employment and the second felt she could not make the commitment. Four Befrienders were unable to start because their health deteriorated.

In relation to Befriendees, we have an increase of 3 from last year. There are also waiting lists for services in certain areas i.e., Lisburn, Newtownstewart and Castlederg areas. The groups are finding it difficult to recruit and this is an area that will need to be reviewed going forward.

The breakdown of the Befriending service numbers is shown in Table 1 below.

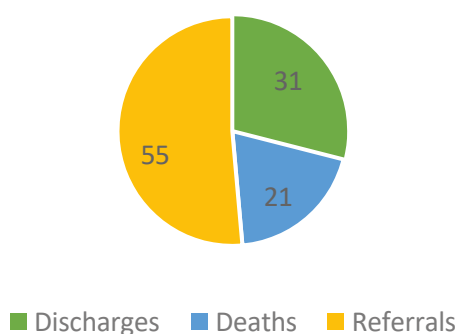
**Table 2.1 Befriending Service Numbers**

Group	Coordinators*	Befrienders	Befriendees
CAPG	6*	15	20
CASTLEHILL	1	4	9
ELY	1	5	13
FAIR	1	7	20
FMO	1	8	25
MAPS	2	12	30
MAST	1	4	7
SEFF	3	22	121
SETWS	2	9	63
STRULE	1	3	14
UDR ENNISKILLEN	1	7	77
<b>TOTAL</b>	<b>23</b>	<b>95</b>	<b>399</b>

\*1 Co-ordinator is responsible for Administration and 5 complete Supervision

The ageing population of Befrienders and Co-ordinators and the inability to recruit new volunteers is an issue for many groups. The lack of a volunteer strategy in the sector may also contribute to this issue.

Discharges, Death & Referrals

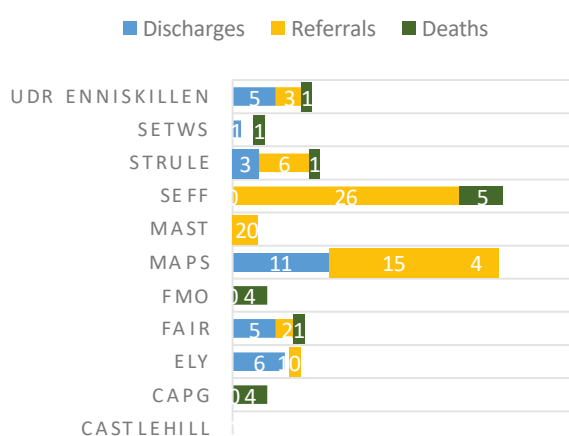


## Referrals, Discharges & Deaths

New referrals, discharges and deaths in the monitoring period are shown in the diagram on the left. There were 55 new referrals (of which 33 were female and 22 male). There were 31 discharges (19 female and 12 male) and 21 deaths (9 female and 12 male). Referrals, discharges and deaths by group are shown below.

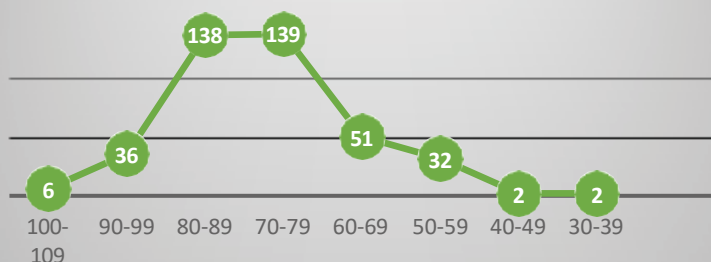
SEFF had the majority of referrals N=26 followed by MAPS N=15 and STRULE with N=6. Four groups had no referrals, Castlehill, CAPG, FMO and SETWS. In relation discharges MAPS had the majority with N=11 followed by Ely, N=7 and FAIR N=5. Castlehill, CAPG, FMO and SETWS had no discharges. SEFF had the majority of deaths N=5 each, followed by CAPG, FMO and MAPS each with N=4. Castlehill. Ely recorded no deaths.

Referrals, Discharges & Deaths by Group



## Biography

Befriendee Age Profile



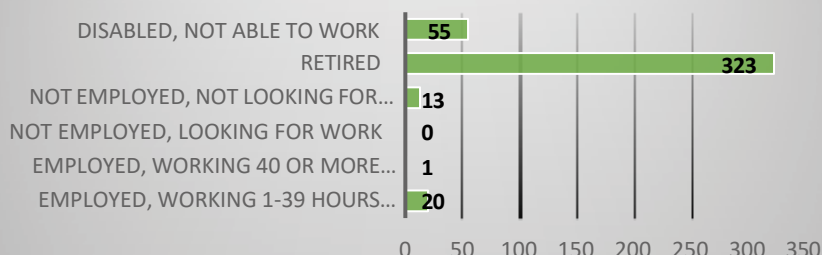
The age profile ranged from 103 to 31 years of age with the majority, just over two thirds 67% in the 70-89 age bracket, followed by the 60-69 age bracket with just under 12%. Just over 10% are ages between 90 and 103.

The service is supporting an ageing population who will undoubtedly

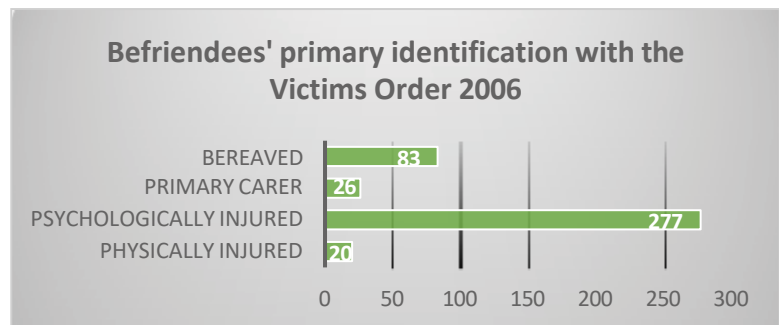
require increasing support with the diminished health and social care service in current operation.

Given the age profile, it is not surprising, that just over 93% were retired n=323 or disabled and not able to work n=20. The vast majority almost 69%, identified with the victims' order as being

Employment Status

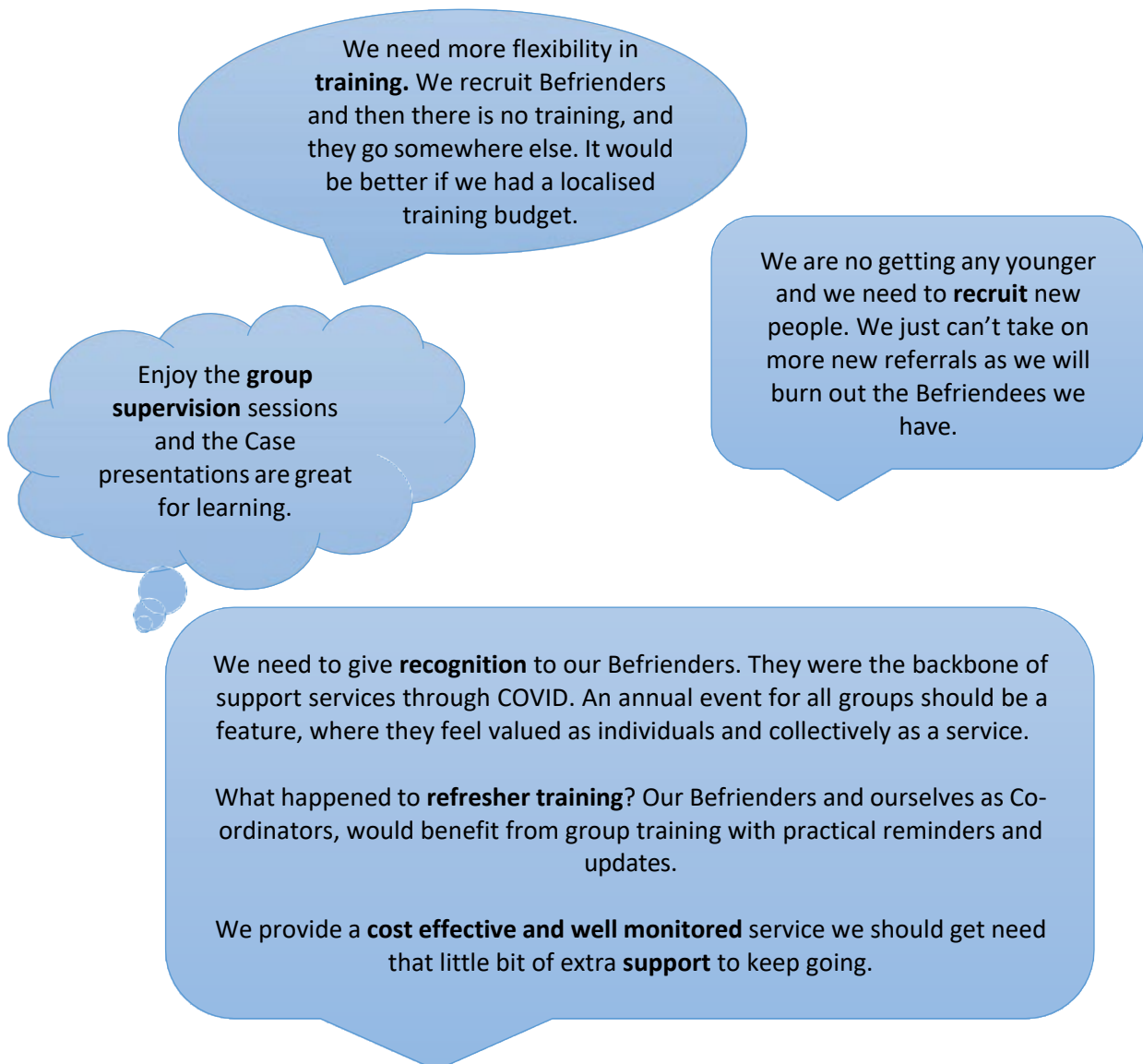


psychologically injured. This was followed by the bereaved at just over 20%, with primary carer and physically injured at just over 10%.



## Co-ordinators Observations

Co-ordinators are responsible for the overall operation and delivery of the Befriending service. They are supported through external supervision and it is that forum that they raise issues that are off concern to them. These often relate to training, recruitment, and recognition as a service.



### 3. Service Overview

Key statistics from the Monitoring Returns in comparison with previous years is outlined below. As outlined previously, this year operations have been impacted by COVID.

**Table 3.1 Service Comparisons**

	2017-18	2018-19	2019-20	2020-21	2021-22
No. of Co-ordinators	25	26	24	21	23
No. of Befrienders	132	141	127	100	95
No. of Befriendees	541	567	554	396	399
Contacts p.a.	9,733	11,020	8,388	9,639	7,667
Befriending Hours p.a.	22,659	23,830	19,865	14,756	11,856
Financial Analysis	2017-18	2018-19	2019-20	2020-21	2021-22
Mileage Costs & Direct Expenses	£94,272	£99,377	£79,307.95	£28,705.09	£46,130.67
Indirect Expenses	£40,750	£41,882	£33,390.39	£29,306.60	£26,167.12
External Supervision	£16,250	£25,000	£34,400.00	£32,000	£31,200
<b>Total Service Cost</b>	<b>£151,272</b>	<b>£166,259</b>	<b>£147,098.34</b>	<b>£90,011.69</b>	<b>£98,497.79</b>
Financial Ratios	2017-18	2018-19	2019-20	2020-21	2021-22
Cost per Befriender	£1,146.00	£1,179.14	£1140.29	£900.11	£1,089.45
Cost per Befriender	£279.62	£293.23	£265.52	£227.30	£259.39
Cost per Contact	£15.54	£15.09	£13.44	£6.02	£9.43
Hourly Cost of Service	£6.68	£4.45	£4.35	£3.93	£4.31
Operational Ratios	2017-18	2018-19	2019-20	2020-21	2021-2022
Ratio of Befrienders to Co-ordinators	5.28	5.42	5.37	4.76	4.1
Ratio of Befriendees to Coordinators	21.64	21.81	23.08	18.85	17.34
Ratio of Befriendees to Befrienders	4.10	4.02	4.29	3.96	4.2

## Indirect & Direct Hours

There were 7,667 direct contact hours and over 11,856. befriending hours in total. Indirect activity hours were 4,910 the latter mostly accounted for by administration and supervision. However, some hours were for food parcels delivered to others who were not Befriendees.

Average length of contacts with Befriendees was 1 hour and 55 minutes which is up just over 20 minutes from last year. This would be reflective of the increase in Hospital transport and return to social outings.

Table 3.2 below outlines the breakdown of indirect hours submitted per group.

**Table 3.2 Indirect Hours Overview**

Group	Indirect Hrs per Month 22	Indirectly Monthly Hrs per Befriender	Indirect Monthly Hrs per Befriender	Average Befriender Visits (Hrs)
CAPG	63	4.2	3.15	0.69
CASTLEHILL	3.83	0.95	0.95	0.81
ELY	11.91	2.38	0.91	1.96
FAIR	52.25	7.46	2.61	1.49
FMO	15.58	1.94	0.62	0.99
MAPS	19.83	1.65	0.66	1.63
MAST	0.12	0.12	0.017	0.97
SEFF	209	9.5	1.72	2.11
SETWS	28.25	3.13	0.44	1.76
Strule	3	1	0.21	2.11
UDR ENNISKILLEN	37.43	5.3	0.48	1.03

## Befriendee Review

Group	SETWS
Date	10/02/2022

### Background

This lady's husband died before Christmas last year. She has two sons and lives on her own in a rural area. She can't drive and depends on others for transport. She appeared to be coping well following the death but more recently has presented as agitated and has argued with her sons. She has disclosed to her Befriender that she told her sons'; she didn't want to see them as they don't care about her. Her mindset is very negative with feelings of being a burden to her family and she believes that is how she is perceived. She told both her sons she wished she was dead. After she did this, she contacted her Befriender, very upset, and told her what had transpired.

She has had several face-to-face visits to work through with her what the key issues are. These all emanate from the grieving process. She was not actively suicidal but lonely, sad and angry with the loss of her husband. She is awaiting surgery for gall stones and is scared of having surgery. The combination of life events and her physical health has manifested in poor mental well-being. This is being exacerbated by lack of social stimulation and engagement. She is lonely and has no one to talk to and nothing to occupy her mind.

She has been supported to attend outpatient appointments prior to surgery for a cholecystectomy. She has also been supported to attend her husband's grave.

The objectives identified and progress are outlined below.

Objectives	Progress
<b>Promote mental Well-being</b>	Visited at home and discussed the issues regarding the dispute with family which is going to take time to resolve. However, being able to explore her feeling and talk through her thought processes are helping her understand the grieving process. Occupying her mind was identified as something she needed. She acknowledged she used to knit, and her Befriender has supported her to start knitting for the group which she has eagerly engaged in. This has helped her mood. Supporting her through the forthcoming surgery is also helping reduce her anxiety and fear. She is more relaxed now about the prospect of having surgery. She understands that post surgery her health will be much improved.
<b>Loneliness</b>	Affording her one-to-one time has helped her engage in conversations about how she might address her loneliness. Visits to her husband's grave and going out for coffee are all helping her gain confidence to engage in the community.
<b>Promote Social Well-being</b>	By supporting her to engage in her hobby of knitting will help her have the confidence to attend arts and crafts classes in SETWS in the autumn and winter. Attendance at these classes will assist with social engagement and help her make new friends as well as having hobbies to occupy her time.

## Impact to Date

The interventions to date have really helped her mental and emotionally well-being. She is less anxious, less introspective and understands the grieving process. Her engagement with her Befriender has helped with social connectedness and she is more willing to engage in community activity. All of these steps are helping reduce feelings of loneliness and social isolation.

## Psychometric Score

The scores are reflective of the difficult time this Befriendee has endured, and the benefit of the support received. The fact that there has been slight improvement is a positive step for moving forward. However, it is acknowledged she would benefit from additional contact visits.

Objective	Pre	Post
Social Well-Being	27	25
Mental Well-Being	23	21
Loneliness	7	6

## Plan (Next Steps)

1. Continue home visits.
2. Introduce telephone contact between visits.
3. Encourage to continue with hobbies.
4. Support to engage socially through going out for coffee.
5. Support through forthcoming surgery.
6. Plan for attendance at arts and craft in the autumn

## 4. Cost Benefit Analysis

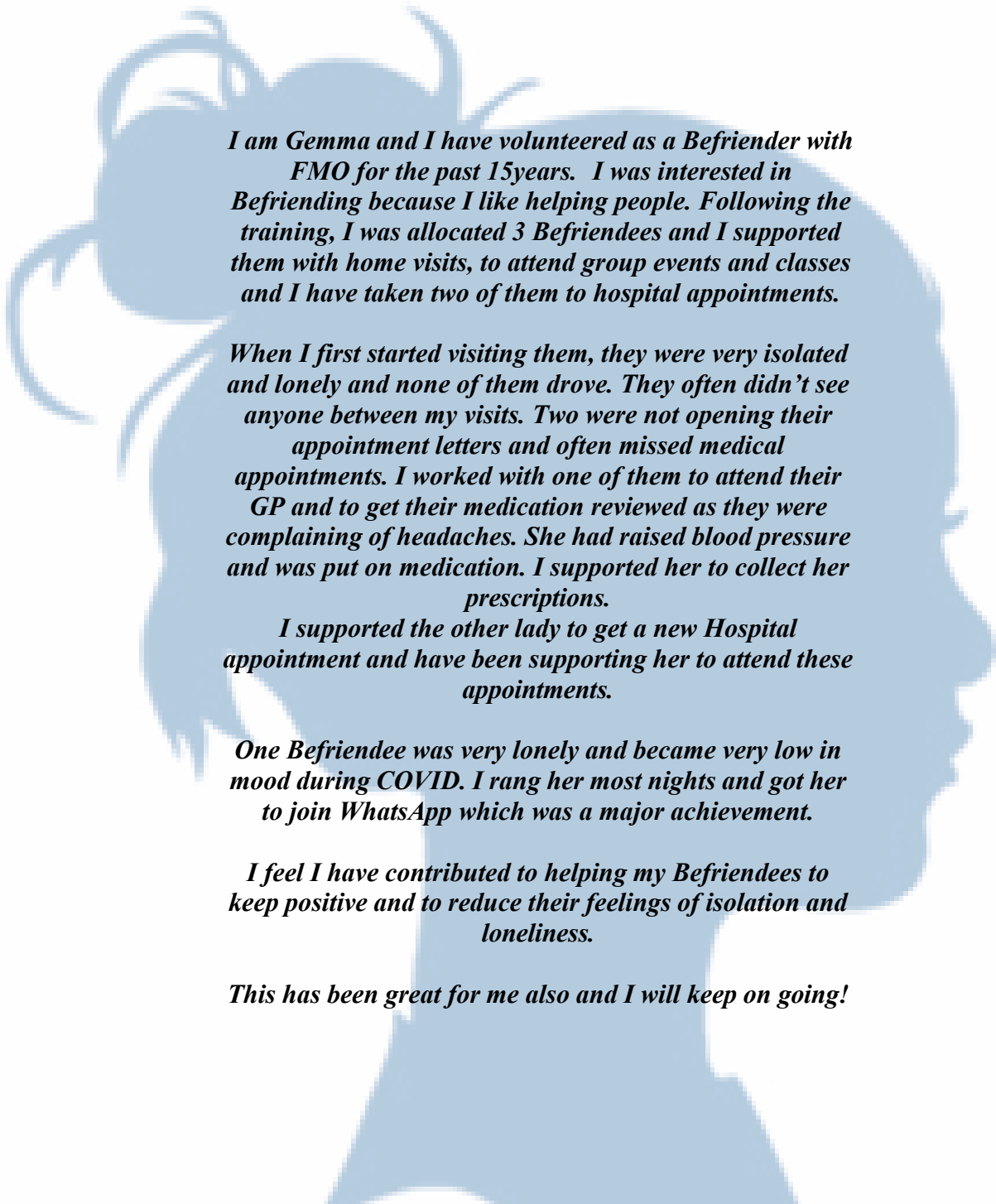
Table 6 overleaf gives an overall analysis of the service per group. The average cost per visit has increased to £9.43 up £3.41 from last year. The cost per hour has also increased from £3.93 to £4.31. The indirect costs have decreased from just over 50% last year to 36% this year. Again, these figures are reflective of a movement by some groups to commence direct activity and thus reduce indirect costs.

Table 4.1 Cost Benefit Analysis

Group	Total Befriending Contacts	Total Befriending Hours	Direct Befriending Costs	Time Spent on Indirect Activities	Other Indirect Costs	TOTAL TIME (Hrs)	TOTAL CLAIMED	Average Contact Length (Hrs)	Average Cost per Visit (£)	Average Cost per Hour (£)*	Indirect Costs as % of Total
CAPG	609	422.50	£181.04	335.00	£3,338.00	757.50	£3,519.04	0.69	£5.78	£4.65	94.9%
CASTLEHILL	279	227.00	£472.99	46.00	£510.87	273.00	£983.86	0.81	£3.53	£3.60	51.9%
ELY	227	444.45	£2,741.02	143.00	£1,186.05	587.45	£3,927.07	1.96	£17.30	£6.68	30.2%
FAIR	678	1,007.25	£3,272.07	627.00	£3,087.11	1,634.25	£6,359.18	1.49	£9.38	£3.89	48.5%
FMO	231	229.00	£130.60	187.00	£1,370.96	416.00	£1,501.56	0.99	£6.50	£3.61	91.3%
MAPS	780	1,271.25	£8,526.11	238.00	£2,331.88	1,509.25	£10,857.99	1.63	£13.92	£7.19	21.5%
MAST	78	75.65	£238.96	1.50	£381.70	77.15	£620.66	0.97	£7.96	£8.04	61.5%
SEFF	1,680	3,551.62	£17,320.31	2,508.00	£8,848.87	6,059.62	£26,169.18	2.11	£15.58	£4.32	33.8%
SETWS	1,349	2,380.10	£4,321.50	339.00	£2,040.00	2,719.10	£6,361.50	1.76	£4.72	£2.34	32.1%
STRULE	264	556.40	£2,731.95	36.00	£540.00	592.40	£3,271.95	2.11	£12.39	£5.52	16.5%
UDR ENNISKILLEN	1,492	1,690.80	£6,194.12	449.25	£2,531.68	2,140.05	£8,725.80	1.13	£5.85	£4.08	29.0%
<b>Totals for Period</b>	<b>7,667</b>	<b>11,856.02</b>	<b>£46,130.67</b>	<b>4,909.75</b>	<b>£26,167.12</b>	<b>16,765.77</b>	<b>£72,297.79</b>	<b>1.55</b>	<b>£9.43</b>	<b>£4.31</b>	<b>36.2%</b>

\*Does not include external supervision.

## \*Gemma Befriender Profile



***I am Gemma and I have volunteered as a Befriender with FMO for the past 15 years. I was interested in Befriending because I like helping people. Following the training, I was allocated 3 Befriendees and I supported them with home visits, to attend group events and classes and I have taken two of them to hospital appointments.***

***When I first started visiting them, they were very isolated and lonely and none of them drove. They often didn't see anyone between my visits. Two were not opening their appointment letters and often missed medical appointments. I worked with one of them to attend their GP and to get their medication reviewed as they were complaining of headaches. She had raised blood pressure and was put on medication. I supported her to collect her prescriptions.***

***I supported the other lady to get a new Hospital appointment and have been supporting her to attend these appointments.***

***One Befriender was very lonely and became very low in mood during COVID. I rang her most nights and got her to join WhatsApp which was a major achievement.***

***I feel I have contributed to helping my Befriendees to keep positive and to reduce their feelings of isolation and loneliness.***

***This has been great for me also and I will keep on going!***

\*Name changed to protect the identity of the Befriender

## 5. Befriender Reviews

This is the third year that Psychometrics for Loneliness, Social Well Being and Mental Well-being have been used for Befriending Measurement. Percentage differences are reported between last year and this year. However, as outlined previously, it is difficult to rely on the correlations and outcomes this year as the service has been operating under the influences of the COVID pandemic. That said, the service has been providing essential support to the most vulnerable and this is undoubtedly reflected in the analysis particularly relating to the qualitative data.

### Well-Being

Well-being can be understood as how people **feel** and how they **function**, both on a personal and a social level, and how they **evaluate their lives** as a whole. To break this down, how people feel refers to emotions such as happiness or anxiety. How people function refers to things such as their sense of competence or their sense of being connected to those around them. How people evaluate their life as a whole is captured in their satisfaction with their lives, or how they rate their lives in comparison with the best possible life.

### Methodology

The methodology used is self-reported well-being of the Befrienderes, captured on a questionnaire inputted to SurveyMonkey with a link provided to Co-ordinators to complete online. The instrument is user friendly and straightforward to complete. The Co-ordinators were trained in how to load the data onto SurveyMonkey, and this is being supported through supervision.

### Measurement

The Psychometrics used are all adapted from questionnaires that have both confirmed validity and reliability with Cronbach's Alphas in excess of (0.8). Questionnaires are completed with Befrienderes as follows:

- **Entry** – at the beginning of their engagement with the project. For many in the Befriending service, they are not new but require long term support. For these individuals, the baseline is being captured this year and will continue to be captured, as an annual review.
- **Exit** – at the end of their engagement with the project. The 'end' should be when the decision has been made to discharge the Befriender.

### Social Well Being

Social well-being is primarily assessed through the social well-being depth module that has been used by the National Lottery to measure social support, in terms of feeling close to other people and feelings of belonging to the community. The four sub-domains of social well-being include:

- **intimate** – having close relations and not feeling lonely
- **activities** – having social networks that allow one to be active
- **community** – community belonging and satisfaction

- **support** – having social networks that provide support

The focus of the Befriending relationship is on improving the Befriendeds level of social well-being, including:

- **reducing social isolation**
- **opportunities to socialise**
- **a sense of belonging**
- **feeling valued**
- **improved relationships with family and friends**

These are measured using Likert scales, ranging from 1-5 to 1-7, whilst the volunteer question is a 1-3 scoring.

### Short Warwick-Edinburgh Mental Well-being Scale

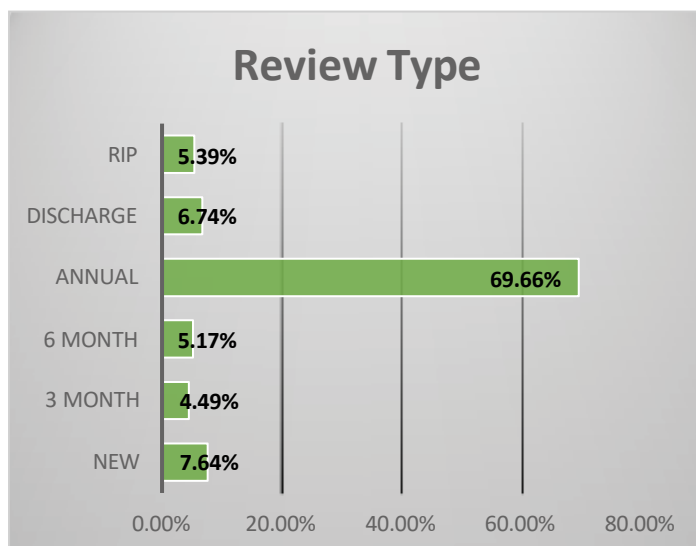
SWEMWBS is a 7-item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale.

### UCLA

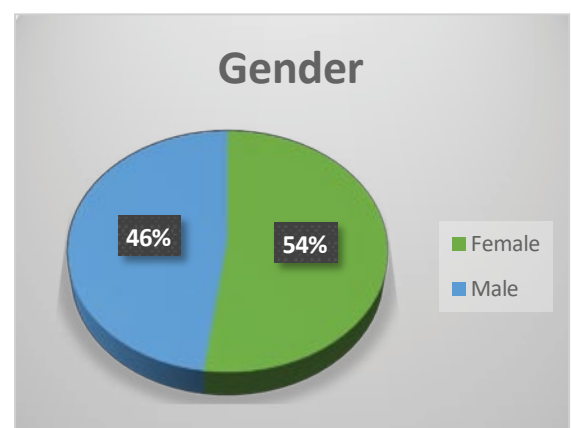
This scale comprises 3 questions that measure three dimensions of loneliness: relational connectedness, social connectedness, and self-perceived isolation. The scores for each individual question can be added together to give you a possible range of scores from 3 to 9. Researchers in the past have grouped people who score 3 – 5 as “not lonely” and people with the score 6 – 9 as “lonely”.

### Review Data

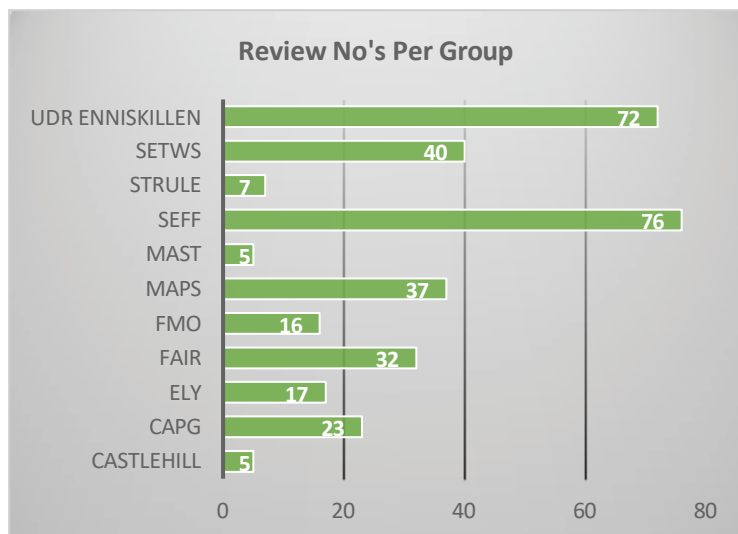
There were 330 reviews on the system from the 1st of April 2021 to 31st March 2022. The majority were annual reviews 275, there were 24 that were either, three or six-month reviews or have been reviewed because of change in Befriended circumstances. These are classed as annual reviews as they appear only once on system and they were no follow-up reviews. There were 31 discharges.



The gender breakdown was 152 males and 178 females.



## Profile of Befriendees



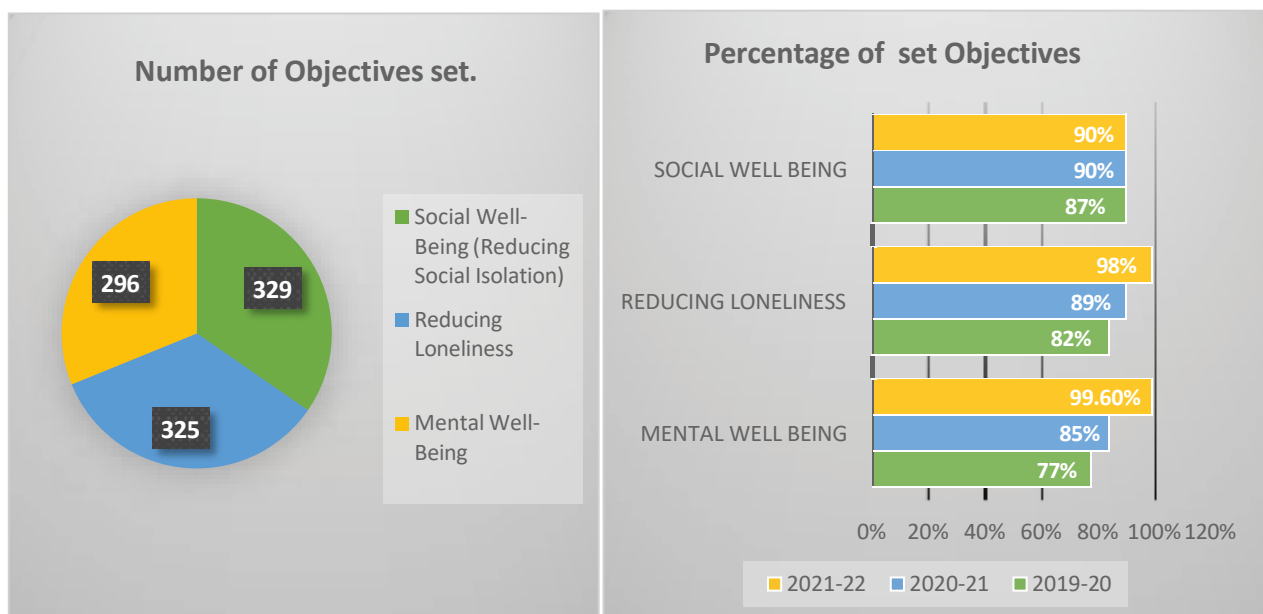
The breakdown of reviews per group (n=11) are shown on the left, with SEFF completing just under one quarter of the reviews with just over 23%, followed by the UDR Enniskillen just over 20% dropping down to the smaller groups of MAST and Castlehill at 1.5% each.

## Befriender Objectives

There was an exceedingly small number difference between social

well-being and reducing loneliness with the former n=329 and the latter n=325. This is similar for the last two years. Mental well-being was set for n=296.

There were more objectives set this year with the greatest increase in mental health up just over 20% in last three years, reducing loneliness up by 9% with social isolation unchanged from last year at 90%.



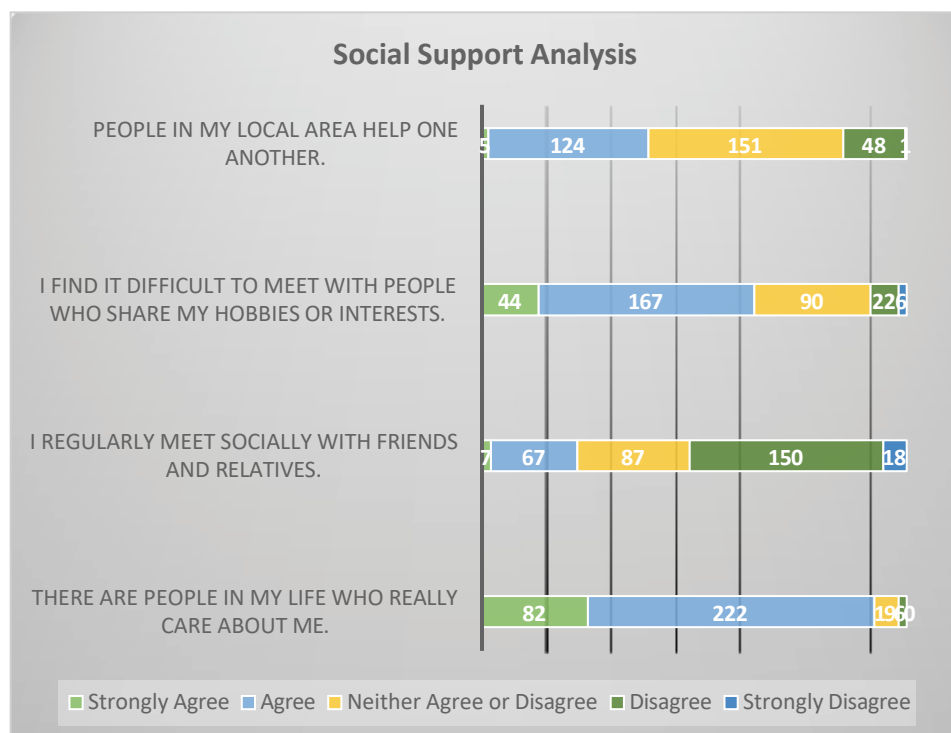
The interventions centered around telephone contacts, with gradual introduction of home visits and accompaniment to social outings and events. There were some deliveries of food parcels, activity and craft sets, supportive outside visits if required, grocery and prescription collection and deliveries. Support to attend hospital treatments, mostly cancer-related or chronic conditions that have deteriorated. The focus was on interventions to maintain well-being and prevent deterioration in mental health. Supporting Befrienders to commence home visits has been ongoing. With the ageing population both in terms of Befrienders and Befriendees this is a challenge for many services. Befriendees are suffering enduring mental health

issues, together with chronic physical conditions and terminal illness. The pandemic has had a negative impact on their coping mechanisms. Therefore, it will take time to build trust and confidence in terms of social interactions and integration.

### Social Well Being

There are seven questions in the social well-being psychometric. Four of these focus on social supports and three on social engagement and sense of belonging.

Social Well Being was set as an objective for (N=329). The diagram on the right shows the analysis of the social support well-being scale. Just over 92% percent reported that they did not feel they had people in their life that cared about them. This has increased by 8%

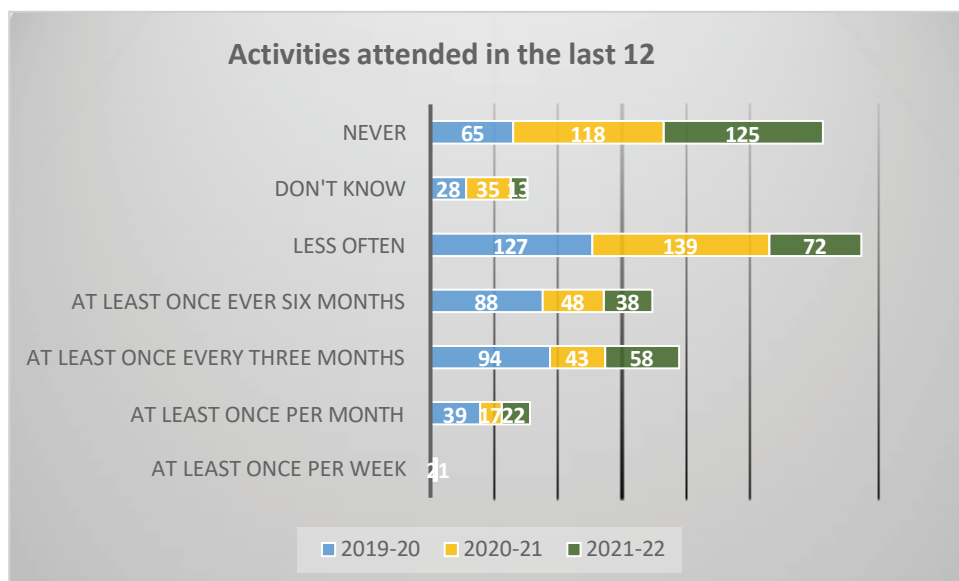


from last year and 32% from 2020. This may well be contributed to by the lockdowns and lack of social engagement over the past two years. Almost 50% reported that they did not meet regularly with friends or family and another 26% neither agreeing nor disagreeing with the statement. The former has decreased by 6% and the latter has decreased by 2%. This is a slight improvement on last year which may be contributed to by some social engagement in the summertime.

Similarly, in relation to difficulty in meeting people to share hobbies and interests with, almost 65% agreed with the statement, this is the same as last year whilst an additional 27% were undecided, decrease of 3%. Just under half of Befriendees were undecided if people in their community supported one another. The figure was 46%, a decrease of 4% from last year and similar to 2020 at 47%. Surprisingly 39% believe they did (an increase of 9% from last year and 12% from 2020). Just under 15%, a decrease of 5% from last year and 11% from 2020.

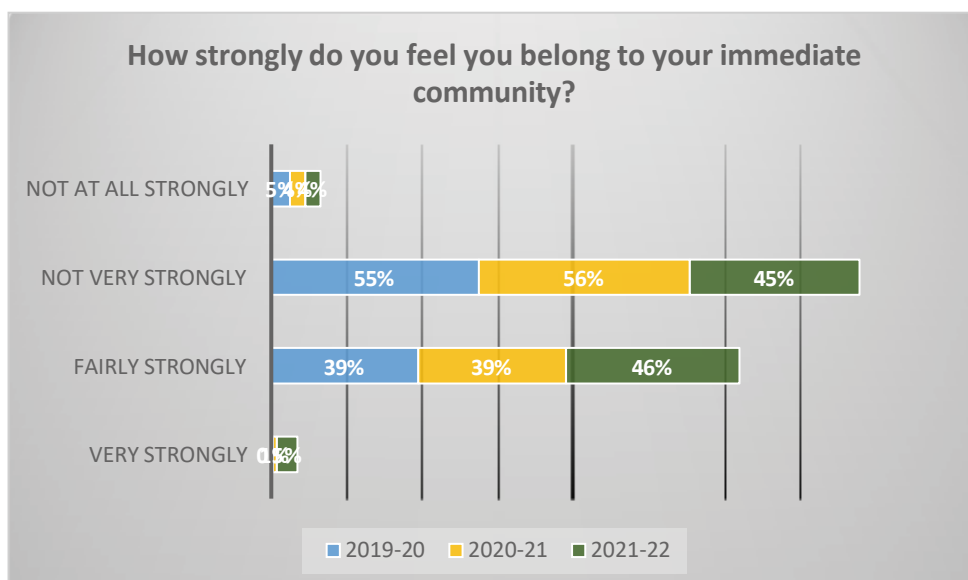
There are small but significant positive changes in mindset with the exception of not feeling they have people in their life that care about them. This would result in feelings of isolation and loneliness. The pandemic would have influenced these perceptions. With some, the supports they received combined with family support has increased positive mindsets, with others they may require additional support and will have to be addressed in supervision with the Co-ordinators.

Engagement in the local community showed the majority have no community involvement - 38% an increase of 9% from last year. An additional 22% have not engaged in the last twelve months, which shows 60% are not involved in their communities. This has almost doubled from just 31% 2020. Those that engaged in the past 6 months or 3 months (11% and 12% respectively) predominately engaged in luncheon clubs and other activities organised by the group during the



lifting of restrictions. This would indicate the need to develop social based activities for the client population. Without more social engagement these Befriendees' social isolation will increase. This is an area for focus in the forthcoming year in relation to befriending activity.

Following engagement in the community, Befriendees were asked how strongly they felt they belonged to their local community and the majority (51%) reported they felt very strongly or fairly strongly that they belonged to the community. This is an increase of 12% from 2020. This may well indicate that COVID has brought a lot of communities together. However

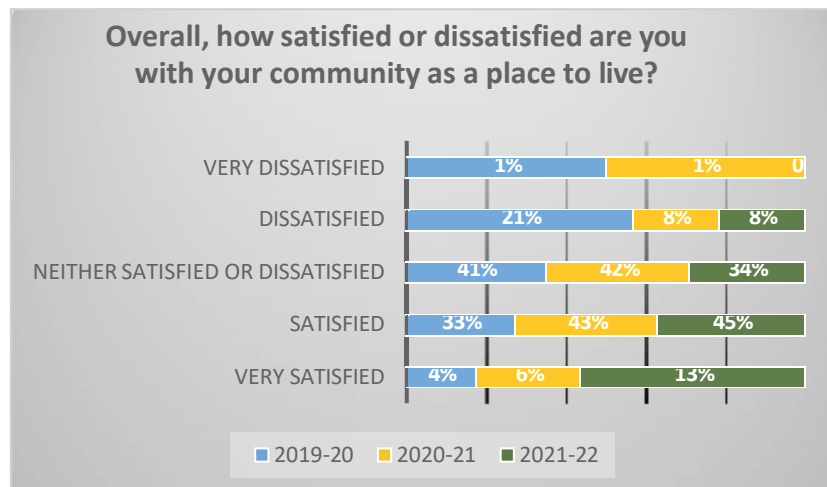


just under half of the Befriendees 49% felt they do not feel strongly that they belong in the community. This indicates the need for Befrienders to focus on social engagement activities and to ensure that

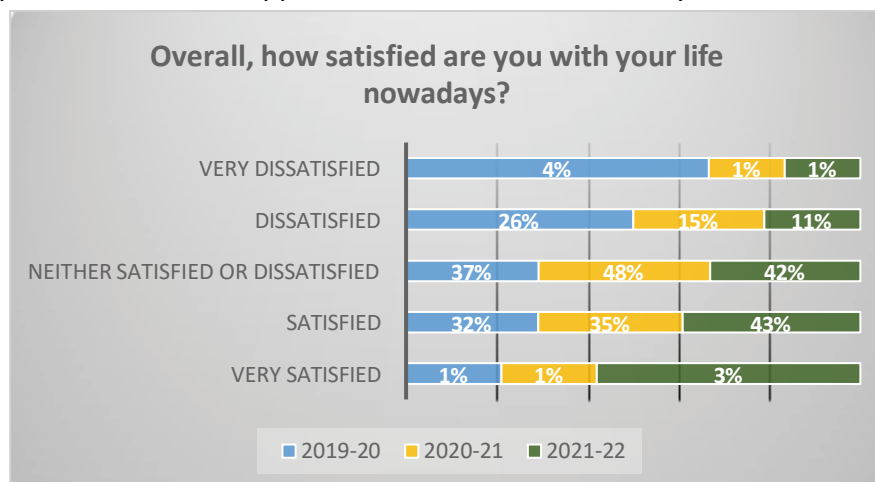
Befriendees are kept up to date with activities and happenings in the community., The importance of Befrienders encouraging social engagement and supporting social integration remains a challenge in the coming year.

Befriendees were asked how satisfied they were with their community as a place to live. Their responses show that the majority 58% were satisfied with their community as a place to live which is an increase of 21% from 2020. Just over one third 34% were neither satisfied or dissatisfied with the community which is a decrease of 8% from last year.

There was a decrease in dissatisfaction from 22% in 2020 to just 8% in 2022 a 14% drop. Their responses may have been influenced by the supports they have received during the pandemic.



Befriendees were then asked about their satisfaction with life. Satisfaction levels have increased by 13% from 2020, with a significant decrease in dissatisfaction 18% from 30% in 2020 to 12% in 2022. Again, this correlates with satisfaction levels within the community. The pandemic it would appear has influenced community cohesiveness and satisfaction with life.



This is undoubtedly correlated to the inputs from the Befriending service which is shown in the qualitative feedback.

The last question in this section related to volunteering with the vast majority (96%) not having volunteered in the

past twelve months. This is the same as last year. This is influenced by the age profile and morbidity levels of the Befriendees. However, there is a need to support and encourage Befriendees to get more involved in group activities and volunteering post COVID. There will be challenges for the Befriending service in terms of approaches, encouragement, and motivation. As recommended last year there is a need to focus on a strengths-based model for motivation and self-help.

## Comparative Analysis Social Well Being

The comparisons between this years and last year's findings are based on the scored weighing of each question and will be reported in terms of changes in the mean with standard deviation. We are reporting under the three measurement tools.

Questions 1-4 were scored on a 1 to 5 Likert scale with 1 being the most positive mindset and 5 being the most negative in relation to social supports.

- Question 5 was scored on a 1-7 Likert Scale with 1 being the most positive and 7 the most negative in relation to engagement in the community.
- Question 6 was scored 1-4 Likert Scale with 1 the most positive and 4 most negative belonging to the community.
- Questions 7 and 8 were scored on a 1-5 Likert Scale with 1 the most positive and 5 the most negative in relation to satisfaction with community and their life.
- Question 9 was scored 1-2 with 1 positive and 2 negative, in relation to engagement.

The following table shows the percentage who agree with the statements which determines the positive or negative change.

**Table 5.1 Social Wellbeing**

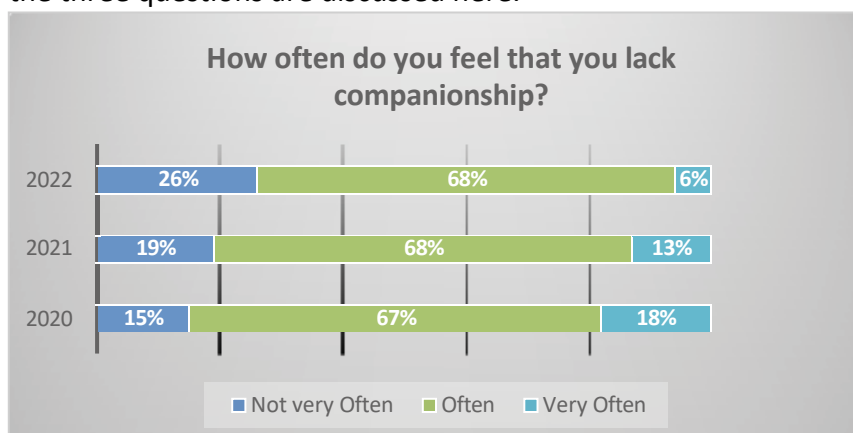
<b>Social Well-Being</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>	<b>% Change from 2020 to 2022</b>
<b>Question</b>	<b>%</b>	<b>%</b>	<b>%</b>	
<b>1. There are people in my life who really care about me.</b>	65%	84%	92%	<b>+27%</b>
<b>2. I regularly meet socially with friends and relatives.</b>	24%	16%	22%	<b>-2%</b>
<b>3. I find it difficult to meet with people who share my hobbies or interests.</b>	58%	65%	65%	<b>-7%</b>
<b>4. People in my local area help one another.</b>	27%	30%	40%	<b>+13%</b>
<b>5. How often in the last twelve months did you help with or attend activities organised in your local area?</b>	51%	28%	7%	<b>-44%</b>
<b>6. How strongly do you feel you belong to your immediate community?</b>	40%	40%	52%	<b>+12%</b>
<b>7. Satisfaction with your community as a place to live?</b>	37%	50%	58%	<b>+21%</b>
<b>8. Satisfied with your life nowadays?</b>	34%	36%	46%	<b>+12%</b>
<b>9. Have you volunteered in the last 12 months?</b>	7%	4%	4%	<b>-3%</b>

The most positive result is the feeling that they have people in their life that care about them (+27%) positive change. This is correlated with positive satisfaction with their community +12% and that the community is supportive (+13%). This gives rise to a stronger sense of belonging and a resultant increase in life satisfaction (+12%).

On the negative side the lack of social engagement which is (-44%) and has increased from last year by (-21%). The other negative results are all directly correlated to this lack of social engagement in the community.

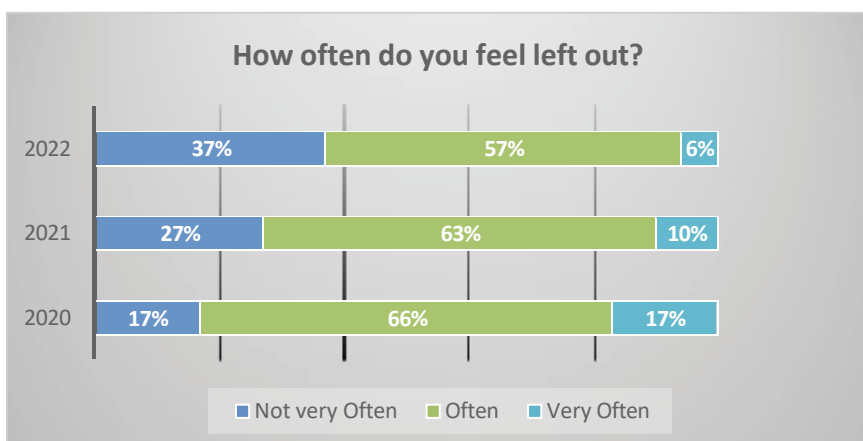
## Loneliness

Loneliness as an objective was set for 325 Befriendees. The UCLA measurement findings for each of the three questions are discussed here.

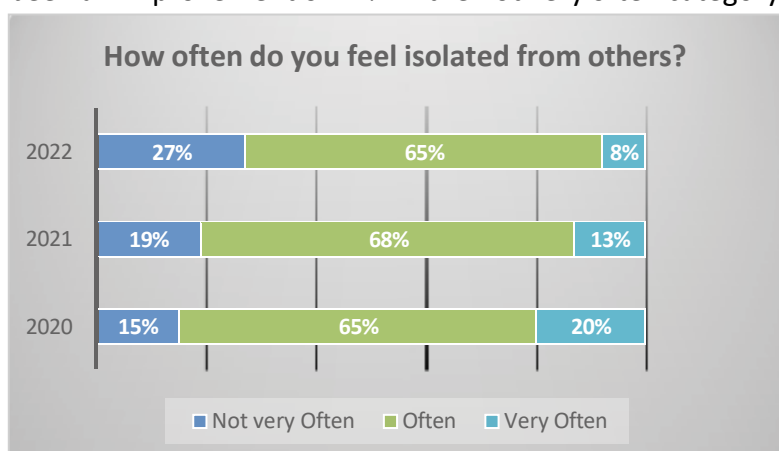


The often category has remained fairly consistent from 2020 with a change of just 1%. The most change has occurred in the *very often* category, which has decreased by 12% from 2020 and by 7% from last year. *Not very often* has also increased from 15% in 2020 to 26% in 2022, an increase of 11% and up 7% on 2021.

In relation to *feeling left out*, the *often* category is in the majority but with a decrease of 11% from 2020 and a decrease of 6% from last year. However, the largest change has been in the *not very often* with an increase from 17% to 37%, which is a 20% improvement. On the other end the *very often* category reduced by 11% from 2020 and by 4% from last year. These changes can be correlated with the changes in social well-being and may be attributed to the contact by Befrienders and the supports offered over the past two years of the pandemic.



When responding to how often they feel isolated from others, we find consistency in the often category, with the figure the same a 2020 at 65% which is a decrease of 3% from last year. There has been an improvement of 12% in the not very often category from 2020 and 8% from last year. There



has also been an improvement 12% in the *not very often* category from 2020 to 27% this year. The often category has also improved by 12% from 20% in 2020 and 5% from last year.

The gender differences found males were slightly lonelier than females with a 12% difference overall.

Men tend to feel more left out, which may indicate that more activities have been targeting females and this may

relate to a much higher ratio of female Befrienders to male across the sector.

## Comparative Analysis Loneliness

The following table shows the percentage differences in the **often** and **very often** categories of the UCLA Scale.

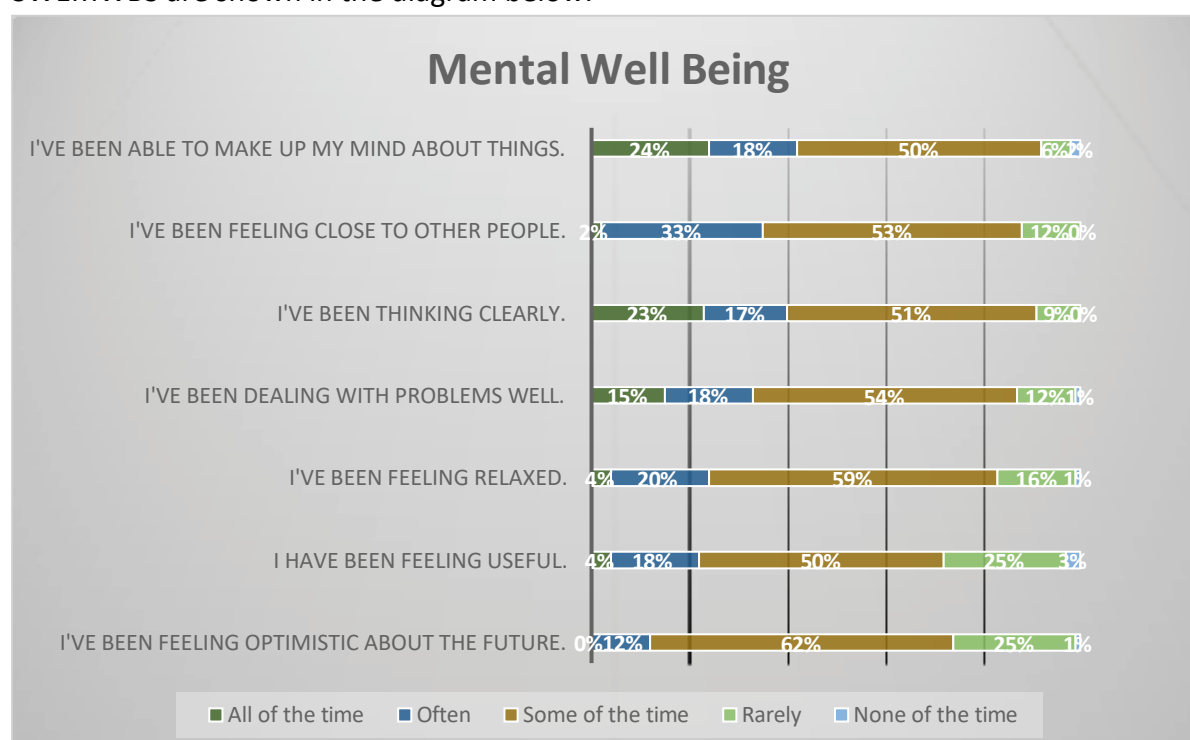
**Table 5.2 Loneliness**

Loneliness	2019-20	2020-21	2021-22	% Change from 2020
Question	%	%	%	
Lacking Companionship	85%	81%	74%	+11%
Feeling Left Out	83%	73%	63%	+20%
Feeling Isolated from others	85%	80%	73%	+12%
Overall percentage improvement				14%

The questions for measuring loneliness were scored with a 1-3 Likert Scale with 1 the least lonely and 3 most lonely. The combined mean score in 2020 was 6.7 with last year's score 5.62 and this year's score is 5.20, which renders the majority just under the mid-range of the scale which would suggest they are into the borderline of loneliness. However, there is improvement overall in the past two years which will be interesting to monitor as to how this will progress now that the lockdowns have ceased and society is opening up.

## Mental Well Being

Mental Well-being was set as an objective 296 Befriendees. The seven questions from the SWEMWBS are shown in the diagram below.



In relation to the ability to be decisive i.e., **making their mind up** shows that half of the Befriendees 50% reported they can only do this *some of the time*, a decrease of 9% from last year and 2% from 2020. A further 6 % said they were *rarely* decisive a decrease of 2% from last year and 15% from 2020. Just 2% said they *cannot make their mind up at all*, up 1% from

*last year and the same as 2020.* There has been a 17% improvement in decisiveness from 2020 and 10% from last year.

Relationships in terms of ***feeling close to other people*** shows reporting of 53% stating they feel close to others *some of the time*, a decrease of 13% from last year. Just over 12% stated they rarely feel close to others a decrease of 17% from 2020. The combined percentage for *often* and *all of the time* was 35% and increase of 21% from 2020 and 14% from last year. There appears to be a positive move from the *rarely* category to the *often* group.

The ability to ***think clearly*** is similar to the previous two findings just over half 51% said they could do this *some of the time*, a decrease of 8% from last year and the same as 2020. However, there was a 22% decrease in those in the *rarely category* from 2020 and 3% from last year. Almost two fifths 40% felt they *often* thought clearly or were able to clearly think *all the time* (17 % and 23% respectively). This is an increase of 21% from 2020 and 14% from last year. This again demonstrates positive improvements. The fact that Befriendees have had increased phone contact and supportive activities may have a bearing on this aspect of their mental well-being.

This links into the ***ability to deal with problems***, where over half 54% felt they could deal with problems *some of the time*, a decrease of 6% from last year and an increase of 2% from 2020. Another 12% stated they could *rarely* deal with problems a decrease of 15% from 2020 and 3% from last year. On the other end of the scale there was just under one third 33% who deal with problems *often or all of the time* an increase of 18% from 2020 and 10% from last year. The consistency here is that there are similar improvements across the domains, with the majority somewhere in the middle. Thus, the strengths-based approach is helping to focus on their strengths in relation to moving forward.

The focus then was on whether they ***feel they can relax*** properly. There were 59% who felt they can relax *some of the time*, a decrease of 10% from last year with an increase of 11% from 2020. Another 16% felt they *rarely* relax a decrease of 12% from 2020 and 4% from last year. Just under one quarter 24% felt they can often relax or are always relaxed. The average scores over the 3 years put the majority 59% in the *some of the time* category with an additional quarter 25% rarely able to relax or never able to relax. This leaves 16% often or always able to relax. With one quarter unable to relax, will require more of a focus on what the issues are that are causing anxiety and stress. If the pandemic is the contributory factor, then decreases would be expected this year. The overall score is the same as last year.

Befriendees were asked how ***useful they have been feeling*** and the feedback shows the majority 50% the same as last year with an increase of 6% from 2020, feel useful *some of the time*. One quarter 25% reported they *rarely* feel useful, which is a decrease of 12% from 2020 and 11% from last year. Similar to last year and 3% *never feel useful*, an increase of 1% from last year and a decrease of 3% from 2020. There was 22% who felt *useful often or all the time*, an increase of 10% from last year and 12% from 2020. With over a quarter feeling rarely or never useful may correlate with the age group of the Befriendees and their ongoing health issues. Nevertheless, there needs to be a drive to get people more involved in the groups or their community and explore opportunities for volunteering. Overall, this year there has been a slight increase in feelings of uselessness amongst Befriendees.

The last question focused on **optimism about the future**. Almost two thirds 62% felt optimistic *some of the time an increase* of 4% from last year and 8% from 2020, with 12% feeling optimistic *often*, an increase of 6% from last year and 3% from 2020. There was one quarter 25% who *rarely* feel optimistic, an increase of 9% on both 2020 and 2021 Again, the age profile and co-morbidities may well be influencing the responses. However, planning small events with the Befriender can have a positive impact on optimism by having something to look forward to.

There remains a central tendency towards the middle ground, similar to last year, but with improvements in four domains, no change in one and deterioration in two. The challenge will be to support some Befrienders to start face to face visiting and to get Befriendeds engaged in social activity and engagement.

The interventions this year may well have prevented deterioration in more areas of mental well-being. Given that they set this objective for more individuals this year would indicate a focus on promoting mental well-being. Co-ordinators have reported that there was a focus in keeping Befriendeds engaged, through increased contact and provision of activities and crafts as well as online classes and activities for those who could par-take.

### Comparative Analysis Mental Well-Being

The questions were scored on a 1-5 Likert scale with 1 the most negative mindset and 5 the most positive in relation to mental well-being. With the SWEMWBS raw scores must be converted to metric scores using the conversion table. Thus, the score for 2020 was 22.08 which equates to 20, last year's score was 20.65 which equates to 18.60 and this year's score is 22.68 which equals a SWEMWBS of 19.98. The scores for SWEMWBS are 17 or less for probable depression, 18-20 for possible depression, 21-27 for average mental wellbeing and 28-35 high mental wellbeing. Thus, borderline between possible depression and average mental well-being.

The weighted scores, for **mental well-being** are show in the table below.

**Table 5.3 Mental Wellbeing Weighted Scores**

<b>Mental Well-Being</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
<b>Question</b>	<b>Score</b>	<b>Score</b>	<b>Score</b>
<b>I've been feeling optimistic about the future.</b>	3.30	3.32	2.84**
<b>I have been feeling useful.</b>	3.31	3.25	2.94
<b>I've been feeling relaxed.</b>	3.25	3.12	3.12
<b>I've been dealing with problems well.</b>	3.19	2.93	3.35
<b>I've been thinking clearly.</b>	3.01	2.68	3.54
<b>I've been feeling close to other people.</b>	3.15	2.94	3.25
<b>I've been able to make up my mind about things.</b>	2.87	2.58	3.58*

\*Higher Score most Positive

\*\*Lower Score most Negative

## Befriendee Review

Group	Strule
Review DATE	27/02/22

### Background

This is a 69-year-old male who is a former member of the UDR. He lives in a rural area close to the border with Monaghan. Whilst serving he has had numerous threats on his life and as a result of his past experiences he now suffers from PTSD.

He is married and has one son. His wife has had a recent hip replacement and is now convalescing and undergoing physiotherapy to improve her mobility. They have one son who has been diagnosed with cancer and has undergone extensive chemotherapy. The Befriendee has been trying to support both his wife and son and is feeling the stress of both caring roles.

He is being visited bi-weekly with telephone contact in between. The service is there to support him cope with the additional strain he is experiencing at present.

The following objectives were set.

Objectives	Progress
<b>Promote Social Well Being</b>	The visits and the telephone contact help him feel engaged and included in the group. He likes to talk and converse about what is happening within the community as he has been feeling isolated.
<b>Promote Mental Well-Being</b>	The additional strain of caring has added to his already impacted mental well-being and thus affording him the time to talk and work through his anxiety helps him gain perspective and focus.
<b>Loneliness</b>	He appreciates having someone to talk to and share his worries. This helps him feel less alone.

### Impact to Date

The Befriendee believes the visits help to ease some of the tension. Having someone to confide in is something he feels, he needs, to help him cope with the added pressure of his current situation.

*"I really enjoy having someone I trust to talk to. It helps ease my tension. Sometimes it can get too much and to know I can lift the phone and speak with my Befriendees, really helps. I look forward to the visits."*

### Psychometric Score

The well-being and loneliness scores are shown below. They show improvement in all areas, with the largest change in social well-being.

Objective	Pre 4/02/21	Post 6/02/22
Social Well-Being	25	22
Mental Well Being	21	19
Loneliness	5	4

### Plan (Next Steps)

1. Continue to visit twice per month.
2. Telephone contact to be continued between visits.
3. To encourage him to attend group activities.
4. To provide a listening ear when needed.

## 6. Qualitative Feedback

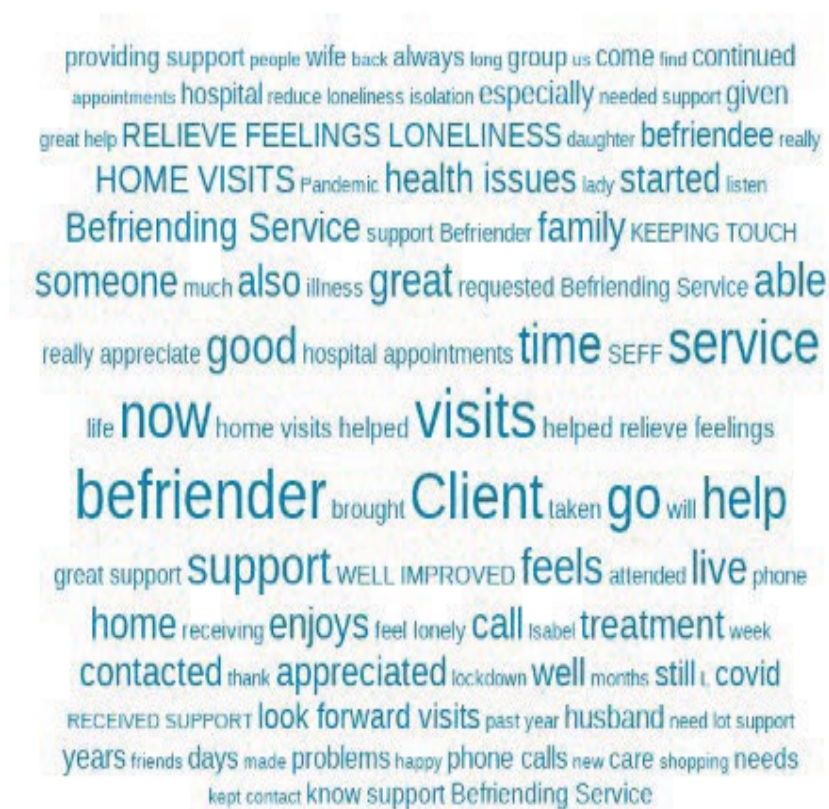
### Impact Statements

Befriendees were asked to comment on how the Befriending service was affecting their day to day lives. A collection of some of their statements and/or observations by Co-ordinators and Befrienders are reported here.

The impacts tend to focus on the support they are receiving and their perception of its value to them. They seem to acknowledge that they are lonely and isolated but that they know there is support available to them. The comments in some way help to gain an understanding of their feelings in relation to personal support which appears to have enhanced their coping mechanism. Feelings of belonging to a community that is supporting them through a crisis has bolstered a sense of comradeship.

They refer to how they look forward to the Befrienders contacts and visits, the time they spend together and the positive relationship they had developed with their Befriender. This appears to have helped with problem solving and dealing with pertinent issues. The importance of support through ill health and accompaniment to hospital appointments and treatments, is highly valued. The most often used words and phrases are shown in the word cloud below followed by extracts from the 370 impact statements.

Q32 What Impact has the Befriending Service had on your Befriendees life?



***“Great to have somebody to talk to everyday when things have been so isolated lately”***

Castlehill, Befriender

***“Someone to share life's difficulties with and talk over options instead of having to trouble family”***

Castlehill, Befriender

***“The Befriending Service provided by the Ely Centre has been invaluable to me, especially since I am on my own since the death of my wife. I appreciate greatly the food parcels delivered to me during lockdown and even when my Befriender could not call-in person, due to the Covid restrictions, they always kept contact with me by telephone.”***

Ely, Befriender

***“I have cancer for the second time. The first time my befriender brought me to Belfast for my treatment. My family insisted in attending with me this time as my treatment is stronger and I then stay with them for a few days following the treatment and they bring me back home again. In between time my befriender is so good to me. She would meet me for coffee and if I needed anything she would bring it to me. I had to attend A and E one night and she brought me, stayed with me and brought me home again. I am so lucky to have her.”***

Ely, Befriender

***“This client lost his life-partner about 18 months ago. He has undergone major open-heart surgery earlier this year. Both have had a dramatic effect on his physical and mental well-being. He lives alone but has not yet re-integrated into life outside of home. The contacts from this Befriending Service have had a huge positive affect on him and he is delighted that personal visits have recently resumed.”***

CAPG, Befriender

***“Although I am nervous at going out I look forward to a visit or a phone call from my befriender, who keeps in regular contact. I would miss this if it stopped.”***

CAPG, Befriender

***“The Befriending Service has helped me to come to terms with life and has allowed me to understand I am not alone in this world. I now know I can seek help if I am feeling alone and isolated.”***

FMO, Befriender

***“For the last 3 months due to the Covid 19 I have suffered Depression. I cannot leave the house. Befriender rings me regularly and Co-ordinator has also been in contact.”***

FMO, Befriender

***"I live by myself, I lost my daughter to the troubles and would be very lonely however, the Befriending Service does not forget about me they look after me very well, I am very happy to see the visits are starting again".***

SEFF, Befriender

***"I have had to have a lot of treatment for the pass year, I would be lost without the help and support I got from the Befriending Service."***

SEFF, Befriender

***"I have a terminal illness and only for this service I do not think anyone cares I have spoken every week to this lady, and she is a great support to me."***

SETWS Befriender

***"Due to health problems, it is good to have visits and be able to share my thoughts with someone who understands and give me a boost that I can go on. It is easier when you can discuss worries and lift the burden. I enjoy my visits".***

SETWS Befriender

***"I have reduced independence as I am driving less. Befriending service has ensured I am able to attend events and meet socially more often than I would have."***

MAST Befriender

***"Increasing social interaction, glad of contact and open to conversation. Family and personal health issues now resulting in even more isolation than normal so appreciative of someone to talk to and the support".***

MAST Co-ordinator

***"I have not been well in recent months. I spent a few weeks in hospital. I am now home and will start attending the Luncheon Club and hopefully other activities. The visits from the Befrienders give me the will to live knowing that there are people who care. It also takes away the feeling of isolation. I look forward to the Befriender visits."***

STRULE Befriender

***Since the death of my husband, I have had problems coping with life. The Befriending Service in some small measure has enabled me to feel less lonely and helped me to look forward."***

STRULE Befriender

## Befriendee Review

Group	SEFF
Date	08/11/2021

### Background

This lady phoned the SEFF office for another issue at the beginning of December. The staff member taking the call felt she was distressed and very anxious and she made a referral to the Befriending service. She lived in Lisnaskea but moved to Enniskillen so as her son would be closer to his part time job. She worked in A&E during the Enniskillen Bomb and has suffered from trauma as a result of this. Her main issue when assessed by the Co-ordinator was her anxiety regarding her son who has an intellectual disability and who was residing with her until recently. He kept leaving the house during lockdown and cycled around town to McDonalds and could not understand why he could not get into the premises. As a result of this she arranged for him to live with her daughter but felt very guilty about having made this decision. This resulted in her living alone during lockdown and she was not coping well. Her daughter was not able to cope with her brother leaving the house and going missing. Thus, he has now moved to Spain to live with his brother.

She presented as being very anxious especially about catching the COVID virus. She spends her days watching TV and becoming fixated with all news bulletins in relation to COVID. This is resulting in increased vigilance in relation to preventing infection. She went to the shop with the least people and spent the least time possible there, resulting in her not acquiring the groceries she needed. She also has become obsessive with hand washing and cleaning.

Her daughter lives approximately 15 miles away but Befriendee will not have contact because of the fear of the virus. She used to go for walks with her neighbour before lockdown and this is something that may be resumed post lockdown with the support of the Befriender.

It was decided she needed a Befriender who had the right personality to build a relationship that would be able to assist her in the short and longer term.

Objectives	Progress
<b>Social Well Being</b>	Befriender brought her a lunch in mid-December and began engaging with her in conversation and outlining the support she could provide. This was followed by grocery shops and collecting prescriptions. Planning to introduce Zoom Coffee Mornings, small walks and supporting her to do her own shopping post lockdown.
<b>Mental Well Being</b>	The fact she is being supported with shopping and prescriptions is helping reduce her anxiety about social mixing and eliminates worry about catching the virus.
<b>Loneliness</b>	The Befriender is keeping in regular contact, and this is reducing her feelings of social isolation and loneliness.

## Impact to Date

She state she feels overwhelmed by the support she has received to date. She is more relaxed now that she does not have to go out to the shops. The service has had a positive impact on mental well-being by reducing anxiety and fear. The social support keeps her engaged and encouraging her to focus on other activities within the group. This together with the contact activity from the Befriender is reducing her sense of loneliness.

## Psychometric Scores

Objective	Pre	Post
<b>Social Well-Being</b>	24	22
<b>Loneliness</b>	8	6
<b>Mental Health</b>	23	17

The psychometrics show an overall improvement in all areas. The biggest improvement is in the area of mental well-being which is correlated with her not having to go to the shops or to collect her prescriptions. She feels safe from the virus and thus less anxious.

## Plan (Next Steps)

1. Continue with telephone contact, support with shopping, prescriptions etc., to promote mental well-being.
2. Provide food parcels to ensure she is getting a proper diet and also as a means of keeping in contact.
3. Support with social engagement, through Zoom Coffee Mornings, to promote social well-being and reduce loneliness.
4. Support to re-start walking by accompanying her on short walks and going out for coffee etc.
5. Encourage and accompany to Luncheon Clubs to promote social integration, when permitted.
6. Promote independence by supporting her to do her own shopping post lockdown.

## 6. Conclusion & Recommendations

The strengths-based model of focused activity is having a positive impact on the well-being of the Befriendees. Practical interventions and encouragement are key aspects of this low-level support. The psychometric measurement shows a positive outcome, and the costs provide value for money. The key conclusions are as follows.

### 1. Volunteer Planning & Recruitment

The ageing profile of Befriendees and Befrienders needs to be addressed. Recruitment of new volunteers is proving difficult. This may be due to a lack of awareness of the service and the lack of a volunteer strategy in the sector. Therefore, it is recommended that.

- a. A volunteer strategy is factored into strategic planning for the service.**
- b. An awareness raising campaign is planned, to include targeting of retirement planning within the Public Sector, using the promotional material developed by the service.**
- c. It may be beneficial to consider a train the trainer programme for training of Co-ordinators to train in refresher training for Befrienders, as necessary.**

### 2. Training

The need for timely training has been identified as a factor prohibiting timely recruitment. There has been no refresher training in almost 4 years. These issues need addressed as a matter of urgency. Therefore, it is recommended that.

- d. Training is either centrally procured in a funding cycle or the training budget is devolved to individual groups.**

### 3. Acknowledgement

Befrienders and Co-ordinators provided an invaluable community service during COVID and have continued to support the most vulnerable in their communities. This has been stressful and difficult for many. These volunteers should have an annual acknowledgement event in recognition of the work they do. It may also be beneficial to form more formal structures and relationships with statutory provision, to enhance additionality and prevent duplication of effort. Therefore, it is recommended that.

- e. An annual Befriending Service event should be factored into future service planning.**
- f. The service is recognised on a more formal basis, for its contribution to health and social care within the community.**

### 4. Impact

The service has a comprehensive monitoring and psychometric measurement system, which allows for scrutiny and examination of the service. It is therefore recommended that.

- g. The monitoring and psychometric tools are continued, and that Physical Well Being is added to the measurement.**
- h. Co-ordinators are provided with quarterly statistics to address issues as they arise and support reviews.**

## **5. Emerging Health Concerns**

Related to volunteer planning, there is a pattern of severe medical conditions emerging. This requires a lot of support with hospital transport and support to attend treatments. Some organisations require Befrienders who can provide transport and will require a change in approach to recruitment.

In addition, there are several Befrienders and Co-ordinators supporting Befriendees with end-of-life care and support. This is then continued to support the carer through bereavement. Therefore, it is recommended that.

- i. Support drivers are recruited and trained in communication, skills, boundaries, first aid and safeguarding.**
- j. Befrienders and Co-ordinators have additional training in mental health including bereavement.**

## **6. Supervision**

Supervision is key to ensuring volunteers feel supported whilst maintaining safe services. The quarterly model of individual, group and reviews is proving to be effective, logical and practical. It is therefore recommended that.

- k. The current supervision model is maintained and operated on a quarterly rotation.**

## **7. Linkages with Health**

Linkages with Health are essential for the longer-term sustainability of Befriending services as an integral element of the social prescribing model.

- l. Commitment from Health/RTN to carry out a review of Befriending Services operating across the Region and to examine potential to commit resources, acknowledging Befriending as the foundation service of the step care model.**

## Befriendee Review

Group	Castlehill Foundation
Date	17/11/2021

### Background

This is a 78-year-old retired police officer. He was referred to the service in 2016 with poor physical health. He had operations on his feet and was driving to appointments in a cast. Befriender supported him with transport.

He was married with two boys. One resides in the family home on the farm and the other son also works on the farm. His wife had cancer and her health deteriorated over the years. They were both active on the farm and prior to the deterioration in their health felt part of the working operations of the day-to-day running of the farm. When this changed due to poor health, their self-esteem and self-confidence plummeted.

The Befriender visited them both and during COVID kept them up to date with what was happening in their local community. This helped with social engagement. It also helped with mental well-being by providing time and a listening ear helped their self-esteem. His wife's health deteriorated rapidly over a six-week period, and she died in September.

The Befriender has supported him through bereavement and has given him space also to come to terms with his loss.

The objectives set were to improve social and mental well-being.

Objectives	Progress
<b>Social Well Being</b>	Their social withdrawal due to deteriorating health and COVID, reduced their level of social engagement. The Befriender supported them through telephone and face-to-face contact and this helped them keep engaged with their local community. They felt less isolated. and enjoyed knowing what was happening with people they knew.
<b>Mental Well Being</b>	By giving them individual time and attention, they felt valued and this helped boost their morale which has dropped due to their infirmity.

### Impact to Date

In the last review in June 2022, the Befriendee said.

***“Great for me and my wife to go out together. A friendly face coming to visit during covid was great to help us feel less isolated”.***

His confidence and self-esteem were boosted by the interventions. It is acknowledged that his wife has died since the previous review, and he is now feeling lonely and dealing with the grieving process. Loneliness is now to be added to the objectives and the plan has been reviewed as follows.

## Psychometric Scores

Objective	Pre	Post
<b>Social Well-Being</b>	25	23
<b>Mental Health</b>	18	22

The psychometrics show a slight improvement in social well-being and a slight deterioration in mental well-being. The review was conducted during the period that his wife's health deteriorated thus stress was a factor and his mental well-being was impacted negatively.

## Plan (Next Steps)

1. Visit more frequently at home.
2. Encourage and support to attend events he previously enjoyed.
3. Provide time and space to talk through the death of his wife and his coping mechanisms.
4. Support social engagement to promote social and mental well-being.
5. Loneliness to be added as an objective.

## References

---

<sup>i</sup> Evaluating well-being: How BIG has measured impact, [www.biglotteryfund.org.uk](http://www.biglotteryfund.org.uk), 2013.

<sup>ii</sup> Tennant R, Hiller L, Fishwick R, Platt S, Joseph S, Weich S, et al. The Warwick-Edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes*. 2007;5(1):63.

<sup>iii</sup> Steptoe, A., Shankar, A., Demakakos, P. and Wardle, J. 2013. Social isolation, loneliness, and all-cause mortality in older men and women. *Proceedings of the National Academy of Sciences*. 110(15)pp.5797– 5801



**SEFF**  
SOUTH EAST FERMANAGH  
FOUNDATION

**VSS**  
Victims & Survivors Service

# VOLUNTEER BEFRIENDING SERVICE

WITH A TEAM OF TRAINED  
AND COMMITTED  
VOLUNTEERS OFFERING  
THEIR GIFT OF TIME

## We offer:

- Support and listening ear
- Confidential Service
- Home Visits
- Hospital Transport
- Company on an outing
- Signposting to other agencies
- Coffee Mornings and Luncheon Clubs
- Access to Information and Services
- Carer's NI, NHS, Fire Service and Action Cancer Big Bus



The SEFF Calling Service provides a weekly phone call by trained volunteers checking in with members and connecting them with the wider organisation and our work.

**Head Office:** 1 Manderwood Park,  
1 Nutfield Rd, Lisnaskea, Co Fermanagh BT92 0FP

☎ 028677 23884    ✉ [info@seff.org.uk](mailto:info@seff.org.uk)

🌐 [www.seff.org.uk](http://www.seff.org.uk)

📘 SEFF Victims and Survivors    🐦 @SEFFLisnaskea

SEFF is a Company Ltd by Guarantee [NIC 606566] and a registered Charity [NIC100538].