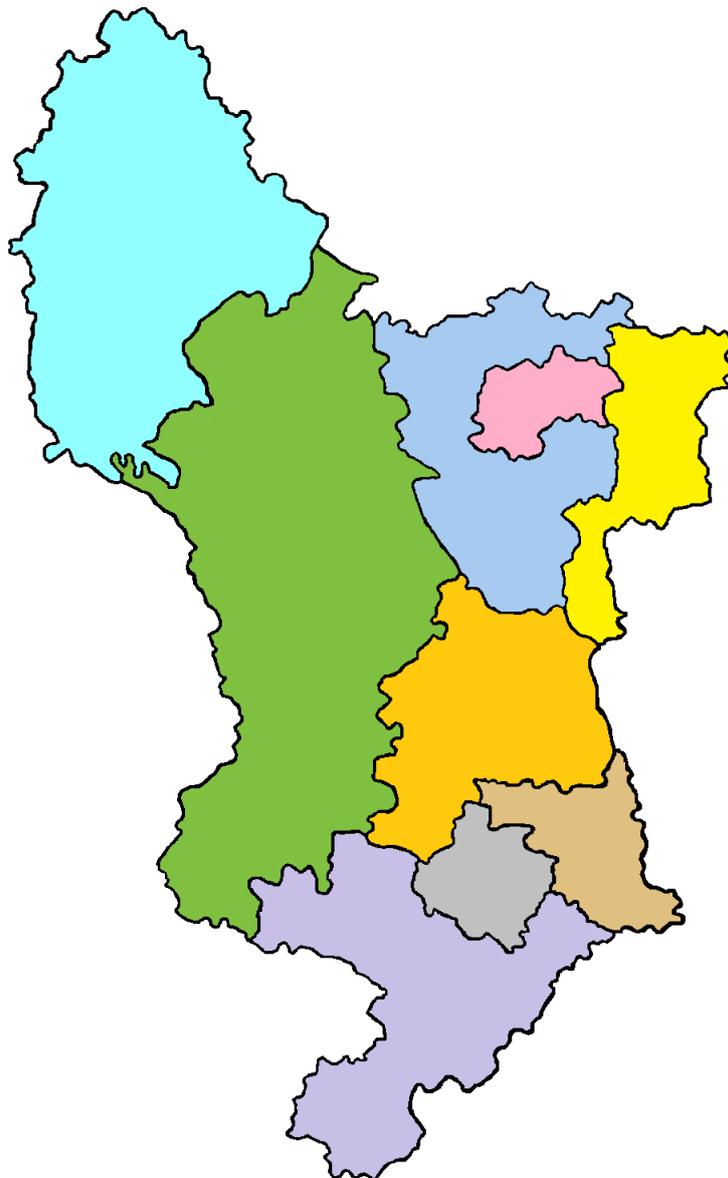


BEFRIENDING FOR ADULTS IN DERBYSHIRE

GAP ANALYSIS AND MAPPING REPORT

EXECUTIVE SUMMARY



Derbyshire Trusted Befriending Network

Final Report - September 2012

Development of the Derbyshire Trusted Befriending Network

Derbyshire County Council Adult Care is the department responsible for planning and providing services that support people to maintain their independence, enabling them to play a fuller part in society. The Derbyshire Trusted Befriending Network forms part Derbyshire County Council's Adult Care Prevention Strategy. It is funded for 2 years from January 2012 with local charity South Derbyshire CVS as the strategic delivery partner.

The aim of the Trusted Befriending Network is to ensure that every adult who needs befriending support has fair and equal access to it, and to ensure that those who use befriending services can be confident that the service they receive is safe and well run.

We defined befriending as a service where **one person (usually a volunteer) provides one-to-one support and encouragement to another person. The volunteer is someone other than a family member or friend, and the relationship is usually set up and supported by a group or organisation.**

One of the first objectives of the Trusted Befriending Network was to carry out a comprehensive needs and gap analysis of current befriending services in Derbyshire to establish what provision already exists, identify any gaps in provision and uptake, and inform future development of befriending services across the county.

As well as mapping existing befriending services, contributions were invited from individuals who were actual or potential beneficiaries of befriending services, from volunteer befrienders and from agencies working with vulnerable people or communities.

The benefits of befriending

A number of benefits were identified by respondents including:

- Improved **wellbeing and confidence**;
- Helping people to **move on** or aid recovery;
- Providing **“a watchful eye”** to notice and alert someone if there is a decline in the mental or physical state of the person being befriended;
- **Signposting and connecting** people with other services;
- Reducing social and emotional **isolation**;
- Having a non-professional to talk to, **someone there because they want to be**, with no particular agenda;
- Offering **family and carers** some time to themselves;
- A **cost effective way** of providing an intervention;
- **Volunteers themselves** also enjoy and benefit from the relationship.

Befriending Services in Derbyshire

31 active befriending services were identified, ranging in size from 1 to 66 (average 24) volunteers. In total, **754** befriending service volunteers give an estimated **1571.5** hours each week – an equivalent (minimum wage) value of **£439,517 per year**. Most also have paid staff involved in the management and administration of the befriending service.

6 broad models of befriending service were identified:

Home visiting	A volunteer is matched 1:1 with a client and makes a regular visit to their home to get to know them and provide support and friendship.
Buddying	The volunteer befriender accompanies and supports someone to go access services or activities outside the home.
Mentoring	Supporting someone to achieve a specified goal or outcome, usually for a time-limited period.
Telephone befriending	Support is provided over the telephone through a regular call to check that the person is well and to have a friendly chat.
Email befriending	A volunteer provides contact and support via email.
Supported Friendships	Where people want to develop natural friendships with their peers a volunteer provides help or support to overcome practical obstacles.

Where are the gaps?

There are **gaps in generic (any vulnerable adult) provision in Bolsover, High Peak, South Derbyshire** and the **northern Derbyshire Dales**. While some specialist befriending services (for people with specifically defined health conditions or needs) do operate in these areas there are gaps in geography and eligibility which mean that many adults 'fall through the gaps'. Not all specialist befriending provision, and not all befriending models, are consistently available countywide.

In many areas where befriending services do exist, there are **resource and capacity issues limiting access to services**. Some groups/communities may encounter particular **barriers to accessing services**, for example **Black and Minority Ethnic communities** and **Lesbian, Gay, Bisexual and Transgender people**.

Funding

Funding for befriending services is patchy - and in many cases ad-hoc, short-term or non-specific (included in a grant or contract for a range of services rather than a specific, fully-costed contract for delivery of a befriending service). Changes to health structures have led to some additional uncertainty about future funding. 2 befriending services are known to have ceased due to lack of funding in recent months.

Supply and demand

50% of befriending services reported a waiting list for their services and some had closed their waiting lists to new referrals due to level of demand. At the time of the survey 192 people in Derbyshire were waiting for a befriender. Over half of services responding said that they occasionally or often found it difficult to accommodate the needs of people being referred to their service.

The reasons given for delays or difficulty in providing a service were:

- Available resources can't meet levels of demand
- Logistics of making an appropriate 'match' (e.g. finding a volunteer in the right locality or with similar interests)

- Inappropriate referrals or requests which are outside the remit of the service
- Unable to meet the specific support needs of the individual wanting the service. For example people who have more complex or multiple support needs than the service is equipped or has the expertise to meet.

What kinds of befriending services do people need?

The need for flexibility and choice was stressed. Different types/models of befriending should offer a continuum of support appropriate to the needs of diverse individuals. Individuals may move between the different models at different points in their life as their needs or circumstances change - for example, as their health improves or declines.

Barriers to Access

Gaps in provision: No service available within the geographical area, or the person wanting a service doesn't fit the eligibility criteria. Areas of **unmet need** identified by individuals, groups, health or social care service providers and befriending service providers themselves included befriending support for:

- People with learning disabilities - particularly buddying and supported friendships;
- People with Autistic Spectrum Disorders;
- People with Alzheimer's/dementia and their carers;
- People who are hearing impaired;
- People with mental health conditions (particularly more severe or complex conditions);
- People in Care Homes who have few visitors, or people in hospital.

Waiting lists: Waiting lists and delays between contacting a befriending service and getting a service were another frustration for service providers, referring agencies and users themselves. Services need resources in the form of volunteers, time and funding to administer and provide a service; lack of these can limit service provision

Mistrust and Stigma: People may not want to admit to having a problem or needing help, or may not want someone in their home, or may just not want to be helped. There may also be a perceived stigma in accepting this kind of help, or cultural and social stigmas attached to certain kinds of illnesses that prevent people from seeking help. Several people thought that the word 'befriending' itself might be problematic.

Discrimination/ fear of discrimination is another factor. When people are not sure that they will be understood or that their needs will be met this compounds the sense of vulnerability that people may already feel when asking for help.

Safety: Users need to have confidence that confidentiality will be maintained, that volunteers will be reliable and that there is clarity about the boundaries of the relationship. The matching of befriender and befriender is another issue – a good match is vital for the success of the relationship. Individuals may prefer a befriender of the same sex or cultural background.

Culture, language and communication: Community or cultural barriers, language, race, religion and language barriers were all mentioned – the need for services that understand and are

sympathetic to the concerns and priorities of different cultures, faiths or backgrounds and have volunteers who represent the diversity of communities being served.

Transport, geographical barriers and the problems of reaching people in rural areas were also an issue. Cost was another (e.g. where fees/expenses were payable, the cost of refreshments).

Specific medical or mental health conditions were suggested as a barrier to accessing services – agoraphobia, depression/anxiety, severe illness, dementia, Autistic Spectrum Disorders, hearing issues and physical disability/lack of mobility might make it difficult to use certain kinds of befriending service.

Knowledge and networks: Another issue was people or services providers not knowing what befriending services are available or who is eligible to use them, or the seeming reluctance of some agencies or professions to make referrals. The difficulty of identifying and reaching the most vulnerable people was another potential barrier.

Lack of flexibility/choice: Services need to be flexible enough to meet the needs of a range of individuals. The more limited the type of service delivery and eligibility criteria, the more people will fall through the net. As noted above under access barriers, the particular needs of some groups can make some models of befriending easier to access than others. A holistic approach is needed.

Plans and Aspirations

Services' own aspirations for the future (dependent on appropriate resources becoming available) include a wish to:

- Increase the number or range of clients helped
- Improve access to their services e.g. through more outreach or transport provision
- Expand into geographical areas not currently reached by the service
- Offer other types/models of befriending support
- Improve the quality of their service e.g. more training for volunteers or working to achieve a recognised quality standard.

Monitoring and evaluation

Equalities monitoring: Most services record some basic demographic information about clients and volunteers – most commonly gender, age, ethnicity/race and physical disability. However few proved willing or able to share monitoring data. Few conclusions can be drawn from limited information, however as a broad generalisation it seems that clients are predominantly white British in ethnicity, women are more likely to be recipients than men, and older people aged 60+ are the main beneficiaries.

Outcomes monitoring: Most organisations undertake some kind of user feedback/evaluations, either in an informal or ad-hoc way or more formal reporting. Around half are currently using specific outcome measures such as improved confidence, reduced isolation, or sustained or increased independence.

Quality Accreditation: 7 of the services had or had previously achieved the Mentoring & Befriending Foundation Approved Provider Standard (national quality standard for befriending services). Other quality standards used were Investors in People, Investing in Volunteers and PQASSO as well as sector-specific quality accreditation offered via national bodies.

Conclusions

Commissioning Priorities

We aim to ensure that there is general, all-adult befriending provision across all areas of the county. This provision needs to be flexible, person-centred and offer a continuum of support to meet the individual needs of as wide a range of clients as practicable. It will encompass a range of befriending models to accommodate different geographies and changing support needs of individuals over time.

Commissioning priorities:

1. To develop flexible, all-adult befriending provision in Bolsover, Derbyshire Dales - North, High Peak and South Derbyshire, where there is currently no such service.
2. Where current services are funded for a limited period, seek to provide increased stability to maintain provision into the longer term.
3. To support existing befriending service providers to increase and expand provision to support provision to all adult age groups.
4. To support the development of provision in areas where there are high levels of unmet need. This would be based on waiting lists of current services, feedback from key referrers and demographic data.

In all cases the commissioning decisions of Derbyshire County Council Adult Care will be based on the resources available.

Actions

1. Procurement methods adopted will support a mixed market of befriending provision. This will help to deliver on Derbyshire County Council's commitment to supporting and encouraging the involvement of a variety of organisations, ranging from larger providers to small community groups. A small grants fund will be established to develop local community-based schemes. For example, local volunteer good neighbour schemes to address specific areas of isolation, e.g. rural isolation, or innovative community-led approaches to engaging under-represented groups e.g. BME communities.
2. An effective and appropriate system will be implemented to monitor and evaluate the outcomes and value for money delivered by befriending services and the Trusted Befriending Network as a whole. This will be needed to evidence the added value delivered through the Trusted Befriending Network to the range of stakeholders.
3. The Trusted Befriending Network will explore opportunities for befriending providers to collaborate and pool resources. For example, volunteer training, volunteer recruitment, promotion of services, sharing good practice and building capacity or matching volunteers to clients with more complex needs.
4. The Trusted Befriending Network and its members will ensure that befriending providers, their volunteer befrienders and Befriending Champions have a good knowledge of complementary, preventative services across the county and signpost clients on to these as appropriate.
5. The Trusted Befriending Network will address the barriers to accessing befriending services identified in the report by:

- Engaging members of equalities groups with befriending service providers in task and finish groups to explore specific issues and agree how best to address them.
- Ensure that the Trusted Befriending Network quality standards and systems for monitoring and evaluation include requirements around equalities.

6. The Trusted Befriending Network will:

- Actively engage with and ensure two-way communication with BME communities in order to increase awareness and uptake of befriending services and address barriers.
- Promote the value of befriending services to the general public and seek to address the issue of stigma associated with this provision, as identified in the gap analysis and mapping exercise.
- Promote befriending volunteering opportunities, particularly to groups currently under-represented as volunteers.
- Communicate clearly with potential referrers, e.g. the health sector, about the remit and boundaries of befriending services, in an effort to reduce the numbers of inappropriate referrals.