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# Connecting People, Changing Lives

## A Review of Volunteer Now's Befriending and Driving Schemes in Belfast

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This document provides a review of Volunteer Now's Befriending & Driving Schemes that are provided in partnership with the Belfast Health & Social Care Trust.

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# 1 Introduction

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## 1.1 Volunteer Now

Volunteer Now is the lead organisation that works to promote, develop and support volunteering across Northern Ireland. Our work enhances recognition for the contribution volunteers make, provides access to opportunities, encourages people to volunteer and provides information and support to volunteer involving organisations on volunteer management and safeguarding children and adults at risk.

Volunteer Now Enterprises Ltd supports the work and activities of the charity, Volunteer Now. Volunteer Now Enterprises Ltd delivers training and capacity building programmes, provides assessment against quality standards, consultation and research schemes, and all forms of bespoke support to volunteer involving organisations.

## 1.2 Community Projects Team

The community projects team, within Volunteer Now, delivers a range of volunteer led schemes for some of the most vulnerable groups in our community. This includes volunteer befriending, driving and transport buddy schemes for at risk younger people, isolated older people and people with a range of disabilities. These schemes have been delivered over many years and have enabled Volunteer Now to develop good practice models of delivery that can help other volunteer involving organisations wishing to set up or improve similar schemes.

In addition Volunteer Now has supported the network of volunteer led older persons groups and forums in Belfast through its capacity-building project. This has helped sustain and strengthen a network of groups which combat growing social isolation among older people and encourage older people to take an active role in their communities. Dedicated volunteers are at the heart of these community projects which showcase how their efforts can make a positive difference to the lives of the most marginalised sections of our society.

## 1.3 Befriending & Driving in Belfast

### 1.3.1 Befriending

The Volunteer Now Befriending Scheme aims to reduce social isolation or loneliness experienced by older people, living in their own homes. These older people may have little contact with family and friends or be unable to attend day centres or other social groups due to older age and age related illnesses. Regular home visits by a volunteer befriender can help reduce feelings of loneliness and low moods and can increase confidence and general wellbeing.

### 1.3.2 Driving

This service is for older and vulnerable people who are unable to use public transport, and who lack support, or anyone whose relatives or friends do not have the means to help them. Our drivers provide a door-to-door service to enable people to regularly

attend day centres that cater for the needs of frail older people, those with physical disabilities, mental illness or dementia. We also provide a service for health related appointments such as medical, dental and occupational therapy.

Volunteer Now provides training, development and support to volunteers involved with these projects, in order to promote and enable best practice.

#### **1.4 The Benefits of Volunteering**

Volunteer Now also recognises the benefits of volunteering for the volunteer involved. It has been agreed that volunteering is one of the most rewarding things a person can do.

In October 2013 Volunteer Now in partnership with the University of Ulster undertook a survey, funded by the Atlantic Philanthropies. This was a three year study to consider the impact of volunteering on the health and well being of the over 50s in Northern Ireland (University of Ulster, 2013).

The following is a summary of the main themes emerging from the study:

- Volunteering supports mental and physical health by providing stimulation, something to do, exercise, as well as routine and structure in life.
- The social aspect of volunteering is highly valued. It provides the opportunity to be socially connected thus buffering the effects of depression, loneliness and social isolation.
- Volunteering has a positive effect on attitudes, stress and coping style.
- Volunteering takes people out of their own environment helps them to gain perspective and broaden their outlook.
- The additional benefits in terms of positive outcomes for volunteers are the feel good factor of making a contribution to the lives of others and being appreciated and valued for what they do.

In terms of the general population, evidence (NHS, UK) suggests that volunteering brings health benefits to both the volunteers and the people they help. It has been shown that helping others can help reduce stress and combat depression. Generally, volunteering changes lives for the better, not just the 'service users' lives, but the lives of the volunteers involved.

#### **1.5 The Impact of Social Isolation and/or Loneliness on Vulnerable Older People**

A lack of contact with others can have a variety of adverse effects on the individual involved; this can range from suicide to depression to low moods. Whilst social isolation and loneliness are different issues and generally do not pose the same risk to health, as we get older this changes. Older people are more likely to be socially isolated and/or lonely and thereby the risk experiencing a decline in mobility and/or of dying sooner increases. Social isolation has been defined as the complete or near-complete lack of contact with people and society for members of a social species, in this case, human beings. Loneliness has been defined as a subjective, unwelcome feeling of lack or loss of companionship.

Age UK (Davidson & Rossall, Revised July 2014) have published a document that reviews the evidence of the impact on vulnerable older people of loneliness and social isolation. The document also considers what has been done to date and how effective it has been. A key message of this report is that one of the most effective ways of combating loneliness is to combat isolation. The report also suggests that targeting those disproportionately affected by loneliness – lower socio-economic groups, the widowed, the physically isolated, people who have recently stopped driving, those with sensory impairment and the very old – has proven most effective.

Volunteers can play a significant role in supporting vulnerable groups' and the role of social support in preventing illness and enhancing individuals' quality of life is well recognised. Further, the document 'Transforming Your Care': A Review of Health and Social Care in Northern Ireland (Department of Health, Northern Ireland, 2011), states that "There is also good evidence of the effectiveness of interventions to reduce loneliness and social isolation and improve health and wellbeing".

## **1.6 Belfast Population Context (Northern Ireland Neighbourhood Information Service [NINIS])**

It is projected that the numbers of those aged 65 and over, in Northern Ireland, will increase by a quarter by 2022, the oldest old, aged 85 and over, are projected to rise by nearly 50% during the same period.

According to the 2011 census, the age 50+ population of the Belfast Health and Social Care Trust (BHSCT) stands 108,850; this represents 31.26% of the total population. [NINIS: Usually Resident Population by five year age bands and sex (administrative geographies)]

Further, on Census day 2011, 14,555 households in Belfast (12% of all households in Belfast) were one person households where the resident was aged 65+; 6,375 (5% of all households) households were one family houses where all people were aged 65+ and 615 households (1%) were other household types where all residents were aged 65+. Equivalent Census 2011 data for those aged 60+ is currently unavailable.

Within BHSCT, 832 people aged 65+ received meals on wheels service in 2014. In 2014, there were 828 Persons aged 65+ registered at a Day Centre and the number of service users aged 65+ receiving intensive domiciliary care in the BHSCT in 2014 was approximately 1,097. [Note: Intensive domiciliary is defined as 6 or more visits and more than 10 contact hours, as recorded during the survey week.]

## **1.7 Current Research**

### **1.7.1 Report on Mapping Isolation and Loneliness Amongst Older People in Belfast**

This report (Queens University Belfast, 2016) is the result of a collaboration between the Healthy Ageing Strategic Partnership (HASP) and the School of Natural and Built Environment, Queen's University Belfast. Volunteer Now is an active member of HASP.

It is an initial attempt to map loneliness and isolation amongst older people in Belfast. This is achieved through attempting to identify individual-level and area-level characteristics which increase vulnerability to social isolation and loneliness; and spatially locate areas across Belfast where the risk of older people becoming lonely and isolated maybe particularly concentrated.

In order to do this a series of isolation indices have been developed for Belfast, using data derived from the CACI Acorn Customer Segmentation Dataset. These indices have been mapped in order to:

- Identify neighbourhoods where social isolation may be particularly problematic
- Highlight that while social isolation is a city-wide problem, ‘pockets of isolation’ exist throughout the city
- Provide a detailed picture of additional risk factors which may contribute to social isolation and loneliness

Previous work has suggested that an individual’s vulnerability to social isolation and loneliness may be associated with the following socio-demographic characteristics:

- Being aged 75 or older
- Living in single person households
- Being poorly educated
- Having a low household annual income
- Not having access to a car
- Living in areas of higher social deprivation

When these factors were compiled into an isolation index and mapped for Belfast, it appears that older adults living within some of the most socially deprived neighbourhoods in inner city Belfast are at the greatest risk of becoming socially isolated. However, social isolation and loneliness are not just found in deprived, inner city neighbourhoods. The mapping exercise showed that there are vulnerable households located across the city, including those areas that have higher average household incomes and car-ownership levels.

### **1.7.2 Trapped in a Bubble, an Investigation into Triggers for Loneliness in the UK.**

The Co-op and British Red Cross have established a partnership to tackle loneliness in the UK. The partnership commissioned specialist social research agency Kantar Public to carry out rigorous research into loneliness in UK communities. The research (KantarPublic, 2016) focused on potential triggers for loneliness across life stages and built upon each organisation’s existing insights.

Whilst not specifically targeted at older people, four of the six target groups can be perceived as being largely made up of those aged 50 years or above.

- young new mums (aged 18-24)

- individuals with mobility limitations
- individuals with health issues
- individuals who are recently divorced or separated (within the last two years)
- individuals living without children at home ('empty nesters')
- retirees; and the recently bereaved (within the last six months to two years)

## 2 The Review

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### 2.1 Background

Over the past year Volunteer Now, determined that the time was right to both review the Belfast befriending and Belfast driving schemes delivered through its older people's projects and to consider new areas of work.

The main aim of the review was to reflect on the delivery of the befriending and driving schemes currently provided in partnership with the Belfast Health & Social Care Trust (BHSCT) for socially isolated, vulnerable older people in Belfast.

The review would also consider gaps in these schemes and look at how the input of volunteers could creatively respond to those gaps.

Its objectives were:

- 1) To ensure that
  - a) Relevant Social Services Staff are aware of Volunteer Now services.
  - b) Volunteer Now schemes relate to the needs of older people.
  - c) Volunteer Now is providing a quality service
  - d) Volunteer Now is co-ordinating with others providing a similar service(s)
- 2) To identify
  - a) Gaps in provision for socially isolated vulnerable older people
  - b) Future trends
- 3) To consider
  - a) Any improvements identified by the review
  - b) Innovative responses to needs identified by the review

### 2.2 Sections

The survey was conducted in two distinct sections and appropriate questions were set for each section.

Section One	Belfast Health & Social Care Trust Staff
Section Two	Service users and Volunteers involved in the delivery of the Befriending and/or Driving Schemes.

Questions in section one focused on the perceptions of BHSCT staff regarding the delivery of the Befriending or Driving schemes and their impact on vulnerable older people, both current and potential service users.

Questions in section two focused on the experience of service users and volunteers currently involved in both schemes, again asking questions about impact and quality. For further information on the conduct of the survey please contact Volunteer Now.

## 3 Feedback from BHSCT Staff

### 3.1 Overview

The first survey questions dealt with details of each respondent and their involvement in working with older people. There then followed a series of branch questions which allowed respondents to answer questions according to their personal knowledge and awareness of either or both the Befriending & Driving Schemes. The next part of the questionnaire considered other schemes, gaps in schemes and potential new schemes. The final part of the survey dealt with contact with Volunteer Now.

Relevant BHSCT Teams were circulated, both by mail and by email, advising of the upcoming review; Invitations were issued to participate, with reminders sent out one week later. Participation in the survey was also encouraged by the BHSCT senior staff.

### 3.2 Respondents

In total, 30 potential participant groups were identified. These were 9 Integrated Care Teams, 17 Day Centres, 4 Hospital Social Work teams; plus the Community Mental Health Team for Older People.

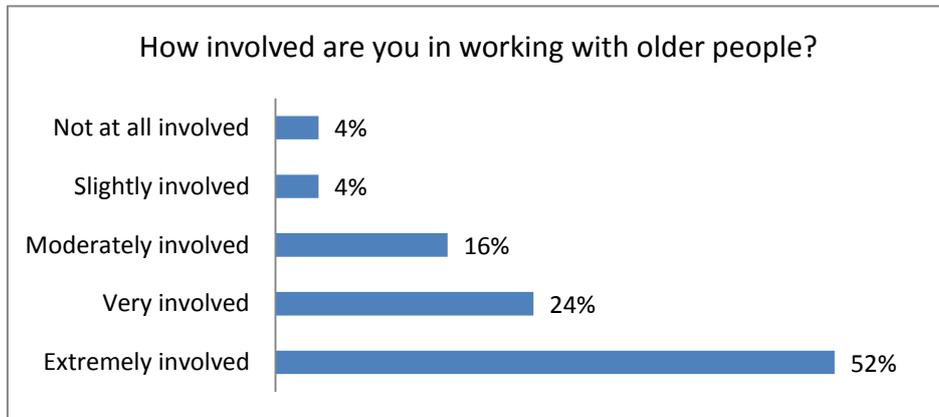
There were 26 responses – the breakdown of respondents by team and role is set out below.

TEAM		
ICTs	12 (representing 8 ICTs)	
Hospital Social Work Teams	5 (representing 3 hospitals)	
Day Centres	5 (representing 5 day centres)	
Citywide or Community Based Teams	3	
ROLE		
Social Work Staff	19	
	<i>Job Designation of Social Work Staff</i>	
	• Senior Social Worker or above	9
	• Social Care Co-ordinator	5
	• Social Worker	5
3 Day Centre Staff	5	
Community Staff	1	

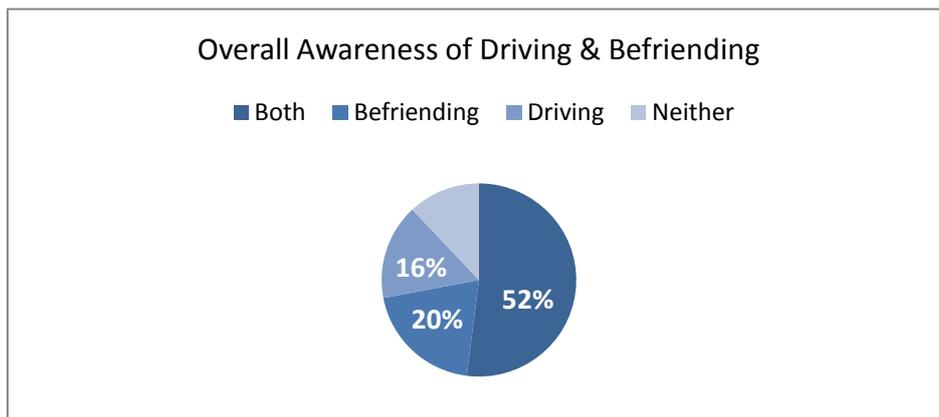
### 3.3 Involvement and Awareness

In respect of all respondent's involvement with older people, 92% of respondents were at least moderately involved in direct work with older people, 52% stating they were extremely involved.

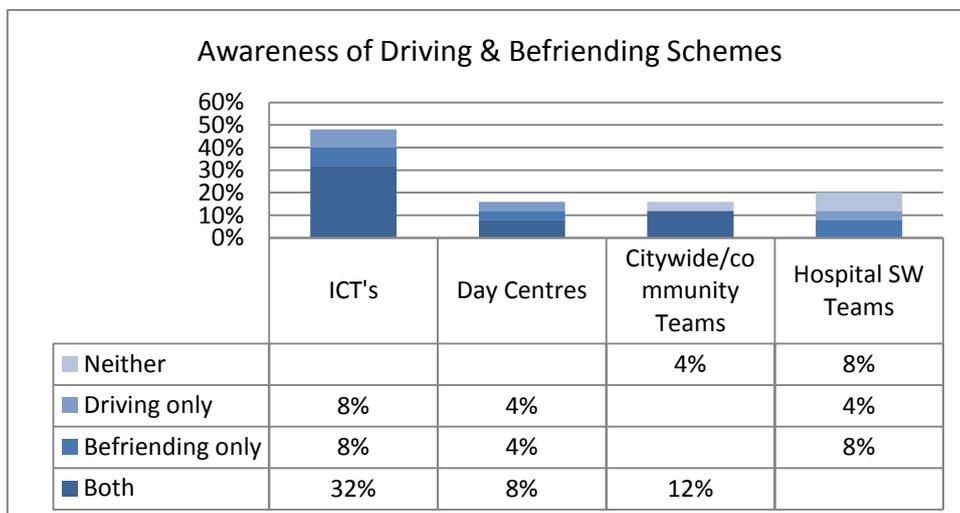
The three graphs below set out details by levels of awareness/involvement overall and by individual teams.



Overall the respondent's awareness of these two schemes offered by Volunteer Now was high with 88% aware of at least one service and 52% being aware of both schemes.



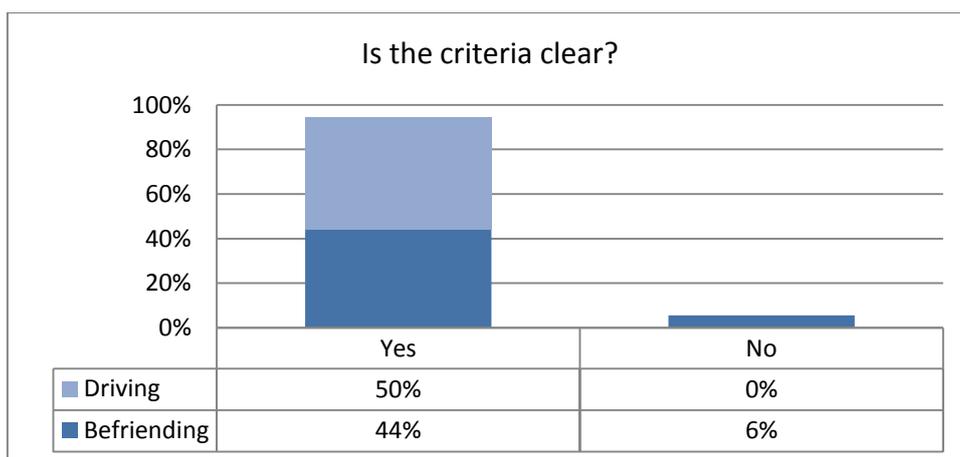
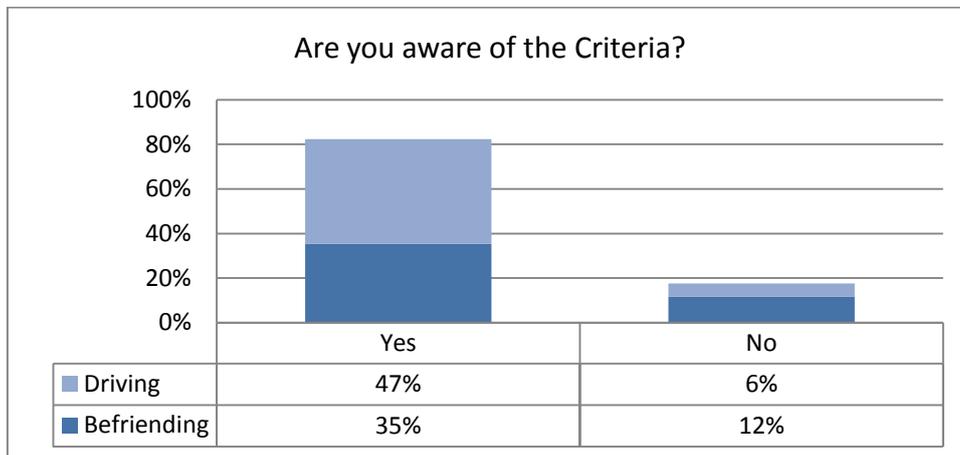
When this information is further broken down, there is clearly a need to ensure that Hospital Social Work Teams are provided with information about both schemes.



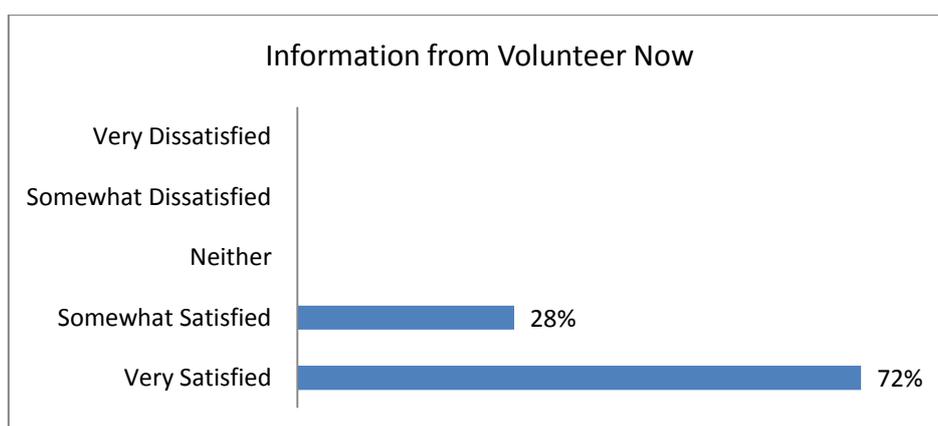
### 3.4 Befriending & Driving

The next phase of the survey moved on to ask specific questions about the two schemes, these ranged from awareness of the criteria to overall satisfaction.

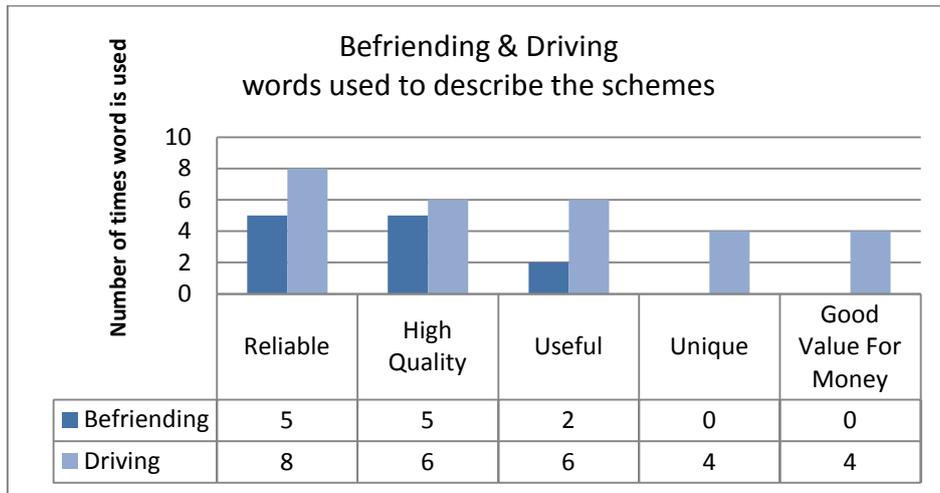
In respect of both the Befriending Scheme and the Driving Scheme, the majority of the respondents who were aware of the schemes were aware of the criteria and felt the criterion was clear.



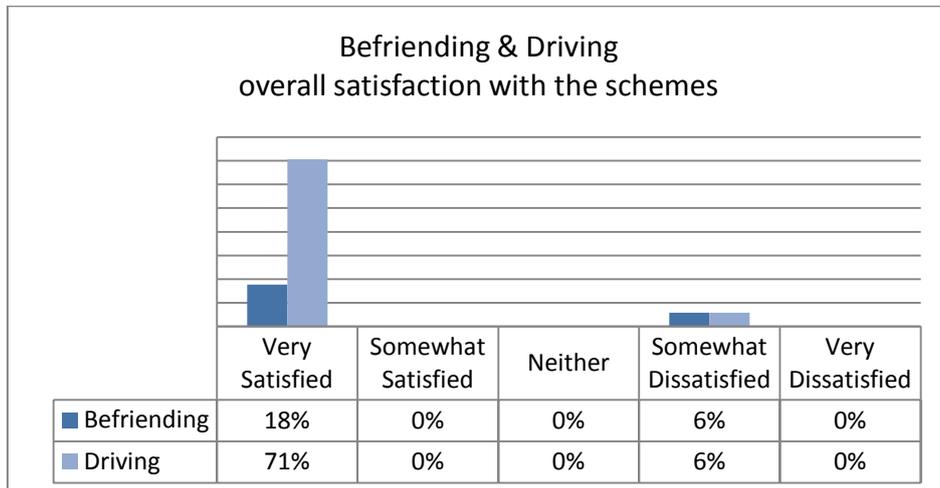
The majority of the respondents (72%) were very satisfied with the information they received about the Schemes.



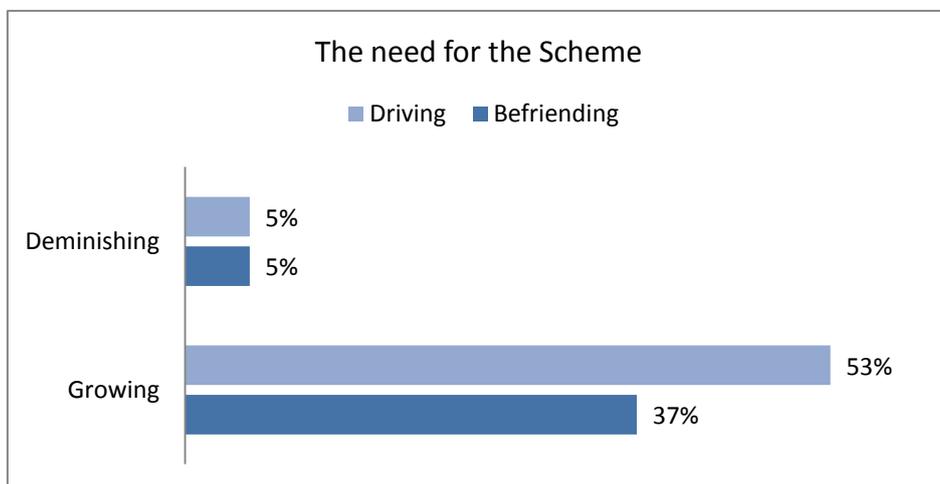
All respondents used only positive words to describe the Befriending and Driving Schemes.



In terms of overall satisfaction, 89% were very satisfied with the service.



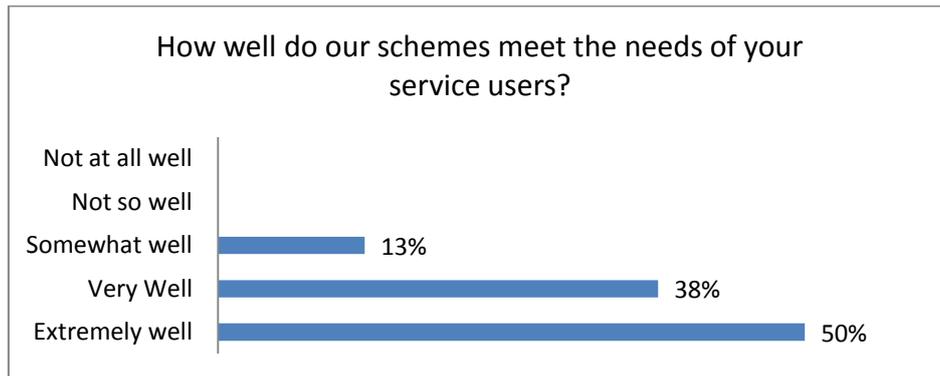
Respondents were then asked to comment on whether they felt the need for both the Befriending Service and Driving Service was diminishing or growing. The overwhelming view was that the need was growing for both of these Schemes.



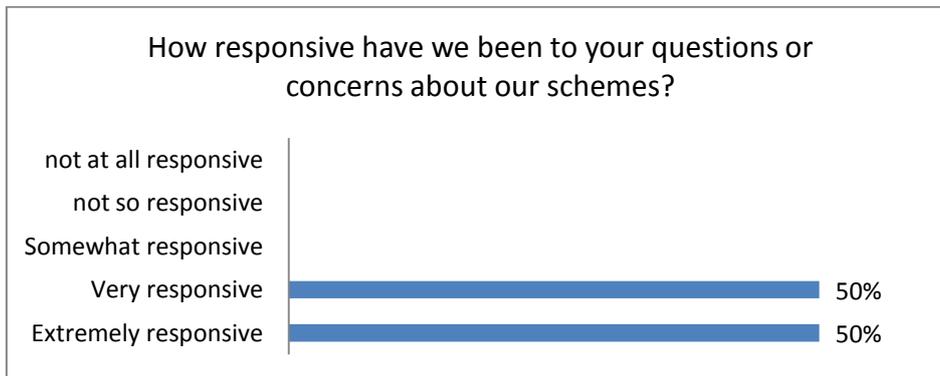
When asked why they thought this was the case, respondents made a range of comments, including:

- People are living longer lives
- Impact of Dementia / ill health
- Less family support
- Social Isolation
- Current Financial Climate

Respondents were then asked to consider how well Volunteer Now schemes met the needs of their service users. The vast majority responded positively, the mean score<sup>1</sup> for this question being 4.25 of a maximum of 5. Again dissatisfaction was linked to the need to develop the role of volunteers.



100% respondents indicated that they thought Volunteer Now was very / extremely responsive to any concerns that arose in respect of our schemes.



100% respondents indicated that they were very / extremely likely to recommend our schemes to others.



<sup>1</sup> We produced a number for each participant's response; then average this to produce the mean values

When asked how Volunteer Now schemes could be improved the respondents identified two clear areas for improvement:

- Befrienders who are able to take people out on occasions
- Drivers who can stay with people at appointments and who are local rather than having to charge from their home location.

Other comments in this area related to increased numbers of volunteers and an increase in available funding to expand our schemes

### **3.5 Gaps in Schemes**

In terms of gaps in schemes, 79% of respondents identified gaps in schemes for older people.

The most frequently mentioned gaps were related to assistance with practical tasks such as shopping, gardening, general assistance with upkeep of the home and help to get out and about. A need for more specific dementia support was also identified as was the need for better promotion of existing schemes. Underpinning most comments was recognition of the negative impacts of social isolation and loneliness and the key role volunteers could play in responding to that need.

### **3.6 Contact from Volunteer Now**

The first question in this section asked respondents what they considered to be the best way of bringing Volunteer Now schemes to the attention of relevant staff.

The most popular answer to this question was stated to be 'by email' the next most popular answer was that Volunteer Now should be available to make presentations to team meetings. The third most popular answer was by the regular distribution of flyers/newsletters.

The next two questions asked the respondents to state how they personally would like to be contacted by Volunteer Now and how frequently.

There were 21 respondents to this question, 19 people requested contact by email and 3 requested hard copy by post. Three respondents requested that a representative of Volunteer Now attend a team meeting to provide face to face information about our schemes. There were differing opinions in respect of the frequency of contact, 55% stating 'monthly', 36% stating 'quarterly' and 9% stating 'every now and then'.

### 3.7 Any other Comments

Other comments made were made by 36% of respondents. Some examples are set out below:

☛ Volunteer Now is a valuable service and support for people

☛ Volunteers are wonderful

☛ Again excellent

☛ Volunteer Now is excellent service and many do benefit from service

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In support of the overall findings of the survey, the majority of these comments were very complimentary of the service provided by Volunteer Now.

Other comments asked for an update on any new schemes that may be introduced or recognised the need for more volunteers to extend this valuable work.

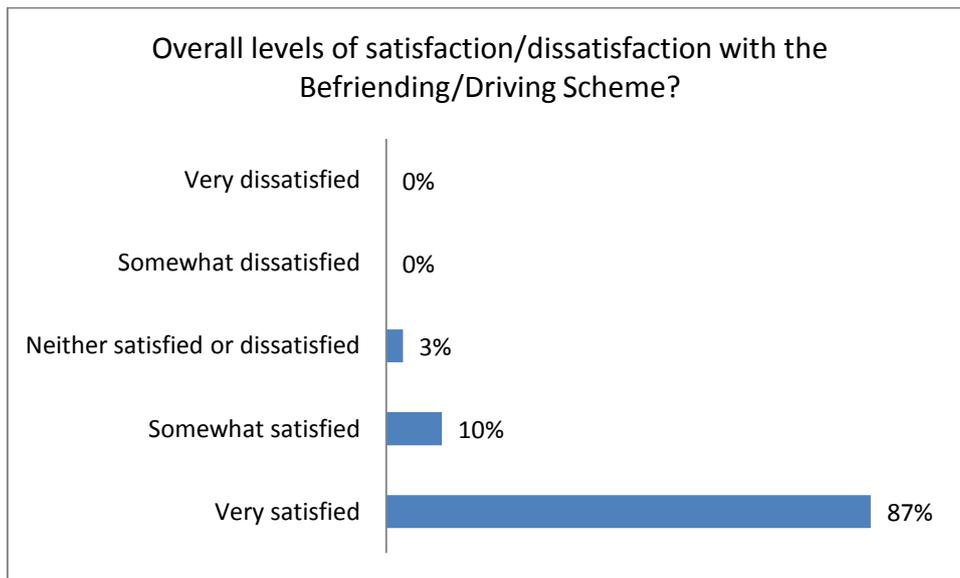
## 4 Feedback from Service Users and Volunteers

### 4.1 Overview

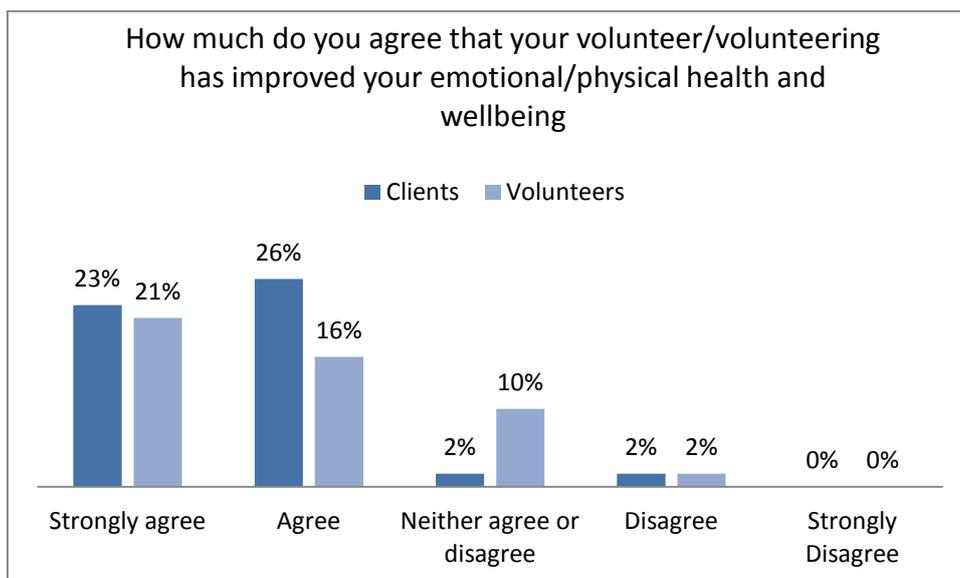
Overall, feedback was elicited from 73% of service users and 70% of volunteers. The vast majority of this feedback proved to be very positive. Suggestions for improvements to the service focused on how schemes could be extended rather than how they could be improved.

Two questions were asked of all participants and the summary of responses to these two questions is set out below.

The level of satisfaction with the Volunteer Now Befriending and Driving scheme was high, with 87% of all service users surveyed being very satisfied with the schemes provided.



Almost all respondents (86%), both service users and volunteers felt that participation in the schemes had improved their emotional/physical health and wellbeing.



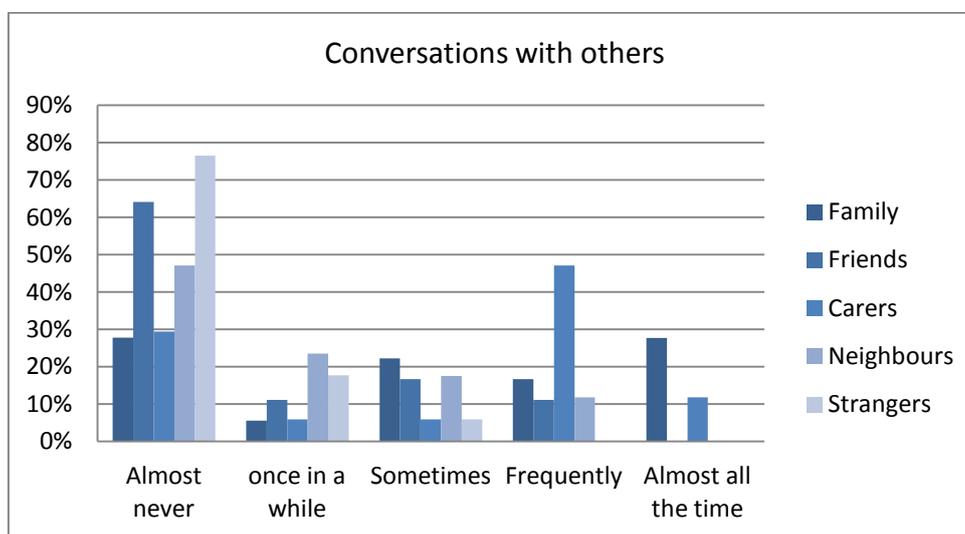
## 4.2 Feedback from Service Users (and where appropriate their families).

### 4.2.1 Befriending Service Users

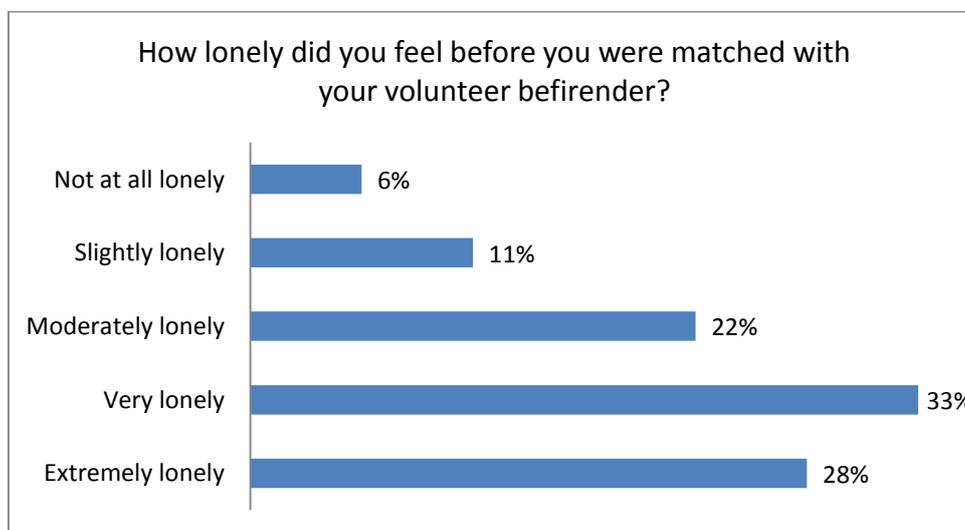
This part of the survey was completed by 72% of befriending service users, due to ongoing health issues it was not possible to make telephone contact with all service users; therefore their views were not sought; a couple of others proved to be unreachable for various reasons.

The first question sought feedback on the frequency that service users had conversations with others, apart from the volunteer befriender.

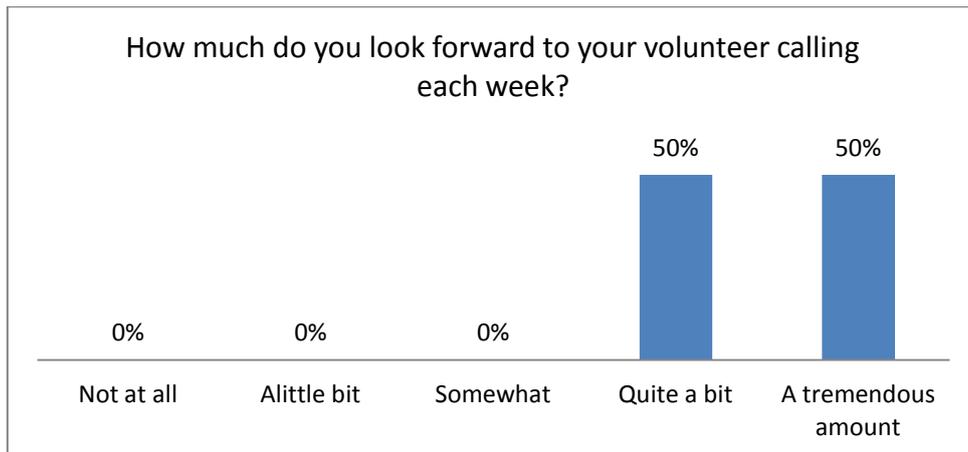
The most frequent answer was 'almost never' with just 25% of replies indicating that respondents have regular contact with family and friends; two respondents indicated that their family were also their carers and thereby this was the main purpose of the contact. Disregarding contact with carers, 67% of answers revealed that respondents they had no regular conversations with anyone else.



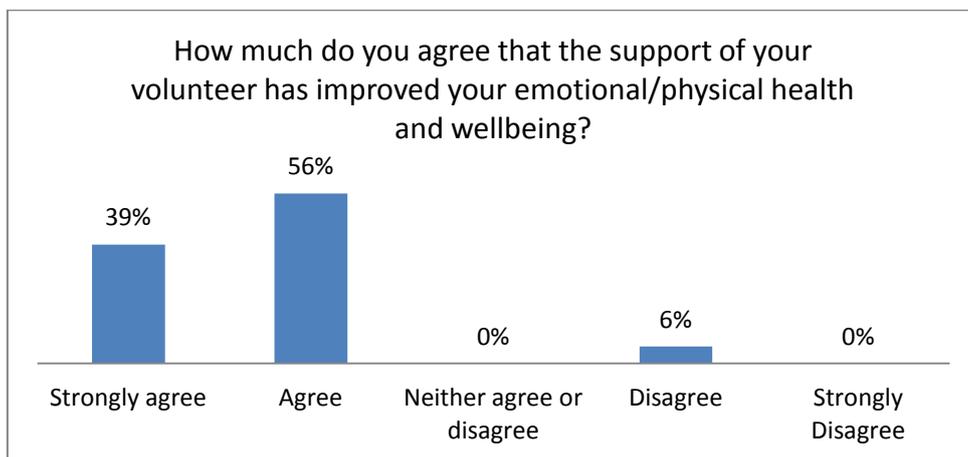
Respondents were asked about their feelings of loneliness prior to being matched with their befriender, only 6% reported that they were not at all lonely before they were matched with their volunteer befriender; with 61% being very or extremely lonely.



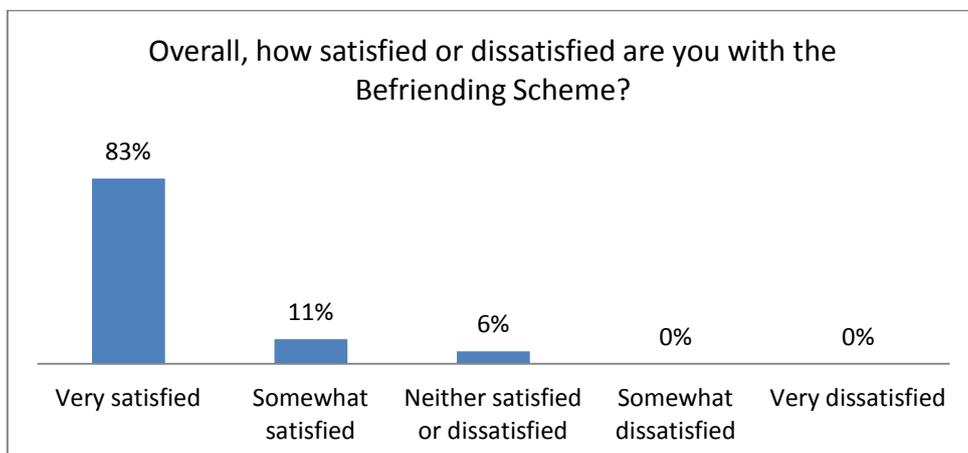
All respondents (100%) reported looking forward to their befriender calling each week, with 50% saying they looked forward to there volunteer calling a tremendous amount.



Service users were then asked about the impact of the driving scheme, overall only 1 respondent disagreed that the support of the volunteer had improved emotional/physical health and wellbeing.



When asked about satisfaction with the Volunteer Now Befriending Scheme, 83% of respondents were very satisfied with the Befriending Scheme; 11% were somewhat satisfied with the scheme, the remaining 6% were neither satisfied nor dissatisfied.

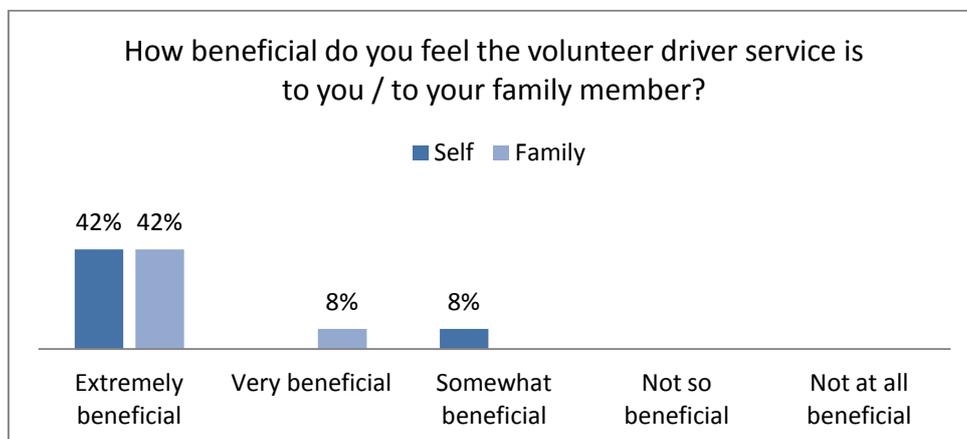


When asked about suggestions to improve the scheme, 72% indicated that they were happy with the befriending scheme. Not all service users gave permission for their comments to be used, but those who did, commented as follows:

- ☛ Would award the befriending scheme a Victoria Cross and would not change it for the world.
- ☛ Fantastic Scheme with befriending and driving.
- ☛ Feels 1 hour once a week isn't enough as he doesn't drive and looks forward to volunteer coming
- ☛ No improvements
- ☛ Happy and thankful for the befriending service wouldn't change the scheme anyway
- ☛ More outings as she doesn't tend to go out often
- ☛ Wouldn't change the befriending schemes it is fantastic
- ☛ Would like to see her befriender more than once a week
- ☛ Very happy with the befriending scheme and volunteer is brilliant
- ☛ No changes in the befriending scheme
- ☛ Would enjoy more time out but can't due to being disabled
- ☛ Very happy with the befriending scheme and is happy to have a volunteer
- ☛ Wouldn't change anything in the befriending scheme
- ☛ Happy with the befriending scheme
- ☛ Satisfied for the meantime
- ☛ Very happy with the befriending scheme

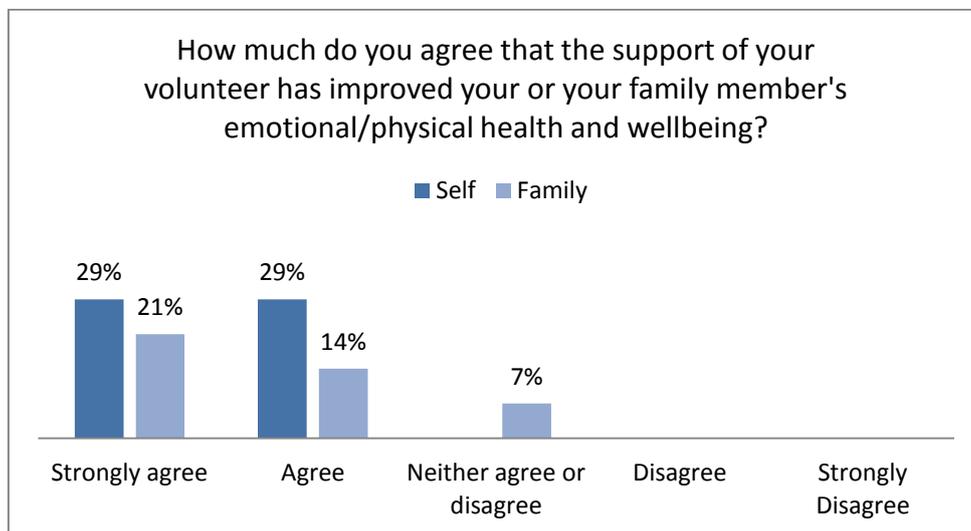
#### 4.2.2 Driving Service Users & their Families

This part of the survey was completed by 75% of active driving service users or their families. Families were requested for their views in the case of the client being unable, for medical reasons, to answer any questions themselves.

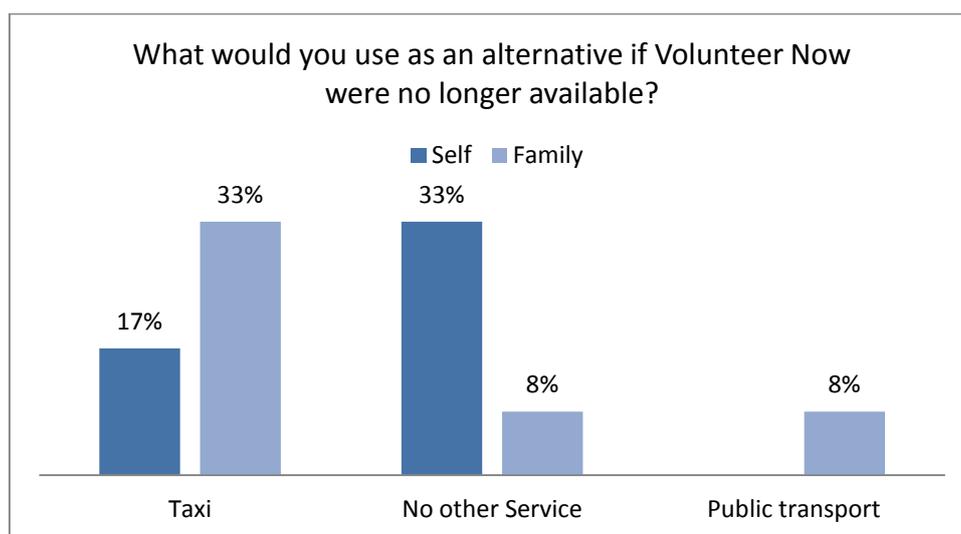


When family members were the carers of service users with medical issues, they were asked how beneficial the driving service was to them as a family. All respondents felt the service was more than beneficial, 50% saying it was extremely beneficial.

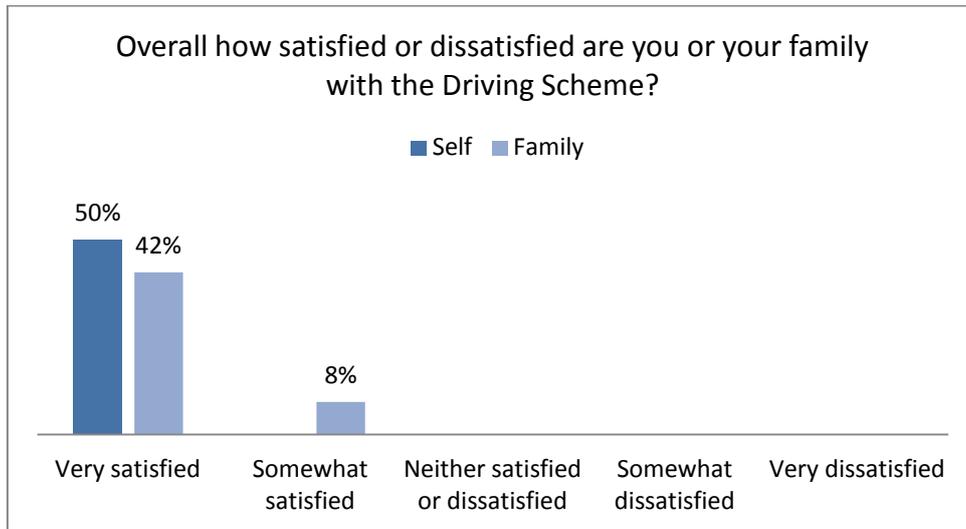
Service users or their family representative were then asked about the impact of the driving scheme, overall 93% agreed that the support of the volunteer had improved emotional/physical health and wellbeing; 50% strongly agree that this was the case.



The next question asked the client or their family what they would do if the driving scheme was no longer available. A significant number of respondents (41%) said they could not identify another suitable service. However, the majority of respondents (50%) said they would have to use a taxi. However, many of these responses were augmented with comments in respect of the vulnerability that service users and families would feel if this was the case; sighting, unreliability, cost, lack of practical help were amongst these comments. There is a clear divergence of opinion when the response to this question came from service users themselves as opposed to family members.



When asked about satisfaction with the Volunteer Now Driving Scheme, 92% of respondents were very satisfied with the driving scheme; the remaining 8% were somewhat satisfied with the driving scheme.



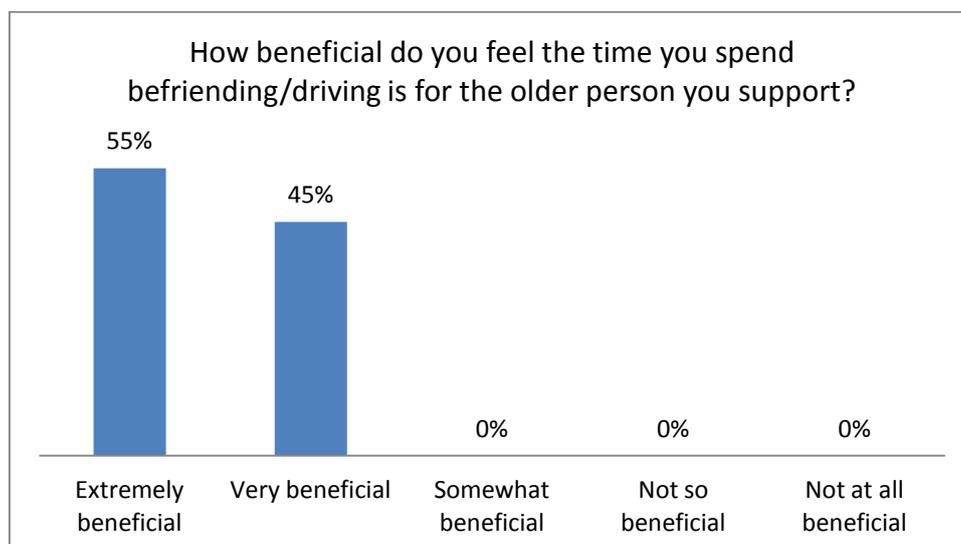
### 4.3 Feedback from Volunteers

In total 30 responses were received from volunteers involved in the Volunteer Now Befriending & Driving Schemes. This represents 70% of the current volunteer pool.

This group were asked questions in respect of their experience of the schemes and the impact that they felt the scheme had both on them personally and on the service users they were in contact with. Further, the volunteers were asked to comment on their individual relationship with Volunteer Now. This survey was completed anonymously and therefore it is not possible to differentiate between the views of volunteer befrienders and drivers.

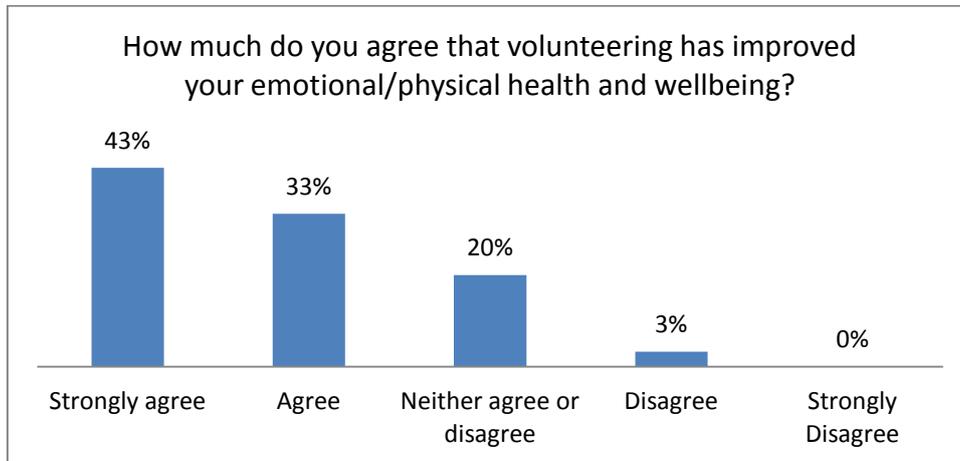
#### 4.3.1 Impact on Service Users

When asked about the impact of the time spent with older people as a volunteer, 100% felt the time they spent with service users was at least very beneficial, 55% feeling it was extremely beneficial.

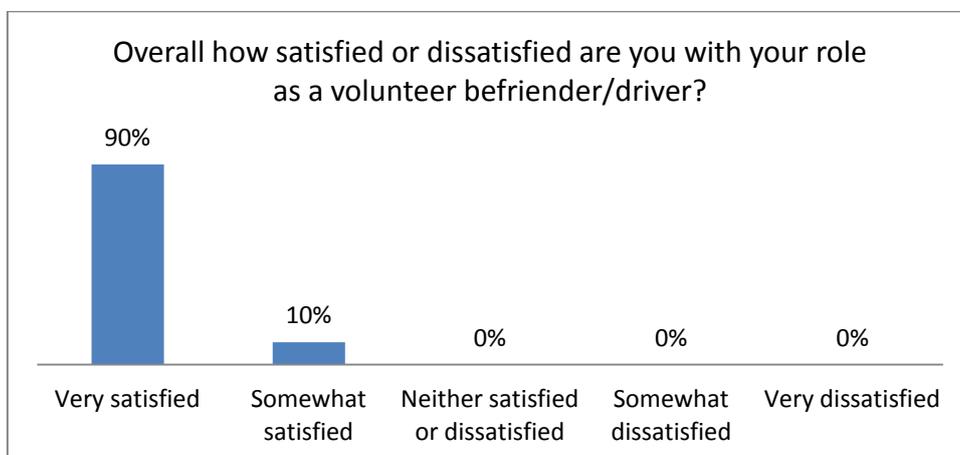


### 4.3.2 Impact on Volunteers

In respect of the impact of volunteering, 76% agreed that Volunteering had improved their emotional and/or physical health and wellbeing. A further 97% felt the training offered helped them develop new skills and knowledge.

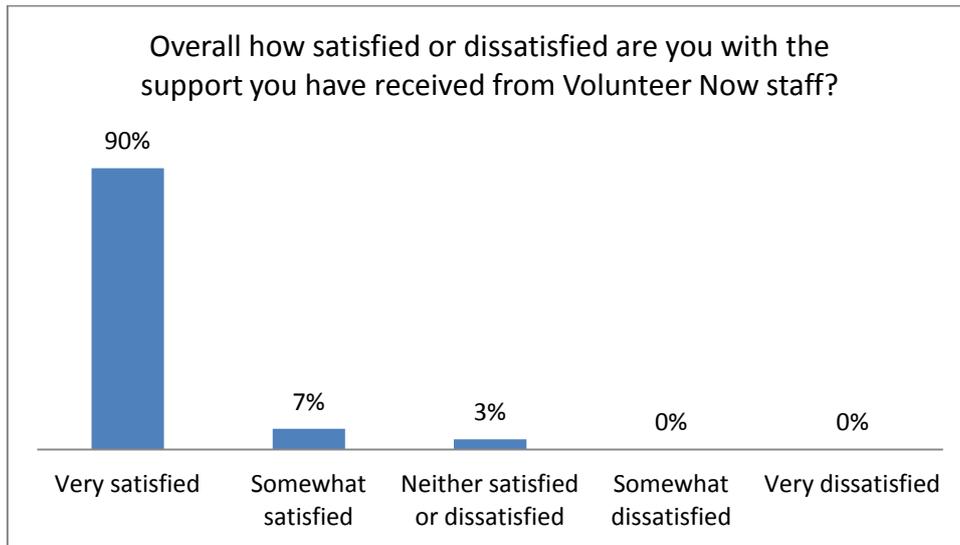


All the volunteers indicated that they were more than satisfied with their role as a befriender or driver, with 90% being very satisfied.



### 4.3.3 Relationship with Volunteer Now

When volunteers were asked about the support they received from Volunteer Now staff, 97% were more than satisfied with the support they received.



## 5 Conclusion

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Overall the feedback elicited by this survey was extremely positive – of the sixteen questions asked to rate the service provided on the Likert Scale, the 66% of respondents, on average, chose the most favourable response; another 33.4% on average gave the second most favourable response.

Just 1.2% felt that there was room for improvement in our front line service. On examination these improvements related to the need to expand the remit of the volunteer rather than any negative feedback on the delivery of the service.

The response from service users and volunteers overwhelmingly supported the delivery and quality of the service and highlighted the physical and emotional benefits of participating in the scheme.

There was an excellent response from Social Work teams, eight of nine teams responded to the survey. In respect of the Hospital Social Work Teams, only one of four targeted did not respond to the survey.

The broad response to the overall survey indicated that a very high quality service was being provided by Volunteer Now, with very few areas for improvement identified. Where improvements were identified they related to extending the role of volunteers to allow them to be more flexible in responding to the needs of service users.

When asked to identify gaps in schemes for older people; a variety of new roles were highlighted. The volunteer roles identified were primarily practical, some of which Volunteer Now could consider incorporating into existing befriending and driver roles. Other roles identified were clearly within the remit of existing care packages, for example help with personal care.

### 5.1 The Need for the Volunteer Now Befriending & Driving Scheme

There is a clear and apparent need for the Volunteer Now Befriending & Volunteer Driving Schemes. The service is perceived by service users, volunteers and the 'field' as being of high quality, relevant and countering the negative impacts of social isolation and loneliness.

### 5.2 The Need to Respond Creatively

The need to involve volunteers creatively in responding to the challenge of combating social isolation is evidently validated by the feedback provided by respondents to this survey. There are benefits for service users and for volunteers themselves.

### **5.3 The Need to Broaden the Current Volunteer Role and/or Create New Roles for Volunteers**

There is the potential to develop Volunteer Now schemes by broadening the role of volunteers; this could include expanding the existing Befriending & Driving Schemes or even considering new areas of work.

To meet this need Volunteer Now will have to build capacity within its current volunteer team and to increase the numbers of volunteers involved in both schemes.

## 6 Recommendations

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### 6.1 Volunteer Now

#### *Build Capacity*

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Volunteer Now should develop the Befriending & Driving Scheme, both by recognising the input of the existing volunteer group and by taking opportunities to appropriately develop and broaden the role and function of these two schemes.

#### *Develop Awareness of the Service*

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Volunteer Now should develop a strategy to promote its schemes across the Belfast Health & Social Care Trust; taking advantage of any opportunity to recruit both volunteers and service users.

### 6.2 Belfast Health & Social Care Trust

#### *Funding*

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The Belfast Health & Social Care Trust should continue to fund the front line schemes provided through the Community Projects Team within Volunteer Now.

#### *Communication*

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The Belfast Health & Social Care Trust should ensure that all relevant staff teams have a regular agenda item on their meeting agenda that allows for input from appropriate community & voluntary organisations.

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