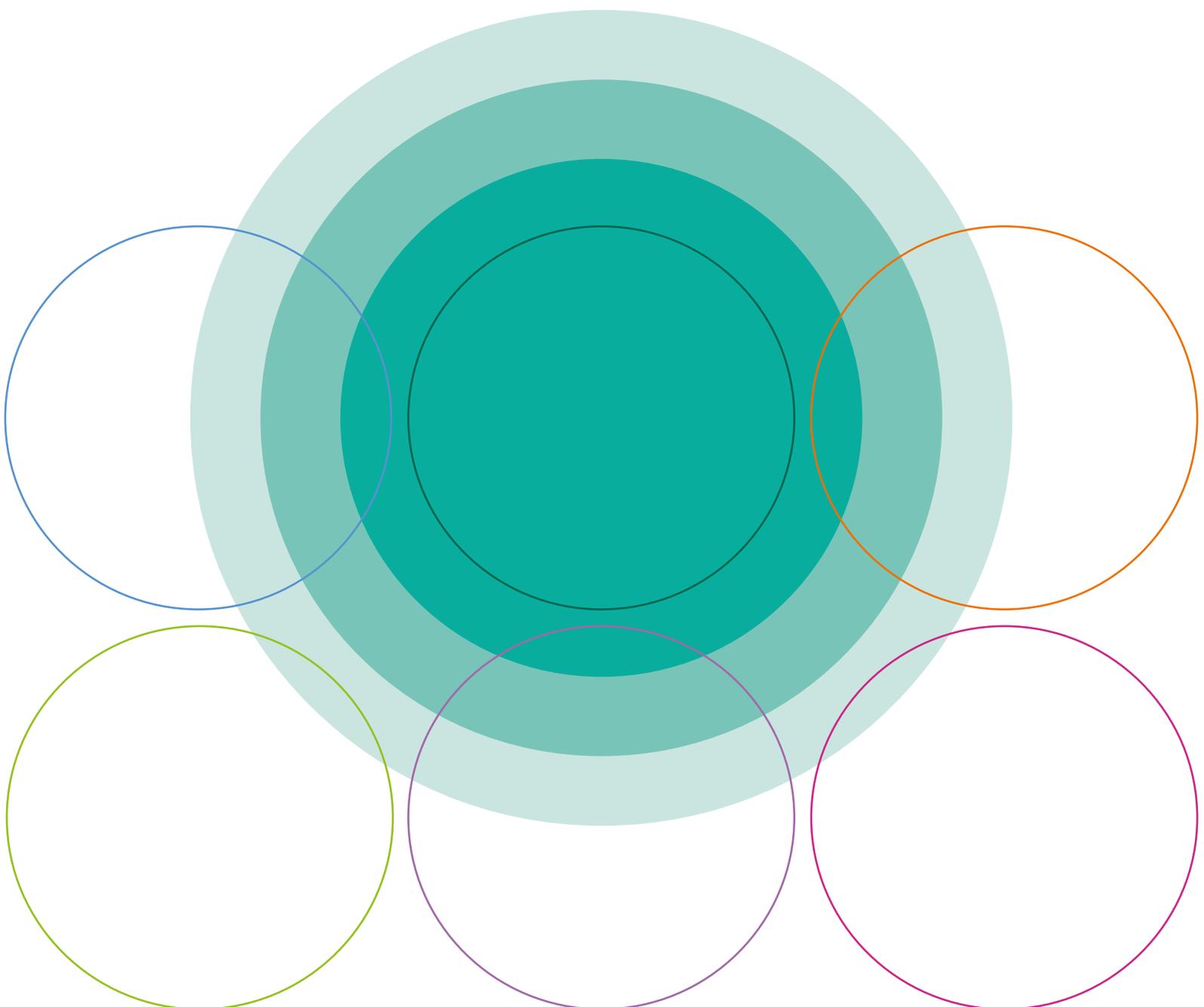


PEOPLE HELPING PEOPLE:

PEER SUPPORT THAT
CHANGES LIVES



People
Powered
Health



ABOUT NESTA

Nesta is the UK's innovation foundation. An independent charity, we help people and organisations bring great ideas to life. We do this by providing investments and grants and mobilising research, networks and skills.

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About the series

More than Medicine: new services for People Powered Health is one in a series of learning products which explain why People Powered Health works, what it looks like and the key features needed to replicate success elsewhere. It draws on the experience of the six teams who took part in People Powered Health, which was led by Nesta and Innovation Unit from summer 2011 to winter 2012.

The series includes:

- **People Powered Health**, health for people, by people and with people, foreword by the King's Fund
- **The Business Case for People Powered Health**: building the business case, foreword by the NHS Confederation
- **By us, For us**: the power of co-design and co-delivery, foreword by National Voices
- **More than Medicine**: new services for People Powered Health, foreword by Macmillan
- **Networks that Work**: partnerships for integrated care services, foreword by ACEVO
- **People Helping People**: peer support that changes lives, foreword by MIND
- **People Powered Commissioning**: embedding innovation in practice, foreword by NAPC
- **Redefining Consultations**: changing relationships at the heart of health, foreword by the Royal College of GP's

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We'd like to take this opportunity to acknowledge the ideas, hard work and insights of all the patients, service users carers, practitioners and commissioners who have been part of the People Powered Health programme. Special thanks go to the teams in the six localities:

Calderdale

Lambeth

Newcastle

Earl's Court

Leeds

Stockport

You can find out more about their work and about People Powered Health at www.nesta.org.uk.

Foreword

Imagine you are experiencing a health problem. You may find out from a doctor what that condition is, but it's not until you talk to someone in the same position that you find a way to cope with, recover from, or live with this condition in a way you could never have done simply by undertaking treatment alone.

Welcome to the stunningly simple, yet amazingly powerful world of peer support.

This excellent report highlights how peer support has the potential to transform how we access, deliver and experience healthcare. In doing so it demonstrates the common features of effective peer support – its accessible, rooted in quality relationships, and most importantly, led by peers themselves. As Cindy's story illustrates (p.7) in mental health, empowerment and recovery are inherently related.

At Mind, we believe peer support to be central to achieving more effective mental health services. The examples of pre-crisis peer support co-ordinated by SUN (p.9) & Certitude (p.10) illustrate how it is a key part of the responsive community based care people need to effectively manage fluctuations in their mental health, as recommended in Mind's recent Crisis Care Inquiry. As in Stockport (p.8), incorporating peer support into the care pathway can both prevent the need to access acute services, as well as enabling earlier discharge from such services.

The examples of Certitude, Stockport Mind and MAECare (p.16) also emphasise the important role voluntary sector organisations have to play in brokering access to training, resources and community networks. Their enabling approach represents an alternative to a disempowering “the doctor will see you now” mentality; a dynamic the Health Foundation has shown can impede people's ability to take ownership of their own health.

So what next for peer support? In the words of a peer supporter from Solidarity in Crisis (p.11), all the stories contained within the following pages “*act as an inspiration and a possibility of hope – hope for how things might be in the future.*”

Paul Farmer is Chief Executive of MIND



Introduction

People Powered Health is about treating everyone in the system – from patients to commissioners, surgeons to carers, peer supporters to dentists– as people with strengths, individual skills, expertise and goals.

We know that people helping people is fundamental to the success of People Powered Health. At the heart of the activities and practical arrangements in People Powered Health are meaningful and caring relationships with others. Peer support is a way for these relationships to be actively brokered by clinicians, voluntary sector organisations or volunteers. Peer support connects people to one another, enabling them to build relationships that improve their health and the health of others.

Peer support is a well-tested part of social care, mental health, physical health and, at an everyday level, it forms the basic structures of our families, friendships and communities, which practitioners and providers have long understood to be important to health and wellbeing.

This approach shifts the focus onto the people and relationships involved in each health and care interaction, and away from institutions, services and processes. An assets-based approach recognises and values everyone's role, including patients themselves, it opens up new possibilities for people to take control of their own health, gaining confidence and self-respect through supporting others and building stronger social connections through friendships and mutual support. People

helping people with long-term conditions is a way to bring the social right into the medical.

In some instances, people living with similar conditions or who have recovered from them are connected to one another. This works especially well for people with conditions that can exacerbate such as COPD, diabetes, and some mental health conditions. In these circumstances 'specialist' peer support, from people with directly relevant experience, helps people to learn how to manage their conditions and encourages them to comply with treatment regimes. Support like this can be offered in peer developed resources, over the phone or online or, increasingly, in a blended offer that incorporates both distance and face to face engagement.

Less formal or specialist peer support is effective, for instance, with frail older people. This group is often living with complex comorbidities of more than one condition. In neighbourhood networks, shared medical histories are less important than simple proximity and a shared social history, which enables frequent connection and mutual support. In other parts of our life we might call relationships like these friendships, and successful peer support results in friendships which are not necessarily defined by their health origins.

Understood in this way, the importance and impact of peer support becomes clear. Recent meta-reviews have demonstrated what we have long known anecdotally – that friendship is directly linked to improved life expectancy and quality of life.¹ Allowing for other factors affecting longevity,



Ajay Khandelwal,
People Powered Health
programme team, Nesta

such as gender, lifestyle choices (including smoking and diet) and ethnicity, people with strong social connections are estimated to increase their chances of living longer and in better health by around 50 per cent. There is also evidence that it is friendships, not just family connections,² that are the critical ingredient. Statistically, being socially well connected is as likely to improve a person's health as low blood pressure, low cholesterol, healthy eating or giving up smoking.

However, the insight that peer support improves lives will come as no surprise to practitioners and providers in health and social care. This is not a new concept in the NHS. Peer support is a well-tested part of social care, mental health and physical health and, at an everyday level, it forms the basic structures of our families, friendships and communities, which practitioners and providers have long understood to be important to health and wellbeing.

Yet peer support is neither systematised nor used at scale in the current healthcare system. In People Powered Health we have been exploring what it would take to achieve this: to scale up the principles and practice of people helping people, diffusing and embedding it in every part of the health system. This will involve new models of commissioning, changes to workforce culture and understanding and developing relationships between different kinds of organisations and practitioners in different parts of the system.

In this paper we look at examples of how the People Powered Health teams have integrated peer support into routine care, what makes peer support work, and how it can be placed at the centre of a new health service that has people at its heart.

“In every other walk of life we seek out support from our friends and our relationships to get anything difficult done, for moral and emotional support. The NHS is a long way behind on this, it treats people as isolated individuals, and it's missing a trick.”



The fundamentals of peer support

Peer support uses peers to help people focus on their assets, abilities and potential routes to recovery: the positive aspects of people's lives and their ability to function effectively and supportively. It rejects the standard illness model that emphasises the symptoms and problems of individuals,³ in favour of a narrative of recovery, self-efficacy and hope.

Peer support mobilises the insights and empathy of people who share similar problems or experiences to support others who are living with long-term mental or physical ill health. Peer support provides a safe and understanding helping hand at difficult times in people's lives, and gives hope of a better future. Peer support also addresses social isolation, which has well-documented adverse effects on physical and mental health.

For each of the models of peer support, you will encounter stories of patients and service users whose lives have been transformed by taking part, often beginning their journey as the person receiving support and then moving to a provider role, as their own recovery progresses. Both parts of this process help patients better manage their conditions. Their stories are full of hope and inspiration. But they are also stories about staying out of hospital, away from statutory services and their GP, and off medication. They are stories about people with very limited prospects becoming active and productive members of their communities; of finding work, building a family – living a 'normal' life with their illness.



Emilio Reyes,
peer supporter in Lambeth

“Peer support can be used in an almost infinite number of ways, at different points of someone's journey through health services. You can have so many informal or formal varieties – a reading group, a knitting group, one-on-one support or group support on particular issues that people are facing. It's hard to define – that's one of its massive strengths. Peer support can be so many things, mean so many different things to different people and situations.”

The four key models of peer support



Teams involved in People Powered Health are exploring four models of peer support:

- **Activity-based peer support** where people learn new skills or share practical experiences in ways that create a context for mutual support between people with similar problems. Groups like this are therapeutic and recovery focused.
- **One-to-one support** that is dedicated help offered on the phone and/ or face to face by someone who has experienced similar circumstances, often sharing the same long-term condition.
- **Befriending** through an informal but intentional relationship that may or may not centre around similar experiences, often to support a transition from one stage of recovery to another such as discharge from hospital, for instance, or moving to a new area.
- **Locality-based peer support** organised around a community hub or neighbourhood and focused on building strong, supportive and sustainable social connections.

Peer support: groups with a purpose

Peer support groups have helped people make changes in their lives or cope with difficult situations for decades – Alcoholics Anonymous, weight loss groups and group cognitive behavioural therapy are just a few successful examples.

However, peer support groups sit on the fringes of medical care, with the experience of individuals to help others largely remaining an untapped resource. The People Powered Health teams are working to scale up the use of peer support and integrate it into routine care. The most successful groups are those that come together for a shared purpose. This may be around an activity such as knitting or walking, or around a shared goal such as managing times of crisis. These shared activities and goals provide the groups with structure and a shared endeavour, while allowing people the space to talk and share ideas – something they would not have time to do in a clinical interaction.

To learn more about the practicalities of setting up these groups see [More Than Medicine and Redefining Consultations](#)



John,
Mosaic Clubhouse member,
Lambeth

“Coming here and just working alongside people, you just get talking. It could be about football. It breaks the ice. You can’t talk about football to psychiatrists.”



The evidence



Peer support: evidence for commissioners

Whether peer support scales rests largely on whether commissioners decide to buy these services. Commissioned services need to offer evidence of impact on outcomes and value for money.

The evidence attributes tangible benefits to peer support, principally through reduced hospital admissions, emergency admissions in particular.⁴ These are important indicators because they point to:

- improved self-management by patients of their condition, resulting in fewer critical incidents requiring medical attention; and
- lower costs to the NHS, resulting from reduced demand for services.

Other benefits identified include increases in patients' adherence to drug regimens⁵ and other treatment likely to improve their health.⁶

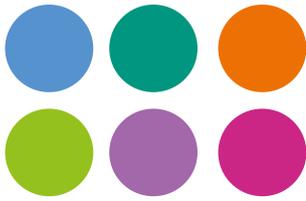
Users of peer support in mental health services consistently report high levels of satisfaction with the support they receive and recommend that more opportunities be made available as part of service improvement efforts.⁷

As a complement to clinical intervention, peer support offers a low cost option that adds considerable value to expensive services. In 2010 a collaborative research programme led by Martin Knapp and run jointly by the Personal Social Services Research Unit and the London School of Economics concluded that the use of befriending schemes as preventative interventions in mental health have the potential to generate around £270 in savings per person for every £85 invested, when wider quality of life measures are taken into account.⁸

The potential savings in using befriending schemes

For more on the business case see the [Business Case for People Powered Health](#).





Focus on

People Powered Health in Stockport: Crafty Needles – peer support in activity groups

Social isolation and loneliness, often linked to old age or a dramatic change in personal circumstances such as bereavement, redundancy or ill health, can be both a cause and a symptom of mental health problems. Crafty Needles, based at the Wellbeing Centre in Stockport, is helping to reconnect people with their community to help them to get well and stay well.

Essentially a knitting circle for people who need additional support in their day-to-day lives, Crafty Needles has some important features which help to explain its popularity and success. The group is:

Peer led

Group leaders Penny and Cindy are two volunteers who are themselves recovering from long-term mental health problems. They received training as volunteers and peer supporters from MIND. That the people leading the group can recognise and empathise with members' problems creates a feeling of trust and acceptance within the group.

Purposeful

The group began by knitting squares, believing the simplicity of the task to be therapeutic, but soon hit upon the idea of knitting tiny garments for preterm babies in neo natal units. They now supply several local hospitals, and the walls in the Wellbeing Centre carry thank you notes and photographs from grateful parents and staff. Following their success, the group expanded their repertoire to supplying blankets to local homeless shelters.

Challenging

Having built demand for their products, the clothes and blankets made by the knitters needed to come up to scratch. Penny, who learned to knit in the group, turned out to have considerable talent and became both trainer and quality controller. Members find the opportunity to learn, to improve their skills and to produce high quality work helpful. The need to understand and to meet high standards helps them to feel motivated, and that their work is good enough to be useful to others connects them to the 'real world'.

Inclusive

Not everyone in the group is a user of mental health services. New members can be referred by job centres, by GPs, by family or friends or by other members. There's no subscription or formal membership and members can drift in and out of the group as their health and circumstances change over time. The group is held in the foyer of the Wellbeing Centre, which is visible from the street, and the door is – literally – always open. Cindy's determination to provide such easy access follows the death by suicide of a family member who was unable to find help when she most needed it.

Reciprocal

Penny and Cindy talk freely about the strength and meaning they find in supporting others who are living with mental health issues. They are very clear of the value to their own health and wellbeing of leading the group. Similarly, the value that group members find in contributing through their tiny garments and warm blankets adds to their self-esteem and confidence. Within the group, the familiarity of people and routine along with the focus on activity create a safe environment to build new and trusting relationships within which stories and problems can be shared. With no register or formal processes for establishing whereabouts, Penny and Cindy are kept in touch via the informal network with holiday arrangements, bad colds, family emergencies and job interviews, etc. so that if a member is really missing they can let someone in authority know.

Safeguarded

Health and social care professionals are located in the Wellbeing Centre, in offices on the next floor. They are rarely visible to the group, except when a member is in crisis and the volunteers call them in.



Cindy's story

Seven years ago, Cindy was working as a nurse when she had a breakdown. On medication and very ill, Cindy's GP eventually persuaded her to visit the Wellbeing Centre where she encountered Crafty Needles. After a few sessions spent crying and terrified in the kitchen, Cindy began to make coffee, then to bring out the coffee and gradually to join in

Seven years on Cindy is leading the Crafty Needles, and she is determined to keep alive the sense of humour and optimism in the group that helped her early recovery. The group is so popular that in the corner a few men often play dominoes or sit reading a newspaper. Cindy has invited them to join the group on several occasions, but they've declined. They say they just like to be in the

same room because the group has so much fun and creates such a positive atmosphere.

So confident is Cindy now that, with the help of her GP, she has set up another peer support group to deal with the symptoms of fibromyalgia, a chronic condition from which Cindy also suffers.

After a few sessions spent crying and terrified in the kitchen, Cindy began to make coffee, then to bring out the coffee and gradually to join in the conversation.

the conversation. Cindy says it was the uplifting mood that drew her out of the kitchen, and the friendliness and feeling of safety that she experienced that kept her out.

Over time and as she recovered, Cindy began to engage more and found benefit in the opportunity to talk over coffee and take part in an absorbing activity. The absence of any judgement, or attempts to 'fix her' was important and Cindy is clear on the importance of being able to 'talk at' someone with no expectation that they would offer answers or solutions to her problems. She found that liberating.

What's new?

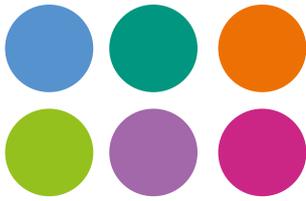


Crafty Needles is one of many peer support groups offered by the Wellbeing Centre in Stockport, but these groups do not stand alone.

Part of the work in Stockport has been integrating these options into the redesigned access and recovery pathways - using peer support in a systematic way to prevent people needing acute care and to help people to be discharged from secondary care.

To learn more about Stockport's redesigned pathways see [Redefining Consultations](#) and [By Us, For Us](#).

For more on integrating peer support into routine care see [More Than Medicine](#).



Focus on **SUN Croydon: tackling individuals' challenges as a group**

The Service User Network (SUN) in Croydon, south west London, is a model of support for people with a range of acute mental health conditions. It is based on relationships and community, and developing and learning together.

SUN runs several groups a week with a maximum of 15 people focusing on emotional and practical support, including supporting people through periods of crisis in their lives. It provides extra support outside mainstream services to people who have a diagnosis of personality disorder or long-standing emotional and behavioural problems.

The purpose of these groups is to:

- get better
- make plans
- solve problems for that day
- create crisis management plans

It combines the effective elements of peer support in a structured group co-facilitated by professionals, and service-users, and managed through co-designed and well-rehearsed protocols. The SUN groups contain a mixture of members but many have serious mental health issues. The explicit problem-solving focus of the SUN group helps them to plan for and work through crises they might have in their life.

For more on SUN see [Redefining Consultations](#)



Dr Barry Jones,
Lead Clinician, SUN Croydon

“If a member presents in crisis they may be helped by the members and the facilitators and drawing on their experiences. Members can suggest ways of coping with that, moving from an emotional, impulsive response which can lead to negative consequences such as ending up in A&E or self-harming, to a different response and outcome. That might be coming back to the next group, joining up with an activity between groups, accessing mental health services – feeling more empowered about crisis without resorting to means that cause greater distress.”





Nicole's story

"If you can hear someone from the service user side say, 'if you try this, it may make a difference to how you see things', rather

15 years ago. She was told her diagnosis was a catch-all for when doctors didn't know what to do with people. Partly because

help to show the members that it's possible to have a relationship with another human that is neither forced upon you nor liable to disappear at any moment.

I find being dictated to very destabilising to my condition. Whereas being advised by service users as my peers – I find that easier to digest and make changes in my life because of it.

than a psychiatrist sitting on the other side of a desk saying 'do this', it makes a difference.

Nicole was diagnosed with borderline personality disorder

of that she's had difficulty building up relationships and trust in other people, which the SUN group has helped her to do. The equality of the relationships and the structure of the group

"I'm not alone anymore. I spent 15 years thinking I was the only person with my problem. They label you 'borderline personality' and just stick you in the backwater...SUN's dragged me out of that backwater and actually made me start moving forward, which is something I never thought I could do."

Benefits for peer supporters

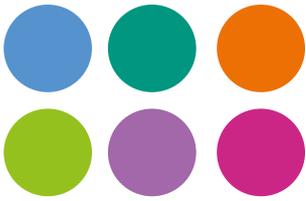
One of the most attractive features of peer support is the opportunity it creates for people who train as peer supporters to use their experience of ill health both to help others and to benefit themselves:

Peer support presents opportunities for people with direct experience of ill health to re-enter employment by providing services to others. These could be conventional services such as case management, or services designed to make more explicit use of peer providers' personal experience.¹⁰

Principles for effective peer support

At the heart of peer support is building relationships in which people trust and support each other. These relationships need to be underpinned by an underlying set of principles, that shape how these interactions should work. The charity *Together UK* gives the guiding set of principles for peer support as being:⁹

- Mutuality
- Solidarity
- Synergy
- Sharing with safety and trust
- Companionship
- Hopefulness
- Focus on strengths and potential
- Equality and empowerment
- Being yourself
- Independence
- Reduction of stigma
- Respect and inclusiveness



Focus on **People Powered Health in Lambeth: one-to-one support in times of crisis**

Solidarity in a Crisis is an out-of-hours peer support service led by carers and current and former service users who have undergone training. It reduces isolation and prevents escalation of issues by offering support over the phone or in person to someone in distress before they reach crisis point, and helps guide them to professional support if necessary.

There are eight peer supporters available via mobile phone every night and at the weekend. Peer supporters are recruited, trained and coordinated by Certitude, which forms part of the Lambeth Collaborative.

As well as the out of hours emergency service, long-term relationships are also established with pairs of supporters working with individuals in the community to help them through a particularly difficult period. The use of peers means a level of support that comes with the empathy and knowledge gained through lived experience, providing patients with a sense of belonging and hope for the future.

Solidarity in a Crisis promotes a model of one-to-one support that assumes mental health issues are not an exclusively negative experience. From daily struggle comes insight into mental strife and empathy with people who are going through it. People who have mental health problems develop resources to learn to live with their condition and manage their symptoms over time. The service harnesses those experiences and the relationships and insights that grow from them, and uses them positively.

The service is run by Certitude,¹¹ a London-based charity formed in 2010 which offers a range of services for around 1,700 people with learning disabilities or mental health problems. Certitude employs more than 650 staff, 17.5 per cent of whom are recovering from mental health problems. The charity is part of the Lambeth Living Well Collaborative, more details on which can be found in [Networks That Work](#) and [By Us, For Us](#).



“The idea that someone’s progressed further down the recovery path and has got to a place where they can now support others is really powerful. So in many ways they act as an inspiration and a possibility of hope to those who are still right back at the beginning – hope for how things might be in the future.”

Peer supporter,
Solidarity in a Crisis



Emilio's story

Emilio's sister was diagnosed with manic depression and sectioned while he was at university. Emilio set out to find out more about mental illness so he could understand what his sister was going through and help her. He has since used that experience to become a carer and peer supporter working with mental health services in Lambeth.

"I find being a peer supporter really difficult, to be honest. Even though I feel we've had adequate training, and all that sort of stuff, it's difficult for someone who's

Peer supporters have an enormous amount of empathy and that really has a positive effect on people who they support, as well as themselves.

had mental health problems because supporting someone can potentially bring up quite a lot of difficult issues again.

But it's very rewarding at the same time. It's hard to hear so much pain, but then also it feels rewarding when you've made some sort of breakthrough and you feel you've listened to someone in a compassionate way.

I stick with it because I think it does work, and people benefit a lot from it. Peer supporters have an enormous amount of empathy and that really has a positive effect on people who they support, as well as themselves. Some peer support doesn't work, but it's important to keep trying things out. It takes time to build up things that work."

One-to-one support



One-to-one support can be used in an infinite variety of ways to help support people with long-term conditions.

One-to-one support can be informal or formal; face to face or over the phone; a one-off interaction or a long-standing relationship; and can be helpful for people recovering from illness or people with more acute conditions. The Terence Higgins Trust uses community support volunteers to support people with HIV by providing them with someone they can trust, and confide in. The many permutations of formal one-to-one support can be seen across the People Powered Health teams - from peer mentors in Stockport to crisis support in Lambeth.

Informal peer support: befriending and buddying

Befriending and buddying, both of which have a long history in social care, focus on the development of an informal but intentional relationship between people around shared interests.



“Befriending is a process whereby two or more people come together with the aim of establishing an informal social relationship. Ideally the relationships are non-judgemental, mutual, and purposeful, with a commitment from both sides to meet regularly.”

Mentoring and Befriending Foundation¹²

Although befriending is often based on face-to-face interactions it can also be used to support people via web-based tools or telephone conversations.¹³ The Meningitis Research Foundation Befriender Network facilitates a network of trained befrienders, all of whom have different experiences of meningitis and septicaemia and who use their personal experiences to support around 360 people via phone in the UK and Ireland.¹⁴

With the right training and motivation, people of all ages and backgrounds can become a befriender. Often befrienders are people who have themselves received befriending support and following that would like to help others. Training courses are run by most local community and voluntary sector providers of befriending services, as well as by the national Mentoring and Befriending Foundation, and usually include help to lead the process of befriending; goal setting and reviewing progress; and, most important, managing what can be very personal conversations about health and wellbeing.¹⁵

Befrienders develop new skills that can enhance their job prospects and employability, communication and listening; build their confidence and self-esteem and feel good about helping others improve their quality of life.

The benefits of befriending

The evidence for befriending is in its infancy but research published in the British Journal of Psychiatry indicates a 'modest but significant effect' of befriending compared with usual care or no treatment.¹⁶ 'Commissioning Befriending: A Guide for Social Care Commissioners'¹⁷ describes how befriending can:

- **Reduce social isolation and improve wellbeing** – for people with mental health problems having a befriender who regularly visits them in their own home or helps them to use local services can be an essential part of living with their condition and the recovery process.
- **Reduce social isolation of people living with dementia** – this may involve regular home visits, trips out of the house to provide mental stimulation or providing respite for their carers.
- **Reduce re-admission rates of older people** – for older people who have recently been discharged from hospital, befriending support can help them to get well and avoid re-admittance.
- **Increase independence and safety for older people** – for older people living on their own, support with practical tasks about the house can enable them to live independently for longer.



Trevor's story

After surviving meningococcal septicaemia and returning home, I felt so alone, so confused and very, very angry inside. My life and capabilities had turned upside down. It was so hard to get my head around; I had lost memories, I was in pain and was so very depressed.

Even with the most amazing love and care of my beautiful wife, I knew that she could not truly understand how I felt and neither could I truly understand what hell she had been through. I needed someone to talk to, who could help me and my wife understand what this dreadful illness had done to our lives. I contacted Meningitis Research Foundation and through the

This was what I needed and I cannot express how much this person, whom I did not know and who did not know me, helped me so, so much in the road to getting my life back to as normal as possible.

Befriender's Network, I was put in touch with an amazing guy.

He had been through a similar experience as me a year before me and his lovely wife had been through the hell that my wonderful wife had to live through. We contacted each other by phone as we lived some 120 miles apart and I suddenly felt not so alone. Here was someone who had

been through what I was going through, both physically and emotionally and just to have that person to talk to without them saying those dreaded words: 'I can understand how you feel'. This was what I needed and I cannot express how much this person, whom I did not know and who did not know me, helped me so, so much in the road to getting my life back to as normal as possible.¹⁸



Learn from

If you are interested in setting up or commissioning buddying or befriending services, have a look at the following resources:

[Association of Directors of Adult Social Services - A Guide to Commissioning Befriending Services](#)

[Association of Directors of Adult Social Services - Commissioning Befriending: A Guide for Adult Social Care Commissioners](#)

[Mentoring and Befriending Foundation](#)

[Befriending networks](#)





How to commission befriending

Befriending schemes are attractive to commissioners as they have relatively low operating costs and a focus on achieving outcomes.

It is easier for commissioners to commission accredited providers meeting the Approved Provider Standard, the national benchmark for organisations providing one-to-one volunteer mentoring or befriending, which ensures the quality and capacity of the providers.

There are 12 key principles for an effective befriending service:¹⁹

- The service has a clear rationale and purpose.
- There is an effective organisational and management structure in place.
- The competence of staff involved in the service is developed and maintained.
- There is a clear process for the identification and referral of service users which takes into account their needs and suitability for the service (for more on this see [More Than Medicine](#) and [Redefining Consultations](#))
- Service users are fully briefed and prepared for their involvement in the service and understand how relationships will proceed.
- There is a rigorous and robust recruitment and selection process in place for potential befrienders.
- There are appropriate safeguarding arrangements in place to protect participants in the project or service.
- Volunteer befrienders receive appropriate preparation and training.
- There is a clear and consistent process in place for matching service users with volunteer befrienders.
- There is on-going supervision, support and additional training opportunities for befrienders.
- There is regular and routine monitoring to assess whether the desired outcomes are being achieved.
- There is an appropriate plan for evaluation of the effectiveness, service-user experience and cost-effectiveness of the service from the beginning.

Just around the corner: locality-based peer support

For many older people with long-term conditions, living alone can result in social isolation that is just as big a problem as the physical effects of their medical condition – and can often be a trigger for mental health conditions including depression.

Many lack the informal networks that are crucial for providing both the emotional and practical support that can help them to manage their condition. For these people, having a range of peers just around the corner is a way to provide this support.

“I think neighbourhood networks have got a vital role to play, particularly for those with multiple long-term conditions and complex needs, who find it difficult to get out of the house. Really they enable people with that social interaction that’s vital for their health.”

Anne Williams, Community Matron



The evidence

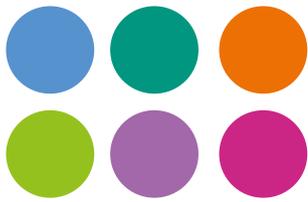


The number of people over 65 living alone is projected to increase from 3 million in 2008 to 4.8 million by 2033.²⁰

Social isolation

Research demonstrates a wide range of negative effects linked to social isolation including depression, anxiety, cardiovascular disease and increased risk of falls.²¹

The impact of poor social relationships and social isolation on overall mortality is similar to the effect of smoking and is greater than universally acknowledged risk factors such as obesity and physical inactivity.²²



Focus on **People Powered Health in Leeds: Neighbourhood Networks**

Leeds' 37 neighbourhood networks are community groups funded by the local authority, and run by volunteers and charities. They are designed to combat social isolation amongst frail older people, to improve public health and to reduce demand for health and social care services in the locality.

In just one of these networks, Moor Allerton Elderly Care, there are over 1,000 service-users and 95 volunteers. The network is run by older people, for older people. In Leeds they are trying to encourage community matrons, practice nurses and GPs to refer patients, who are often socially isolated or depressed. They provide a variety of activities: walking clubs, social strolls, healthy eating classes, yoga, as well as individual and group peer support. Service-users in the network see the social element as key to helping them deal with their condition.

These networks offer a source of practical support – a volunteer might drive an older person to their GP consultation, or help get them home when they are discharged from hospital. Just as importantly they are also a source of emotional support – the local nature of the networks means that there is always a member of the community close by to drop in or call up a patient if they need additional support.

MAEcare offers a befriending service, *Friendly Visiting*, as part of their network. If an older patient was frequently attending their GP surgery because of their COPD, and it transpired that they lived alone and had no close family, the practice nurse could refer them to MAEcare. Befrienders are individually matched to the person they are supporting and will visit every couple of weeks. For some people, this is one of the only forms of regular social contact that they have.

The networks also have peer support groups for local people. For example, MAEcare runs a successful stroke club which has been running since the 2000. It meets twice a month, and aims to provide participants and their carers with a regular and fun social event. By bringing stroke survivors and carers together it hopes that they will be able to learn from each other and gain the skills to live with any disabilities they might have.

“Although I get a lot of pain, if I just sat at home all the time that’s all I’d think about, but going out sometimes I’m too busy to think about my pain. So it keeps me away from the doctor.”

Eugenia,
MAEcare member, Leeds



What next?

Neighbourhood networks have their challenges. Despite the strong evidence linking reduced isolation and improved health, the networks are yet to be fully embraced by healthcare professionals. Part of the work in Leeds is to strengthen these links and build integrated pathways and relationships.

Some GPs are aware of the networks and refer to them, but it is still a very mixed picture. The relationship with the networks should also develop so it is bi-directional – GPs refer to them but the neighbourhood networks can also help to identify people who might have additional medical needs.

For more on encouraging referrals to community options see [More Than Medicine](#)

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