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Assisting friendships, combating loneliness: users' views on a 'befriending' scheme

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ABSTRACT
Loneliness and isolation can be a major cause of unhappiness and can contribute towards depression and mental illness in older age. These associations are recognised by academics, policy makers and older people's representative organisations alike in several countries, and many corrective *ad hoc* and country-specific initiatives have been supported. This study examines the opinions of the users of a local home-visiting befriending service in the United Kingdom. The befrienders are volunteers, and most users were introduced to the service by female relatives or health service professionals. Positive opinions of the service predominated, and users placed a high value on the reliability of their befrienders. The service provided the users with an opportunity to develop a new bond, and many reported friendly reciprocity, which they recognised as an ingredient of 'real' friendship. These friendships sometimes developed beyond the agreed rules and remits of the 'formal' service, and incorporated various forms of supplementary assistance and social activities. The paper demonstrates the value of befriending services and examines carefully the aspects of their implementation that required exceptional sensitivity.

KEY WORDS – volunteering, voluntary sector, friendship, loneliness, isolation, home-visiting.

Introduction

A current consensus among social gerontologists is that life satisfaction and psychological wellbeing among older people are influenced to some degree by their levels of social activity and contact (Kozma *et al.* 1991). Even when an older person has strong family connections and regular contact with relatives, and these help prevent loneliness, non-family social interactions are also important for an older person's subjective sense of wellbeing and

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happiness (McNeil 1995). Despite this understanding, many older people still experience isolation and loneliness, which can lead to what McNeil described as 'sub-clinical unhappiness' and unhealthiness. 'Sub-clinical' suggests a state in which individuals are unlikely to seek or receive assistance for deteriorated health or mobility problems. A self-reinforcing loop can occur, in which decreased mobility contributes to increased isolation.

This paper investigates a voluntary sector befriending service for frail and isolated older people provided by *Age Concern Buckinghamshire*. The local organisation is one of many similar and federated organisations throughout the United Kingdom. By exploring in some depth the users' perspectives on the service, the study seeks to identify the benefits as well as any ways in which improvements could be made, and to gain a better understanding of those aspects of the service that require the most sensitive implementation.

The objective of the befriending scheme is to enhance the quality of life and alleviate social isolation by fulfilling emotional needs, and to contribute to the maintenance of mental health and prevention of mental deterioration. This is achieved by giving the client undivided attention in dedicated home visits with an emphasis on listening skills. There are no strict inclusion or exclusion criteria for the clients. An applicant is not necessarily housebound, restricted in their social activities to any specified degree, or in receipt of particular social or health services, and is not formally assessed before inclusion. The providing organisation did not collect data on the demographic characteristics of the users or the volunteers, but reported that most users are over 80 years of age, female, white and of working and lower middle-class occupational backgrounds. Mirroring wider trends in the voluntary sector, most volunteers are females and middle-aged.

The befriending service that has been studied had 150 volunteers and 150 users. The befrienders are instructed not to undertake household tasks, not to give advice on medical or legal matters, nor assist with personal care-giving. One befriender is allocated to each client, and they make one visit per week for one hour at a regular time. The service continues throughout the year and indefinitely. The visits are monitored to ensure consistency and to maintain standards. Area co-ordinators induct the volunteers, pair the volunteers and users, and make the introductions.

Research on friendship

Any reading of the literature on friendship quickly establishes some of its widely accepted features. Most obviously, friendship is a relationship of

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choice, which fits well with the notion of volunteering. It is also a reciprocal and mutually reinforcing relationship that provides both parties with non-financial rewards (Allan 1996). As personal experience suggests, the nature of friendship varies considerably and reflects the quality and type of bond. Furthermore, all friendship relationships have fluid boundaries, in that over time they can become deeper and more meaningful, or retract and dissolve.

Certain measurable 'structural' factors self-evidently promote friendship, such as opportunities for contact, similarity of gender and socio-economic status, shared interests, common attitudes, and shared histories or age. Nonetheless, each friendship is individual, complex and dynamic, and can ebb and flow in defiance of such predictors. It is neither independent of nor dependent upon other aspects of people's social and economic lives (Allan 1996). Life changes often alter friendship patterns and relationships, and equally an individual's personal circumstances affect their opportunities for friendship. Furthermore, people's diverse social roles and psychological make-up make it hard for some and easier for others to establish or maintain friendship relations. Bliezner and Adams (1992) have suggested that structural conditions make friendship possible but not inevitable. Indeed, people's social and psychological attributes shape their behaviour but, in many ways, behaviour is only partially predictable.

The significance of friendship for the emotional wellbeing of individuals is widely recognised. Friendship attachments provide a sense of security and a sense of belonging which potentially counters isolation and loneliness. Friendships facilitate social integration through shared activity and common interests, and provide positive feedback on social competence both at work and in leisure. They provide a source of assistance in times of need, which can underpin the emotional health of individuals. Researchers have also argued that those with a high level of friendship support are likely to have good physical health, relatively high resistance to stress, and are better able to deal with transitions and reversals in life (O'Connor 1992). This author describes a friendship relationship as providing a 'haven', a place where one belongs and is wanted or, in effect, finds a psychological 'band-aid' when emotional support is needed. Similarly, Finchum and Weber (2000) have likened friendship to a form of human medical insurance. Friendships might therefore allow changes to be made in a person's life and help change it for the better (Wellman and Berkowitz 1988).

The association of age with friendship has been studied. Adams *et al.* (2000) suggested that a high proportion of older people focus on trustworthiness and having shared interests. In support, Parker and de Vries

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(1993) reported that with greater age the value of shared activities became stronger in women, while the value of affection and appreciation increased for men. These findings suggest that ageing alters the nature of friendship, and that older people's friendships are distinctive in the attributes that are considered important. In this regard, Carstensen (1995), using 'socio-emotional selectivity theory', posited that as older peoples' future time is limited, they seek to maintain fewer but emotionally closer relationships.

The potential contribution that friendship can make to the physical and mental wellbeing of an older person has been the subject of several studies. An early contribution found that friends were just as important as family to the morale and wellbeing of older people, because friends were both confidants and companions (Larson 1978). More recently, Stevens (2001) reviewed several programmes designed to promote the development of friendship among older people. In particular, he identified a category of friendships that matched individuals for leisure interests, through friendship clubs and structured interaction groups, but found only limited evidence about their effectiveness in combating loneliness and isolation. He also reported an initiative of his own to empower older people through what he termed 'friendship enrichment'. Although many positive outcomes were reported, the target group were well-motivated and socially active older people, and the results have little bearing for less healthy older people who face considerable social restrictions and isolation.

One programme for isolated older people was implemented by McNeil (1995). Its objectives were to improve subjective happiness and physical health (indicated by aerobic fitness), and it combined 'home visits' for companionship with 'accompanied walking'. The study found that conversation alone increased the older adults' levels of happiness, and that aerobic exercise had positive health benefits. Moreover, it was noted that a relationship between the visitor and the older person in several cases continued well beyond the duration of the project.

Nocon and Pearson (2000) reported on the role of friendship among neighbours in providing support for older people living in their own homes. This support took the form of both companionship and help with practical tasks such as shopping or transport. Many of the visits by neighbours were found to be purely for social reasons, and they were particularly important for those who were lonely and depressed. Evidence of reciprocal benefits emerged, for many neighbours found satisfaction in being helpful. Similarly, Bogat and Jason (1983) found high levels of life satisfaction and health, and low levels of depression, among the recipients of a home visiting programme. Although the effects were not statistically significant, the researchers confidently suggested that home visiting was an

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effective network-building intervention. These findings are congruent with common sense, and collectively point to friendships' potential to provide a life-enhancing element in the lives of older people who are isolated and lonely.

Another recent study, by Piercy (2000), investigated the types of relationships that formed between home health promotion staff and their clients. The author noted that previous studies of home health aid staff suggested that close relationships often developed between clients and aiders, and that some described the relationships as 'friend-like' (Aronson and Neysmith 1996; Eustis and Fisher 1991; Karner 1998). Pertinent to the current study, Piercy found that consistency in the person who provided care was a particularly important factor in the formation of a 'friendly' relationship. Some of her interviewees claimed that the relationship was friendly, and others that they had established friendships. Such claims were often made when the aider 'did extra' and resources were exchanged. Some of the clients reported, however, that asking aiders to do extra could put them in an awkward position. These findings are particularly relevant to the current study. Both befriending and friendship relationships are governed by limits, rules and codes of conduct. If these are transgressed, either the service or the friendship can be jeopardised.

The interview survey

Semi-structured interviews were chosen as the most appropriate research method, given both the frailty of the service users and the capacity of face-to-face interviews to explore the respondents' attitudes in depth. A target of 15 clients was set, and quotas were used to reproduce the gender proportions and the geographical distribution of the 150 service users in the county. In the event, 13 interviews were completed between March and May 2001.[1] The average age of the interviewees was 86.5 years: all but three were women, and all lived alone. The two non-responses arose through the ill health of one client and the death of another.

It was decided that a long open-ended interview would be a disincentive to participation. During the data collection phase, it was found necessary to refine the structure of the interview to increase consistency and to minimise the intrusion into the clients' time and not to tax them. For the client's convenience, interviews were conducted in their own homes. Most took 50–90 minutes to complete, depending on how much the service user wished to say. The interview data were recorded on audiotape, the use of which was discussed with clients prior to the interview. All audiotapes were fully transcribed, and all identifying references were removed to

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ensure anonymity and confidentiality. Notes were not taken during the interviews but were written immediately afterwards. They have been valuable for placing the interviews in their environmental and social contexts. The questionnaire and interview had four sections that successively were intended: to establish a rapport, to focus gradually on personal circumstances, to cover personal experience, and to draw the interview to a close in a positive way. The sections are described as the informational, reflective, emotional and closing questions (following Charmaz 1990).

The analytical approach draws on grounded theory, an approach originally presented by Glaser and Strauss (1967) and which has subsequently undergone several refinements to simplify its application. A key feature of grounded theory is repeated comparative analysis and iterations among data collection, interpretation and theory development. Incoming data are used to formulate theory, or are meticulously played against existing theory and used to replace, extend or modify it (Strauss and Corbin 1998). Thus, in the current study, the successive interviews were developed and refined from those that went before. The inquiry began with the interviews and data from ten clients. As specific themes were identified, these ten were followed up with three more. The follow-up sample was used to corroborate the significance of the themes and to explore them in greater detail.[2]

Findings

Initiating and negotiating contact

The scheme's users tended to be among those who were difficult to reach with information about services and their availability. All lived alone, found it difficult to get out, and had dwindling peer relationships. Not surprisingly, therefore, very few of the users of the befriending service approached the service provider. Instead, the initial contact was usually made by a relative, a neighbour or a health and social care professional. General medical practitioners (GPs), social workers and health visitors were among the latter. A service user commented, 'My neighbour thought as I was on my own it would be a good idea if I had someone. She organised it for me'.

Most often it was female relatives who were aware of the service provider's activities and took the lead in initiating the service contact. It was observed that even where a son was the next of kin, daughters-in-law tended to be more involved in the liaison between the older person and the service provider. All users understood that social isolation was their main

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qualification for the befriending scheme. One commented, 'As I was on my own, Age Concern contacted me to see if I would be interested in having a visitor for an hour or so'.

In the providers' service guidelines, it is suggested that mutually convenient visiting times should be discussed, that the arrangements for the visits should be jointly agreed between the client and the befriender, and that both parties should have a degree of control. Although shared control was greatly valued by the users, several suggested that, in practice, visits were often determined by the befriender's other commitments, which typically were greater than their own. One commented, 'She works at the library, and said that she would come after work'. As most users had a good knowledge of the befriender's commitments, their limited influence was easier to accept. An inequality of influence is perhaps inevitable given the volunteers' financial and social commitments. If this imbalance cannot easily be rectified, sensitivity and diplomacy can make it less problematic.

Combining other services

Although the majority of the clients used several health and social care services in addition to the befriending scheme, some received very little support in their homes. The value placed on the befriender's visits must be considered in relation to these other contacts. One gentleman commented, 'My home help comes twice a day to help me clean myself and get my dinner … I get help with cleaning, shopping and gardening, which is very important, otherwise it would get very overgrown … I have 'dial a shopper' to bring me my weekly shopping but I have to be on my own apart from that'.

Even when an older person received several services, the visits did not necessarily relieve a feeling of isolation. One man's entire wakeful life was confined to a three-feet-square area of the kitchen, where he was able to make a cup of tea, watch television and answer the telephone. The only regular contact he had with another person was the twice-daily visit from a home care-assistant, who got him up, prepared dinner, and later assisted him into bed. Not surprisingly, he said that he felt very lonely. In some cases, although they may not have been aware, a service provider was engaged solely for the purpose of providing company rather than for their primary services. Some service users indicated that they felt a loss of self-respect and dignity in having to pay someone to come in to their homes for company. As one said, 'A carer comes in once a week for an hour, I don't really need anything done, it's just for the company … I have to pay for company out of my pension which is £10 a week, it is too much'.

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Although many users indicated that they were prepared to bond with any of the individuals who entered their lives, they recognised that because cleaners and carers came to perform a service, this distracted from building a relationship. In contrast, their befriender was often one of only a few people who came solely for the purpose of conversation and companionship. Generally, there was a great need among the clients for companionship and relationships disconnected with the payment for services or which were derivative of other activities. The voluntary nature of the befriending service was an important feature, for it conveyed the notion that the visitor chose to come. Because of the users' health and mobility problems and their psychological impact, making use of 'external' community-based support services often required considerable effort and motivation. One stated, 'There is a lunch group up the road but I just don't want to go there. Perhaps if I had someone else to go with, but I haven't and, well, I just don't want to go'. Indeed most users appeared to be happy to accept services delivered to them in their own homes, but venturing out of home to meet and make new friends could be both daunting and threatening. It seemed that the longer people were isolated, the more difficult they found it to integrate themselves into new social groups and activities.

Reliability and compatibility

As among the home-care users studied by Piercy (2000), it was very important that the service was reliable, especially among those who were forgetful or confused. In the current study, some users claimed that changes had been made to the days of home-carers' visits, and that this had been disturbing and disorientating. One stated, 'They would more often not come than come. … You just couldn't rely upon them. They would say they would come, then the day would come and go, and there would be no sign of them. I would like someone to come regular'.

In contrast, the majority of users praised the befrienders' reliability. Much comfort was drawn from their arrival every week on time and in all weathers. The predictability of the visits allowed the users to plan other events and activities. In most cases, the visit became an important feature of the older person's weekly routine. Furthermore, the trust that developed through the befriender's continuity and reliability allowed secrets to be shared. Familiarity even reached the level that allowed some befrienders to enter the house without knocking at the door. One user said, 'She comes all weathers, sits there and chats away. Reliability is important: she comes no matter what, and sticks to her schedule, which I think is important'. Appropriate matching of client to befriender was seen as an important first step in relationship building. In particular, good matching

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appeared to be a prerequisite for the development of an enduring relationship. Two users commented:

> Age Concern told me that they couldn't get me anyone my own age to come regularly. But they could get Bob who is 40 years younger than me. I thought that would be all right if we could get on, and we did, very well.

> I had a phone call from Age Concern to say I think you know this lady, you used to play darts together, and we did years and years ago. We have these things in common. They do try to match you with your visitor and I think this is important.

Often forgotten is that, just as in any other social relationship, both the older people and the volunteers have diverse life histories, hobbies, interests, educational and occupational backgrounds, attitudes, psychological make-up and preferences. All too often it is assumed that people will simply 'get along' because of one's need for a volunteer service and the other's desire to provide one.

Intimacy and reciprocity

Whether related to compatibility or to reliability, the majority of users perceived their relationships to be close. All individuals differ in their relationships, and similarly it is difficult to generalise user-befriender relationships. They were however more intimate than those experienced with other service providers and casual acquaintances. One user commented:

> My visitor started to come on a Wednesday … but after the first few times we would have tea and biscuits and look at the clock and say 'My God look at the time'. We have become real friends, really good friends. I wish I had met her years ago.

Some users lamented the recent loss of stimulating intellectual conversation and complained that many of the social clubs that they might or did attend provided everyday 'chit chat' but not the type of conversation to which they were accustomed. In some cases, the befriender was able to provide more serious or intimate conversation. One user commented, 'I can talk to her about all types of things … she is different, she gives me something to look forward to. We have a nice conversation, it changes my mood and I know she is my friend.' Another said, 'I talk to my visitor about not getting out and feeling isolated, although she is not able to help in any way, other than giving me company to talk to'.

In the context of befriending, 'reciprocity' refers to the extent to which the client-befriender relationship is perceived to be, or is, two-way. In many respects this is a sensitive and complex issue. Even though befrienders volunteer their time, the extent to which they actually think of

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their clients as friends probably varies. Similarly, all users realised that the relationship is initially contrived and initiated by their need. Nevertheless, reciprocity in the befriending relationship was regarded by clients as important and they needed to feel that both they themselves and their befrienders were getting 'something' out of the relationship. Two commented:

> The visitor had been coming for three to four months … I said you've helped me so much. She held my hand and said, 'You think I have helped you but you have helped me, it's a two way thing'.

> When my daughter-in-law died, she [the befriender] was in shock. You can see how involved we are with each other.

One example of reciprocity in the befriender-client relationship arose for one woman through sharing the pains and discomfort of arthritis. She said, 'every time I said I had a pain she [the befriender] always had a worse one. (laughs) There were always plenty of aches and pains to talk about.' The story caused considerable amusement and the user talked fondly about the befriender. This sharing was often important in the relationship, and acted as a great social equaliser. As in other social relationships, there had to be listening and talking, and giving and taking advice and support. One user felt hurt that the befriender did not feel able to share personal information: 'We are good friends, the only thing is that she does not give me her address. I think it is her husband, I don't think he'd like it'. The single direction of information giving may well have restricted this relationship, but the scheme's rules specifically state that befrienders should not give their personal addresses to service users. It became evident however that many went beyond the advice.

The duration and frequency of visits was an important issue. As the befriender provided respite from isolation and loneliness, one visit a week was not enough to make a considerable difference to some users' lives: 'We talk about what she is doing … I look forward to it … but once she is gone, it's a long time until next week'. One of the befriending schemes most important roles is to provide support in times of trauma and change. For some, the pain and loneliness resulting from the loss of a spouse was difficult to overcome. Befrienders did contribute to the emotional recovery, but it was acknowledged by users that they could not totally rebuild their lives. One commented: 'One time I was losing weight, she took me in hand, cooked meals and made me cook. Very soon I was putting weight back on. Then she said look at your hair, get some curlers and do something with it … and do you know, I've turned quite vain. Whenever I pass a mirror I turn to see what I look like.' What seemed to be important in helping users was having someone to show an interest in them, someone

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the client could look forward to seeing and prepare themselves and their home for.

Doing extra

The service protocol advises the befrienders not to undertake activities other than listening and talking to users. Nevertheless, some users claimed that their befrienders undertook household chores for them. Others claimed that the befriender created or facilitated external social activities. Piercy (2000) also found that 'doing extra' and participating in various 'unofficial' types of resource exchange were important and valued elements of the relationships. In the current study, one user commented, 'We have become such good friends. We swap small gifts, we go out together. I have suffered with agoraphobia and haven't got out a lot recently, but she will take me for lunch, to the doctor's … We go for walks together and have become real friends'.

'Doing extra' occurs when the psycho-social parameters of a relationship (friendship) conflict with the structural parameters of a formal service (befriending). These structural parameters have associated spatial parameters (homes), and their transgression into public space and domains is symptomatic of the conflict. This type of extra activity depended very much on the type of relationship between the user and the befriender. In one case, the relationship had developed around both parties' interest in gardening and plants. Other users talked about extra activities that had sealed the relationship with the befriender. Going out together, as for lunch, often changed the relationship and made it less formal. Because activities were conducted on socially and geographically mutual ground, this often enhanced reciprocity. For some, developing a relationship outside the home was not possible because of the users' physical condition, but even in these cases users and befrienders exceeded the remit of the service provider. One housebound user said, 'She does special things for me, like going to the library to get me large-size print'.

These stories suggest a possible tension between the role of befriender and a friendship. Although it has many personal and unwritten rules, friendship is not usually bound by formal codes of practice or contracts. If a befriender feels that they are actually friends with the client, they may undertake caring tasks which are beyond the scheme's guidelines. On the other hand, if a befriender is asked by a client to undertake a task outside the role, and the befriender states that he/she cannot, then the friendship, or the perception of friendship, may be compromised. Doing 'extra' also occurs for other reasons. Some befrienders may not consider themselves to be a true friend, nor want to encourage that perception, but may

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nevertheless still do extra for caring, humane and compassionate reasons or because of a perceived expectation. In summary, doing extra occurs when actual friendship, or the desire to reinforce the perception of friendship, or a pressure to promote the perception of friendship involves activities which lie outside the remit and role of the befriender.

Conclusions

The initial contact with *Age Concern Buckinghamshire* was on behalf of the older person, most often by female relatives and friends but sometimes by health and social care professionals. They had identified the need and recognised the potential benefit of a befriender. Most service users clearly understood why they had a befriender, but at the same time did not appear to be embarrassed about their isolation or loneliness. Appropriate matching of clients and befrienders was regarded as very important, and many of the dyads had shared interests which fostered reciprocity.

Characteristically, the users were able to influence the timing of the visits, but the actual days and hours were usually determined by the befriender and their other social and work-related activities. This imbalance in power was not problematic if the volunteers showed diplomacy and common sense. For some users, the befriending service formed an element in a spectrum of support services, although it was seen as distinctive and valued in its own right. Some users paid for other support services when their prime motivation was to secure another visitor and additional company.

Although a minority of the users identified some problems with the reliability of their befrienders, most were very happy with the attention they received. They particularly valued the individualised and stimulating conversations which they believed to be rare in group activities for older people. The befriending service was also supportive at specific times, as following the death of a spouse or close friend, or during recovery from an illness. One manifestation of the tendency for the relationships to develop over time was that befrienders often involved themselves in activities beyond the service remit, such as providing care, shopping or going on outings with the user. Extra activities created a potential conflict between befriending and friendship. The authors speculate, however, that few witnesses of the benefits of these extensions would regard them as a bad thing.

The need for support and friendship to combat the effects of isolation and loneliness among older people was self-evident. For most, being confined to the home made one day roll into another, and days go by

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without structure or interaction. Such exclusion from the normal patterning of the day and week isolated the older person from the ebb and flow of daily life. All the evidence from this study attests to the value of befriending in ameliorating the effects of social isolation. The befriending service delivered many of the core elements of friendship to its users, while its basis in voluntary action fits well with the notion that friendship is a relationship of choice. Furthermore, many core elements of friendship are evident in befriending. For example, the success of the relationship is due in part to the careful matching of users and befrienders which promotes structural compatibility through common interests. Success also depends on proxy factors such as frequency of contact and the reliability of visits, and importantly it is also associated with individuals' personality profiles and preferences which are much harder to determine. As in many friendships, the development of bonds of friendship is also characterised by reciprocity and exchange. Many different forms of exchange were evident, such as the giving of gifts, sharing social activities, sharing secrets and laughter.

Given the evidence from the survey, and in particular the grey areas which can develop between befriending and friendship, befriending schemes have features in which great sensitivity is required. In particular, equal power and reiprocity should be protected as much as possible, albeit within a structured service. This is particularly important in arranging visits, and allowing the flexibility to 'bend the rules'. In everyday life, both unequal power and the absence of reciprocity can damage friendships or hinder their development. Equally, the same applies to befriending services whether or not at the level of the individual they have begun to develop into 'real' friendships.

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NOTES

1 In practice, male and female clients were randomly selected from the client lists for the different towns throughout the county.

2 The fieldwork was completed by two researchers who met regularly to share information, discuss their progress and the emergent issues or themes. The analysis was conducted by these researchers and one other, who also contributed to writing a research report for the service provider. The data were analysed using the qualitative software package *NUD*IST*.

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