COMMISSIONING CASE: PERIPATETIC BEFRIENDING SCHEME

Submitted by: Kirsty O’Callaghan, Chief Executive, Castle Point Association of Voluntary Services (CAVS)
Prepared by: Jennie Knight, Commissioning Officer
Status: For Decision

The Castle Point and Rochford Locality Commissioning Groups are asked to consider the case for the continued commissioning of the Peripatetic Befriending Scheme in Castle Point and the expansion of the scheme into the Rayleigh and Rochford locality. It is proposed that this service is delivered by Castle Point Association of Voluntary Services (CAVS)

1. Outline of the Service

The Peripatetic Befriending Scheme (the Service) aims to:

- Reduce Isolation and Improve Health Outcomes for the Community;
- Reduce the amount of frequent flyers accessing GP Services in Castle Point and Rochford;
- Drive savings in line with the Prevention Agenda, reducing the need to access acute care and incur associated costs.

The service would:

- Provide a Befriending Service to high intensity users attending Primary Care (GP) facilities within Castle Point and Rochford;
- Base a Befriending Co-ordinator in GP Surgery’s at designated times;
- Enable frequent flyers and those who are isolated within their communities to participate in health based initiatives and social activities;
- Work in partnership with Family Mosaic to engage ex-service users on a voluntary basis to become Befrienders;
- Train and supervise Voluntary Workers as Befrienders;
- Tackle health inequalities, reduce isolation, encourage prevention and worklessness by promoting voluntary work enabling people to gain skills in helping them gain better health outcomes and provide opportunities to better engage in their communities and as appropriate encourage frequent flyers back to paid employment;
- Provide a voluntary service for those members of the community who may still require further confidence building and motivation in relation to social, health and work issues;
- Encourage Service Users to become Befrienders where appropriate.
2. **Background**

Castle Point Association of Voluntary Services (CAVS) put forward a proposal on 3rd October 2011 to deliver a peripatetic Befriending Scheme on a pilot basis for Castle Point Locality Commissioning Group (LCG) population. The LCG are committed to working in partnership with local providers to provide social support to improve and prevent health needs and as such agreed to commission the service as an eight month pilot. A GP Board Member and aligned commissioner worked in collaboration with CAVS representatives to develop the service specification and monitoring processes. The service commenced on 1st March 2012.

Around 30,000 older people in Essex are chronically lonely. There is a Campaign to End Loneliness which encompasses a coalition of organisations and individuals working together through research, policy, campaigning and innovation to combat loneliness and inspire individuals to keep connected in older age in the UK. The CCG felt that they could further support this by extending the service to reach wider groups.

In the local acute hospital alone there were 373 episodes of depression over 12 months from the Castle Point population.

3. **Service Description**

The Befriending Scheme would focus on:

- Those over 18 years of age
- Individuals presenting with social isolation issues following a sudden breakdown or deterioration of their personal circumstances
- Individuals living alone with little or no social support network
- Individuals who are the main carer for their spouse or relative, which has resulted in them becoming isolated
- Individuals who have a support network, but due to physical or low level mental health issues – for example; anxiety or mild depression – can be defined as socially isolated
- Individuals with a heavy reliance on health services, and frequent use of A&E and GP services
- Individuals living within Castle Point and Rochford CCG locality

The service would support the wider health agenda to:

- Reduce attendance in primary and acute healthcare settings
- Reduce cost to NHS through reduced prescribing and appointment time
- Improve key areas such as Mental Health, Care of the Elderly, Obesity, Active Living and Smoking Cessation through befriending signposting scheme
- Encourage patients and public to be actively involved in voluntary work
- Train patients and public in skills that can be used to develop into paid work
- Increase confidence in individuals to apply for paid work
- Provide an educational experience
- Increase health & wellbeing for customers receiving the befriending service.
3.1 Eligibility & Referral Criteria

Individuals who are eligible for the service would be living with Castle Point & Rochford and will, generally, be:

- Individuals presenting with social isolation issues, following a sudden breakdown or deterioration of their personal circumstances.
- Individuals living alone with little or no social support network.
- Individuals who are the main carer for their spouse or relative, which has resulted in them, becoming isolated.
- Individuals who have a support network, but due to physical or low level mental health issues – for example; anxiety or mild depression – can be defined as socially isolated.
- Individuals who enjoy minimal social interaction from cleaners, carers and other service providers will NOT automatically be excluded from befriending.

Key Groups who may be targeted by the service would include:

- Isolated
- Lonely aged over 55
- Depressed
- Carers
- Women Aged 40-50 with dependants and caring for a relative
- Recently bereaved
- Those with mental health issues

Referrals will be received from locality GPs, Health Visitors, Social Care professionals, Community Matrons, Nursing Teams, Carer Agencies, Care Homes and Children’s Centres. In addition to health and social care professionals, referrals may be made through partners such as Family Mosaic and reciprocal arrangements would be made in terms of signposting to other appropriate services for individuals, each individual would be judged on an individual basis.

3.2 Referral and Assessment Process

- Initial referrals may come through the GP or through partners and contact with the referred individual will be made. In some cases the GP may refer directly into a slot during a session being delivered by the Befriending Coordinator, who will complete the referral form. Befriendees will have agreed to the referral being made.
- A letter will be sent out to the potential befriendedee indicating when they can expect to receive an assessment visit/appointment (depending on current capacity). A leaflet on the service will be sent at this point.
- Once an assessment appointment is available contact is made with the client by phone to make a mutually convenient appointment. This is confirmed by letter.
- Following the initial assessment if a second appointment is necessary this will be made within a two week time frame. The assessment includes Health and Safety Risk Assessments and Safeguarding considerations and assessing if there are any other services that may be able to support the befriendedee.
- Once the assessment is complete the befriendedee is given an indication of when a volunteer befriender is likely to be available. Contact is maintained during this period.
• If a client is particularly isolated they will receive visits from a liaison volunteer on a monthly basis until such time as a befriender is found.
• All matches are reviewed after three months.

3.3 Befrienders

The Purpose of the Befriender role is to offer regular one to one befriending to vulnerable elderly clients in their own homes whilst working within the boundaries laid down by CAVS.

Befrienders are volunteers who have been recruited from the local community and who have approached CAVS wanting to give their time to others freely and without cost. Befrienders come from all walks of life, all backgrounds and all ages. Befrienders are expected to give a minimum of one (1) hour per fortnight of their time. It is anticipated that for the duration of the scheme 100 Service Users would being Befriended by up to 50 Befrienders.

When a potential volunteer approaches CAVS, they are assesses for suitability, an enhanced CRB check is undertaken, references taken up and volunteers are trained fully to recognise boundaries and that they may befriend clients within their own home.

Volunteers all receive enhanced CRB checks. CAVS Volunteers are bound by the same policies and procedures as CAVS staff; they will be given training and receive a full induction.

The CAVS Befriender Training package comprises:
• General CAVS induction
• Volunteer Management
• Professional Boundaries Training
• Safeguarding Training.
• Disability Awareness
• Boundaries
• Confidentiality
• Communication Techniques
• Health & Safety
• Wheelchair Handling (is appropriate)
• Lone Working Policy Briefing

In order to ensure the best quality service is delivered to Befriendees, whilst maintaining maximum outcomes in terms of sign posting and appropriate use of CCG resources, Befrienders undertake an element of training that addresses the need to sign post to other third sector organisations. In addition, Befrienders are provided with an overview on accessing NHS Services appropriately. CAVS have created a simple toolkit to further support the work of the Befrienders around patient education. During the Befriender induction it is made clear that the service is delivered according to need and that the Befriending care package is delivered for a finite period of time.

During a befriending relationship, the befriender continues to have additional training, as well as supervision to ensure they are fully equipped to continue carrying out their voluntary role. The matching is reviewed regularly and would be for a maximum of one year with any one client.
Quote from a Befriender:
“Being a Befriender is when the family tell you that you have made a difference to the client’s life, and how much your visit is looked forward to. Then you know that you are doing something worthwhile, and that you are contributing to a person that knows someone out there cares.”

Desirable qualities of a Befriender:
- Listening skills
- Enjoyment of social contact
- Ability to motivate/encourage others
- Sense of humour
- Honesty and reliability
- Patience and understanding

Benefits of being a Befriender:
- Opportunities to meet new people
- Free training and support
- Increased confidence
- Giving to the local community.

Key responsibilities of a Befriender:
- Willingness to volunteer for a minimum of 8 months
- Attend initial induction training and on-going training/socials/regular support sessions
- Respect client’s confidentiality at all times
- Establish and maintain appropriate boundaries
- Spend time with client and engage in activities that are mutually agreed upon
- Inform the manager of any concerns about the client
- Respect different cultural values and work in a non-discriminatory manner
- To be understanding rather than judgmental about a client’s situation and circumstances

In some cases the Befriending Role may change in line with the needs of the Service User to more of a mentoring role – details of the Befriending/Mentoring Spectrum are outlined below.

There can be a broad overlap between what is called ‘befriending’ and what is called ‘mentoring’ and most projects fall somewhere along this continuum. However, typically, mentoring projects encourage a goal-focused approach where matched volunteer and client pairs actively work towards agreed targets and the relationship between them is mainly a by-product of this process. Befriending projects, on the other hand, tend to place the emphasis more firmly on the relationship itself. The overlap between befriending and mentoring occurs when mentoring projects ask their matched pairs to build their relationship first before moving on to work on their targets.

There are four broad types of project which can be identified by using the befriending / mentoring spectrum:
1. Befriending – the role of the volunteer is to provide informal, social support. The primary objective of the relationship is to form a trusting relationship over time, usually in order to reduce isolation and to provide a relationship where none currently exists. Other outcomes may occur, eg a growth in confidence, but these are never set as objectives for the relationship.
2. Befriending – the role of the volunteer is to provide informal, social support. There may be additional stated objectives at the start of the relationship, eg increasing involvement in community
activities. The success of the relationship is not dependent on these objectives being achieved, but they are seen as a potential benefit of befriending over time.

3. Befriending/Mentoring – the role of the volunteer is to provide informal, social support and through this supportive relationship to go on to achieve stated objectives, eg increasing clients’ confidence to enable them to do activities independently in the future. The objectives form a basis of discussion between project, volunteer and client at an early stage and are reviewed over time.

4. Mentoring/Befriending – the role of the volunteer is to develop objectives with the client over time. Initially the role is to develop a relationship through social activities in order to establish a level of trust on which objective-setting can be based. Due to the client’s changing circumstances, objectives may take time to set and may be low key.

3.4 Service Delivery

Using CAVS Volunteer Centre and the link with the Volunteer Centre Manager and the Befriending Co-ordinator, Volunteers and Service Users (Befriendees) are matched. Befrienders and Befriendees are very carefully linked through a matching process which involves the Volunteer Centre Manager and Befriending Co-ordinator getting to know both individuals well on a personal level and finding out exactly what they would like to achieve from the project. Similar interests, hobbies and character are always taking into account in the matching process.

Both Befriender and Befriendee are supported by the Co-ordinator after the link and regular reviews are carried out with both parties to ensure everyone is happy with their situation.

A Charter will be drawn up between the Volunteer Befriender and the Service User (Befriendee) to ensure the following:

- Expectations are managed for both parties;
- A reporting route is put in place to whistle blow on any safeguarding concerns;
- No personal information should be exchanged and contact between both parties should be limited to a designated amount of time. Contact should be sought through the CAVS Office only;
- Both parties must sign up to the charter;
- Both parties can end the arrangement if they feel it to be appropriate.

Once linked with a ‘Befriendee’, a Befriender will visit them regularly (usually on a weekly basis) to keep them company, sit and chat, play games or help get them out and about. Trips out can involve simply going along to a café for a cup of tea or a longer trip (up to 3 hrs) to go shopping for example.

Befrienders are not responsible for providing any kind of personal care or administering medication. However, should the service develop it may be possible to train befrienders to deliver low level health assessments to support the Community Nursing Team.

4. Alignment to CCG Priorities

The pilot Befriending Scheme in Castle Point generated a significant amount of publicity with over 18 items of media coverage promoting the CCG Scheme over the last 8 months in both print and broadcast media.
The service clearly supports the priority of the CCG to work in partnership with local authorities and the voluntary sector to promote health and wellbeing. Both Castle Point and Rochford District Council actively support the scheme.

The service is aligned with the priorities of the CCG to:

- Closing the gap of health inequalities between the most and least deprived.
- Improving the general mental health and well-being of the population.
- Preventing the causes of ill health and unnecessary illness.
- Providing services to cope with an ageing population to ensure there is increased choice and services available for end of life care and people with long term conditions, including dementia.

It is expected that the service will support the delivery of the CCG QIPP Agenda.

5. Context and Supporting Analysis

In the UK, befriending programmes have been in existence for the past 30 years, with a distinct rise in one-to-one and group support schemes since 1998 (Home Office, 2003). Since the change in focus of service provision to ‘community care’ in the 1970s, befriending services have been identified as an effective way of addressing the issue of social engagement for all potentially isolated and vulnerable people within the community.

There is a growing body of literature documenting the influence of social relationships on the physical and mental well-being of individuals, particularly older people (Pillemer and Suitor, 1996; Bradshaw and Haddock, 1998; Blaxter and Poland, 2002). In the more recent Mental Health Foundation/Age Concern survey of 2005 (Lee, 2006), social networks were one of the five themes to have specific relevance to address the needs of this client group. McGowan et al.’s (2009) paper ‘highlights the potential of social intervention for investigating the gaps and opportunities for [one-to-one support] services for people living with Asperger Syndrome’.

A 1998 study explored the role and impact of befriending within community care and identified that befriending has a large role to play in the relief of social isolation for many sectors in society. The study highlighted that befriending, as a useful complement to other statutory services, can make a valued and valuable contribution to peoples’ lives. The role of the volunteer was also shown to be integral as the befriender is under no professional or family obligation to offer support and this was considered to place volunteer befriending apart from other forms of social/health care for isolated people, pointing to the uniqueness of befriending support in the eyes of the user (Dean and Goodlad, 1998).

A study into the mental health needs of asylum seekers and refugees in London (Palmer and Wood, 2007) recommends that health providers offer befriending services to support mental health for this group of users who are likely to experience poorer mental health as well as higher levels of exclusion and vulnerability than native populations. Studies undertaken with older people demonstrate the value and effectiveness that befriending can bring.

The Report of Older People’s Inquiry into ‘that little bit of help’ (Raynes et al., 2006) documents gaps in service provision for older people living in their homes with befriending identified as a useful service and ranked fifth in importance out of 13 most popular services required. Research generally
shows that factors associated with ‘successful ageing’ include increased physical activity, higher self-rated health and increased social contact/activity/support.

Social interaction is also significantly associated with good mental health and improving social interaction amongst the oldest old is potentially a far less costly challenge than providing health services for improving physical quality of life (Successful Ageing and Social Interaction, 2007). Many project evaluations and other studies around befriending have demonstrated positive outcomes achieved. However, despite the increased development of provision and the broad recognition that befriending is an effective form of prevention, research about its impact across all service user sectors is still relatively low.

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A recent study into understanding Britain’s unmet needs found it to be a psychologically fragile society with soaring levels of individual isolation and stress. The report highlights the added value of the voluntary sector in filling the gaps in government social policy areas including isolation and social support and identifies befriending as an effective form of social support that can help to address these unmet needs. However, despite being a good initiative that can help tackle isolation, build resilience and support transitional needs befriending still remains very much on the margins of policy and small in scale (Receding Tide: understanding unmet needs in a harsher economic climate, 2009).

NICE recommends a range of additional support services for people with common mental health disorders (See Appendices 1-3) These include:

- Education and employment support services – steps 2 and 3; these may be provided by local job centres or occupational health/therapy departments
- Support Groups – steps 2 and 3; these are typically provided by not-for-profit organisations
- Befriending – step 3; these are typically provided by not-for-profit organisations
- Rehabilitation programmes – step 3

A GP in Dorset has saved more than £80,000 in NHS costs for just six patients by using a Befriending Scheme to boost emotional well-being. (See Appendix 4)

Further supporting evidence can be found at the following:

- Social Care Institute of Excellence ‘At A Glance 60’ (May 2012) – Preventing loneliness and social isolation among older people
  http://www.scie.org.uk/publications/ataglance/ataglance60.asp
- South West Yorkshire Partnership NHS Foundation Trust – Fieldhead Befriending Project – Wakefield
  http://www.southwestyorkshire.nhs.uk/service-users-and-carers/involving-and-listening/befriending-service/

6. Stakeholder & Patient Engagement

Work has been undertaken with individuals and partners who access CAVS, Vulnerable Adults Project in the development of the shaping of this Business Case.
7. Activity & Financial Analysis

The service requires an investment of £37,735 per annum and is anticipated to deliver net savings in excess of £40k in year one. This relates to ~£15.67 per week per befriendedee.

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Lessons from the Castle Point pilot have revealed that it will take approximately 3 months to get Volunteer Befrienders CRB checked and trained, therefore befriending visits for Rayleigh and Rochford locality is anticipated to begin in April 2012.

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Based on 4.3 weeks per month over a 12 month period equating 51.6 weeks per annum, at a cost of £15.67 per visit (price includes all expenditures - management fee, printing, postage, stationery, advertising telephone calls, volunteer expenses incl training, travel, Volunteer Centre, sundries and Salaries Coordinator).

N.B. The cost of this scheme equates to £18,868 for the Castle Point locality and £18,868 to extend the service to cover Rayleigh & Rochford locality.

8. Expected Outcomes and Performance Measures

Key Expected Outcomes:
- Reduced attendance in primary and acute healthcare settings
- Reduced cost to NHS through reduced prescribing and appointment time
- Improvement in key areas Mental Health, Care of the Elderly, Obesity, Active Living and Smoking Cessation through befriending signposting scheme
- Patients and Public being actively involved in Voluntary Work
- Patients/Public being trained in skills that can be used to develop into paid work.
- Increased confidence to apply for paid work
- Educational experience for all.
Increased Health & Wellbeing for individuals receiving the befriending service increased community integration and reduced isolation.

During the pilot, Quality of Life and Anxiety & Depression Score tools were tailored to the Befriending Service and a KPI tool developed. A Befriended Satisfaction Questionnaire and Voluntary Befriender Questionnaire were developed and befrienees are provided with a feedback form to complete after each visit from the volunteer befriender. Initial feedback from the pilot is very positive and there has been positive local media reporting of the service. It is proposed that these tools will continue to be applied to the expanded service. These tools are included within Appendices 11-14.

Based on the evaluation of the pilot scheme, Key Performance Indicators will be implemented for the service:

- >95% of Befriendees report they have benefitted from the service
- >40% of Befriendees are signposted to other appropriate third sector or statutory services
- >90% of Befriendees would recommend the service to a friend or relative
- >95% of BQOL scores show an improvement from pre to post service delivery
- >98% of Befrienders felt supported to deliver the service
- A reduction in usage of primary care services pre and post service delivery
- A reduction in usage of secondary care services pre and post service delivery

8.1 Outcomes from Pilot Scheme

The befriending scheme was initially commissioned by the CCG for an eight month period. The mobilisation period and the ongoing recruitment of Volunteers took around three months.

The outcomes below are based on a 5 month period of service delivery.

Befriendee Benefits:

- 100% of Befriendee’s receiving the service stated that they had benefitted from having a befriender
- 50% of those receiving the service had been signposted on to other appropriate third sector or statutory service
- 100% of Befriendee’s would recommend the service to a friend or relative
- 20% of Befriendee’s would consider becoming a Befriender

Befriendee Quality of Life Score (BQOL)

- 100% of the qualitative data has shown that the Befriending Service is improving the quality of life of the Befriendee’s. However, when the Co-ordinator/Befriender is conducting the BQOL Survey, Befriendee’s are anxious that they will lose this service and are reporting quantitative data in this context. To mitigate this in the future it will be explained that whilst the service is being commissioned anybody receiving the service will not be excluded from the service unless they request this.

Befriendee Quotes:

- Family H (CP&R Family – Independent Research Tonic) “The Befriending Service has been amazing, the man who comes round is really nice and friendly. He’s had a good impact on me and the family, they should be more involved with families like us.”
• Helping build more confidence in myself and helping with forms and reading things"
• Nice to have a chat. Helped me when my wife died.
• Excellent Service, I am really benefitting from this
• I wish we had a Befriending Club where we could meet up once a month
• I felt really alone with no confidence before I was introduced to the Befriending Service
• My befriender visits have made me realise how isolated I was and I know I can now venture out to the shops and perhaps join a local sports club
• When having a down day, it’s something that helps me feel better
• Have enjoyed befriender’s company and going out in fresh air.

Volunteer Befriender Benefits:
• 100% of Befrienders felt they were supported and trained to carry out the role
• 100% of Befrienders felt that the scheme met their expectations
• 80% felt that they could share a success story
• 100% felt that when speaking to their Befriendees that they were benefitting from the service
• 100% of Befrienders felt that the scheme had benefited them and increased their confidence
• 100% of Befrienders would recommend the scheme

Befriender Quotes:
• I wanted to take part in befriending with the purpose of visiting people who need a friend.
• Following the death of my wife, I experienced loneliness. Being young and mobile I feel I don't need a Befriender. So I became one.
• I feel that I have made a great progress in that persons' life.
• Visiting lonely people at their home. I recognise a week is a long time to be lonely.
• I am getting a buzz out of befriending a person. Hopefully giving them welcome company they look forward to.
• This is such a good scheme to be involved with a few hours each week. Time well spent to lonely people gives them something to look forward to in such a long week. I am glad I am taking part.
• I feel privileged to be able in a small way make a difference.

Of those befriended patient satisfaction questionnaires returned, 100% stated that they had benefited from having a befriender and would recommend the scheme to a friend or relative.

Befriendered quotes include:-
“I felt much more at ease this week with my Befriender. I will also benefit a lot in winter when I can’t get out at all. It gives me something to look forward to each week. I wish I could have done this years’ ago.”

“My daughters are very good to me and visit every week but they were both shocked to hear how lonely I feel during the week since my husband passed away. Although I talk to my daughters on the phone every day I find that I can go days without seeing anyone. I think having a befriender will help me to feel part of the community again.”

Volunteer Befrienders are also gaining from their involvement in the scheme:-.
“Becoming a Befriender has given me so much confidence and made me realise what I am capable of.”

“I feel that I make a real difference every time that I visit my Befriendee and she always tells me what a difference it has made to her.”

9. Procurement Route

It is proposed that a contract would be placed with CAVS for duration of 12 months, with an option to extend for a further two years. This proposal would be subject to the governance processes of the commissioning governing body and approval by the Procurement Committee.

It is proposed that the ‘Single Provider’ (e.g. niche service sub section 2.1.5) procurement is followed due to the specialist nature of this service. Due to the robust safeguarding and governance arrangements required to deliver a befriending service it would not be possible to source an alternative or multiple providers within the locality and with the necessary experience, within the required timescale for delivery of this scheme as part of the CCGs QIPP Programme and to ensure the lengthy mobilisation of the pilot is not repeated.

It is recommended that the schemes delivery is sustained by CAVS, who have the robust governance arrangement in place already, strong links to the local community, other services available, clear signposting routes, who already have a presence in the Castle Point area and are currently delivering the service successfully on a pilot basis.

10. Key Issues & Risks

The biggest challenge in terms of the delivery of the scheme will be encouraging referrals, particularly from GP’s. This can be mitigated by further education and marketing to improve understanding of the scheme. This approach of an active programme of engagement with partners over the recent months’ as part of the pilot, is now reaping benefits with increased referrals from GP’s and SEPT as community provider now aware and engaged with the scheme.

Further risks are explored in the table below:

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<td>Service Delivery/Safeguarding</td>
<td>Matching process managed through appropriate Volunteer Centre Mechanisms and through Co-ordinator assessment of Befriendees</td>
</tr>
<tr>
<td>Failure to continue with the scheme</td>
<td>Negative impact for Befriendees and Volunteer Befrienders</td>
<td>Re-commission the scheme</td>
</tr>
<tr>
<td>Distortion of BQOL and A&amp;D Scoring due to befriender anxiety that they will no longer receive this service</td>
<td>Unable to obtain accurate measures to demonstrate beneficial outcomes</td>
<td>1) Assurance that whilst the service is being commissioned anybody receiving the service will not be excluded from the service unless they request this. 2) Review all visit evaluation comments and provide comparison report</td>
</tr>
</tbody>
</table>
In order to mitigate risk to CP&R CCG an exit strategy for the Befriending Scheme has been considered comprising of a Communications Plan to support befrienders in potentially ending the service with clients. However, this would not entirely mitigate risk to the reputation of the CCG. It would be possible to signpost on to third sector partners, however, currently there is not a provider delivering the same scheme in the Castle Point and Rochford locality. Alternative roles would have to be sought for Volunteers utilising the CAVS Volunteer Centre, however this would be challenging given the specific nature of the Befriender role and the investment in training and development previously undertaken with these individuals.

11. Implementation Timetable & Resources

11.1 Mobilisation

A timetable has been produced with a view to the rollover and expansion of the scheme commencing on 1st January 2013.

11.2 Premises

It is anticipated that identified GP Surgeries would support the scheme and provide a room for consultation for the Befriending Co-ordinator for one session per week. Work would be done to ensure opportunity for promotion of the scheme could be delivered in GP surgeries and amongst existing partner agencies.

11.3 Communications

Support would be required from CCG Communications with regard to assisting in ensuring support materials for the scheme is both accessible and in line with NHS Corporate Identity. CAVS has a dedicated PR function and is able to deliver communication materials to support the scheme. A Communication Plan would be devised to support any overarching project plan to market the service and raise awareness amongst service users, partners, the public and the media within Castle Point and Rochford.

12. Quality Assessment

The Quality Assessment is currently being undertaken and is showing ‘medium risk’ pending further information.

13. Equality & Diversity Impact Assessment

A full Equality & Diversity Impact Assessment has been completed and is included as Appendix 10. The overall impact score is 8, Low Impact.
14. Appendices

Appendix 1  Extract from NICE Clinical Commissioning Guideline 41 – Commissioning stepped care for people with common mental health disorders (November 2011)

Appendix 2  NICE Clinical Guideline 123 – Common Mental Health Disorders (May 2011)

Appendix 3  NICE Clinical Guideline 38 Bipolar – The management of bipolar disorder in adults, children and adolescents, in primary and secondary care (July 2006)

Appendix 4  GP Online – Dorset GP saves £80,000 on just six patients

Appendix 5  Article from ‘The Independent’

Appendix 6  Local Publicity Articles for CAVS Befriending Pilot

Appendix 7  Case Studies from CAVS Befriending Pilot

Appendix 8  Quotes from CAVS Pilot Befrienders and Befriendees

Appendix 9  Assessment Tool Family Insights

Appendix 10  Equality Impact Assessment (attached)

Appendix 11  Befriendee Quality of Life Tool (attached)

Appendix 12  Befriended Satisfaction Questionnaire (attached)

Appendix 13  Volunteer Befriender Questionnaire (attached)

Appendix 14  Befriending Scheme Monitoring Tool
5.3.3 Additional Support Services (page 77 of clinical commissioning guideline 41)

NICE recommends a range of additional support services for people with common mental health disorders. These include:

- education and employment support services – steps 2 and 3; these may be provided by local job centres or occupational health/therapy departments
- support groups – steps 2 and 3; these are typically provided by not-for-profit organisations
- befriending – step 3; these are typically provided by not-for-profit organisations
- Rehabilitation programmes – step 3.

The NICE commissioning and benchmarking tool is a useful aid to planning services for people at various steps of care¹.

http://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=2&sqi=2&ved=0CDgQFjAB&url=http%3A%2F%2Fpublications.nice.org.uk%2Fcommissioning-stepped-care-for-people-with-common-mental-health-disorders-cmg41.pdf&ei=0-gwUJvxHunj4QSOsYDABw&usg=AFQjCNH7CDu3qLL3mOB5sDwNs0oKZjf2LQ&sig2=t1q0dPlgLVyd0WxRJS83wA
Figure 1: Stepped-care model: a combined summary for common mental health disorders

**Focus of the intervention**

**Step 3:** Persistent subthreshold depressive symptoms or mild to moderate depression that has not responded to a low-intensity intervention; initial presentation of moderate or severe depression; GAD with marked functional impairment or that has not responded to a low-intensity intervention; moderate to severe panic disorder; OCD with moderate or severe functional impairment; PTSD.

**Step 2:** Persistent subthreshold depressive symptoms or mild to moderate depression; GAD; mild to moderate panic disorder; mild to moderate OCD; PTSD (including people with mild to moderate PTSD).

**Step 1:** All disorders – known and suspected presentations of common mental health disorders.

**Nature of the intervention**

- **Depression:** CBT, IPT, behavioural activation, behavioural couples therapy, counselling*, short-term psychodynamic psychotherapy*, antidepressants, combined interventions, collaborative care*, self-help groups.
- **GAD:** CBT, applied relaxation, drug treatment, combined interventions, self-help groups.
- **Panic disorder:** CBT, antidepressants, self-help groups.
- **OCD:** CBT (including ERP), antidepressants, combined interventions and case management, self-help groups.
- **PTSD:** Trauma-focused CBT, EMDR, drug treatment.
- **All disorders:** Support groups, befriending, rehabilitation programmes, educational and employment support services; referral for further assessment and interventions.

* Discuss with the person the uncertainty of the effectiveness of counselling and psychodynamic psychotherapy in treating depression.

** For people with depression and a chronic physical health problem.

† For women during pregnancy or the postnatal period.

CBT: cognitive behavioural therapy; ERP: exposure and response prevention; EMDR: eye movement desensitisation and reprocessing; GAD, generalised anxiety disorder; OCD, obsessive compulsive disorder; IPT, interpersonal therapy; PTSD, post-traumatic stress disorder.

NICE clinical guideline 123 – Common mental health disorders

Full guidelines can be found at [http://guidance.nice.org.uk.CG123](http://guidance.nice.org.uk.CG123)
1.5.6 Psychosocial support

1.5.6.1 Healthcare professionals should consider offering befriending to people who would benefit from additional social support, particularly those with chronic depressive symptoms. Befriending should be in addition to drug and psychological treatments, and should be by trained volunteers providing, typically, at least weekly contact for between 2 and 6 months.

Full guidelines can be found at [http://www.nice.org.uk/CG38](http://www.nice.org.uk/CG38)
GP Online – Dorset GP saves £80,000 on just six patients

By Tom Moberly, 03 October 2012

A GP in Dorset has saved more than £80,000 in NHS costs for just six patients by using a befriending scheme to boost emotional well-being.

Dr Anne Hayden, a GP in West Moors in Dorset, pioneered the befriending service with the volunteering charity WRVS.

Over 18 months, her work has led to savings of more than £80,000 through reducing unnecessary GP and emergency hospital appointments for six patients who were high users of NHS services. Reduced NHS use by just one patient cut NHS spending by £18,000.

Dr Hayden has many patients for whom anxiety causes ‘symptoms of illness that really didn’t exist’ and this led her to recognise the need to improve emotional well-being.

‘I realised that if you could build the self-esteem and confidence of a person, you could improve not only their mental health, but also their physical health and in turn, their general quality of life,’ she said.

Dr Hayden initially sought the support of a local group, providing patients with nine hours of befriending support a week.

She then helped to launch a ‘phone a friend’ service, which, with WRVS support, developed into an outreach service.

WRVS is now urging other GPs to identify elderly patients who need support with emotional well-being and to refer these patients to local community support services.

Research by the charity suggests that one in 10 elderly people believed that lack of time in consultations meant their loneliness or isolation was not recognised by their GP.

WRVS chief executive David McCullough said: ‘It’s to the benefit of not only the patient, but also the NHS as a whole, that GPs spot the early warning signs of isolation and loneliness and refer patients to services such as befriending or community centres.’

Dr Hayden added: ‘It is inevitable that in the short time a GP has to see each patient, they prioritise the immediate medical concern. This should not be at the expense of wider well-being issues, which in the past may have taken a back seat.’
HealthCare Commissioning Services by commissioners for commissioners
‘Dorset GP saves £80,000 on just six patients’ was the lead feature on ‘GP Online’ on 3rd October

Posted on 08/10/2012 by david

The story behind the headline was how the practice had saved the money by working with the local WRVS to boost the emotional wellbeing of a group of patients through the creation of a befriending scheme. Patients were provided with nine hours of support, followed up by a ‘phone a friend’ service. According to the report, the savings came from reducing the number of hospital visits by just six patients; spending on just one patient was cut by £18,000.

The more cynical of you might want to quibble about the maths or want more proof, but, you know, I’m all too happy to hear about and celebrate successes which involve unusual approaches to persistent problems, and just wish that more initiatives like this were happening across the country. Unscheduled hospital visits cost the NHS upwards of £8 billion every year and many of them happen because the local health care system fails to pick up on the underlying reason why the hospital visit took place. As there is often no follow-up, and therefore no remedial action, they tend to take place over and over again. In the end, the people involved get categorised pejoratively as ‘frequent flyers’ and are accepted as a way of life for a busy NHS (which, of course, makes it even busier!)

I was discussing the issue with a GP recently. What we both recognised, of course, was that mental conditions, added together, represent by far the most expensive co-morbidity for the NHS. I guess that the natural tendency of most clinicians is to work on the medical condition, rather than attempt to deal with the patient’s mental health, which is often seen as someone else’s problem, or on other occasions it just seems like too big a drain on a system which is tight for time and resources. Regular readers of this blog will know that I don’t get involved in clinical issues, but as a matter of policy, wouldn’t it be better sometimes, for some patients, to flip the emphasis from the body to the mind? I imagine that the success of this experience in Dorset, was that here was a situation where a group of people were prepared to invest a lot of time to produce excellent outcomes at a relatively low cost. Also, I guess that as a lot of the activity involved wasn’t particularly medical, little time was given in advance to making value judgements about the use of NHS resources. The people involved, God bless them, just got on with it. It was only afterwards that someone sat down and began to work out how good the numbers were (perhaps somebody involved could tell us more).

Now to make a strategic leap, it’s pretty easy to see that initiatives like this clearly make financial sense and seem to be producing good outcomes. So, why don’t commissioners at national and local levels institutionalise them? What I’m finding as I attend meetings with CCGs, it that the words ‘Return on investment’ or ‘ROI’ are mentioned much more frequently, particularly as get closer to the time when practices assume responsibility for budgets. Many GPs seem to have a real understanding of what a lot of treatment costs
and how its expense might be mitigated. What we probably now need to do is a lot more work on the relationships between the 'inputs' and 'outputs', and how costs for an individual patient need to be aggregated along the care pathway; just as importantly we need to know a lot more about the quality of the outcomes. Commissioners have yet to discover simple cost accounting which have been used in industry for a long, long time, but let me assure them that better measurement systems will drive better results. As a boss of mine told me remorselessly, ‘what’s inspected, gets respected’. Then how much better commissioning will become. And even, even better, as we improve our skills at counting (or should I say up-rating our quantitative and qualitative approach to the commissioning and decommissioning of local services), the happier will be the patients and the further the NHS budgets will stretch.
Article from ‘The Independent’

From The Independent:

Maps showing the loneliest places in the UK to be created

by Ella Pickover - Thursday 22 November 2012

Maps showing the loneliest places in the UK are to be created, the Health Secretary will announce today.

Jeremy Hunt claims the move will lead to better care for people feeling social isolation and he will ask local authorities to identify areas where older people suffer most acutely from loneliness.

Research shows that loneliness increases the risk of heart disease, puts people at greater risk of blood clots and dementia, makes them less likely to exercise and more likely to drink more, a Department of Health spokeswoman said.

Mr Hunt said: "Tackling loneliness, by giving people better care and improved services, is another step towards making the UK one of the best places to live in Europe for older people.

"We need a measure of loneliness to shine a light on this problem and to know what we are dealing with." "Once we have this solid evidence, local communities will have new tools to come up with the right, targeted solutions to the problem."

Mr Hunt is also announcing a £20 million fund to help older people stay warm over the winter months. Council projects to help vulnerable people keep warm will receive a share of the money.

PA


Local Publicity Articles for CAVS Befriending Pilot

Echo - 10th May 2012

APPPEAL FOR MORE VOLUNTEERS TO BUILD ON SUCCESS

Friendship lifeline for lonely expands

By JACQUELINE MCMILLAN

LOVELY people in Beeston and Hodthorpe will be able to benefit from a new befriending scheme. Castle Point Association of Voluntary Services, based in Seabourne Avenue, Thundersley, launched the service last month to help lonely and isolated people in Canvey become better integrated.

Residents on the island, who were referred to the service by their GPs, were paired with a volunteer to help them carry out everyday tasks and hobbies.

Now, after just three weeks, the charity is expanding the service to seven all GPs and care homes in Castle Point.

Jenny Vincent, 95, of Kings Park Village, off Creek Road, Canvey, described the service as "wonderful.

She said: "I’m really enjoying it. The woman who visits me is lonely and we get on so well, having a nice chat and a cup of tea."

There are many lonely people who should give the scheme a chance, because it can make a real difference."

She added: "There are many lonely people who should give the scheme a chance, because it can make a real difference to your life."

"My daughter lives in Chelmsford and my son is an aircraft engineer who travels a lot so it is nice to have this company occasionally."

So far, there are ten volunteers, with more than 35 people referred to the scheme since it started.

The charity is urging kind-hearted residents across Castle Point to volunteer a few hours of their time to help this project grow.

Ann-Marie Fordham, senior team leader at Castle Point Association of Voluntary Services, said: "For a lot of people, going to the shops or visiting their doctor is the only form of social interaction they have, especially if their family moves around or works a lot."

"Many people even make excuses to go and see their doctors more regularly."

"We want to help them and make them feel better about themselves by giving them someone to talk to and to take them out."

"So far the scheme has gone really well."

"We want to build on that, but to expand we need more volunteers."

Volunteers, who must be over 55, will be given full training.

For more information, contact Beverley Parrish on 01371 858413 or e-mail beverley.parrish@ castlepont avis.org.uk.
SEVERAL generations of Castle Point residents came together on Monday to celebrate National Older People’s Day.

Volunteers and service users from the Castle Point Association of Voluntary Services (CAVS) befriending scheme met with pupils from the Robert Drake School for a coffee morning.

The meeting at Benfleet’s Tyrells Centre saw participants enjoy drinks and cakes before playing bingo.

Beverley Parrish, coordinator of the befriending scheme, said: “The morning was a great success. It was lovely to see the befrienders and the people they visit coming together and enjoying themselves.”

The scheme, funded by the GP Consortia of Castle Point and Family Mosaic, helps lonely and isolated residents to connect with friendly twins, who can either make home visits or arrange day trips.

CAVS spokesperson Danielle Phillips said: “If anyone within Castle Point would like a visit from a befriender, they can ask their GP to refer them to the scheme.”

“Schemes are also looking for more volunteer befrienders. If you are interested, please call Beverley on 01268 508416.”

COFFEE AND CAKES TO CELEBRATE OLDER PEOPLE’S DAY

SENIOR citizens in Castle Point celebrated Older People’s Day at a coffee morning.

The Castle Point Association of Voluntary Services, in Seaview Avenue, Thundersley, held a coffee morning and bingo tournament to mark the national awareness day.

Pupils from Robert Drake Primary School, in Church Road, Benfleet, were on hand to shunt out the numbers and offer cake and refreshments to visitors.

The event was also used to mark the success of the charity’s new befriending scheme which helps support lonely or isolated people in the borough.

Beverley Parrish, CAVS befriending co-ordinator said: “The morning was a great success. It was lovely to see the befrienders and the people they visit coming together.”

Residents can be referred to the scheme by their GP and are paired with a volunteer to help them carry out everyday tasks and hobbies.

Volunteers are still being sought to join the scheme to help it expand.

They must be over 18. Full training
Case Studies from CAVS Befriending Pilot

Case study 1 – Donna and Hetty

Donna was a client of Family Mosaic when she heard about the Befriending scheme. Her Support worker suggested that she would make a good Volunteer Befriender so Donna applied and trained for the role. She was also considering looking for part-time work after having looked after her children for the past 20 years and felt that volunteering would be a good stepping stone to trying new things as well as a great addition to her CV.

Hetty is 86 and lives on her own. Her Daughter lives abroad and although Hetty is visited by other members of her family on a regular basis she still gets lonely, especially during the week. She was referred to the scheme by her GP.

Donna started visiting Hetty in April this year and they have built up a good friendship. Hetty likes to talk about the old days and Donna enjoys this as it gives her an insight into the area of London that they both come from. Hetty has described the scheme as “wonderful”. She says “I’m really enjoying it. Donna who visits me is lovely and we get on so well having a nice chat and a cup of tea.”

Donna is now also a Befriender to Liz who was referred to the scheme by her GP. She is a Mum to young children and is lonely having recently moved into the area. She has health problems and suffers with depression. Donna and Liz have bonded during the visits and have found that they have much in common. Liz said that “I really looks forward to Donna’s visits as it is good to have someone to talk to who understands what you are going through.”

Case study 2 - Audrey and Geoff

Audrey is a retired School teacher. She is 82 and likes to keep herself busy. Having lots of life experience she offered her services as a Volunteer Befriender.

Geoff’s wife had recently passed away. He was referred to the Befriending scheme by his GP surgery as he needed someone to talk to but didn’t want the services of a counselor. He was coming into and phoning the surgery on a regular basis for a chat. His family were finding it hard to come to terms with the death of their mother and were unable to visit him at home because of the painful memories.

Audrey started to visit Geoff on a weekly basis and let him talk about his wife as he needed to. Audrey had lost her husband many years before and understood what Geoff was going through. They continued the weekly visits for a couple of months until Geoff’s family were able to start visiting him again and he decided he no longer needed a Befriender. He was very grateful to Audrey for all she had done for him.
Case study 3 – Leslie and Joan

Leslie is a retired Widower and likes to keep himself active. He sometimes gets lonely and was considering having a Befriender visit him. When he found out more about the scheme he decided that it would probably be better for him to become a Befriender himself as this way he would be able to give something back to the community.

Joan lives on her own and was very active herself until ill health made it very hard for her to get out and about. She found out about the scheme through a friend and asked her GP to refer her to the service. She has very limited visitors to her home and has been looking for a scheme such as this for the past couple of years. She was feeling very isolated and out of touch with services on offer.

Leslie now visits Joan every week and they both enjoy the company that they get from it. We have also been able to supply Joan with information to make it easier for her to get out into the community such as the Sunday Lunch club (Sundays are a very lonely day to Joan) and Community transport services.
Appendix 8

Quotes from CAVS Pilot Befrienders and Befriendees

Befrienders

My Befriendee always seems pleased to see me, says I've helped a lot. She likes to talk non-stop.

Becoming a Befriender has given me so much confidence and made me realise what I am capable of.

I feel that I make a real difference every time that I visit my Befriendee and she always tells me what a difference it has made to her.

Becoming a Befriender has made me feel a part of the community again. I also feel that I am making a real difference to someone's life.

I've been looking for something to do for a while as I have a lot of time on my hands. Becoming a Befriender is perfect for me as it gives me something to do, at the same time as helping someone else.

This is such a good scheme to be involved with a few hours each week. Time well spent to lonely people gives them something to look forward to in such a long week. I am glad I am taking part.

I wanted to give my time to this Scheme because a few hours can make such a difference.

It is early days but there is improvement as the person visited seems to be more at ease.

Gives me something else to look forward to each week.

I feel good being able to help somebody.

I feel privileged to be able in a small way make a difference.

We have become friends, she trusts me and I feel I have improved her life.

I was able to help as I myself had been through the same experience and we could talk it through.

Following the death of my wife, I experienced loneliness. Being young and mobile I feel I don't need a Befriender. So I became one.

Befriendees:

The visits are going really well and I look forward to seeing my Befriender. I find her very easy to talk to and hopefully she feels the same. Her visits are helping me to realise how isolated I have made myself and I really hope that on future visits we can venture out to the local shops.

I look forward to having someone to talk to and it breaks up my day as I am mainly on my own.
Everything is going very well with my Befriender. I really look forward to her visits. I said to her the last time I saw her I love my Fridays now. It makes for a good day for me. Once again thank you so much for taking me on.

The visits have made a difference to me as I have felt for some time that I needed to get out more. The Befriender has made that possible and talking with someone else takes my mind off myself and gives me something else to think about, which is good.

I felt much more at ease this week with my Befriender. I will also benefit a lot in winter when I can’t get out at all. It gives me something to look forward to each week. I wish I could have done this years ago.

The befriending scheme has made a difference with talking to someone and is helping me to build my confidence.

Met my Befriender for the first time. He is a very friendly and pleasant person. We had a chat and found that we had lots in common – we were both born in Walthamstow. Had a pleasant afternoon.

I get on very well with my Befriender and I am very happy with the visits.

My Daughters are very good to me and visit me every week but they were both shocked to hear how lonely I feel during the week since my Husband passed away. Although I talk to my Daughters on the phone every day I find that I can go days without seeing anyone. I think having a Befriender will help me to feel part of the community again.

It felt very good when I joined the Befriending Scheme; it has made a big difference to my quality of life. Please don’t stop this lovely scheme.

When having a down day, it’s something that helps me feel better for a while.

Nice to have a chat with someone, he helped me when my wife died.

Excellent service, very beneficial.

Quote from Ofsted report September 2012

They benefit from the ‘Befriending’ scheme, providing a great opportunity to make new friends. One happy mother commented, ‘Meeting other parents in the centre is like being part of a social group – really good, particularly to share our experiences.’

The centre offers good care, guidance and support for parents and families, particularly those feeling isolated or experiencing personal difficulties or behavioural problems with their children. You particularly value the good opportunities to form new friendships, including through the ‘Befriending’ scheme.
### 7.1 Assessment Tool C (Observer Insights)

#### The Experience
All families reported a very positive experience of the research and simulation. They identified from the outset that the ‘approach’ was different from those they had previously experienced and the ‘type’ of assessment was focused around a ‘conversation’ which problems or issues could be identified and connected to planning, interventions and long-term change. They reiterated this assessment and approach was more engaging, natural and conducive to a positive working relationship, as described in the box to the right.

#### The Questions
This assessment was not reliant on set questions, other than those questions which prompted the families to describe their past, present and future. This provided the assessor with complete flexibility and the family with the freedom to describe or discuss issues in a way they found comfortable. However, it is important to note that some boundaries and practitioner skill is required to govern this type of conversation, so it does not become too problem focused. In this way, the practitioner skills and approach is highly important to achieving the outcomes of assessment.

#### The Structure
The structure was based on a ‘facilitated conversation’, using a simple format: Past, Present and Future. This structure, reflective of conversational norms, provided the family with a simple platform to describe their past, how it’s connected to their current circumstances and what they could do to make improvements. To support this, information that is routinely required by services (i.e. ethnicity, age etc) was captured prior to the session, which meant families could describe their life, problems/issues and strengths unimpeded by these questions.

#### The Outcomes
All families reported that the assessment format and approach by the assessor was different to what they had experienced before. The families described the assessment was ‘just like a good chat’ and what ‘friends would do’. They understood that both the assessment format and approach was reflective of how people interact and problem solve. All families were able to identify key problems or issues in the past, how they have arrived at the current situation and make appropriate plans for the future. This approach, was less formal and undermined the power imbalance between practitioner and family, increased engagement and promoted a collaborative working relationship.

#### Assessor Insight
Assessment Tool C was developed prior to the simulation and semi-structured interviews, using existing evidence around family assessment, our experience and the principles of Family Group Conferencing (FGC). The form is clearly structured using a past, present and future format. This led to a more coherent flow of information, which was easily mapped to the timeline in the assessment tool. This approach made it much easier, as the ‘practitioner’ gets a clearer understanding of the families presenting issues. Assessment Tool C allowed for a more informal approach to assessment, leading to a feeling of partnership with the family, which led to an improved working relationship.
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The Approach
The same approach was maintained throughout contact with all families, they reported to being at the 'heart of the assessment', they were 'listened to' and felt positively regarded. Some families reported this approach being the opposite to what they had experienced before and that 'non-judgemental' approaches should be the cornerstone of the way professionals work with families. Most families have described the perception of being judged or the assumption that practitioners would do this anyway, as a barrier to engagement and establishing a working relationship. All families expressed insight that the assessor and observer did not actively 'judge' and this was positive.

The Structure
The structure was based on a 'facilitated conversation', using a simple format; Past, Present and Future. This structure, reflective of conversational norms, provided the family with a simple platform to describe their past, how it's connected to their current circumstances and what they could do to make improvements. To support this, information that is routinely required by services (i.e. ethnicity, age etc) was captured prior to the session, which meant families could describe their life, problems/issues and strengths unimpeded by these questions.

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