ALONE Befriending Service

Evaluation Report

30th October 2015

ALONE
Helping older people in need

ISO 9001:2008
QUALITY ASSURED ORGANISATION

Acknowledgements

Contents

Befriend

bɪˈfrɛnd/

Act as or become a friend to (someone), especially when they are in need of help or support

A voluntary, mutually beneficial and purposeful relationship in which an individual gives time to support another to enable them to make changes in their life.

The Mentoring and Befriending Foundation

Typically volunteer driven, befriending has long been used as a means of combating loneliness and isolation among a range of groups within society, delivering real benefits and improvements to the quality of life of countless people.

Critical to the development of meaningful 'friendships' between the two parties is the fact that the person making the visit is a volunteer. Volunteers befriend because they want to be, not because they are paid to. This creates a very different dynamic between the two parties – the only priority is that of spending regular, quality time together in a manner that is mutually beneficial.

Befriending can take place on a face-to-face basis or at a distance and is usually aimed at people living in their own homes. It can also be peer group based or inter-generational in nature.

1. Introduction

ALONE is a national organisation that helps older people in need to age at home. We work with those who have difficulties with loneliness, ill health, poverty, poor housing or homelessness. We support them through these challenges and link them in with the relevant services they need to live in the community. ALONE is independent and receives no government funding for the day to day running of our services. We have 250 active volunteers that are trained and supported by professional staff. All our services are quality approved ensuring we are high value and low cost. 100% of all donations goes directly to providing services to older people in need.

ALONE's four core services are:

ALONE Befriending Service

ALONE's Befriending service provides companionship to older people who are socially isolated through a regular volunteer visit. Volunteers provide support with practical tasks and basic advocacy. The Befriending Service is designed to alleviate the negative impacts loneliness has on mental and physical health. All ALONE volunteers are trained and supported by professional staff. If the older person's needs change, staff coordinate the additional supports the older person needs to allow them to remain living at home.

ALONE Support Coordination

ALONE's Support Coordination service works with older people who are in difficult situations or need extra support to age at home. Professional staff work with the older person to assess their immediate situation and coordinate the supports to allow them to age at home. Staff maintain contact with the older person as required to ensure long term solutions has been achieved.

ALONE Supportive Housing Service

ALONE Supportive Housing provides homes to older people are who homeless or at risk of homelessness and need a level of support. Our Support Coordinators work with each resident to ensure they have the relevant services they need to live independently. The level of support an older person receives is based on their changing needs. Every ALONE home is age friendly and is maintained to a high standard.

ALONE's Campaigns for Change

ALONE's Campaigns for Change are designed to tell the truth about the challenges some older people face. We work directly with older people in need, meaning that all our campaigns represent the real situations facing the older people we work with. As well as highlighting issues, our campaigns are also designed to make real changes at an individual, local and political level.

Volunteers in ALONE

Volunteers play a vital and active role in all of ALONE's services and are involved in every level of the organisation from the Board to front line services. All ALONE volunteers are trained and receive ongoing support from ALONE's staff and experienced mentors. ALONE welcomes volunteers from all backgrounds, cultures and ethnicities as we believe in the importance of being representative of the whole community and appreciate the value that this diversity brings.

ALONE's History

ALONE was founded by Dublin fireman Willie Bermingham in 1977. During the cold winter of 1976, Willie and his colleagues found the bodies of a number of older people in tenements throughout the city. They had died alone, in appalling conditions and many had remained undiscovered for weeks. Willie was so shocked by this that he, and a small group of friends and colleagues began distributing food, fuel and blankets to those older people who were most in need. They also started a campaign to raise awareness of these 'forgotten old' in the media and to the government. Today ALONE continues its work providing direct services to hundreds of older people as well as campaigning for the rights of the most vulnerable older people in our society.

The last six years have been a period of significant change for both the organisation and the befriending service. A new overarching governance structure was introduced as were formal structures, policies and procedures along with volunteer training and support. And, while the organisation continues to evolve and assert a position of national leadership, particularly in relation to befriending, it continues to honour its roots.

2. Summary of findings and recommendations

2.1 The ALONE Befriending Service Model

Eligibility

	Findings/recommendations	Page
1	More effective communication of the eligibility criteria is needed in order to better help older people and external referrers to clearly understand the needs that the Befriending Service is able to meet.	51
2	Consideration should be given to developing a self-assessment flow chart to enable older people and external referrers to better determine whether or not the service is appropriate and to better manage expectations around a number of issues such as cognitive impairment, mental and emotional health difficulties and addiction.	51
3	Not every person referred to the ALONE Befriending Service, and subsequently accepted, falls within the ALONE definition of 1 in 5. A clearer points based assessment system needs to be developed to assist support coordinators in determining whether or not a referral is fully eligible. It should also outline the circumstances in which exceptions to the rule are appropriate.	51

Referral Procedure Timeline

	Findings/recommendations	Page
4	It is concerning that the current timeline of three months lacks the same sense of urgency that ALONE places on combatting loneliness and isolation from a campaigning perspective. The target of matching people within two months is much more reasonable but, ideally, should be shorter again.	52
5	In relation to Stage 1, it is inconceivable that it should take two weeks to post out information to somebody. Indeed, the proposed target of one week is still far too long. It is recommended that such information should be posted out by the close of business the day after a referral is received.	52
6	Stage 3 is difficult to manage as it is heavily dependent on the availability of volunteers. Older people who are waiting to be matched with a volunteer need to be contacted more frequently than once a month, even if they have been provided with a holding visit. Once every two weeks would be more appropriate.	61

Structure of the referral process

	Findings/recommendations	Page
7	Stage 1, Enquiry and referral is the point at which records begin to be created on Salesforce. Having reviewed the data held within Salesforce, there are a significant number of records where information has been entered in the incorrect field, in a consistent manner or not entered at all. Further comments and recommendations are contained within the Monitoring and Evaluation section.	53
8	Stage 2, Phone Assessment is necessary given that the vast majority of people referred to the Befriending Service have not had any contact with ALONE at the point of referral. It also ensures that unnecessary home visits are not	57

	carried out. The very fact that the support coordinator is required to explain the criteria to the person who has been referred, indicates that there is a low level of understanding as to who the service is appropriate for.	
9	Stage 2, Home Assessment should be used more robustly establish exactly how isolated and lonely the older person is. A quarter of actively befriended questionnaire respondents said that family visit them regularly, while 70% said that they are a member of a group that meets regularly. Indeed, fewer than half of actively befriended older people said that they were lonely before they started being visited by an ALONE volunteer.	58

Referral Information Sheet and Referral Form

	Findings/recommendations	Page
10	The Referral Information Sheet does not meet the needs of every relevant audience. The information requirements of each audience would be better served if this information was integrated into the referral form (see Point 11 below).	53
11	The tone and content of the current Referral Form is biased towards the needs of external agencies. Therefore, it is recommended that ALONE produces separate referral forms (which also integrate the information currently contained on the Referral Information Sheet) specifically for: ▪ Self-referrals ▪ Public referrals (family/friends) ▪ External agencies/internal referrals In relation to the content of the form: ▪ The way in which the primary reason for the referral is established needs to be modified. Rather than asking an open question, specific tick-box options should be given instead and answering this question should be made mandatory. ▪ It is important that the relationship of the emergency person to the older person is established, to ensure that they are qualified to discuss the older person's welfare. ▪ Rather than ask how much an older person spends alone, asking them to outline how they currently spend their week would result in more accurate information in relation to the level of loneliness and isolation they are experiencing. ▪ The person who is the subject of the referral (other than in self-referrals) is not asked for their permission for ALONE to record, retain and share their data. This needs to be reviewed in the context of Data Protection requirements.	54

Befriending Booklet

	Findings/recommendations	Page
12	Given that the reader of the Befriending Booklet is using the Befriending Service, there is not the same need to state the point that the Befriending Service provides companionship for isolated older people and that loneliness is a serious health risk. If anything, this labels the reader as being a member	55/56

	of an 'at risk' group, something which they might not feel particularly good about.	
13	The section entitled 'Telephone Befriending' indicates that there is a telephone befriending service in operation. This is not the case and, therefore, should be removed.	56
14	The section on 'Gifts and Money' ends with the line 'If you are having financial problems, please contact the ALONE office'. While it is good to let people know that there is help available, the point is made completely out of context. It would be far better included within the section on the Support Coordination Unit.	56
15	Additional information on the ALONE socials, small events, cinema club and the annual holiday would be helpful as a way of outlining the other opportunities ALONE makes available to older people as a way of meeting and spending time with new people.	56

Letter sent to person referred to the ALONE Befriending Service

	Findings/recommendations	Page
16	This letter is important in terms of managing expectations around the next steps and timelines. However, it is recommended that a revised version is created.	56
17	The phrase *"I hope you are keeping well."* requires attention. Given that people with poor physical, mental and emotional health, addiction issues as well as those who are bereaved are referred to the Service, this phrase could appear thoughtless.	56
18	Secondly, the paragraph that reads: *"Demand for the ALONE Befriending Service can mean we experience delays in processing referrals and matching with volunteers. We apologise for where delays occur."* also requires attention. The fact that demand may be high at a certain point is not the problem of the person who has been referred. While well meaning, it is unnecessary to articulate this at this stage of the process. If the support coordinator dealing with the referral has regular contact with the person referred to the service delays can be dealt with appropriately if and when they arise. Also, from a reputational perspective, this may cultivate a perception that the service is continuously affected by delays and, over time, that will be damaging.	56

External Agency/Professional acknowledgement letter which is sent via email

	Findings/recommendations	Page
19	This letter is important in terms of managing expectations around the next steps and timelines. However, it is recommended that a revised version is created, not least because of the paragraph referring to possible delays as outlined above in Point 18. Not alone will the same issues as outlined previously occur, but it could also lead an external referrer to believe that the service is oversubscribed and therefore there is little point continuing to refer people to it.	56/57

Letter to be sent to other referrers e.g. family members or friends

	Findings/recommendations	Page
20	A copy of the letter sent to other referrers e.g. family members or friends of the person referred was not furnished. If this does not already exist, one should be created, bearing in mind the Points 17 - 19 above.	57

Assessment Procedure/Form

	Findings/recommendations	Page
21	Home assessments are critical to understanding the needs of the person who has been referred and identifying if there are other areas in which ALONE can provide support, as well as in risk management.	58
22	ALONE uses a common assessment form for all its services. While this makes sense from an organisational perspective, and facilitates assisting the person who has been referred in other ways if needed, not all of the information required is relevant to the Befriending Service. Because of this, support coordinators have not always completed the entire form when carrying out an assessment.	59
23	Given that support coordinators will be working across all service areas, it is recommended that a common assessment form continues to be used. However, it requires some updating.	59
24	The language used on the form is confusing in parts in that it infers that the person who is being assessed might be completing the form themselves which is not the case. This needs to be corrected.	59
25	The issue of consent needs to be further considered. While the form states *"Do you understand that ALONE will be holding this information on file?"* and *"In order to provide you with a full and comprehensive service ALONE request that you give us your permission to contact other relevant services that are currently working with you, as needed. Any information provided will be used solely to assist us in developing necessary supports. If the answer given is no, this will affect the level of support that the ALONE organisation can give."* (accompanied by yes/no tick boxes), at no stage is the person who has been referred asked to give their express written consent.	59/60
26	Consent in relation to contact with third-party agencies also needs to be further considered with a view to creating a consent form which the person being assessed and the ALONE support coordinator both sign and date. Not only is it good practice to ensure that informed consent has been obtained, but other external agencies with whom ALONE engages as part of the assessment process ought not to be sharing personal and confidential information with ALONE without clear evidence of informed consent.	60
27	As outlined in Point 9, the Home Assessment should be used more robustly establish exactly how isolated and lonely the older person is. This needs to be reflected on the form.	58
28	A clearer points based system for the information gathered as part of the assessment would assist decision making around whether or not an older person should be accepted into the Service.	60

Risk Assessment Procedure/form

	Findings/recommendations	Page
28	This procedure was originally created for ALONE tenants, but is now being used in the context of befriending. There is a distinct difference between the two services that needs to be recognised from a risk management perspective. Unlike a tenancy situation, befriending by its very nature requires the involvement of a volunteer who is not a paid employee of the organisation which requires an additional layer of thought when it comes to managing risk and ALONE's duty of care towards volunteers.	58
29	With the above in mind, it is recommended that the risk assessment procedure is reviewed and updated in the context of a three-party relationship i.e. ALONE, the person who has been referred to the Befriending Service and the volunteer who has offered his/her time, recognising that visits are taking place in an unsupervised manner.	58/59
30	It must also be acknowledged that there is one area that the risk assessment procedure is not able to address – circumstances whereby the person who has been referred is living in a house with other people. Indeed, this was the case in relation to one of the older people who participated in the face-to-face interviews carried out as part of this evaluation – that person's son was living at the property. It is not possible to determine the background of others living in the property which does, in effect, place a volunteer in a potentially vulnerable position as ALONE is not able to say with any level of certainty that other people living in the home that they are visiting do not represent a risk. It is recommended that this is looked at in more detail, not least from an insurance liability perspective.	59
31	The involvement of volunteers also raises questions around confidentiality in the context of risk management. Is ALONE legally permitted to share sensitive and personal information with a volunteer without the express written consent of person who has been referred? It is recommended that, if ALONE has not already done so, legal opinion is sought.	59

Matching procedure

	Findings/recommendations	Page
32	Successful matching is reliant upon available volunteers being located to close to the people who need to be matched, which emphasises the need to have a 'pool' of available volunteers.	60
33	Holding visits are an excellent means of providing an older person with a weekly visit until a match can be made. However, in order to maintain the momentum it is recommended that the monthly calls to the older person to update them on progress is reduced to two-week intervals.	61
34	The matching process is an excellent means of fully engaging mentors and nurturing the relationship between mentor and volunteer in a way that should release the support coordinators from having to get overly involved simple day to day volunteer enquiries.	61

New Visit Information Sheet

	Findings/recommendations	Page
35	This sheet is an excellent means of capturing all of the information a volunteer requires in order to start their visits.	62
36	In the interests of nurturing the mentor/volunteer relationship, and to reduce the number of telephone calls being made to ALONE staff by volunteers, additional information should be added to the sheet which emphasises the need to view the mentor as the first point of contact unless there is a concern relating to the safety and security of the older person or that the volunteer feels in immediate risk.	62
37	A number of other amendments to the form are also recommended, as follows: ▪ There should be a line at the beginning of the form that thanks the volunteer for giving their time and reminding them the difference it will make to the life of the older person. ▪ Rather than talking about a 'new visit you are to take on', perhaps it would be better to talk about 'person you are about to start visiting'? ▪ A reminder that the volunteer should carry their ALONE volunteer I.D. card when visiting the older person should be included in the introductory bullet points, rather than just added into the 'Dos'. ▪ Also note that this form instructs volunteers to contact the volunteer coordinator, whereas the procedure states that volunteers should contact the support coordinator – this needs to be clarified and updated.	62
38	It is not immediately clear as to why a volunteer should have the details of the older person's GP, Public Health Nurse or Community Welfare Officer. This implies that there is a requirement for the volunteer to liaise with them if they feel there might be an issue that needs to be addressed. Rather, they should be instructed to contact ALONE with concerns so that ALONE can contact the third-party agencies if necessary unless, of course, it is a medical emergency in which case the emergency services should be contacted.	63

Volunteer Visit Name Sheet

	Findings/recommendations	Page
39	This sheet enables the older person to have formal confirmation of the details of their visit. It would benefit from the addition of a photograph of the volunteer (e.g. the picture used on the volunteer I.D. card) so that there is never any doubt around the identity of the volunteer.	63

Older Persons Support Model

	Findings/recommendations	Page
40	Having reviewed the Model, it is not clear who is responsible for providing the support and contact with the older person. Rather, the contact is described as being between 'ALONE' and the older person.	63

| 41 | The person specifically responsible for other tasks such as posting out a copy of the ALONE Newsletter and additional information, or sending cards if sick, in hospital or celebrating a special occasion also needs to be clarified. | 63 |

Volunteer Support Model

	Findings/recommendations	Page
42	Having reviewed the Model, it is not clear who is responsible for its implementation. Many of the tasks are suitable for implementation by the volunteer's mentor e.g. contact at least twice a year.	63
43	The section that addresses volunteer queries, needs to be reviewed. In its present form it states: ***Volunteer Queries will be responded to depending on priority:*** *Urgent – Contact to be made on the day if possible* *Medium – Within 1-2 weeks* *Low – Within 2-4 weeks* This is an unacceptable timeline for dealing with queries from volunteers. Only when the volunteer has been contacted can the nature and urgency of the query be fully established. This must take place on the same day. A timeline for dealing with the query can then be discussed and agreed.	63
44	It is recommended that the first point of contact for all queries, with the exception of urgent issues or matters relating to the welfare of the older person or the safety of the volunteer, should be the volunteer's mentor. In the event that a volunteer is unable to reach his/her mentor, then they should be instructed to call the ALONE office.	64
45	In the event that a volunteer does contact the ALONE office, their call must be returned on the same day or, at the very latest, first thing the following morning in the event that the volunteer called the office after 4.30pm. Provision must also be made to return volunteer phonecalls out of normal office hours in order to accommodate volunteers who are working during the day.	64
46	Point two under the title 'Purpose of Contact' is 'to ensure older person is happy with visits and visits within boundaries'. This also needs to be reviewed and revised. The volunteer is not qualified to determine whether the older person is really happy with the visits and that they occur within boundaries. This is something that must be asked of the older person directly.	64

2.2 Referrals

Volume/location of referrals

	Findings/recommendations	Page
47	There were 140 referrals during the 12 months from 1st July 2014 – 30th June 2015. This is the equivalent of approximately 1% of the estimated population of people aged 60+ living in Dublin who are thought to be suffering from chronic loneliness.	65
48	65% of those referred to the Befriending Service were women.	65
49	Almost two-thirds of all referrals came from the Southside. There were referrals from all postal districts, with the exception of Dublin 15 which comprises Blanchardstown, Castleknock, Clonee, Clonsilla, Corduff and Mulhuddart. This is surprising given that Connolly Hospital is located in this area. Increasing the number of referrals that come from the Northside needs to be given priority.	65
50	Two referrals were received from Co. Wicklow, both of which are 'on hold' rather than 'Referred to other Befriending Service' in the Co. Wicklow area. It is recommended that ALONE considers whether or not it should concentrate its activities within the boundaries of the greater Dublin area or also support befriending in other counties. Accepting referrals from other counties increases the amount of time required to assess them given that the support coordinator has further to travel. It also has a knock-on effect in terms of increased staff travel expenses for out-of-Dublin referrals.	65/66
51	It is recommended that a strategy is put in place to increase the number of referrals in general, with an emphasis placed on the Northside which generates 50% fewer referrals than the Southside. This strategy should target the following audiences: ▪ External referrers (which should be led by the team of support coordinators) ▪ The older population (with a view to increasing the number of self-referrals) ▪ Family and friends of older people (with a view to increasing the number of public referrals) Increasing awareness of the ALONE Befriending Service in a way that will result in a measurable uplift in the number of self- and public-referrals should be a key priority for the communications department and form a distinctive part of the annual communications plan. Within this context: ▪ Specific Befriending Service marketing collateral should also be developed to support awareness raising, such as posters for support coordinators to distribute to public-facing external referrers and for display in public spaces such as post-offices, local shops, libraries, community and medical centres, parish halls, hairdressing salons and so on. ▪ The need to reach lonely and isolated older people who are not yet part of the 'system' also needs to be addressed. These are the people who are least likely to be referred to the ALONE Befriending Service	

as they are not engaged with an external referrer. This needs to be given serious consideration and a strategy created to address it. It is also an area that the fundraising department could support e.g. by securing corporate sponsorship for a post-card campaign that would ensure that information on the ALONE Befriending Service is delivered to every home in a particular postal area, the success of which be easily measured by monitoring the number of referrals that come in from that particular postcode over a set period of time.

The ALONE website could also be optimised to support the growth of referrals. This has been addressed in the Communications section below.

Outcome of referrals

	Findings/recommendations	Page
52	Just 28% of referrals resulted in an 'active' befriending match. This is a low success rate.	66
53	Having spent time with a number of older people who are 'actively' befriended, it is clear that not every person referred to the ALONE Befriending Service and subsequently accepted falls within the ALONE definition of 1 in 5. As outlined above at Point 3, a clearer points based assessment system needs to be developed to assist support coordinators in determining whether or not someone who is referred to the service should be accepted. It should also outline the circumstances in which exceptions to the rule are appropriate.	67
54	Almost 50% of referrals were either cancelled during the assessment/application process or are referred on to other befriending services. This means that up to half of the time spent by staff and volunteers on processing referrals is, in effect lost. In order to increase capacity, this needs to be reduced.	67
55	Given the high cancellation/onward referral rate, it is clear that a deeper understanding of who the Befriending Service is suitable for needs to be developed, predominantly among external referrers.	67

Primary reason for referral

	Findings/recommendations	Page
56	There were 12 primary reasons for referral, the most frequently occurring of which was 'no reason'. 'No reason' is not a reason for referral and, therefore, it is recommended that the referral form is updated as outlined in Point 11.	67
57	Just three of the referrals where 'no reason' was given for the referral went on to become an 'active' befriending match. Given that almost 70% of these referrals came from external agencies, it demonstrates a need to ensure that external agencies are better informed about who the Befriending Service is suitable for.	68
58	Referrals where the primary reason for referral was an 'isolated living environment' accounted for 26% of the total number of referrals. It is just one of three categories where there were more referrals from the Northside than the Southside (the others being bereavement and in long-term care). More than two-thirds of these referrals came from external agencies. Just one-third became an 'active' match.	69

59	Just 13% of referrals were made where 'housebound/mobility' was the primary reason. Almost 80% of these referrals were made by external agencies and fewer than half became an 'active' match.	70
60	Referrals where 'mental/emotional health' was the primary reason accounted for just over 12% of the total, 65% of which were from external agencies and 18% were self-referrals. 41% went on to become an 'active' match. Whether or not the service is – or should be - appropriate for people who fall within this category is addressed in the Future Provision section.	71
61	Fewer than 5% of referrals were due to 'visual impairment', all of which apart from one came from one external agency (NCBI, the other being a self-referral). 67% went on to become an 'active match'.	72
62	Fewer than 4% of referrals were due to 'poor physical health', with 50% coming from external agencies. Not one of these referrals became an 'active' match.	73
63	A primary reason of 'other' accounted for fewer than 3% of referrals. Half of these came from external agencies with the other half being internal ALONE referrals. As a reason, 'other' needs to be qualified with a specific reason for monitoring and evaluation purposes. Just half went on to be an 'active' match.	74
64	A primary reason of 'Alzheimer's/Dementia' accounted for just over 2% of all referrals, one-third of which became an 'active' match. All of these referrals came from external agencies. Whether or not the service is – or should be - appropriate for people who fall within this category is addressed in the Future Provision section.	75
65	A primary reason of 'bereavement' accounted for just over 2% of all referrals, two-thirds of which became an 'active' match. One-third of these referrals came from an external agency, one-third from ALONE and one-third were self-referrals. Whether or not the service is – or should be - appropriate for people who fall within this category is addressed in the Future Provision section.	76
66	A primary reason of 'addiction' accounted for just over 1% of all referrals, all of which came from external agencies in the Southside. Half became 'active' matches with the other half being placed 'on hold'. Whether or not the service is – or should be - appropriate for people who fall within this category is addressed in the Future Provision section.	77
67	A primary reason of 'cognition/identified as vulnerable' accounted for just over 1% of all referrals, half of which came from external agencies and half of which were self-referrals. Half were cancelled during the assessment/application process and the other half were referred to another befriending service. Whether or not the service is – or should be - appropriate for people who fall within this category is addressed in the Future Provision section.	78
68	There was just one referral of an older person in long-term care. It was made by an external agency in the Northside.	79

Status of referrals

	Findings/recommendations	Page
69	Just 28% of referrals resulted in an 'active' befriending match. This is a low success rate. More than half were referred by external agencies, with the remainder either being internal ALONE or self-referrals. Not one referral from	81

	Findings/recommendations	Page
	the public became an 'active' match. Almost two-thirds were from the Southside. In total, there were nine primary reasons for referral, the most prevalent of which was an 'isolated living environment' which accounted for 30% of these referrals.	
70	Almost 40% of referrals were cancelled during the application/assessment process. Just over three-quarters of these referrals were made by external agencies. In total, there were 10 primary reasons for referral, the most prevalent of which was 'no reason' (48%), followed by 'isolated living environment' (22%).	87
71	Just over 9% of referrals were referred on to another befriending service. The majority of these were from external agencies (76%) and almost 40% had no primary reason for referral.	85
72	Just over 9% of referrals became 'Ended (previously active)', three-quarters of which were female. One-third of these referrals were made by external agencies and there were four primary reasons for referral, the most prevalent of which were 'none' (33%) and 'isolated living environment' (33%).	86
73	Just over 9% of referrals were placed 'on hold', almost 60% of which were from external agencies. There were six primary reasons for referral given, the most prevalent of which was 'poor physical health'. Other reasons include addiction, mental/emotional health and isolated living environment.	84
74	Just 2% of referrals were listed as 'short-term/trial-visit', two-thirds of which were made by external agencies. More than 90% were due to an isolated living environment with the balance attributed to poor physical health.	82
75	Just over 4% of referrals were listed as 'to be matched', divided equally between the Northside and the Southside. Again, 50% of referrals came from external agencies. There were five primary reasons for referral, the most prevalent of which is 'isolated living environment'.	83
76	Fewer than 1% of referrals were 'assessed/for review meeting'.	

Source of referrals

	Findings/recommendations	Page
77	Just over two-thirds (67%) of all referrals came from external agencies, the majority of which operate in the health sector. A host of primary reasons for referral were given, the most prevalent of which was 'None' or 'Other' accounting for 32% of the referrals, while 24% of referrals were due to isolated living environment. Almost 70% of these referrals were either cancelled during the assessment/application process or referred on to another befriending service.	89
78	Fewer than 20% of referrals were self-referrals, 92% of which were female and the split between Northside and Southside was almost 50/50. 40% of the referrals became 'active' matches with 36% either being cancelled during the assessment/application process or referred on to another befriending service. Almost one-third gave no primary reason for referral. One-third said that they were in an isolated living environment, while 12% said they had mental/emotional health difficulties.	88/90
79	Just 6% of referrals came from the public (family and friends) with more men than women being referred. Three-quarters of these referrals came from the Southside. Almost 40% of these referrals were due to isolated living environment, followed by poor physical health (25%), no reason (25%) and	88/91

	10% mental/emotional health. Not one of these referrals became an 'active' match.	
80	Exactly 5% of referrals came from within ALONE, 85% of which were from the Southside. Almost 60% had a primary reason for referral of 'other' or 'no reason' with the balance made up of 'mental/emotional health' or 'bereavement'. Almost 60% became an 'active' match with the balance either 'ended (previously active) or 'on hold'.	88/92
81	The final 5% of referrals came from 'other' sources, almost two-thirds of which became an 'active' match. Two-thirds came from the Southside. Half were referred due to 'isolated living environment' with the remainder due to 'no reason' or 'housebound/mobility'.	88/93
82	When internal ALONE referrals (5%) are added to those from external agencies (67%), it is clear that almost three-quarters of older people referred to the Befriending Service are already linked into health and/or support services. This means that in order to reach the 1 in 5, a more targeted campaign to increase the number of public- and self-referrals is required.	88

External Agencies

	Findings/recommendations	Page
83	During the period 1st July 2014 to 30th June 3015, 36 external agencies referred clients/patients to the ALONE Befriending Service, accounting for 67% of the total number of referrals.	94
84	Just 22% of referrals from external agencies went on to become 'active' matches. This is an extremely low success rate given that the referrals came from professionals who have an awareness of each older person's circumstances and needs.	95
85	When you consider the above alongside the fact that 31% of referrals from external agencies did not have a primary reason for referral, it is suggestive of a low level of understanding around eligibility criteria. This is further confirmation of the need to engage more fully with external agencies, not least to ensure that as little time as possible is spent by support coordinators assessing referrals with no prospect of proceeding to the matching stage.	95

What external referrers had to say…

	Findings/recommendations	Page
86	All external referrers said that they had a reasonable to good level of knowledge of the ALONE Befriending Service with two-thirds of respondents able to state some of the top-line distinctive features of the service.	96
87	Half of the respondents said that all of their colleagues know about the ALONE Befriending Service with the other half stating that half of their colleagues know about it. The level of knowledge that their colleagues have of the Befriending Service ranges between none and an excellent knowledge. This is further evidence of the need to re-engage with existing external referrers.	96
88	All respondents said that they would like to receive an update on the ALONE Befriending Service while two-thirds said that it would be helpful for ALONE to give a presentation on the Befriending Service. It is recommended that ALONE engages with all existing external agencies with a view to making a presentation to them.	96/97

89	Not one respondent said that they refer all their clients who are older people who are isolated or lonely to the ALONE Befriending Service stating that it depends on the circumstances, that some clients might not want to be referred, another service might suit better or that it is difficult to access the service for people in a nursing home.	97
90	When asked what they would do to help improve a client's situation if they were unable to refer them to the ALONE Befriending Service, 50% of respondents said that they would look at other community supports e.g. public health nurses, local mental health services or day centres.	97
91	Almost 85% of respondents said that they are advised by an ALONE Befriending Service support coordinator if their client does not meet the service criteria. This suggests that there is some room for improvement.	98
92	Two-thirds of respondents said that they are provided with updates from ALONE on clients who are accepted into the Befriending Service with almost 85% saying that they like to receive these updates. Updates provide an opportunity to cultivate a deeper relationship with external providers and grow the number of referrals they make. These updates should happen as a matter of course.	98
93	All respondents said that they do not have a stock of leaflets about the ALONE Befriending Service. Given the high proportion of external referrals that are cancelled during the assessment/application process, the provision of leaflets that external agencies can share with their clients might go some way to increasing the number of referrals that become 'active' matches.	98
94	All respondents said that they are aware of other befriending services based in Dublin and almost 85% said that they had referred clients to them. Of those who had used other befriending services, half said that they thought they were about the same as the ALONE Befriending Service while the other half did not know how they compare. This suggests that there is work to do to set ALONE apart from other befriending services in Dublin.	99/100
95	When asked how well they thought that the ALONE Befriending Service serves the needs of older people, almost 85% of respondents said 'Extremely well'.	100
96	When asked how well they thought that the ALONE Befriending Service benefits older people, all respondents said 'Extremely well'. As shown above, despite this, ALONE still does not compare more favourably to other befriending services in Dublin.	100
97	Half of respondents said that they thought aspects of the ALONE Befriending Service could be improved. Half of the comments were in respect of ongoing training in relation to dementia care. Other comments include the provision of a call service (although acknowledging that the service at Crosscare may be sufficient) or the provision of national coverage which ALONE is already doing through the National Befriending Network.	101
98	When asked how well known they think the ALONE Befriending Service is among older people in general, all respondents said 'Not very well known'.	101
99	When asked how well known they think the ALONE Befriending Service is among the older people they work with, almost 85% respondents said 'Not very well known'.	101
100	When asked how well known they think the ALONE Befriending Service is among older people's family members, all respondents said 'Not very well known'.	101/102

101	When asked how well known they think the ALONE Befriending Service is among the general public, almost 85% of respondents said 'Not very well known'.	102
102	When asked how well known they think the ALONE Befriending Service is among older people in general, 66% of respondents said 'Well known'.	102
103	The responses to the five questions above show that there is significant work to be done to raise awareness of the ALONE Befriending Service across all audiences.	102
104	When asked what they think are the biggest issues facing older people today, the highest (equal) ranking responses were Isolation & Loneliness and Finances/trying to make ends meet, while Loneliness was the number one concern in relation to the wellbeing of older people in general.	102
105	Almost 85% of respondents said that they thought loneliness and isolation among older people is on the increase, with almost 85% saying that it impacts on older people's mental health.	102
106	Half of the respondents said that they think there is a need for a short-term befriending service for older people while all said that they think there is a need for a telephone befriending service.	103/104
107	All respondents said that they would recommend the ALONE Befriending Service to a colleague looking for a way of helping an older people combat loneliness and isolation. This shows that there is the potential to create service ambassadors among external referrers.	104

External referrer engagement

	Findings/recommendations	Page
108	At this point in time ALONE engages in limited pro-active engagement with external agencies. It is recommended that an external agency engagement plan is developed and implemented by the team of support coordinators immediately. This plan should include the following: ▪ Development of a database of relevant external agencies not yet referring to ALONE (health and non-health based) ▪ Development of a new presentation for delivery to external agencies (and other stakeholders). This should not only show the benefits of the Befriending Service in the context of older people, but also in the context of professionals working with lonely and isolated older people. ▪ Creation of an information pack that clearly explains the ALONE Befriending Service, eligibility criteria and how to make a referral, a supply of Befriending Booklets and hard-copy referral forms as well as posters for display in waiting rooms and other public spaces. ▪ A target in terms of the number of approaches to non-referring external agencies and already referring agencies to be made each week per support coordinator, the number of presentations to be made each month per support coordinator and the number of referrals the plan aims to deliver by geographic area.	105

2.3 Actively Befriended

Number of actively befriended older people

	Findings/recommendations	Page
109	There were 190 actively befriended older people during the period 1st July 2014 – 30th June 2015.	106
110	The breakdown of actively befriended older people broadly follows that of the referrals in terms of source of referral, primary reason for referral and the level of information missing from the system. This further emphasises the points made in the Referrals section, including the need to be far more disciplined in terms of entering quality information into Salesforce.	106-135

What the actively befriended had to say…

	Findings/recommendations	Page
111	When asked how they first heard of the ALONE Befriending Service, 42% of respondents said 'word of mouth', while 25% said 'external agencies'. Just 11% of respondents said that they first heard via the media.	136
112	Almost 60% of respondents said that they decided to get in touch with ALONE because they either felt lonely/alone or for the company/friendship. This is encouraging as it confirms that they were motivated by the need for companionship.	136
113	All respondents said that the ALONE Befriending Service meets their needs either very well (75%) or well (25%) with 29% of respondents saying that they look forward to the visit/chat, 14% saying that they value the outings/social events and 11% saying that it meets their needs because of the volunteers.	136
114	When asked about the most beneficial aspect of the ALONE Befriending Service, 57% of respondents said either 'someone calling every week' or 'the company'. Social event/outings also rated highly (21%). This confirms that the key elements of the Service i.e. the home visits and the social events are the things that older people value the most.	137
115	Just 21% of respondents said that there are aspects of the Service that could be improved. These include calling more frequently, introducing people at social events and obtaining a ramp for the bus used for the holiday, all of which are easily implemented.	137
116	When asked how well known the ALONE Befriending Service is among older people in general, opinion was divided almost 50/50 between being very well known/well known and not very well known/not known at all.	138
117	When asked how well known the ALONE Befriending Service is among the general public, 57% of respondents said it is not very well known/not known at all.	138
118	Both of the questions above confirm that there is significant work still to be done to raise levels of awareness of the ALONE Befriending Service among both older people and the general public.	138
119	42% of respondents have been visited by their current volunteer for between one and five years with almost 80% of respondents saying that they are visited once a week. Just 4% of respondents said that they are visited more than once a week. This confirms that, with a few exceptions, volunteers are maintaining the convention of one visit per week.	138

120	42% of respondents said that their volunteer spends up to one hour with them when they visit, while a further 39% said that their volunteer spends between one and two hours with them. This confirms that the length of visit is within the ALONE recommended time.	139
121	Interestingly, 71% of respondents said that they do not want to be visited more.	139
122	71% of respondents said that they consider the person who visits them to be a friend or a volunteer and friend together. This demonstrates that the relationship between volunteer and older friends flourishes over time, developing into a friendship which, by definition, has added depth of meaning.	140
123	Almost half of respondents said that the person who visits them helps them with other things which shows a willingness on the part of 50% of volunteers to actively engage with the older person and provide assistance where appropriate.	140
124	Not one older person said that they had experienced a problem with the volunteer who visits them.	140
125	75% of respondents said that they are not visited by someone else when their volunteer is on holiday or unable to visit as planned. This could indicate that there is a need for 'supply' volunteers, however, this would require further research to confirm.	140
126	There appears to be little or no secrecy around the fact that respondents are being visited from ALONE. 50% of respondents said that they family know that they are being visited, 11% said that friends know, while a further 29% said that both family and friends know. (10% chose not to answer this question). This challenges the thinking that older people might be reticent about admitting that they are being visited by a volunteer.	140/141
127	Three-quarters of respondents said that they have attended an ALONE social event, the most frequent of which were the dinner dances. 86% said that they found them either enjoyable or very enjoyable while 68% said that they are very important. Of those who had not attended an event, just 12% gave a reason all of which were around mobility or a medical condition.	141/142
128	One-quarter of respondents said that they also attend other social events, 70% of which occur at least monthly. This means that for three-quarters of respondents, ALONE provides their only opportunity to engage in any social activity outside their home.	142
129	Half of respondents said that they had been on an ALONE holiday, 57% of whom have been on between one and five ALONE holidays. All said that the holidays were either enjoyable (29%) or very enjoyable (71%). 93% of respondents said that the holidays were well organised and 86% said that they are affordable. This is evidence that the holidays are not just enjoyed by those to attend, but that they are considered to be well organised and affordable.	142/143
130	The 50% of respondents who said that they had not been on an ALONE holiday gave a range of reasons, 38% of which are health or mobility related.	143
131	Just 36% of respondents said that they go on other holidays or short-breaks, predominantly once a year and with family. Almost 50% said that they go away with St Vincent de Paul, Ladies Club or Friends of The Elderly.	144
132	More than half of respondents said that loneliness was one of the biggest issues facing older people, followed by increasing utility bills. This demonstrates that loneliness is indeed something that older people are concerned about.	144

133	When asked about how loneliness and isolation affects older people, the most prevalent answer was that it causes depression/sadness/anxiety and stress.	145
134	More than half (53%) of respondents said that they have family living nearby. Of those, half are visited by a family member at least once a week. This suggests that up to half of actively befriended older people have regular contact with family members.	145
135	More than half of older people (54%) said that they are a member of a group that meets regularly, 70% of which is weekly or more frequently.	145/146
136	Half of respondents said that they belong to a church or other faith group. Of those, almost 70% attend regularly and one-third receive a visit from someone from the church/faith group during the week.	146
137	Given the three points above, there is a concern that a significant proportion of actively befriended people are not as isolated and lonely as perhaps first thought and certainly do not fall into the 1 in 5 category. It is recommended that more robust questioning strategies are adopted as part of the assessment process to establish the level of contact with family and other organisations.	146
138	The point above is confirmed by the fact that half of respondents said that they did not consider themselves to be lonely before they were visited by a volunteer from ALONE. Of the 39% who said that they did feel lonely, 70% said that they felt between slightly lonely or isolated and extremely lonely or isolated.	146/147
139	When asked whether or not they feel isolated or lonely now, 86% said 'no' which represents a 60% decrease in isolation and loneliness since they started being visited by a volunteer. The severity of the loneliness or isolation experienced by the actively befriended also saw a positive improvement. This is evidence of the transformational nature of befriending.	147
140	Just 15% of respondents said that they had been visited by a volunteer from another befriending service (a local church, Friends of the Elderly or Legion of Mary). All said that the ALONE Befriending Service is either better or much better than the other services, a fact that speaks for itself.	147/148

2.4 Active Volunteers

An overview

	Findings/recommendations	Page
141	During the period 1ˢᵗ July 2014 – 30ᵗʰ June 2015 there were 201 active volunteers, more of whom reside in the Southside than the Northside. Approximately two-thirds of active volunteers are female.	159
142	Almost 70% of volunteers have completed their core training. Given that this is mandatory, it is recommended that this is looked at as a matter of urgency.	159
143	Not all active volunteers have been allocated a mentor (16%). It is recommended that this is also looked at as a matter of urgency.	159
144	Where volunteers first heard about ALONE is not recorded in all instances. This field was blank for more than half of the active volunteers. This makes it very difficult to establish how successful volunteer recruitment activities are. As a result, it is recommended that this field is completed for all new volunteer applications.	159
145	Just over three-quarters of 'active' volunteers started after 2010, with half of all 'active' volunteers having a start date of 2014 or 2015.	159

Volunteer recruitment & training procedure

	Findings/recommendations	Page
146	During the period 1ˢᵗ July 2014 – 30ᵗʰ June 2015 390 people were listed as 'interested' in becoming an ALONE volunteer.	160
147	When people who express an interest in becoming an ALONE volunteer are designated as being 'interested' on Salesforce, address details are not being recorded. This means that it is impossible to identify which parts of Dublin the matches are coming from and, therefore, it is impossible to prioritise expressions of interest from people in areas where there is the most need for volunteers. It is recommended that everyone who expresses an interest is asked to supply an address and that it is recorded on Salesforce. This information should then be used to better plan the recruitment process, and to identify areas where there are not sufficient expressions of interest to meet demand to enable more targeted volunteer opportunity awareness raising to take place.	160/161
148	As currently structured, it takes approximately 10 weeks from the point in time an application is submitted to being matched with an older person. While this appears to be a long time, it includes all elements of the process, including training and Garda vetting. Because of this, a ten-week window is appropriate.	161
149	Volunteer recruitment information sessions take place once a quarter (four times a year). As the number of referrals to the Befriending Service increases, the need to recruit additional volunteers will also increase. Given the need to have available volunteers ready to be matched with older people who are successfully accepted into the Service, it is recommended that ALONE considers increasing the frequency of its volunteer recruitment information sessions from four per year to six per year in 2016, with a view to holding 12 per year by 2017.	161

150	Volunteer recruitment information sessions also take place in the same location each time. It is recommended that as the frequency of these sessions increases, the number of locations used also increases. Information sessions should take place in areas other than in Dublin City Centre e.g. Malahide, Lucan, Blanchardstown. This will also provide an opportunity for the communications department to use these information sessions as the basis for local public relations/stakeholder engagement plan activities.	161
151	Just 35% of those who express an interest go on to make an application to become an ALONE volunteer. It is recommended that an intern is tasked with establishing why this is the case. He/she should be asked to carry out a piece of research among those who expressed an interest in the past but who did not go on to submit an application. This will help to identify the reasons why this is the case so that ALONE is able to address them.	161
152	The involvement of mentors in the volunteer recruitment process is important. Not only does it increase available capacity, but it also engages them in the volunteer process right from the very beginning.	161

Volunteer Application Form

	Findings/recommendations	Page
153	The Volunteer Application Form is typically completed by applicants at the Information Session or soon afterwards. While comprehensive, it would benefit from the addition of the following: ▪ An explanation as to why the applicant is required to supply two passport-sized photographs (this is not made clear on the form) ▪ A question to establish whether or not the applicant is a car owner ▪ A question to establish the geographic areas that the applicant would (or would not) like to visit ▪ A question around the time of week/time of day that would generally suit them to make a visit to an older person	161/162

Volunteer training

	Findings/recommendations	Page
154	Volunteer training is mandatory. However, there are a number of volunteers logged as 'active' on Salesforce who have not completed the core training, 11 of whom have a start date after 2010. It is recommended that this is looked at as a matter of urgency.	162
155	Having reviewed the Module 1 and Module 2 training presentations, it is clear that they contain some excellent content that helps to set the scene, provide context and present opportunities for role play and discussion. They would, however, benefit from a section that outlines the role of the mentor and the lines of communication/contact between ALONE and the volunteer.	162
156	There are some inconsistencies in the way in which the issue of volunteers sharing contact details is dealt with, highlighted by the presentation. This needs to be clarified and then presented in a consistent manner.	162
157	The majority of the training content lends itself to online learning. It is recommended that this is something that ALONE explores over the next 12 months. Not only would online training enable the currently rigid volunteer recruitment timeline to be made far more flexible and, therefore,	162

	responsive, but it could also be an initiative that a corporate sponsor might be willing to help develop and fund. It could also be expanded to include continuous specialist training e.g. befriending older people with dementia.	

Volunteer Handbook

	Findings/recommendations	Page
158	THE ALONE Volunteer Handbook is an extremely comprehensive and practical document that provides volunteers with the majority of what they need to know in order to successfully fulfil their role.	162
159	The ALONE Volunteer Charter clearly sets out the two-way nature of the volunteering relationship and the expectations placed on both the volunteer and ALONE.	162
160	The ALONE Vision, Mission and Core Values provide the context for the rest of the document and it is important that they are included in the volunteer handbook, as is information on the other services in ALONE and the organisation's organisational structure.	162
161	ALONE stresses that the organisation is rooted in a tradition of volunteerism, however that is not fully reflected in the outline organisational structure diagram. It is recommended that the role of volunteers is better illustrated within this structure, reinforcing the importance placed on their contribution. The position of the mentors also needs to be placed within this structure.	162
162	The ALONE Volunteer Policy is extremely comprehensive. However, it would benefit from the addition of section on the use of social media e.g. not inviting the older person you visit to 'friend' you on Facebook or accepting a 'friend' invitation from the older person, as well as not posting photographs of the older person you visit on social media sites without their consent. Additionally: - The section on volunteer training and support needs to be updated to reflect the new training arrangements. - Expenses: support coordinators should not be spending time handing out expense forms. This is a task that should be taken care of by the administration/HR team. - Insurance: the position in relation to volunteers using their own cars to transport older people (rather than just travelling to and from visits) needs to be referenced and clarified. - On a visit: requiring volunteers to ensure that the person they visit is in adequate health before attending an ALONE social event or the ALONE holiday is an unreasonable ask, not least because it is so subjective. Also, what are the consequences for the volunteer if the person they visit is unwell and yet goes on the ALONE holiday, for example? It is recommended that this is deleted. - Volunteers on holidays: the need to advice the ALONE office of when a volunteer will be away should be made clearer. - Dispute resolution: the way this is worded, implies that ALONE will not support the volunteer during a step-back and investigation. ALONE has a duty of care towards both the older person and the volunteer and this needs to be reflected in this policy.	163

	- Code of Conduct: The second last point needs to be amended. It reads as though adherence, rather than non-adherence, is considered to be a breach. - Volunteer confidentiality: Volunteers should be clearly instructed not to give out their personal contact details, rather than simply advised not to (also relevant to the second FAQ). Also, failure to maintain confidentiality should result in the termination of the volunteer's relationship with ALONE, rather than 'may'.	
163	There is the occasional use of terminology that requires explanation to avoid confusion e.g. NGO. This should be rectified.	163

Annual Update Form

	Findings/recommendations	Page
164	This form presents an easy means of tracking levels of volunteer satisfaction and volunteer perceptions around the impact of their visits on the older person. Therefore, it would benefit from the addition of a small number of questions that would provide ALONE with an annual benchmarking system.	163

Volunteer Leadership Group

	Findings/recommendations	Page
165	The Volunteer Leadership Group has a lovely sense of openness about it that encourages discussion and debate. The fact that it is based on two-way communication also means that it is a good volunteer-board conduit.	163
166	It is important that this group does not become a 'talking shop' and that the work it carries out is of actual benefit to the organisation.	164
167	Given that all members are currently founding members, there will likely be some change around the table which will inevitably impact on the dynamic of the meeting. This is something will need to be managed carefully.	164
168	As the Group meets between four and six times a year, a requirement for members to attend just two meetings (or more, as they wish) is not demanding enough. It is recommended that in the interests of consistency of discussion and decision making, the group meets six times a year and that members should be required to attend a minimum of three meetings.	164

What active volunteers had to say…

	Findings/recommendations	Page
169	70% of respondents have volunteered with ALONE for up to three years, with the balance having volunteered with ALONE for between four and more than 10 years.	165
170	The top three motivations for volunteering with ALONE were linked to a family experience or wanting to help older people/make a difference/do something for others. Just one respondent each said that they were motivated by the story of Willie Bermingham or ALONE's reputation.	165

171	64% of respondents said that they give up to six hours of time to ALONE each month. 11% said that they give more than 11 hours. This indicates that the majority of volunteers give the expected amount of time per month.	166
172	28% of respondents have more than one role in ALONE and are engaged in a wide variety of tasks the more prevalent of which are making phonecalls to older people from the ALONE office, small events and cinema group.	166
173	55% of respondents said that they befriended just one older person with one respondent saying that they had befriended 15 older people.	167
174	When asked what their volunteer role involves, 83% of respondents said that it was about visiting the older person they have been matched with on a regular basis and alleviating loneliness and isolation for the older person they have been matched with. Just 55% said that their role involves supporting the older person they visit when attending ALONE social events and 34% said that it involves acting as an advocate for the older person where necessary. Worryingly, not all respondents think that their role involves contacting the ALONE office if they have concerns for the older person's health, safety and welfare or attending volunteer meetings and training. Even more concerning, 4% said that their role involves becoming a carer for the older person they visit. This illustrates the need to emphasise the role and responsibilities of a volunteer in training.	167
175	When respondents were asked how many older people they currently visit, responses ranged from none to five older people. In relation to the volunteer who said that they visit five older people, unless there are very specific reasons why this should be the case, it would seem that this is an inappropriate level of commitment. With this in mind, it is recommended that a limit is placed on the number of older people any one volunteer can visit at any point in time.	168
176	77% of respondents said that they visit their older person once a week, which is as per the requirement. 13% said that they visit their older person either once a fortnight or once a month. This would indicate that a watchful eye needs to be kept on visit frequency to ensure that the once a week rule is being complied with and, where it is not (unless there is a specific reason), corrective action should be taken.	168
177	81% of respondents said that they spend between one and two hours with their older person when they visit. Just one volunteer said that they spend less than an hour and one said that they spend more than two hours. This confirms that volunteers are spending an appropriate amount of time with their older person each time they visit.	168
178	Almost 50% of volunteers spend time with the older person they visit somewhere other than in their home, the most frequently mentioned places being a local café, an ALONE social event, for a short walk or to the shops. More than 60% of those who only visit their older person in their home said it was due to poor mobility or health issues.	169
179	Two-thirds of volunteers consider the older people they visit to be their friend. This is slightly lower than the number of older people who consider their volunteer to be a friend.	170
180	62% of respondents think that the family of the older person know that they are visiting, while just 21% think that friends know. This is lower that the rates reported by the actively befriended, but not significantly lower. It is, however, interesting that just 21% of volunteers think that friends know and is, perhaps, indicative of a feeling that many older people have few friends.	171/172

	More than 60% of respondents said that they have met or spoken to family members. Of those who said that they did not think that family members know that they visit, the most frequently reason given was because they think they are referred to as a carer.	
181	Just 13% of respondents said that they had experienced the death of an older person they were visiting which resulted in a range of 'normal' thoughts and emotions. Not one person said that they talked to their mentor about it and just one-third said that they spoke to an ALONE staff member about it. With this in mind, it is recommended that mentors proactively make contact with volunteers whose older person has passed away in order to offer support.	172/173
182	When asked who they would talk to if they experienced a problem with the older person they are visiting, despite having an assigned mentor, just 13% said that they would approach their mentor. Almost half said that they would approach an ALONE staff member. Worryingly, one respondent said that he/she would speak directly to the older person's son and another said that they might talk to their mother. This illustrates the need to emphasise the lines of communication between volunteers and their mentor and the ALONE office.	173/174
183	30% of respondents have experienced a problem with their older person, more than two-thirds of whom spoke to an ALONE staff member. A very small number spoke to their mentor, which is further proof of the need to lay down clear lines of communication. Those who spoke to the ALONE office generally found the response very helpful.	174
184	87% of respondents found their core training either useful or very useful with just 13% saying that additional training in first aid, dealing with disabilities, how to help someone in other ways without interfering or upsetting the family and communications skills. Interestingly, not one respondent mentioned a need for training around Alzheimer's or dementia.	175
185	Just 64% of respondents said that they know who their mentor is, with just 39% saying that their mentor contacts them one a year or more frequently. Just 20% of respondents have contacted their mentor about general issues with just one volunteer stating that they spoke to their mentor about a problem with a visit. This demonstrates the fact that the volunteer/mentor relationship is not working and is, therefore, not releasing ALONE staff from dealing with day to day volunteer queries.	176/177
186	80% of respondents say that their volunteer role is either rewarding or extremely rewarding. The aspect of their role that is most looked forward to is knowing that the older person looks forward to and enjoys their time together, closely followed by seeing the older person happy.	177
187	In terms of what respondents enjoy the least about their volunteer role, 'nothing' was the most prevalent response, although a wide number of aspects were mentioned.	178
188	70% of respondents said that they think that ALONE supports them well or very well in their volunteer role. While this is a high percentage, it does indicate that there is room for some improvement.	178
189	60% of respondents said that there is nothing that ALONE can improve on, with 17% stating that more support could be given in a range of areas concerning contact/feedback and training.	178
190	85% of respondents said that they feel that ALONE values the contribution they make as a volunteer, saying that they are frequently thanked. This	179

	indicates that volunteers know that ALONE values them and takes the time to say 'thank you'.	
191	80% of respondents said that they would find it easy to tell ALONE that they could no longer volunteer. This shows that ALONE has made it clear that people are volunteers and that stepping-back is a normal part of the way things work. One respondent reported that they are in the process of stepping-back and that ALONE has been nothing other than supportive.	180
192	Just over 50% of respondents said that there are other areas which they could take more responsibility for. This demonstrates a real appetite for getting more involved and it is recommended that this is looked at as a means of releasing capacity in the office.	181
193	Just over half of respondents said that they attend volunteer meetings, of which 62% said that they found them to be useful or extremely useful and all said that they find it beneficial to spend time with other volunteers at the meetings.	181/182
194	70% of those who attend volunteer meetings said that they find the guest speakers either interesting/informative or very interesting/informative. 54% said they would like to hear a guest speaker on a range of things, of which dementia was the most prevalent issue.	182/183
195	Of those who do not attend volunteer meetings, the most frequently stated reason for not doing so is timing.	183
196	Of those who do not attend volunteer meetings, fewer than 50% of said that they get an opportunity to spend time with other volunteers elsewhere such as at trips with small events groups, in the office, at dinner dances and social nights and at other meetings. Given the extensive calendar of events and socials arranged by ALONE, this appears to be a low rate and suggestive of non-engagement.	183/184
197	70% of respondents said that they think the ALONE Befriending Service meets the needs of older people either well or extremely well, the two most beneficial things being 'the company' and 'alleviating loneliness'.	184/185
198	62% of respondents said that they have attended an ALONE social event, with the dinner dances being the most frequently mentioned. 72% of these respondents said that they found the social events to be either enjoyable or extremely enjoyable. More than 90% of those who attend social events feel that these events are important or extremely important for older people.	186/187
199	Of those who have not yet attended an ALONE social event, almost half said that it was because they had not been with ALONE for long enough.	187
200	Just 13% of respondents said that they had been on an ALONE holiday. Of those, two-thirds had been on two or three holidays. 83% said that they found the holidays to be extremely enjoyable with the same percentage again stating that they found the holiday to be well organised or extremely well organised. Again, 83% said that organised holidays are either important or extremely important for older people and all think that the holidays are affordable.	188/189
201	Of those who said that they had not been able to go on a holiday, the vast majority of reasons were around other commitments and timing.	189
202	28% of respondents said that they also volunteer with other organisations, 46% of whom volunteer with just one other organisation. 30% of those who volunteer with organisations give between one and five hours of time per month.	190

203	When asked how they first heard of ALONE, respondents offered 14 different answers. The most frequent answer is 'the media' (13%), followed by 'primary school' (11%), 'advertising' (11%) and 'at church/mass' (9%). This shows that volunteers are more engaged with the 'media' than other groups.	190
204	When asked how well known they think the ALONE Befriending Service is among the general public, 32% of respondents said 'Well known'.	191
205	When asked how well known they think the ALONE Befriending Service is among older people in general, 32% of respondents said 'Well known'.	191
206	43% of respondents said that they are aware of other befriending services based in Dublin, with the most frequently mentioned service being Friends of The Elderly (55%). Others mentioned were: Age Action, Crosscare, St Vincent de Paul, Legion of Mary, All Ireland and Aware. Just 5% said that they feel the other services are better than ALONE's.	191/192
207	Almost one-third of respondents said that they think there is a need for a short-term befriending service. The remaining two-thirds either said 'no' or did not answer the question.	192/193
208	51% of respondents said that they think there is a need for a telephone befriending service.	193/194
209	When asked what they think the biggest issues facing older people are, the most frequently mentioned by respondents are 'loneliness and isolation' (62%) followed by 'poverty/money fears' (38%). Loneliness and isolation also topped the concerns respondents have in relation to the wellbeing of older people. This shows that volunteers really see loneliness and isolation as a significant issue for older people.	194/195
210	47% of respondents think that loneliness and isolation are on the increase, 28% don't know and 2% think it isn't on the increase (the balance did not answer the question).	195/196
211	When asked how they think loneliness and isolation affects older people, 47% of respondents mentioned 'depression/mental health'.	196
212	79% of respondents said that they would recommend the ALONE Befriending Service to a family member, friend or colleague who would like to give some time as volunteers. This shows that there are a significant number of 'ambassadors' within the volunteer group and, because of this, an 'encourage a friend' volunteer recruitment campaign should be considered.	196/197

2.5 Mentors

Role

	Findings/recommendations	Page
213	While a superb concept, the Mentor role is not effective in supporting volunteers or releasing staff members from dealing with volunteers and other tasks so that they can get on with other tasks.	198
214	As shown below, each mentor appears to approach the role in a slightly different way which results in a very different volunteer experience depending on who their allocated mentor is.	198
215	Having reviewed the role, is recommended that it is modified slightly and the title changed to: 'Area Team Leaders'. With this in mind: ■ Mentors should be assigned clearly defined geographic areas and part of their role is to build up a body of knowledge in relation to the particular area which can be used for the benefit of volunteer recruitment, stakeholder engagement, external agency engagement and referral development work. They should also represent ALONE at community events held within that area, where appropriate. ■ A clearer line of communication between the 'Area Team Leader' and volunteers needs to be established and implemented. Support Coordinators need to tell volunteers to ring their mentor instead of dealing with general queries themselves. ■ One-to-one supervision needs to be robust and where mentors are not having an appropriate level of contact with volunteers, this needs to be addressed. ■ The implementation of the 'Area Team Leader' model also needs to be robust. If it is not working, the reason why needs to be established and dealt with, even if it means replacing mentors.	198

What the mentors had to say…

	Findings/recommendations	Page
216	The five Mentors who responded to this questionnaire have volunteered with ALONE for between two and 11 years, the average being 6.8 years. This confirms that they are among the most experienced of ALONE's volunteers and, therefore, are able to bring particular expertise to bear. Three out of the five have been a mentor for between four and six years.	198
217	A diversity of motivations for volunteering with ALONE were mentioned, ranging from simply wanting to do some volunteering work to being a former staff member who strongly believes in the values ALONE upholds.	199
218	In terms of the number of older people each mentor has befriended since they first joined ALONE, one mentor said that they had not befriended any while another said *"3, but 2 officially, I suppose"*. The others have befriended between one and two older people. In relation to the mentor who has not befriended an older person, it is questionable that he/she will be able to understand the role sufficiently to be able to act as a mentor. It is also concerning that one mentor appears to be informally befriending an older person outside the ALONE structure. While the exact circumstances are not	199

	known, it is important to ensure that 'informal befriending' does not compromise his/her volunteering position at ALONE or place ALONE's reputation at risk.	
219	All five mentors said that they give between four and 20 hours a month to ALONE. Four mentors said that their role accounts for just 10% of their total volunteer time. Just one mentor said that their role accounts for 40% of their volunteer time. Given the responsibilities of a mentor, the role should account for at least 50% of their total volunteer time.	199/200
220	All five mentors said that they hold other volunteer positions at ALONE which include befriending one or more older person, helping to organise social events, sitting on the ALONE board, being a trustee, driver or member of the Volunteer Leadership Group and helping to organise ALONE holidays.	200
221	When asked how they became a mentor, four out of five said that they were asked by an ALONE staff member.	200
222	All mentors were able to repeat what their mentor role involves to varying degrees. It is concerning to note that just three of the five mentors think that keeping in touch with volunteers to make sure that all is well is part of their role or that it includes helping volunteers to work through problems they encounter as befrienders. This suggests that they are not as conversant with the requirements of the role as they, and ALONE, would like to think.	201
223	Mentors reported that they have between up to 10 and 16 – 25 volunteers each to take care of. Each mentor gave a different answer for the frequency with which they contact volunteers ranging from 'Every two months' to 'They contact me' and the mode of contact also varies considerably which will inevitably result in an inconsistent volunteer experience across the board.	201/202
224	Four out of the five mentors said that they were given special training to become a mentor, all of whom said that they found the training to either be useful of extremely useful.	202/203
225	Four out of five mentors said that they find their role to be rewarding with the fifth mentor stating that they didn't know if it was rewarding or not. The aspect they enjoy most is the matching visits. Three out of five either did not answer or feels that there is no aspect of their role that enjoy the least. The other two mentors said that they don't enjoy cold calling volunteers and the number of extra meetings.	203
226	Four out of five mentors said that ALONE supports them well or extremely well in their role as a mentor and that there is nothing that ALONE could do better.	203
227	When it comes to how well the mentor role supports volunteers, there was a diversity of responses from the mentors ranging from 'don't know' to extremely effective'. This shows that mentors are not consistent in their views about how effective the role is.	203/204
228	All five mentors feel that ALONE values their contribution with three of the five stating that they are thanked frequently.	204
229	Not one mentor thinks that there are other areas of the ALONE Befriending Service that mentors could take more responsibility for. This suggests that mentors feel that the role is as involved as it can be despite the fact that they are not entirely fulfilling its requirements.	205
230	Each of the mentors are members of the Volunteer Leadership Group and have been for between two years to since it began.	205

	In terms of the purpose of the Volunteer Leadership Group all feel that it is to act as a voice for volunteers and/or to provide a direction. This is interesting given the limited connection mentors appear to have with other volunteers. There was also a diversity in opinion in terms of how valuable they feel the Volunteer Leadership Group is ranging from 'Quite valuable' to 'Extremely valuable' with one mentor choosing not to answer. In terms of how valuable the Volunteer Leaderships Group is to them in their role of mentor, again there was mixed opinion ranging from 'Quite valuable' to Extremely valuable with one mentor choosing not to answer. Just three of the five mentors feel that the Volunteer Leadership Group meetings are beneficial in terms of spending time with other mentors as it enables them to share ideas and experiences, express opinions, action plan and have fun. Not one mentor meets with other mentors outside the Volunteer Leadership Group meetings.	
231	All five mentors feel that the ALONE Befriending Service meets the needs of older people either well or extremely well, mainly because due to the volunteers. One mentor mentioned a backlog of older people awaiting visits detracting from how well the service meets the needs of older people.	207
232	All five mentors feel that the most beneficial aspect of the ALONE Befriending Service is combatting isolation and/or loneliness.	207/208
233	Three of the five mentors feel that there are areas which could be improved on, such as allowing for groups of befrienders and older people to meet in small social clusters, more volunteer hours for some people and clearing the backlog of people waiting to be visited.	208
234	All five mentors have attended ALONE social events, with just one mentor saying that they have been to a volunteer event, which is not acceptable. All five mentors said that they found the events to be either enjoyable or extremely enjoyable and that they are extremely important for older people.	208/209
235	Three of the five mentors have attended an ALONE holiday, all of whom said that they were either enjoyable or extremely enjoyable and that they were well organised or extremely well organised. All three said that they think the holidays are either important or extremely important for older people and that they are affordable. The two mentors who have not been on an ALONE holiday said that it was due to work/family commitments.	209/210
236	Three of the five mentors also volunteer with one other organisation, giving between a sporadic amount and four hours of time a month.	211
237	When asked about how they first heard about ALONE, two of the mentors said it was through the media, while one each heard through advertising, word of mouth and a job opportunity.	211
238	When asked how well known they think the ALONE Befriending Service is among the general public, the result was mixed opinion. Three mentors said 'Well known' whereas two said 'Not well known at all'.	212
239	When asked how well known they think the ALONE Befriending Service is among older people in general, again three mentors said 'Well known' whereas two said 'Not well known at all'..	212
240	Just two of the mentors said that they are aware of other befriending services based in Dublin, mentioning North Dublin Befriending Service, Making	212/213

	Connections, Age Action, Clan at Crosscare and Active Age. When asked how they compare to the ALONE Befriending Service, one mentor said that they are 'About the same' and the other said 'Don't know'.	
241	Four of the mentors said that they think there is a need for a short-term befriending service, with the fifth stating that he/she 'doesn't know'.	213
242	Four of the mentors said that they think there is a need for a telephone befriending service, with the fifth stating that he/she does not think that there is a need.	213/214
243	When asked what they think the biggest issues facing older people are, the most frequently mentioned by mentors are loneliness and financial concerns.	214
244	When asked about their concerns in relation to the wellbeing of older people in general, there were a diversity of responses that included concern that older people are at the bottom of Government's priorities, safety, loneliness and financial restraints.	214/215
245	All five mentors think that loneliness and isolation are on the increase.	215
246	When asked how they think loneliness and isolation affects older people, all talked about mental health/depression/anxiety.	215

2.6 Communications

General awareness

	Findings/recommendations	Page
247	The research carried out among older people, volunteers, external referrers and, indeed, staff has revealed a diversity of opinions on the general levels of awareness of the ALONE Befriending Service.	216
248	There is a need to be clearer about who exactly it is the organisation is trying to influence and why. This means being extremely specific about target audiences and the communications channels that will be most effective in reaching them and effecting change.	216
249	Clear targets around key messages and tactics need to be set at the beginning of each year as a baseline for measurement.	216
250	Where volunteers and referrers heard about the ALONE Befriending Service must be recorded on Salesforce so that the effectiveness of activities can be established.	216

ALONE logo

	Findings/recommendations	Page
251	The ALONE logo is remarkably similar to that of Age Action Ireland. Both logos are based on a distinctive red lozenge shape containing the organisation's name with a line of black text underneath.	216
252	While this is a wider organisation issue, it does impact on people's likely recognition of the Befriending Service given the level of potential for confusion in the marketplace. It is likely that Age Action Ireland is benefitting from interest in ALONE and vice versa.	216
253	It is recommended that this is reviewed the context of wider organisation strategic thinking.	216

Media relations

	Findings/recommendations	Page
254	During the period 01 July 2014 – 30 June 2015, ALONE issued 35 press releases which resulted in 306 separate pieces of print, broadcast and online coverage, valued at €1,041,105. Of the 35 press release, just six focused on the ALONE Befriending Service (four of which were in relation to the National Befriending Network). They generated 43 separate pieces of print, broadcast and online coverage (28 of which were in relation to the National Befriending Network), valued at €135,775 (€31,450 relates to the National Befriending Network).	216
255	The Befriending Service needs to have an annual media relations sub-plan of its own to ensure that it generates a balance of coverage focusing on general awareness raising, referral and volunteer enquiry generation. Support coordinators and the HR department need to be specific in terms of where geographically they need to target so that the communications team can be more targeted.	216
256	The National Befriending Network needs to be used more as a means of highlighting the work that ALONE is doing on the ground in Dublin. Network	216

	members should also be used a way of garnering national opinion on issues relating to older people and befriending so that the ALONE CEO can maintain his position of leadership in this sector.	
257	More statistical work needs to be carried out in order to develop a story around the cost of loneliness and isolation to the state/tax payer. This could be used as the basis of a campaign as well as for media briefings. ALONE must be viewed as an expert commentator and source of authority by the media.	217

ALONE Website

	Findings/recommendations	**Page**
258	The ALONE website is an important shop window into the organisation and Befriending Service. It is a place that anyone who has access to the internet can visit in order to find out more about any of the services offered by ALONE that might be of interest to them.	217
259	However, the website needs to be more than a shop window. It needs to speak directly to those people with whom you need to engage, primarily: ■ Older people who may be in need of the Befriending Service and who are not necessarily already engaged in the 'system'. Given that older people are becoming more technologically literate (often out of a need to keep in touch with loved ones who have moved abroad or to another part of Ireland), this will become an increasingly important audience over time. ■ Relatives and friends of older people who may be in need of the Befriending Service, particularly those who are living overseas or in another part of Ireland or who need to conduct research out-of-hours. ■ External referrers. Professionals working with lonely and isolated older people for whom access to the ALONE Befriending Service might form part of a wider support plan.	217
260	In its current form, the ALONE website has a single page dedicated to the Befriending Service which provides a very basic overview of what it is, who it is suitable for, the role of a befriending volunteer and so on. Its style and tone is very 'matter of fact' and lacks the human touch that the Befriending Service is all about. Also, because it is aimed at all audiences, it lacks a targeted call to action which means it is unlikely to be a particularly efficient means of generating referrals and enquiries.	217
261	The current online befriending service video content starts with a young person telling the viewer that *"The Befriending Service is a visitation service for isolated and vulnerable older people in the community…"*. While that message may be appropriate for external referrers, there are many older people who may well be isolated and vulnerable, but who will think that the video speaks of someone else. It is also interesting that the word 'lonely' is not used until the end of the video.	217/218
262	With the above in mind, it is recommended that ALONE reviews the web content relating to Befriending Service with a view to: ■ Re-working the written content so that it better conveys the human side of the Befriending Service and also gives people an idea of the numbers of older people who look forward to a weekly visit from a	218

		trained, Garda vetted, volunteer, challenging a possible perception that 'I am alone in being alone'.	
		▪ Re-visiting the video content, with a view to telling the story differently. Ideally, the video should be of an older person to introduce viewers to the Befriending Service from their perspective.	
		▪ Including resources such as electronic copies of the Befriending Leaflet and Information Sheet that are available within one click.	
		▪ Creating a simple online self- referral form.	
		▪ Creating an easy to use online client/patient referral form for external agencies which also emails a copy of the form to the referrer when they click 'submit'.	
		▪ Re-structuring the 'Befriending' section to create four additional sub-pages along the lines of:	
		o Are you over 60 and in need of some company? A page targeted at lonely and isolated older people which fully explains the Befriending Service using language they can relate to, which enables them to see that they are not alone and to self-refer online/request that an ALONE staff member makes contact with them. Case studies should be included covering a range of people (and ages) who became isolated and lonely for variety of reasons and who are now benefitting from the service.	
		o Do you know someone who is over 60 and who needs a friend? A page targeted at relatives and friends of lonely and isolated older people which fully explains the Befriending Service from their perspective. It should allow for easy access to an electronic information leaflet, an online referral form and the ability to request that an ALONE staff member makes contact with them.	
		o Do you work with isolated and lonely older people? A page targeted at external referrers which fully explains the Befriending Service and which has access to:	
		▪ An online client/patient referral form.	
		▪ Downloadable client/patient referral form.	
		▪ Electronic versions of Befriending Service information leaflets that they can share with colleagues.	
		▪ The ability to request further information on the ALONE Befriending Service in the form of printed leaflets to give to clients/patients or contact from an ALONE staff member.	
		o Find out more about other Befriending Services across Ireland. A page that takes the visitor to information on the National Befriending Network and other befriending services across Ireland.	

ALONE website analytics

	Findings/recommendations	Page
263	It is known that between October 2014 and February 2015, there were:	218-219

	▪ 43,271 sessions resulting in 102,667 pageviews ▪ The average visitor spent 00:01:49 on the website, visiting 2.37 pages ▪ Of the total visitors to the site, 81.9% were new visitors. Ideally, a website should have a solid mix of new and returning visitors ▪ The site has a bounce rate of 59.00% which means that almost 60% of visitors left the page they landed on, an indication that they did not find what they were looking for, nor felt inclined to look any further	
264	Statistics for the befriending page were not provided. Moving forward, it is recommended that analytical information for the befriending page(s) of the website are used as a means of tracking the effectiveness of the website in terms of a provider of information and a driver of referrals and volunteer enquiries. Specifically, the following should be monitored: ▪ Number of visitors to the Befriending page (s), along with how many are new visitors vs return visitors ▪ The typical visitor journey – which pages did they navigate to and in what order? ▪ The number of people to complete online referral/enquiry forms and who do not submit them ▪ The number of people who view the video content	219
265	Where activity levels spike, a clear reason should be established e.g. a feature article in a newspaper containing a clear call to action. Conversely, when a marketing activity is taking place, its effectiveness in terms of driving traffic to the website should also be pro-actively monitored via the analytics.	219

Social Media activities

	Findings/recommendations	Page
266	The ALONE Ireland Facebook Page is used as a way of engaging with a range of supporters, predominantly from a campaigning perspective.	219
267	Few posts relate specifically to the Befriending Service. This needs to be addressed. Posts include: ▪ Updates on the numbers of older people visited. ▪ Picture of a new volunteer being presented with their ID card. ▪ Calls for volunteers. ▪ Calls to the public to think if they know someone who is aged over 60 and who is in need of a friend. ▪ Picture of a support coordinator presenting to an external agency. ▪ Pictures from volunteer training and information sessions.	219

ALONE Newsletters

	Findings/recommendations	Page
268	The quarterly newsletters are an excellent means of sharing a diversity of news about the organisation and, in particular, the Befriending Service.	219

ALONE Billboard Campaign

	Findings/recommendations	Page

| 269 | 2015 activity has concentrated on homelessness on a national basis. Outdoor advertising (billboard, bus stop, Luas etc.) would be an excellent means of raising awareness of the Befriending Service, generating public referrals and volunteer enquiries from targeted areas in Dublin. It is recommended that this is considered for 2016, budget permitting, on a pilot basis in one specific geographic area in order to measure impact. | 219 |

2.7 Monitoring and Evaluation

Salesforce

	Findings/recommendations	Page
270	Salesforce is a hugely sophisticated and valuable tool that not only allows you to manage your contacts efficiently and centrally, but also enables you to analyse data so that you are able to monitor performance, identify trends and base strategic and operational decisions on hard facts. There is a significant amount of data relating to referrals, volunteers and befriended older people that is either entered incorrectly or is simply missing.	220
271	It is recommended that one person is allocated responsibility for cleaning the database and filling in the blanks from scanned and hard-copy forms.	220
272	It is recommended that management reminds every staff member with access to Salesforce that data input accuracy is of critical importance. Information must be entered into the correct field and in a consistent manner.	220
273	Response fields such as 'Other' or 'N/A' are meaningless. They must be replaced with alternative terms that have meaning and on which trends can be identified.	220

Ongoing monitoring and evaluation

	Findings/recommendations	Page
274	Ongoing evaluation and monitoring is an important part of organisational accountability. It measures the 'what' e.g. whether or not a target has been met. It also provides clues as to the 'why'. Because of this, evaluation and monitoring is only of operational value if a range of metrics are monitored and that information used to create an 'early warning system' alerting management and staff to potential performance issues and providing an opportunity to put the necessary steps in place to avert the issue arising in the first place.	220
275	The existing convention of monitoring the number of 'matches' that take place each month only delivers a one-dimensional view of how the Befriending Service is actually performing and certainly does not provide any clues as to why things are performing the way they are which makes it almost impossible to identify evidence-based potential risks and opportunities, adapt accordingly, and, ultimately hold people to account. With this in mind, it is recommended that clear targets across all metrics are developed on an annual basis to which management and staff are held accountable.	220
276	Additionally, an ongoing monitoring system should be established to measure these metrics on a monthly basis, and that individuals whose area the information falls are given responsibility for undertaking this and status/trend reporting. This will require redefining the reports available via Salesforce so that a standard report for each area is able to be easily generated and analysed as, at present, there are multiple areas of reporting repetition on Salesforce. This needs to be rectified.	220
277	The Befriending Service referral form generates important information on how lonely and isolated older people referred to the service are and the reasons for that. At present, this information is not recorded on Salesforce which means it is impossible to use it to inform the future work of ALONE or	223

| | for campaigning purposes. With this in mind, it is recommended that this information is recorded on Salesforce so that it can be used as a means of informing policy and campaigning in an incredibly targeted way. | |

2.8 Future provision

Likely future demand

	Findings/recommendations	Page
278	Emigration, technology, medical advances and the pressures of life, are but a few of the things that have contributed to a rapid change in society dynamics in Ireland over recent years. The pace of this change is unprecedented. It brings opportunity and enrichment to some, while leaving others vulnerable and at serious risk of isolation. This, combined with a growing and ageing population, means that the level of need to be met by befriending services in the future will only increase.	224
279	Looking to the future, as the number and percentage per population of older people increases, so does the magnitude of need. From a logistics perspective, it may be necessary at some point in the future to reconsider the entry age to the service to ensure that it continues to meet the needs of older people. With this in mind, it is important that ALONE considers the following on an annual basis: *Is the ALONE Befriending Service exclusively aimed at older people?* *AND* *If so, is there a need to adjust the entry age as the general population ages and the start point of 'old age' moves.*	225
280	Having interviewed actively befriended older people who experienced varying levels of loneliness and isolation and, in some instance, none (but with the potential to become lonely and isolated), it is recommended that ALONE makes a policy decision around the purpose of the Befriending Service, namely: *Is the ALONE Befriending Service exclusively for older people who are already demonstrably lonely and/or isolated – or – is it also open to older people clearly at risk of becoming lonely and/or isolated?*	226
281	Given the predicted population increases, and the fact that Ireland is an ageing population, referrals of older people with Alzheimer's – as well as dementia and other forms of cognitive impairment – are likely to increase significantly over the coming years. Because of their condition, people with cognitive impairment are at increased risk of isolation and loneliness, both of which are key indicators for the ALONE Befriending Service. However, befriending an older person with Alzheimer's disease, dementia or even mild memory loss requires a volunteer with special attributes and training. With this in mind, it is recommended that ALONE considers the following: *Is the Befriending Service suitable for older people with cognitive impairment?*	226

	If the answer is 'yes', then it is further recommended that a 'sub-programme' is created within the Befriending Service.	
282	During the period 01 July 2014 – 30 June 2015 there were 17 (12% of the total number of referrals) referrals to the ALONE Befriending Service where the primary reason for referral was mental/emotional health, the majority of which (65%) were made by external agencies. Of those, seven (41%) went on to become a successful befriending match with a further one (6%) waiting to be matched and an addition two (12%) being placed on hold. At least one of the older people who are 'actively befriended' receives a two-volunteer visit. While this decision was made for all of the right reasons and, not least, to minimise the risk to the volunteer befrienders, the fact that such matches require twice the volunteer resources than other matches cannot be overlooked.

Concerns have been raised in relation to befriending older people with mental/emotional health difficulties, particularly around unpredictable behaviour and managing risk. It also requires a particular kind of volunteer, ideally one who has received specialist training and has access to additional support within ALONE.

With this in mind, it is recommended that ALONE considers the following:

Is the Befriending Service is suitable for older people with a diagnosed mental/emotional health condition?
AND
If it is suitable, what is the cut-off point in terms of the level of severity?

As with cognitive impairment, if the answer is 'yes', then it is further recommended that a 'sub-programme' is created within the Befriending Service to cater specifically for this group that comprises experienced volunteers with the required attributes who have been given additional training and support. | 226/227 |
| 283 | During the period 01 July 2014 – 30 June 2015 there were three people whose primary befriending need was identified as being bereavement were referred to the ALONE Befriending Service. While this only accounts for a very marginal number of referrals, it is something that needs to be considered in the context of the greater programme, particularly given Ireland's ageing population.

It is entirely appropriate to provide a befriending service to older people who are bereaved and who find themselves lonely and/or isolated. However, that service must be about supporting each older person to build a new life for themselves and not, as is the risk, be perceived to be – or used as - a form of bereavement counselling.

And, while acknowledging that the grieving process is different for each person, it is recommended that ALONE considers the following:
In order to maximise the benefits of befriending for an older person whose primary need is due to bereavement, | 227/228 |

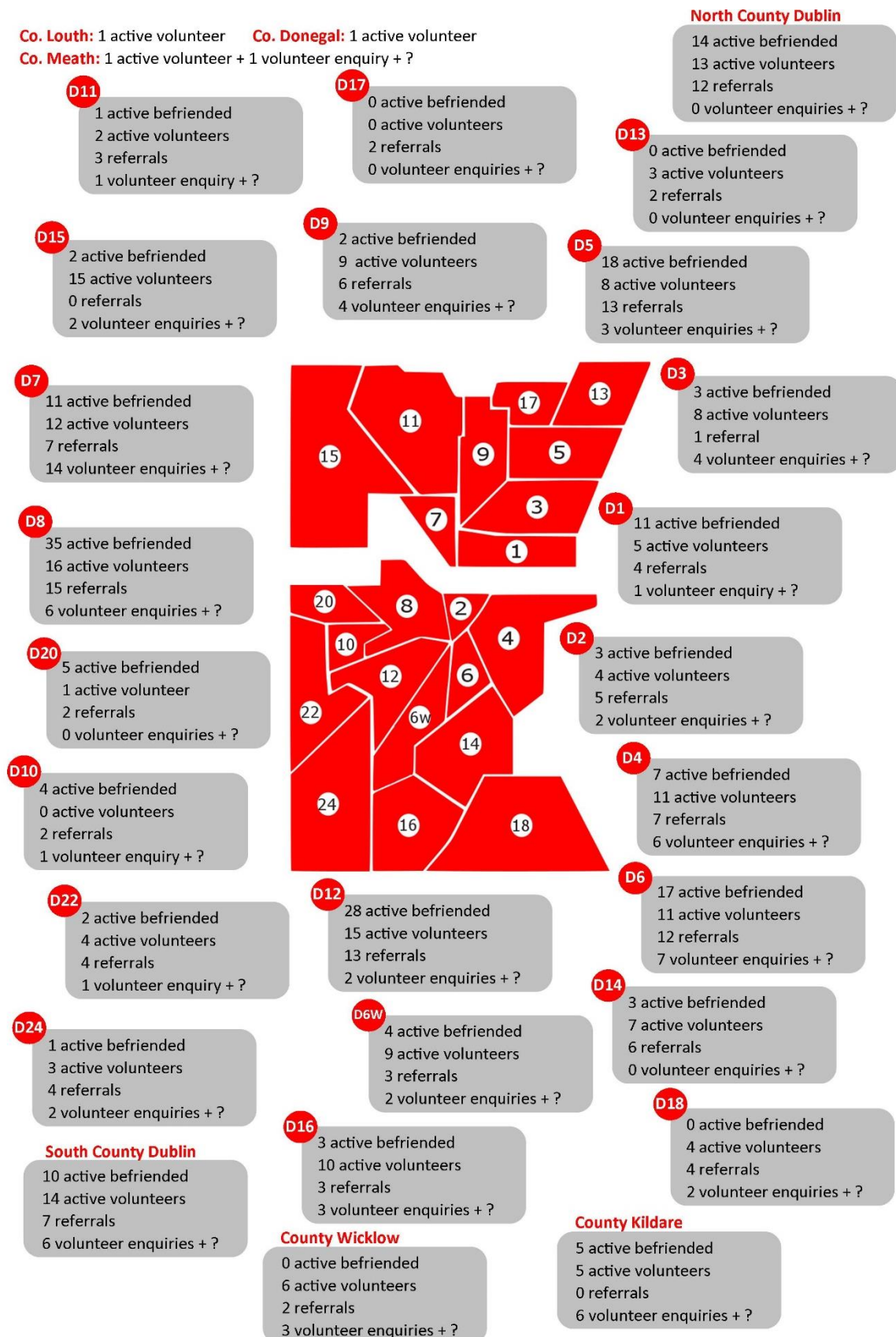|		*is it necessary and appropriate to state, as a matter of policy, that the bereavement must have occurred more than 6 months prior to referral?*	

2.9 Alternative models of befriending

	Findings/recommendations	Page
284	A number of alternative models of befriending were explored as part of this evaluation as follows: ▪ Short-term one-to-one befriending ▪ Telephone befriending ▪ Virtual befriending ▪ Peer befriending ▪ Appointment buddies Each was considered in the context of the people it is most suitable for, the advantages and challenges.	229/233
285	While external referrers, volunteers and mentors have all expressed a view that there is a need for a short-term and telephone befriending service, it must be recognised that this would require new befriending models to be developed, to include volunteer training.	233
286	Staff need to be able to concentrate their efforts on the existing Befriending Service and the introduction of new models of befriending would only serve as a distraction and would inevitably have a detrimental impact across the board.	234
287	Given the level of work required to optimise the current ALONE Befriending Service, not least in the area of improving awareness and understanding and increasing the number of referrals and the quality of those referrals, it is recommended that the idea of potentially introducing alternative models of befriending is placed on hold for at least the next two years.	234

3. The ALONE Befriending Service in numbers

Period: 1st July 2014 – 30th June 2015

Please note that there are 116 volunteer enquiries which do not have address details recorded, hence the '?'.

Co. Louth: 1 active volunteer   **Co. Donegal:** 1 active volunteer
Co. Meath: 1 active volunteer + 1 volunteer enquiry + ?

North County Dublin
14 active befriended
13 active volunteers
12 referrals
0 volunteer enquiries + ?

D11
1 active befriended
2 active volunteers
3 referrals
1 volunteer enquiry + ?

D17
0 active befriended
0 active volunteers
2 referrals
0 volunteer enquiries + ?

D13
0 active befriended
3 active volunteers
2 referrals
0 volunteer enquiries + ?

D15
2 active befriended
15 active volunteers
0 referrals
2 volunteer enquiries + ?

D9
2 active befriended
9 active volunteers
6 referrals
4 volunteer enquiries + ?

D5
18 active befriended
8 active volunteers
13 referrals
3 volunteer enquiries + ?

D7
11 active befriended
12 active volunteers
7 referrals
14 volunteer enquiries + ?

D3
3 active befriended
8 active volunteers
1 referral
4 volunteer enquiries + ?

D8
35 active befriended
16 active volunteers
15 referrals
6 volunteer enquiries + ?

D1
11 active befriended
5 active volunteers
4 referrals
1 volunteer enquiry + ?

D20
5 active befriended
1 active volunteer
2 referrals
0 volunteer enquiries + ?

D2
3 active befriended
4 active volunteers
5 referrals
2 volunteer enquiries + ?

D10
4 active befriended
0 active volunteers
2 referrals
1 volunteer enquiry + ?

D4
7 active befriended
11 active volunteers
7 referrals
6 volunteer enquiries + ?

D22
2 active befriended
4 active volunteers
4 referrals
1 volunteer enquiry + ?

D12
28 active befriended
15 active volunteers
13 referrals
2 volunteer enquiries + ?

D6
17 active befriended
11 active volunteers
12 referrals
7 volunteer enquiries + ?

D24
1 active befriended
3 active volunteers
4 referrals
2 volunteer enquiries + ?

D6W
4 active befriended
9 active volunteers
3 referrals
2 volunteer enquiries + ?

D14
3 active befriended
7 active volunteers
6 referrals
0 volunteer enquiries + ?

South County Dublin
10 active befriended
14 active volunteers
7 referrals
6 volunteer enquiries + ?

D16
3 active befriended
10 active volunteers
3 referrals
3 volunteer enquiries + ?

D18
0 active befriended
4 active volunteers
4 referrals
2 volunteer enquiries + ?

County Wicklow
0 active befriended
6 active volunteers
2 referrals
3 volunteer enquiries + ?

County Kildare
5 active befriended
5 active volunteers
0 referrals
6 volunteer enquiries + ?

4. ALONE Befriending Service – SWOT Analysis

Strengths

- The ALONE brand
- 38-year track record
- Professional approach – quality accreditation, policies, procedures
- Older person/volunteer relationship
- Known to reduce loneliness and isolation
- Trained and Garda vetted volunteers
- Volunteer support structure
- Social events and holidays providing additional out-of-house contact with others
- ALONE's Independence
- High level of volunteer and older person satisfaction

Weaknesses

- Salesforce – data gaps
- Volunteers/older person relationship at arms length
- Hard to police volunteer/older person 'don't's'
- Mentor role not working as envisaged
- Befriending not yet widely viewed as a health intervention/professional service
- Low levels of awareness
- ALONE logo too similar to that of Age Action Ireland
- Available volunteers – especially during the day
- Marketing collateral needs to be finessed
- Lack of ongoing measurement of level of loneliness
- Service hasn't reached some areas of Dublin
- 1 in 5 too limiting?
- Lack of meaningful engagement with external agencies
- Length of time it takes to get some things done
- Accepting older people who do not fall within Service criteria

Opportunities

- Huge level of untapped potential
- External agency engagement strategy
- Targeted awareness raising among older people and potential volunteers
- Older people who are not within the 'system'
- Championing loneliness and isolation as a health issue
- National Befriending Network
- Speeding up processes
- More targeted communications
- Ageing population – demand will only increase
- Re-designed mentor role to release staff capacity
- Training volunteers for specific aread of befriending need e.g. cognitive impairment and mental/emotional health
- Deepen volunteer engagement with ALONE
- Salesforce as a means of helping the ALONE make better decisions

Threats

- Homelessness taking up all of the 'airspace'
- Managing the risk associated with visiting older people who do not live on their own
- Volunteer recruitment in the context of increasing demand
- Reputational risk associated with matching delays
- Competition from other befriending services
- Heavy reliance on volunteers
- Managing future increased demand so Service does not become overwhelmed

5.   The ALONE Befriending Service model

The ALONE Befriending Service is modelled around a simple formula:

Older people who are isolated and lonely are matched with trained and Garda vetted volunteers who visit them in their own homes on a regular weekly basis.

Supplemented by:

Additional opportunities for social interaction with volunteers and other older people in the form of small events, a cinema club, regular dinner dances and an annual holiday.

The outline of the model employed is as shown below:

```
              BEFRIENDING REFERRAL RECIEVED
                   (PHONE ASSESSMENT)

           BEFRIENDING COORDINATION SUPPORT
               COORDINATORS REVIEW LIST
           ASSESSMENT VISITS DIVIDED NORTH/SOUTH
                          CITY

           ASSESSMENT VISIT - SCORED BASED ON NEEDS
                / SCORING LEVEL IDENTIFIED

SUPPORT           VOLUNTEER              HOLDING VISIT BY INTERN /
COORDINATION      MATCHED                HOLDING VOLUNTEERS ASSIGNED
CASE BECOMES      DIRECTLY IF
AN ACTIVE CASE -  AVAILABLE - BY
NO VOLUNTEER      MENTOR /                    INTERN / HOLDING
INVOLVEMENT       SUPPORT                     VOLUNTEERS WHO HAVE
                  COORDINATOR                 BEEN DOING HOLDING
                                              VISIT TO MATCH WHERE
        SUPPORT COORDINATORS PREP INFO FOR    POSSIBLE
        MENTORS (INTERN SUPPORT IN MANAGING)

        TEAM CONTINUE TO LINK IN WITH OP BASED ON
                    LEVEL OF NEED
```

Model illustration: ALONE Befriending Service.

5.1   Eligibility

The ALONE Befriending Service is available to people over the age of 60 in the Dublin area, with priority given to those over 70 years. Each person is assessed and prioritised based on the following:

1. How isolated and lonely they are
2. The state of their health
3. Whether or not they are deemed to be vulnerable
4. Their level of mobility

An older person does not have to live on their own in order to be referred to the ALONE Befriending Service, but those who do live alone are given priority.

The way in which the eligibility criteria is communicated both to older people and external referrers is rather broad. It would be helpful to all – and would likely reduce the number of cancelled applications – if the eligibility criteria was more specific in terms of the level of isolation and loneliness experienced by the older person and so on. This could be achieved through the development of a self-assessment flow chart which would help older people and external referrers alike to determine whether or not the older person's needs are appropriate for the service. This would also help to better manage expectations around issues such as cognitive impairment, mental and emotional health difficulties and addiction, for example, more efficiently.

Additionally, more effective communication of the eligibility criteria is needed in order to better help older people and external agencies to clearly understand the needs that the Befriending Service is able to meet.

Having interviewed a number of actively befriended older people, it is clear that there is a varying degree of need amongst those who are currently being visited by a volunteer. Indeed, one person said that they were not lonely at all prior to being accepted into the Befriending Service.

The Befriending Service clearly states that it is targeted towards the one in five older people who are particularly isolated or lonely. Certainly, not every person encountered during the research phase of this evaluation would be considered to be a 'one in five' case.

At present, support coordinators are using their own judgement as to who is eligible and who is not. There will inevitably be situations where the person being assessed does not fall firmly within the eligibility criteria. To facilitate the assessment process, it is recommended that a clearer assessment points system is established to assist support coordinators in determining whether or not a person who has been referred to the service is fully eligible and the circumstances in which exceptions to the rules can be made.

5.2 Referral Procedure

There is a well-documented Befriending Service Referral Procedure (Appendix 1) to which support coordinators adhere. As it is currently implemented, it takes an average of three months from an expression of interest to a match being made, as follows:

TIME-FRAME: (Indicate <u>maximum</u> time-frames).

STAGE 1 - REFERRAL	**CURRENT** Information posted out within 2 weeks of referral being made.	**PROPOSED – Work Towards** Within 1 Week

STAGE 2 - ASSESSMENT	Within 1 month of receiving referral form.	Within 2-4 weeks
STAGE 3 – MATCHING	Monthly Contact post assessment. Ideally matching to take place within **2 months** of completed assessment. Referrals deemed priority by ALONE to be matched within a shorter time-frame.	Monthly Contact post assessment. Holding Visit within 1 Month if no immediate Volunteer
Estimated total time from first referral to matching with volunteer:	**3 Months** – but with ongoing communication from ALONE during this time regarding the status of referral.	To work to match people within 2 Months

In cases where we cannot meet these time frames both the referrer and the person referred should be informed.

Having reviewed the current and proposed timeline, it is concerning that it lacks the same sense of urgency that ALONE places on combatting loneliness and isolation. Three months is too long a time period given that by the time a referral is made the person in question is already lonely and isolated and that their physical and mental health is most likely already being affected. The target of matching people within two months is much more reasonable but, ideally, should be shorter again.

In relation to Stage 1, it is inconceivable that it should take two weeks to post out information to someone. Indeed, the proposed target of one week is still far too long. This information is readily available and simply needs to be placed into an envelope along with an accompanying letter, a template for which is already available. Therefore, it is recommended that this information should be posted out by the close of business the day after the referral is received.

The proposed timeline for Stage 2 is appropriate given that calls with external agencies have to be made and that an assessment has to be carried out in the older person's home. That said, for straightforward referrals, the target must be that the assessment is completed within two weeks of receiving the referral form. Only complex referrals should fall into the three-four week timeframe.

Stage 3 is a difficult stage to manage as it is heavily dependent upon the availability of volunteers. Older people who are waiting to be matched with a volunteer need to be contacted more frequently than once a month, even if they have been provided with a holding visit. Once every two weeks would be more appropriate.

5.2.1 Structure of the referral procedure

Stage 1: Enquiry and referral

The Administration Team is responsible for managing initial enquiries. Its members take care of expressions of interest, issuing information and processing referral forms. This process is structured as follows:

INITIAL ENQUIRY:
1. Provide Information on the ALONE Befriending Service.
2. Other people enquiring to make a referral will be requested to ensure they have the permission of the older person.
3. If interested send out Referral Form / Befriending Information Sheet / Befriending Leaflet*
4. If the person is in an area where there is a localized Befriending Service the details of this Service can be given.
5. Take details (Contact details/Age/Other Issues Stated) and register as a General Contact on Salesforce.
   If on a self-referral where it is felt the individual would benefit from a support coordinator supporting them through this process, pass to a Support Coordinator.

This is the point at which a record is created on Salesforce. It should be noted that a significant proportion of the address details held in Salesforce have postcodes entered in the wrong field. And, while it does not cause problems on a day to day level, it is exceptionally problematic when running reports and applying filters. It is recommended that cleaning address data is added to the ongoing list of Salesforce related tasks.

REFERRAL RECEIVED:
1. Details Added to Salesforce and 'Befriended Role' Assigned.
2. Admin fills in <u>Section 1</u> of the Befriended Role (providing as much detail as possible) and marks 'Status' as 'Awaiting Assessment'.
3. Scan the Referral Form and attach to the person's Contact Page.
4. (If the person had a previous Befriended Role & this is Ended, a new Befriended Role is given)
5. Letter (Form no. 30) and Red Befriending Leaflet sent to person referred.
6. If an External Agency/Professional acknowledgement letter (Form No. 79) is emailed (email template is on Salesforce)/posted to referrer.
6. Place the Hard-Copy Referral Form in the Red 'Awaiting Assessment' Folder.

This procedure is very straightforward. Comments in relation to the letter and leaflet sent to the person referred and the letter emailed to the referring agency are below.

Stage 1: Referral documentation

Referral Information Sheet

ALONE has a Referral Information Sheet (Appendix 2) that is sent to all people who make an enquiry about the Befriending Service, irrespective of whether or not they are thinking of referring themselves, a loved one or friend or a client/patient.

The form is available exclusively from the ALONE office and is sent out with the referral form.

Having reviewed the Referral Information Sheet, its style and tone is very functional and lacks and is more suited to the needs of external referrers than older people considering referring themselves to the befriending service, or their family or friends.

The individual information needs of each audience would be better served if three separate, tailored, referral information sheets were created. However, the value of having separate referral information forms when the information they contain could be easily integrated into the actual referral form is questionable.

With the above in mind, it is recommended that the Referral Information Sheet is discontinued and that the information it contains is integrated into the referral form.

Referral Form

ALONE uses one form for all referrals (self-referral, internal referral, family/friend referral and referral from an external agency) which is included as Appendix 3.

The ALONE Befriending Service referral form was available to download as a non-editable PDF document from the Befriending Service page on the ALONE website and also on request from the ALONE office. However, since the development of a new ALONE website, it would appear that the electronic version is no longer available. This needs to be addressed.

The referral form is a hard-copy document that must be completed and then posted to the ALONE office for processing. This means that the person making the referral (including an older person referring themselves) requires access to a printer, paper, envelope and stamp as well as the ability to get the form to a post box. For some people, especially family members living overseas, this could be a barrier to making a referral.

Given that the number of people engaging with services providers online is increasing, and that more and more organisations are striving to go 'paperless', creating an online referral form that could be completed and submitted electronically (at the same time emailing a copy of the form to the referrer for their records) should be considered. This is becoming increasingly common practice across the UK with many befriending services offering the ability to refer online e.g. Age UK as well as download a hard-copy form.

Having reviewed the content of the ALONE Befriending Service referral form, it is clear that its content and tone is biased towards the needs of third-party referrers, i.e. external agencies. A number of other befriending services e.g. the UK's Health in Mind, use a different referral form for each referring group which, on balance, enables them to gather more specific information and adapt their language appropriately, particularly in relation to older people self-referring.

It is recommended that ALONE produces separate referral forms for the following:

- Self-referrals
- Family/Friends
- External agencies/internal referrals

In relation to the content of the form:

- The form would benefit from a short introduction, explaining why the information required is important and including who to contact should they wish to speak to someone about how to best complete the form.
- As outlined above in the section addressing the Referral Information Sheet, information on who the Befriending Service is suitable for and what happens after a referral is received by ALONE should be incorporated into the referral form.
- Some of the information collected via the form is important in terms of the ongoing measurement of the Befriending Service. However, it is not currently being entered into

Salesforce e.g. the primary reason for loneliness/isolation. This needs to be recorded as it is important data from an ongoing evaluation perspective.

- Emergency Contact Person: it is important that the relationship of the emergency contact person to the older person is established, to ensure that they are qualified to discuss the older person's welfare.
- Rather than ask how much an older person spends alone, asking them to outline how they currently spend their week would result in more accurate information in relation to the level of loneliness and isolation they are experiencing e.g.

Please give us an outline of how you currently spend your week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

- From a matching perspective, it would be useful to also ascertain the following at this early stage:
  - Whether or not the older person has a visual impairment or hearing difficulties
  - Whether or not the older person is a smoker
  - Whether or not the older person has any pets
  - Whether or not the older person has been recently bereaved
- The person who is being referred is not required to sign the form, nor is their permission requested to record, retain and share their data, as is a data protection requirement. This needs to be reviewed in the context of Data Protection requirements.

Befriending Booklet

The Befriending Booklet is a 12-page document that provides in-depth information about the Befriending Service and is designed to be a guide for older people using ALONE's Befriending Services. It is sent to all people who enquire about the Befriending Service, along with the Referral Information Sheet and a referral form.

For those who are referred to the service by an external agency, it is provided separately to the older person on receipt of the referral form. This is not ideal as it contains the information an older person requires in order to make an informed decision about whether or not to be referred. Because of this, it is recommended that external agencies are provided with copies of this booklet so that they can supply them directly to the client/patients they are referring and discuss its content as part of their conversation around whether or not being befriended is something they want.

A significant amount of the information contained in the Befriending Booklet is repetition, in that much of it is available elsewhere e.g. as part of the Referral Information Sheet. However, as this booklet is aimed specifically at older people using the Befriending Service it is a useful means of ensuring that the older person has all of the information they might require in one place.

Specific observations in relation to the content of the Befriending Booklet are as follows:

- Given that the reader is using the Befriending Service, there is not the same requirement to state the point that the Befriending Service provides companionship for isolated older people

and that loneliness is a serious health risk. If anything, this labels the reader as being a member of an 'at-risk' group of people, something which they may not feel particularly good about.

- The information about the other services ALONE provides is extremely useful, but could be relocated to another part of the booklet.
- More information on the ALONE socials, the small events, cinema club and the annual holiday would be helpful as a way of outlining other the other opportunities ALONE makes available to older people as a way of meeting and spending time with new people.
- The section entitled 'Telephone Befriending' indicates that there is a telephone befriending service in operation and that in exceptional cases older people may be able to avail of both a visit and the telephone befriending service. This is not the case and therefore should be removed.
- The section on gifts and money ends with the line 'If you are having financial problems please contact the ALONE office'. While it is good to let people know that there is help available, this point is made completely out of context. It would be far better made as part of the section on the Support Coordination Unit.

Letter (Form no. 30) sent to the person referred to the ALONE Befriending Service (Appendix 4)

This letter, which is included at Appendix 4, is sent to the person who was referred to the ALONE Befriending Service who, up until this point in the process may, or may not, have had any contact with the organisation.

The content of the letter is straightforward and clearly sets out the next steps in the process. However, there are two areas that require attention.

Firstly, the phrase *"I hope you are keeping well."* Given that people with poor physical, mental and emotional health, addiction issues as well as those who have been bereaved are referred to the Befriending Service, this phrase could appear thoughtless.

Secondly, the paragraph that reads: *"Demand for the ALONE Befriending Service can mean we experience delays in processing referrals and matching with volunteers. We apologise for where delays occur."* The fact that demand may be high at a certain point is not the problem of the person who has been referred. While well meaning, it is unnecessary to articulate this at this stage of the process. If the support coordinator dealing with the referral has regular contact with the person referred to the service delays can be dealt with appropriately if and when they arise. Also, from a reputational perspective, this may cultivate a perception that the service is continuously affected by delays and, over time, that will be damaging.

Because of this, it is recommended that this letter is reviewed with a view to producing a revised version.

External Agency/Professional acknowledgement letter (Form No. 79) which is sent via email (Appendix 6)

This letter, which is included at Appendix 6, is sent via email to the external agency/professional who referred a client/patient to the Befriending Service.

Again, the content of the letter is straightforward and clearly sets out the next steps in the process. However, there is a paragraph that requires attention, namely the paragraph that reads: *"Demand for the ALONE Befriending Service can mean we experience delays in processing referrals and matching with volunteers. We apologise for where delays occur."* Not alone will the same issues as outlined

previously occur, but it could also lead an external referrer to believe that the service is oversubscribed and therefore there is little point continuing to refer people to it.

Because of this, it is recommended that this letter is reviewed with a view to producing a revised version.

Letter to be sent to other referrers e.g. family members or friends

A copy of the letter sent to other referrers e.g. family members or friends of the person referred was not furnished. If this does not already exist, one should be created, bearing in mind the points made above.

Stage 2: Enquiry and referral

This stage of the process is the responsibility of the Support & Response Team and comprises a phone assessment, home assessment and subsequent assessment follow-up actions, as follows:

PHONE ASSESSMENT:
1. Review 'Befriending Referral List (Pre Matching)' on Salesforce for the full list of those referred.
2. Support Coordinatorss divide and agree cases based on geographic area/level of need.
3. Review the Referral Form and any accompanying information for suitability. Note on Salesforce any issues to be aware of pre-assessment (does a family member/third party need to be contacted or included)
4. Referrer contacted as needed (for example – where there is a mental health diagnosis).
5. Support Coordinator carries out a brief phone assessment:
- *Is the person interested in the Befriending Service?*
- *What is the person's need for the service?* (Gauge family/social contact - Use Referral Form as a guide).
6. Explain our criteria if it appears the person does not meet it, explain demand, and suggest alternatives if required (Follow-up would be recorded as a Short Intervention).
7. Explain the Assessment Visit if moving to this stage and set-up visit.

While the phone assessment may appear to be repetition given that it should already have been established that the person is both interested and eligible, it is a necessary step given that not all external referrers appear to be fully conversant with the precise criteria. It is also important as a means of introducing ALONE to the person who has been referred to the Befriending Service.

However, the fact that the support coordinator may need to explain the criteria, reinforces the belief that the eligibility criteria need to be more specific and better communicated.

HOME ASSESSMENT:
1. To take place within 1 month of referral received.
2. If there are risk issues (or a gut feeling) carry out a joint visit for assessment.
3. If deemed suitable for Befriending the Assessment Form (Form no. 8) is completed – Commence with section on Social Contact and Review their answers re. Loneliness on the Referral Form.

4. If appropriate for the service, the Befriending Service is explained using the Booklet (BS Booklet – Form 24).
5. *Request permission to contact another service they are engaged with – explain that due to the nature of Befriending, a volunteer visiting someone in their home, that we do this for all referrals.*
6. If additional issues to follow-up on from the Assessment (Support Coordination issues), request the person's verbal Consent to do so and agree actions.

As noted at point 1 above, the home assessment is currently carried out within one month of receipt of a referral form. It has been proposed to reduce this timeframe to between two and four weeks, depending on the availability of staff, the person to be assessed. It is recommended that a two-week target is set as the 'norm' with that period extended to as much as four weeks only in very exceptional circumstances.

The home assessment should be used more robustly establish exactly how isolated and lonely the older person is. A quarter of actively befriended questionnaire respondents said that family visit them regularly, while 70% said that they are a member of a group that meets regularly. Indeed, fewer than half of actively befriended older people said that they were lonely before they started being visited by an ALONE volunteer.

ASSESSMENT FOLLOW-UP ACTIONS:
1. Enter the Assessment Information to Salesforce.
2. Add 'Relationships' to Contact Page (Details of professionals linked in, family, etc.)
3. Carry-out a Risk Assessment if required.
4. Carry-out the Check-in call to the other External Service they are linked with (This may be the referrer). Explain we have the person's permission to make the call. The call is to ascertain:
- *Are there any issues that we should be aware of in engaging a volunteer with the person?*
- *In particular are there any risk issues we should be aware of for the person themselves or for others?*
  If particular concerns came up from the assessment these should also be broached at this stage.
7. Update the 'Befriended Role' section of Salesforce – Complete the Entry of Section 2.
8. Update the 'Status' as 'Waiting to be Matched' (Northside/Southside as relevant – or for Review Meeting if unsure (which takes place as part of Case Mgt.).
9. If a Priority tick the box.
10. Once all data is entered from the Assessment & Referral Form can be shredded (ensure the referral form is on the contact page first, inform Admin if it is not)

Point 3 above refers to carrying out a risk assessment, if required. Having reviewed the risk assessment procedure document, it is clear that it was originally created for ALONE tenants, but is now being used in the context of befriending.

There is a distinct difference between the two services that needs to be recognised from a risk management perspective. Unlike a tenancy situation, befriending by its very nature requires the involvement of a volunteer who is not a paid employee of the organisation which requires an additional dimension of thought when it comes to managing risk and ALONE's duty of care towards volunteers.

With this in mind, it is recommended that the risk assessment procedure is reviewed and updated in the context of a three-party relationship i.e. ALONE, the person who has been referred to the Befriending Service and the volunteer who has offered his/her time, recognising that visits are taking place in an unsupervised manner.

It must also be acknowledged that there is one area that the risk assessment procedure is not able to address – circumstances whereby the person who has been referred is living in a house with other people. Indeed, this was the case in relation to one of the older people who participated in the face-to-face interviews carried out as part of this evaluation – that person's son was living at the property.

It is not possible to determine the background of others living in the property which does, in effect, place a volunteer in a potentially vulnerable position as ALONE is not able to say with any level of certainty that other people living in the home that they are visiting do not represent a risk. It is recommended that this is looked at in more detail, not least from an insurance liability perspective.

Finally, the fact that there is a third-party involved i.e. a volunteer, also raises questions around confidentiality. Is ALONE legally permitted to share sensitive and personal information with a volunteer without the express written consent of the older person? It is recommended that, if ALONE has not already done so, legal opinion is sought.

Stage 2 - Assessment documentation

Assessment Form (Appendix 6)

ALONE uses a common assessment form for all of its services, a copy of which is included as Appendix 6.

Having reviewed the content of the ALONE Befriending Service referral form, it is clear that not all of the information required is entirely relevant to the Befriending Service e.g. the finance and housing sections. Therefore, depending on the circumstances, not all questions are asked. Given that support coordinators will be working across all services and not just Befriending, this approach has its merits. However, it needs to be appropriately communicated to the person being assessed to avoid the perception that the organisation is looking for information that is beyond what would be reasonably required for the purposes of befriending.

The language used on the form is confusing in parts in that it infers that the person who is being assessed might be completing the form themselves which is clearly not the case e.g. on the front page it states:

The purpose of this form is to identify support needs which will form your support plan and/or can be used to refer you onto appropriate services.

This needs to be reviewed and amended where appropriate.

While the referral form specifically asks questions around the level of loneliness and isolation experienced by the person being assessed, it is recommended that the assessment refers to those answers in a manner that allows the ALONE staff member to develop a deeper understanding of the person's circumstances and state of wellbeing.

Finally, there are two areas of the assessment form that relate to consent. The beginning of the form states:

Do you understand that ALONE will be holding this information on file?

While the final section of the form states that:

In order to provide you with a full and comprehensive service ALONE request that you give us your permission to contact other relevant services that are currently working with you, as needed. Any information provided will be used solely to assist us in developing necessary supports. If the answer given is no, this will affect the level of support that the ALONE organisation can give.

Yes ☐　　　　No ☐

Other than the tick box above which is completed by the ALONE staff member, there is no mechanism for recording the fact that the person who is being assessed has given their consent either for the information to be held on file or for ALONE to contact third-party services. With this in mind, it is recommended that a consent form is created which the person being assessed and the ALONE staff member both sign and date. Not only is it good practice, but other external agencies with whom ALONE engages as part of the assessment process ought not to be sharing personal and confidential information with ALONE without evidence of informed consent.

As outlined previously in the context of eligibility, a points based system for the information gathered as part of the assessment would assist decision making around whether or not an older person should be accepted into the Service.

Risk Assessment Form (Appendix 7)

Comments in relation to the Risk Assessment Form are as outlined previously.

Stage 3: Matching

This stage of the process is the responsibility of the Support & Response Team, along with the volunteer mentors and comprises prepping matches, mentor matching and match follow-up, as follows:

Befriending Coordination Support Coordinators (Currently SB & CM) lead the Managing of this Section:

PREPPING MATCHES:
1. S&R Team divide and agree who is leading what matches.
2. Support Coordinators lead sending match set-ups to the Mentors (as based on geographic locations North/South). Support Coordinators supported by Interns on this.
3. If an immediate match is not possible Holding Visits to be implemented.
4. Where waiting for a match carry-out update phone-calls to the older person once a month – record in Case Notes.
5. Record Matching Plan/Progress on Befriended Role so this shows on the list.
6. Check the 'Volunteers Not Matched List' for possible volunteers (but ensure they are not ring-fenced on the 'Befriended Pre-Matching List').
7. Support Coordinator to check with HR in advance the Mentor for new Volunteers (Mentor already assigned when the volunteer is handed over to S&R) and ID Card Status (ID card to be available pre first match).

This is a very straightforward procedure. However, it is reliant upon available volunteers being located close to the older people who need to be matched, and who share similar interests. While it is impossible to ensure that there are available volunteers in all areas across Dublin, this does emphasise the need to have volunteers ready and waiting to be matched. And, while this is entirely possible,

there needs to be a similar flow of referrals to ensure that available volunteers are not waiting to be matched for an unacceptable period of time. This is addressed in more detail in the referrals and volunteer sections of this report. In the absence of an appropriate and available volunteer, holding visits are made. While not ideal, it does ensure that the older person is able to benefit from a weekly visit much sooner than otherwise he/she would.

In the event that a match is not available, the support coordinator carries out a monthly update telephone call to the older person to update them. The volunteer recruitment process should be optimised to the degree that this happens only in very exceptional circumstances. The fact that the procedure allows for a full month to pass in-between update calls to the older person, means that there is little sense of urgency around finding a match. In order to maintain the momentum, it is recommended that this timeline is reduced to two-week intervals, even if the older person is in receipt of a holding visit.

MENTOR MATCHING:

1. The Support Coordinator will then assign a Volunteer to the Older Person and hand the details of both over to the Mentor. *(Volunteers are matched dependent on their location, time of availability, gender, hobbies, experiences, skill sets and personality traits – see Volunteer Application & Interview).*
2. The Support Coordinator will brief the Mentor fully on the Older Person and send through the New Visit Information (Form 31) / The Volunteer Visit Name Sheet (Form 77) / Details of who the volunteers ongoing Mentor will be (if it is not the person doing the match) .
3. The Mentor will then liaise with the Volunteer and Older Person to arrange a time suitable for them both within 2 weeks of the details been given by the Volunteer Coordinator. If this timescale cannot be met, the Mentor lets the Support Coordinator know.
4. Before the visit the Mentor emails the New Visit Information (Form 31) to the Volunteer
5. The Mentor arranges to meet the Volunteer *outside* the home of the older person so that they can both go to the house together.
6. On visit the Mentor will review the main points in the Befriending Service booklet with both present (volunteer role, do's and don'ts, reporting structure, phone-number policy, gifts and money policy etc.).
7. <u>The initial introduction should last 35-45 minutes approximately and the volunteer leaves with you at the end of the first visit.</u>
8. The Mentor facilitates discussion on a visit plan going forward (time, day, activities).
9. The Older Person is given Volunteer Visit Name Sheet (Form 77).
10. The Mentor explains the support structure to the Volunteer - If the Volunteer requires any further support around their role, they contact their Mentor. If they have any concerns around the welfare of the Older Person they should contact the Support Coordinator.

   Where it is a Support Coordinator doing the match the same steps are followed except without the Mentor involvement. Contact is directly between the Support Coordinator – Older Person – Volunteer.

   Matches may also be completed by Holding Volunteers/Interns or Volunteers stepping back from visits. These options should be utilized as the volunteers above will have a familiarity with the older person. Again the same steps are followed as above.

Again, this is a very straightforward procedure that fully engages the mentors. In the interests of releasing capacity for the support coordinators and nurturing the mentor/volunteer relationship, it is recommended that only in very exceptional circumstances should a support coordinator carry out a match.

Again, in order to nurture the mentor/volunteer relationship, and to reduce the number of telephone calls being made to ALONE staff by volunteers, additional information should be added to the New Visit Information for Volunteer sheet which emphasises the need to view the mentor as the first point of contact unless there is a concern relating to the safety and security of the older person or that the volunteer feels in immediate risk, in which case the ALONE office should be contacted. This is addressed in more detail below.

> **MATCH FOLLOW-UP:**
> 1. Mentor/Support Coordinator to check in with both the next day to ensure both are happy with the match.   Mentors feed-back to Support Coordinators. Record in Case Notes / Volunteer Contact Log.
> 2. Update Salesforce based on the New Match:
> **Older Person's Befriended Role Status** – Change to 'Active'.
> **Volunteer Role** – Change 'If a Befriending Volunteer' Status to 'Matched' & ensure the Volunteer has an Activity Role as 'Befriending'.
> **Match Set-Up** – On the Volunteer Role Page go to 'Visits Assigned' and 'New Visit Assigned'. Fill in the details. (Do Not Assign Visits from the Older Person's Page).
>
> 3. The Mentor follows up with the Volunteer after one month of visiting and informs Befriending Support Coordinators if any issues have arisen.
> 4. Mentor/Support Coordinator checks in with volunteer and older person from this point on as per Support Model (Updated version in S&R Model).
> - BV002 – Older Person Support Model
> - BV003 – Volunteer Support Model

As before, this part of the procedure is logical and ensures that there is a continuous model of support in place via the Older Person Support Model and Volunteer Support Model, both of which are addressed below.

Stage 3 – Matching documentation

New Visit Information Form (Appendix 8)

This form is supplied to all volunteers in advance of them making their first visit to the older person with whom they have been matched with their mentor. It contains the details of the 'visit' that they are to 'take on' as well as a series of dos and don'ts.

Having reviewed the form in details, it is recommended that the following amendments are made to it:

- There should be a line at the beginning of the form that thanks the volunteer for giving their time and reminding them the difference it will make to the life of the older person
- Rather than talking about a 'new visit you are to take on', perhaps it would be better to talk about 'person you are about to start visiting'?

- A reminder that the volunteer should carry their ALONE volunteer I.D. card when visiting the older person should be included in the introductory bullet points, rather than just added into the 'dos'
- A section on 'who to contact' should be added which emphasises that their mentor is their first point of contact for everything other than emergencies and pressing concerns relating to the safety and security of the older person or risk, in which case they should contact the ALONE office. This should be re-stated in the 'Do' section.

It is not immediately clear as to why a volunteer should have the details of the older person's GP, Public Health Nurse or Community Welfare Officer. This implies that there is a requirement for the volunteer to liaise with them if they feel there might be an issue that needs to be addressed. Rather, they should be instructed to contact ALONE with concerns so that ALONE can contact the third-party agencies if necessary unless, of course, it is a medical emergency in which case the emergency services should be contacted.   Also note that this form instructs volunteers to contact the volunteer coordinator, whereas the procedure states that volunteers should contact the support coordinator – this needs to be clarified and updated as appropriate.

Volunteer Visit Name Sheet (Appendix 9)

This form is supplied to all older people who have just been matched with a new volunteer. It would benefit from the addition of a photograph of the volunteer (e.g. the picture used on the volunteer I.D. card) so that there is never any doubt around the identity of the volunteer.

Older Persons Support Model (Appendix 10)

The Older Persons Support Model (included as Appendix 10) provides a mechanism for ensuring that each older person is provided with support and contact following a match.

Having reviewed the Model, it is not clear who is responsible for providing the support and contact with the older person. This is clearly something that would be appropriate for mentors to carry out, however, this is not indicated. Rather, the contact is between 'ALONE' and the older person.

As the initial introductory visit will have been facilitated and attended by the mentor, it is recommended that the implementation of the Older Persons Support Model becomes a specific task for mentors and that they submit call records to ALONE for inputting into Salesforce.

The Model also makes reference to 'Annual visits'. It is not clear why as there is not a corresponding reference to the '**' marked beside it. This needs to be looked at and updated accordingly.

Who is specifically responsible for other tasks such as posting out a copy of the ALONE Newsletter and additional information, or sending cards if sick, in hospital or celebrating a special occasion also needs to be clarified.

Volunteer Support Model (Appendix 11)

The Volunteer Support Model (included as Appendix 11) provides an outline of the proposed level of support and contact with volunteers once they have been matched with an older person.

As with the Older Persons Support Model, it is not immediately clear who is responsible for its implementation. Many of the tasks are suitable for implementation by the volunteer's mentor e.g. contact at least twice a year.

The section that addresses volunteer queries, needs to be reviewed. In its present form it states:

Volunteer Queries will be responded to depending on priority:

Urgent – Contact to be made on the day if possible

Medium – Within 1-2 weeks

Low – Within 2-4 weeks

This is an unacceptable timeline for dealing with queries from volunteers. Only when the volunteer has been contacted can the nature and urgency of the query be fully established. This must take place on the same day. A timeline for dealing with the query can then be discussed and agreed.

It is recommended that the first point of contact for all queries, with the exception of urgent issues or matters relating to the welfare of the older person or the safety of the volunteer, should be the volunteer's mentor. In the event that a volunteer is unable to reach his/her mentor, then they should be instructed to call the ALONE office.

In the event that a volunteer does contact the ALONE office, their call must be returned on the same day or, at the very latest, first thing the following morning in the event that the volunteer called the office after 4.30pm. Provision must also be made to return volunteer phonecalls out of normal office hours in order to accommodate volunteers who are working during the day.

Finally, point two under the title 'Purpose of Contact' is 'to ensure older person is happy with visits and visits within boundaries'. This also needs to be reviewed and revised. The volunteer is not qualified to determine whether the older person is really happy with the visits and that they occur within boundaries. This is something that must be asked of the older person directly.

6   Referrals

During the 12 months from the 1st July 2014 to the 30th June 2015, there were 140 referrals[1] to the ALONE Befriending Service almost two-thirds of which were from the Southside area. The number of referrals is equivalent to 0.1 per cent of the older population of Dublin based on 2011 CSO statistics for the age group 65+[2].

There were referrals from all postcode districts of Dublin with the exception of one, Dublin 15 which comprises Blanchardstown, Castleknock, Clonee, Clonsilla, Corduff and Mulhuddart. This is surprising giving that Connolly Hospital is located in this area. The postcode area with the highest number of referrals was Dublin 8 in the Southside which generated 15 referrals. It is also interesting to note that two referrals came from outside the Greater Dublin area (County Wicklow), both of which are 'on hold' rather than 'Referred to other Befriending Service' in the Co. Wicklow area.

It is recommended that ALONE considers whether or not it should concentrate its activities within the boundaries of the greater Dublin area or also support befriending in other counties. Accepting referrals from other counties increases the amount of time required to assess them given that the support coordinator has further to travel. It also has a knock-on effect in terms of increased staff travel expenses for out-of-Dublin referrals.

Referrals by postcode area

Northside: 50 referrals

North County Dublin: 12 referrals

D15 No referrals

D11 3 referrals

D9 6 referrals

2 referrals

D17

D13 2 referrals

D5 13 referrals

7 referrals

D7

D3 1 referral

D1 4 referrals

2 referrals

D20

15 referrals

D8

5 referrals

D2

7 referrals

D4

2 referrals

D10

D12 13 referrals

D6

D22 4 referrals

D6W

12 referrals

D14 6 referrals

D24 4 referrals

D16 3 referrals

D18 4 referrals

3 referrals

South County Dublin: 7 referrals
County Wicklow: 2 referrals
No address: 1 referral

Southside: 89 referrals

It is recommended that a strategy is put in place to increase the number of referrals in general, with an emphasis placed on the Northside which generates 50% fewer referrals than the Southside. This strategy should target the following audiences:

- External referrers (which should be led by the team of support coordinators)
- The older population (with a view to increasing the number of self-referrals)

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[1] The total number of referrals is 141, but that number includes a 'test' entry which, for the purpose of this evaluation, has been removed from the full dataset.
[2] According to CSO statistics, the total population of Dublin city and county aged 65 or older in 2011 was 139,000

- Family and friends of older people (with a view to increasing the number of public referrals)

Increasing awareness of the ALONE Befriending Service in a way that will result in a measurable uplift in the number of self- and public-referrals should be a key priority for the communications department and form a distinctive part of the annual communications plan. Within this context:

- Specific Befriending Service marketing collateral should also be developed to support awareness raising, such as posters for support coordinators to distribute to public-facing external referrers and for display in public spaces such as post-offices, local shops, libraries, community and medical centres, parish halls, hairdressing salons and so on.
- The need to reach lonely and isolated older people who are not yet part of the 'system' also needs to be addressed. These are the people who are least likely to be referred to the ALONE Befriending Service as they are not engaged with an external referrer. This needs to be given serious consideration and a strategy created to address it. It is also an area that the fundraising department could support e.g. by securing corporate sponsorship for a post-card campaign that would ensure that information on the ALONE Befriending Service is delivered to every home in a particular postal area, the success of which be easily measured by monitoring the number of referrals that come in from that particular postcode over a set period of time.

The ALONE website could also be optimised to support the growth of referrals. This has been addressed in the Communications Section of this report.

Referral status

As shown in Table 1 on the following page, of the 140 referrals made to the ALONE Befriending Service over the 12-month period, just 39 (28 per cent) resulted in an 'Active' befriending match.

Table 1: Status of referrals by month and in total	July 2014	August 2014	September 2014	October 2014	November 2014	December 2014	January 2015	February 2015	March 2015	April 2015	May 2015	June 2015	TOTAL
Active	2	1	0	2	4	3	5	2	5	3	5	7	39
Ended (previously active)	0	1	1	2	4	0	2	1	1	0	0	0	12
Assessed/for review meeting	0	0	0	0	0	0	0	0	0	0	0	1	1
Short-term/trial visit	0	0	0	0	0	0	0	0	1	0	1	1	3
To be matched (North Side)	0	0	0	1	0	0	0	0	0	0	1	1	3
To be matched (South Side)	0	0	0	0	1	0	0	0	0	0	1	1	3
On hold	1	0	0	0	0	0	1	3	0	5	2	0	12
Cancelled during assessment/application process	10	9	4	3	1	3	5	5	2	5	3	4	54
Referred to other befriending service	1	1	0	1	1	2	2	1	1	1	2	0	13
TOTAL	14	12	5	9	11	8	15	12	10	14	15	15	140

Having spent time with a number of older people who are 'actively' befriended, it is clear that not every person referred to the ALONE Befriending Service and subsequently accepted falls within the ALONE definition of 1 in 5. As outlined previously, a clearer points based assessment system needs to be developed to assist support coordinators in determining whether or not someone who is referred to the service should be accepted. It should also outline the circumstances in which exceptions to the rule are appropriate.

Almost 50% of referrals were either cancelled during the assessment/application process or are referred on to other befriending services. This means that up to half of the time spent by staff and volunteers on processing referrals is, in effect lost. In order to increase capacity, this needs to be reduced.

Given the high cancellation/onward referral rate, it is clear that a deeper understanding of who the Befriending Service is suitable for needs to be developed, predominantly among external referrers.

Primary reason for referral

As outlined in Table 2, an analysis of the 140 referrals made to the ALONE Befriending Service reveals 12 primary reasons for referral, the most frequent of which is 'No reason' which is not satisfactory in terms of determining the type or level of need. It is recommended that in the event that a referral form states 'no reason' for the referral, ALONE should contact the referrer to establish and record a clear reason for the referral.

A question on how lonely or isolated the person being referred perceives themselves to be is included on the referral form, the answers are not currently recorded. Because of this, the information is not used as a means of ensuring that the service targets those who are most lonely, or is it used as a means of measuring the short- medium- and long-term impact of befriending on an older person. It is recommended that this changes with immediate effect.

Referrals relating to older people with mental/emotional health difficulties or Alzheimer's/dementia were received on 20 occasions throughout the 12-month period, predominantly from external agencies. Eight of these went on to become 'active' referrals. It should be noted that the ALONE Befriending Service was not originally designed to meet the needs of older people with mental/emotional health difficulties or Alzheimer's/dementia, nor do befriending volunteers receive specialist training in this area.

Table 2: Primary reason for referral (01 July 2014 – 30 June 2015)

Primary reason for referral	Male	Female	Total	Percentage
No reason	13	29	42	30
Isolated living environment	15	22	37	26.4
Housebound/mobility	6	12	18	12.9
Mental/emotional health	5	12	17	12.2
Visual impairment	0	6	6	4.3
Poor physical health	1	4	5	3.6
Other	1	1	4*	2.9
Alzheimer's/Dementia	2	1	3	2.1
Bereavement	0	3	3	2.1
Addiction	1	1	2	1.4
Cognition/identified as vulnerable	1	1	2	1.4
In long-term care	1	0	1	0.7
TOTAL	**47**	**91**	**140***	**100**

*the gender of two people is not clear

6.1 Breakdown of referrals based on primary reason for referral

No reason given for referral (42 referrals in total - 12 x Northside, 29 x Southside and 1 x no address)

NUMBER OF REFERRALS

■ Male ■ Female

31%
69%

REFERRAL SOURCE

■ External agency
■ Internal ALONE
■ Self
■ Other
■ Public (friend/family)

5%
2%
19%
5%
69%

STATUS

■ Active
■ Assessed/for review meeting
■ Cancelled during assessment/application process
■ Ended (previously active)
■ On hold
■ Referred to other befriending service
■ To be matched (Southside)

12% 2% 7% 2%
5%
10%
62%
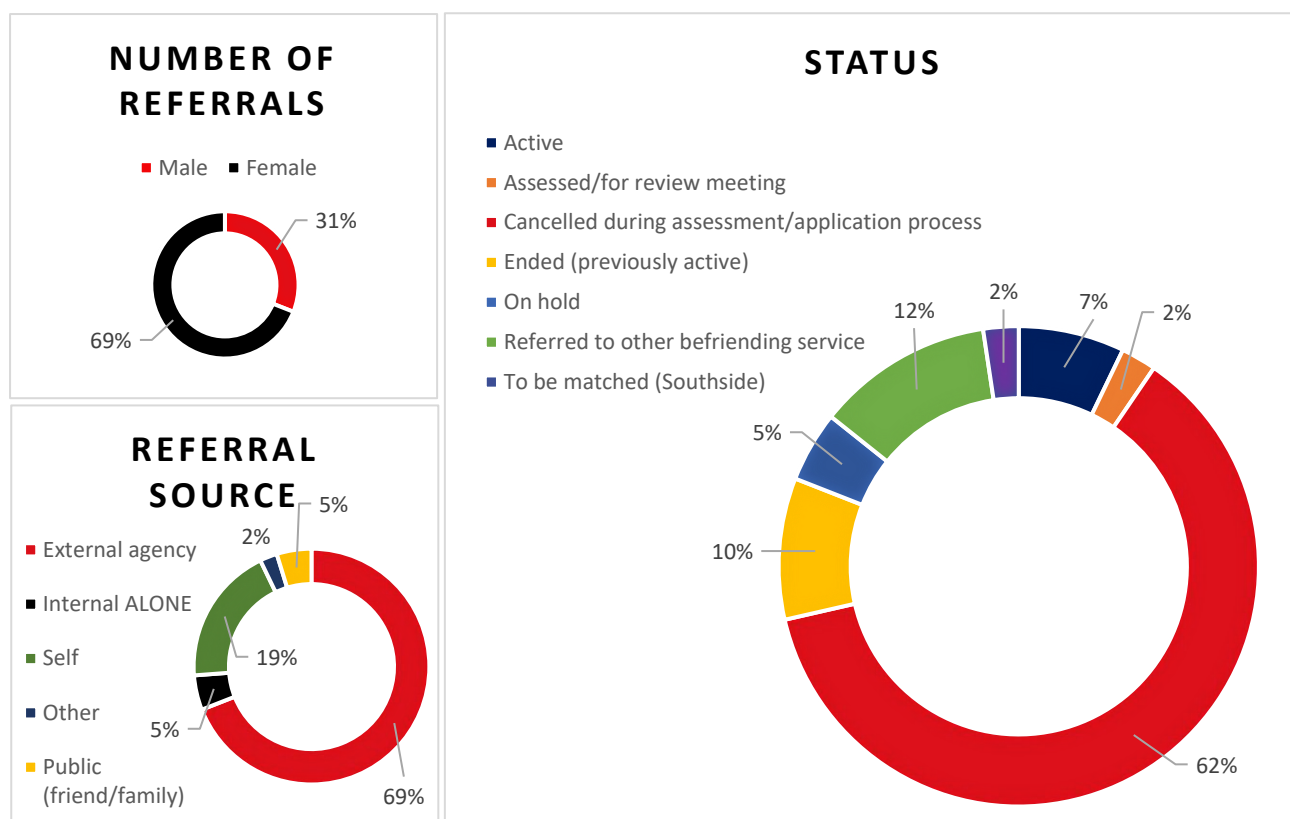
Observations in respect of referrals where no reason for referral was given:

- Referrals where no reason for referral was given accounted for 30% of the total number of referrals during the period 01 July 2014 – 30 June 2015. This is not acceptable and is most likely because the current referral form contains an open question, rather than a list of options for the referrer to select from.
- The ratio of males to females is approximately 1:2.
- More than twice as many referrals came from the Southside as came from the Northside.
- 69% came from external referrers whereas just five per cent came from the public (family/friends).
- Just three out of the 42 'no reason' referrals went on to become an 'active' befriending match. This suggests a significant lack of understanding about the ALONE Befriending Service and who it is suitable for, predominantly among external agencies.
- There was an extremely high cancellation rate of 62% which indicates that either the older people were not suitable for the ALONE Befriending Service, not fully persuaded of the benefits or not in a position to be befriended.
- Five referrals (12 per cent) were referred on to other befriending services.
- None of these referrals was a rematch.

Isolated Living Environment (37 referrals - 21 x Northside and 16 Southside)
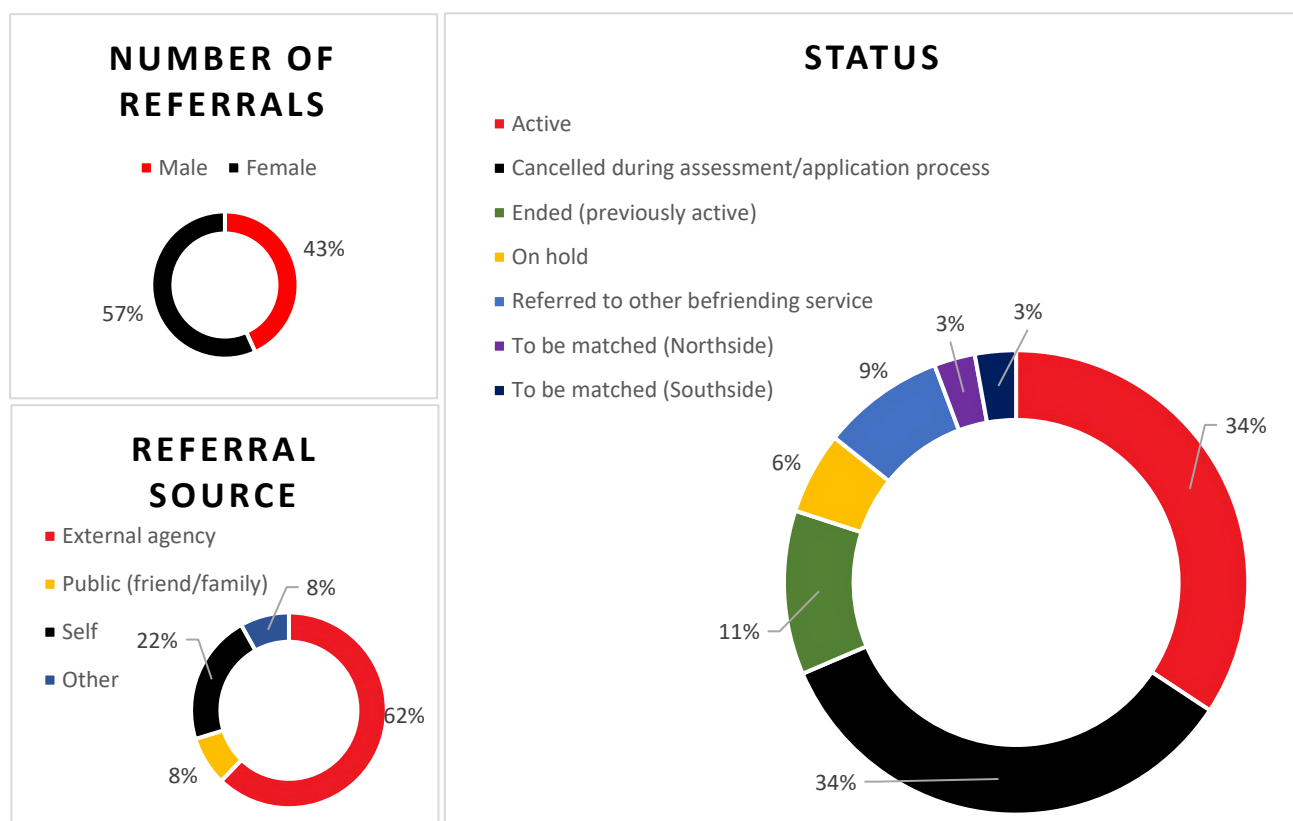
NUMBER OF REFERRALS

■ Male ■ Female

43%

57%

STATUS

■ Active
■ Cancelled during assessment/application process
■ Ended (previously active)
■ On hold
■ Referred to other befriending service
■ To be matched (Northside)
■ To be matched (Southside)

3% 3%
9%
6%
34%
11%
34%

REFERRAL SOURCE

■ External agency
■ Public (friend/family)
■ Self
■ Other

8%
22%
8%
62%

Observations in respect of referrals where the primary reason was an isolated living environment:

- Referrals where the primary reason was an isolated living environment accounted for just over 26% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- It is one of three categories where there were more referrals from the Northside than the Southside (the others being 'bereavement' and 'in long-term care').
- 62%came from external referrers whereas just 8% came from the public (family/friends)
- 12 of the 41 (34%) 'isolated living environment' referrals went on to become an 'active' befriending match.
- A further 34% were cancelled during the assessment/application process and an additional 9% were referred on to another befriending service. A further 11% 'ended' having previously been active.
- Of the 37 referrals, two were rematches.

Housebound/mobility (18 referrals - 4 x Northside and 14 x Southside)
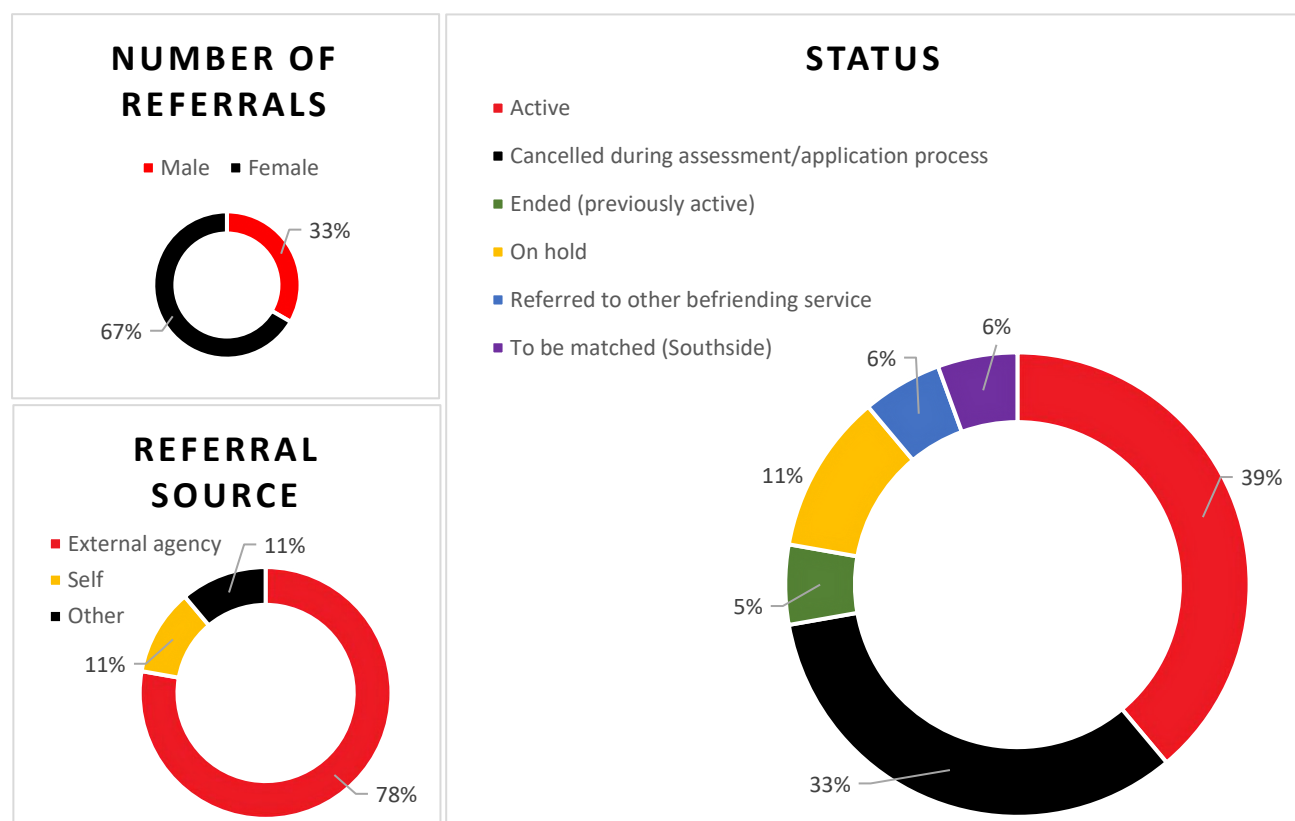
NUMBER OF REFERRALS

■ Male ■ Female

33%

67%

REFERRAL SOURCE

■ External agency
■ Self
■ Other

11%

11%

78%

STATUS

■ Active
■ Cancelled during assessment/application process
■ Ended (previously active)
■ On hold
■ Referred to other befriending service
■ To be matched (Southside)

6%

6%

11%

5%

39%

33%

Observations in respect of referrals where the primary reason was housebound/mobility:

- Referrals where the primary reason was housebound/mobility accounted for almost 13% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- 78% came from external referrers whereas just 11% came from the public (family/friends) and 11 per cent came from 'other' sources.
- Seven of the 18 (3%) of 'housebound/mobility' referrals went on to become an 'active' befriending match, while one (5%) was 'ended (previously active)
- 33% were cancelled during the assessment/application process and an additional 9% were referred on to another befriending service.
- Of the 18 referrals, one was a rematch.

Mental/emotional health (17 referrals - 7 x Northside and 10 x Southside)
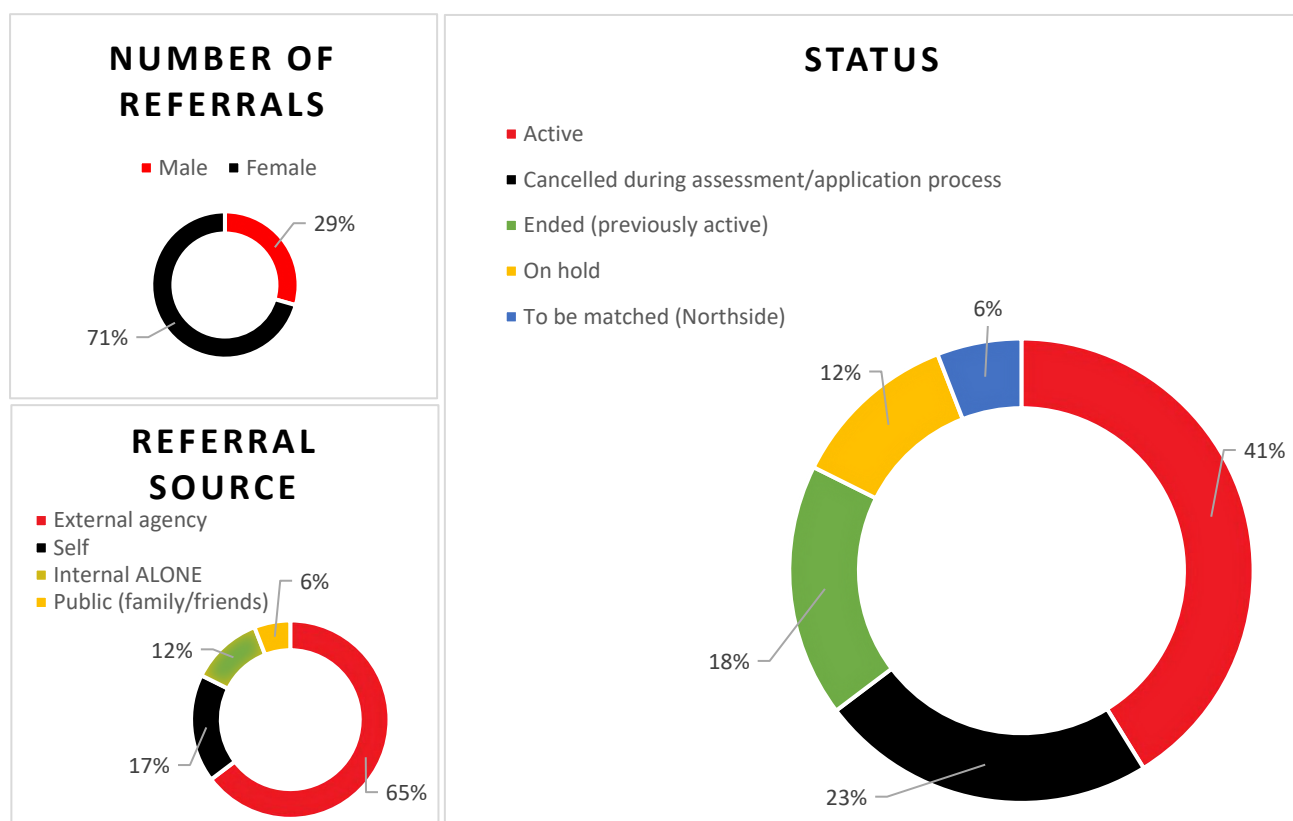
NUMBER OF REFERRALS

- Male - Female

29%

71%

REFERRAL SOURCE

- External agency
- Self
- Internal ALONE
- Public (family/friends)

6%

12%

17%

65%

STATUS

- Active
- Cancelled during assessment/application process
- Ended (previously active)
- On hold
- To be matched (Northside)

6%

12%

41%

18%

23%

Observations in respect of referrals where the primary reason was mental/emotional health:

- Referrals where the primary reason was mental/emotional health accounted for just over 12% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- 65% came from external referrers whereas 18% were self-referrals.
- Seven of the 17 (41%) of 'mental/emotional health' referrals went on to become an 'active' befriending match.
- Three of the 17 (18%) were 'ended (previously active)
- Just 23% were cancelled during the assessment/application process no referrals in this category were referred on to another befriending service.
- One person was waiting to be matched (Northside).
- Of the 18 referrals, two were rematches.
- Befriending older people with mental/emotional health difficulties requires a particular skill set and aptitude on the part of the volunteer. From a risk management perspective, it also requires specialist training so that the volunteer is able to manage potentially unpredictable behaviour and know how to identify when medical intervention is required. Despite the lack of specialist training, seven people who fall into this were matched with volunteers, at least one of which is a two-volunteer visit. This is not ideal as it requires double the level of volunteer commitment per older person.

Visual impairment (6 referrals - all Southside)
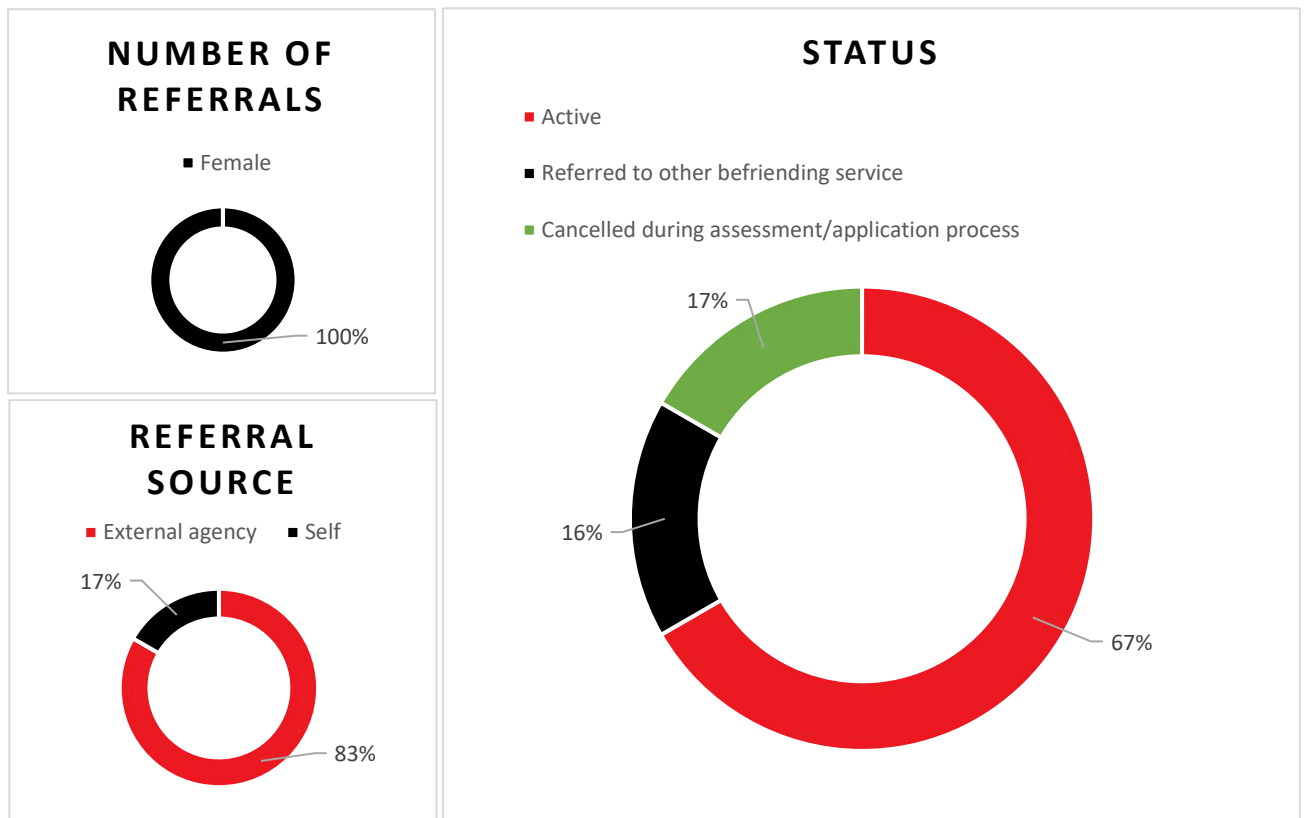
NUMBER OF REFERRALS

■ Female

100%

REFERRAL SOURCE

■ External agency   ■ Self

17%

83%

STATUS

■ Active

■ Referred to other befriending service

■ Cancelled during assessment/application process

17%

16%

67%

Observations in respect of referrals where the primary reason was visual impairment:

- Referrals where the primary reason was visual impairment accounted for fewer than 5% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- There were no referrals from the Northside in this category.
- 83% came from one external referrer (NCBI) with the balance being self-referrals.
- Four of the six (67%) of 'visual impairment' referrals went on to become an 'active' befriending match while one referral was referred on to another befriending service.
- Just one of the six referrals was cancelled during the assessment/application process.
- Of the six referrals, one was a rematch.

Poor physical health (5 referrals; all Southside)

NUMBER OF REFERRALS

■ Male ■ Female

20%

80%

REFERRAL SOURCE

■ External agency
■ Self
■ Public (family/friends)

25%

50%

25%

STATUS

■ Cancelled during assessment/application process
■ On hold
■ Short-term/trial visit

20%

20%

20%

60%
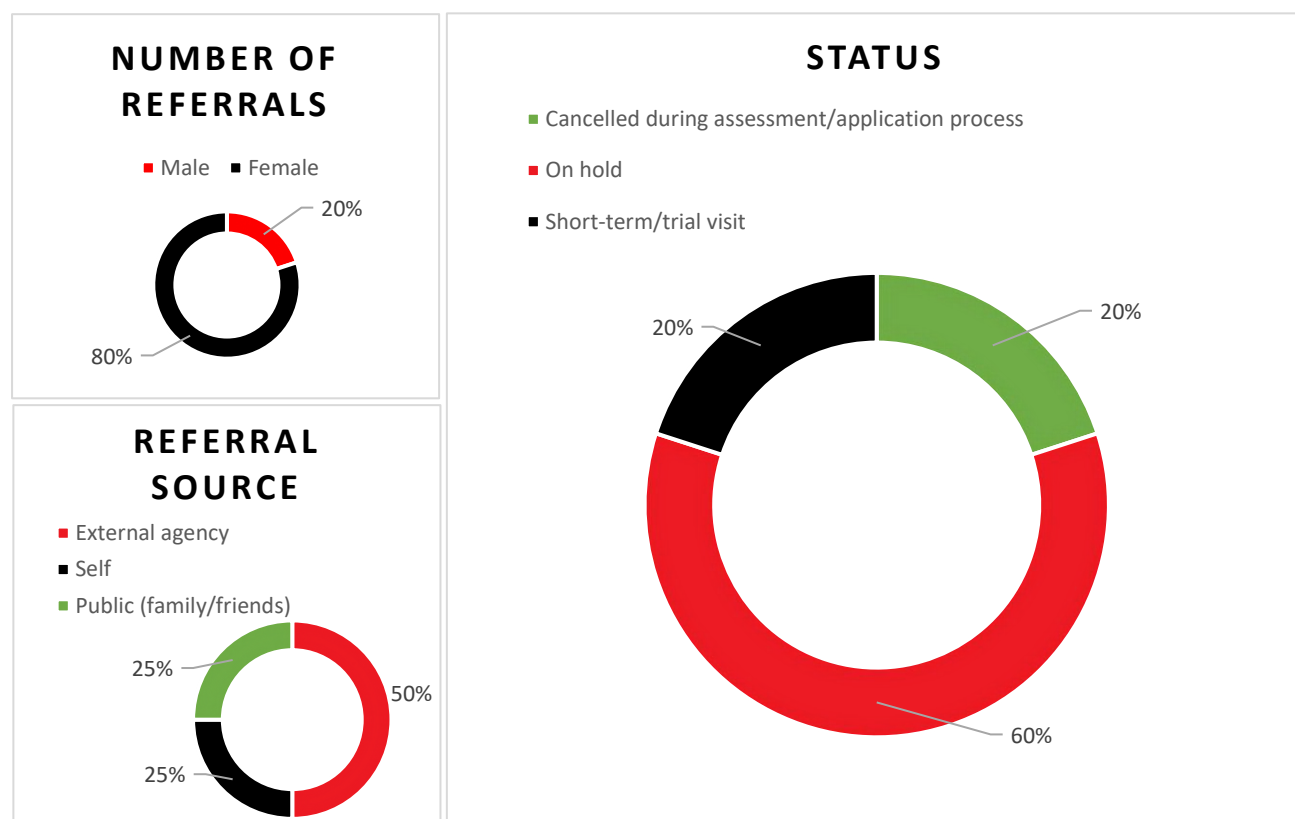
Observations in respect of referrals where the primary reason was poor physical health:

- Referrals where the primary reason was poor physical health accounted for fewer than 4% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- There were no referrals from the Northside in this category.
- 50%came from external referrers, 25% from the public (family/friends) and 25% were self-referrals.
- Not one referral became an 'active' befriending match; 60% were 'on hold' while the balance were either cancelled or availing of a short-term/trial visit.
- None of the referrals was a rematch.

Other (4 referrals; all Southside)

NUMBER OF REFERRALS

■ Male ■ Female ■ Unknown

25%
50%
25%

REFERRAL SOURCE

■ External agency
■ Internal ALONE

50% 50%

STATUS

■ Active
■ Cancelled during assessment/application process
■ Referred to other befriending service

25%
50%
25%
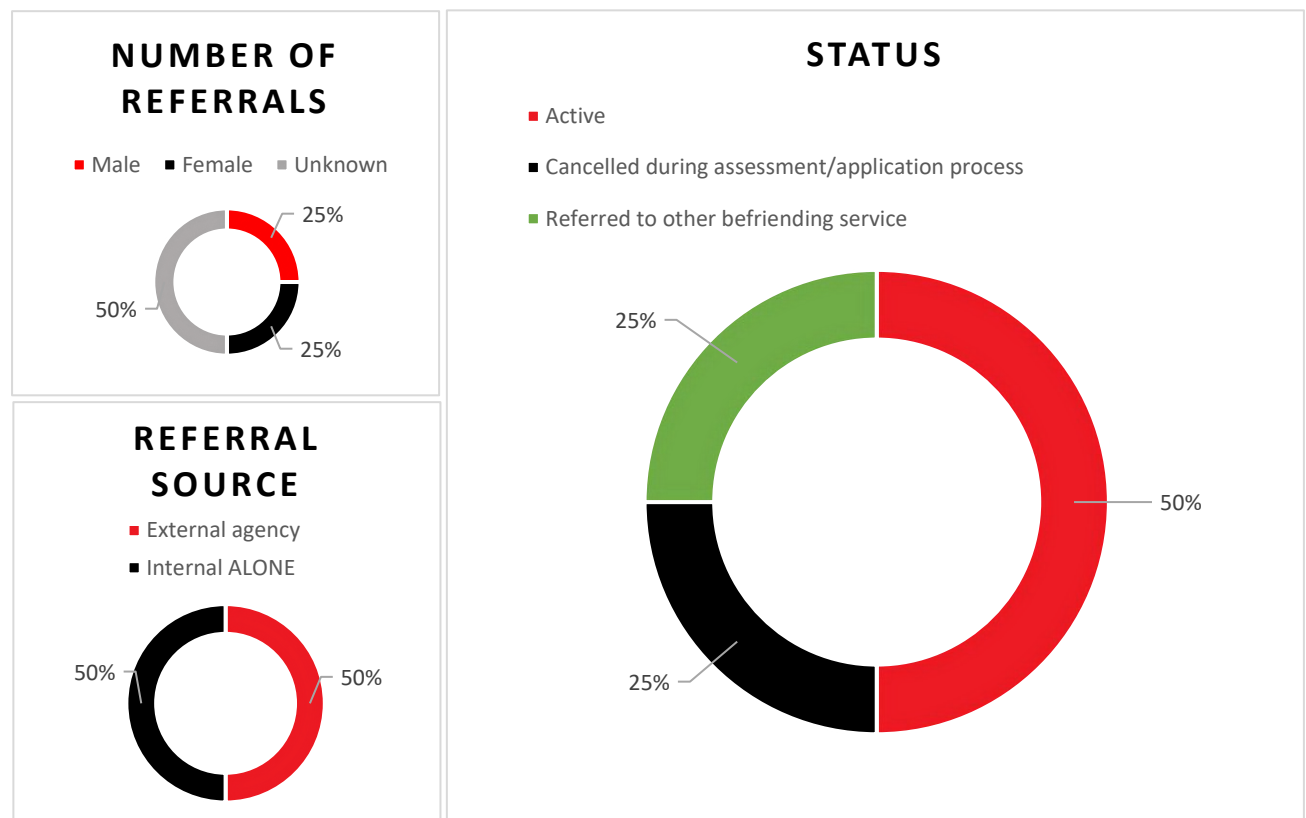
Observations in respect of referrals where the primary reason was 'Other':

- Referrals where the primary reason was other accounted for just under 3% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- There were no referrals from the Northside in this category.
- 50% came from external referrers with the other 50% being internal ALONE referrals.
- 50% of 'other' referrals went on to become an 'active' befriending match while 25% were referred on to another befriending service and 25% were cancelled during the assessment/application process
- None of the referrals was a rematch.

Alzheimer's/dementia (3 referrals - 1 x Northside and 2 x Southside)

NUMBER OF REFERRALS

■ Male ■ Female

33%

67%

REFERRAL SOURCE

■ External agency

100%

STATUS

■ Active

■ Referred to other befriending service

■ Cancelled during assessment/application process

34%

33%

33%
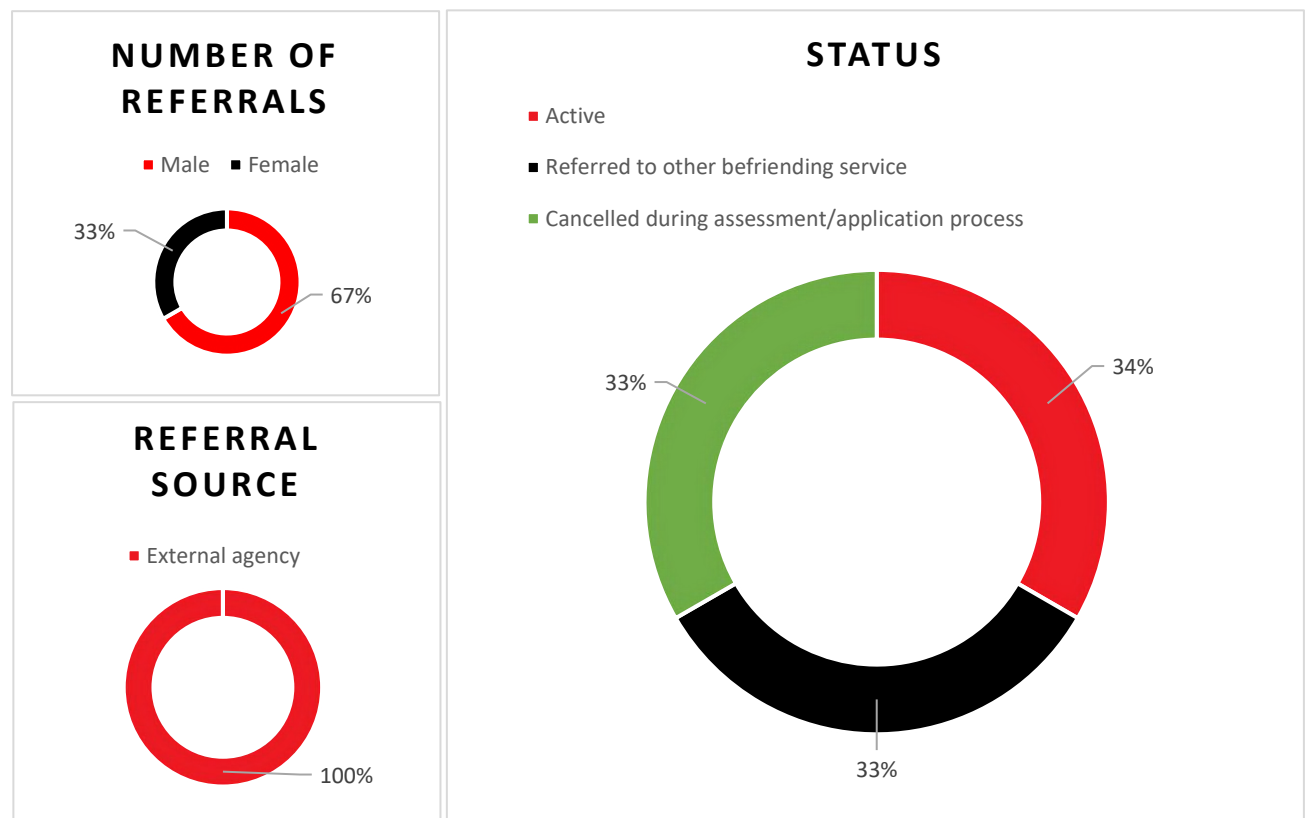
Observations in respect of referrals where the primary reason was 'Alzheimer's/Dementia':

- Referrals where the primary reason was other accounted for just over 2% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- For every one referral from the Northside, there were two from the Southside.
- All of the referrals came from external referrers.
- Just one-third became an 'active' befriending match, one—third were referred on to another befriending service and the final third cancelled during the assessment/application process.
- None of the referrals was a rematch.
- As with befriending older people with mental/emotional health difficulties, befriending older people with Alzheimer's or Dementia requires a skill-set, aptitude and level of awareness not currently required of volunteers nor provided for by way of specialist training. As outlined in the Likely Future Demand section of this evaluation, the number of people in this category being referred to the ALONE Befriending Service will increase over the coming years and, therefore, needs to be addressed in terms of volunteer training.

Bereavement (3 referrals - 2 x Northside and 1 x Southside)

NUMBER OF REFERRALS

■ Female

100%

STATUS

■ Active

■ Cancelled during assessment/application process

33%

67%

REFERRAL SOURCE

■ Internal ALONE
■ External agency
■ Self

34%

33%

33%
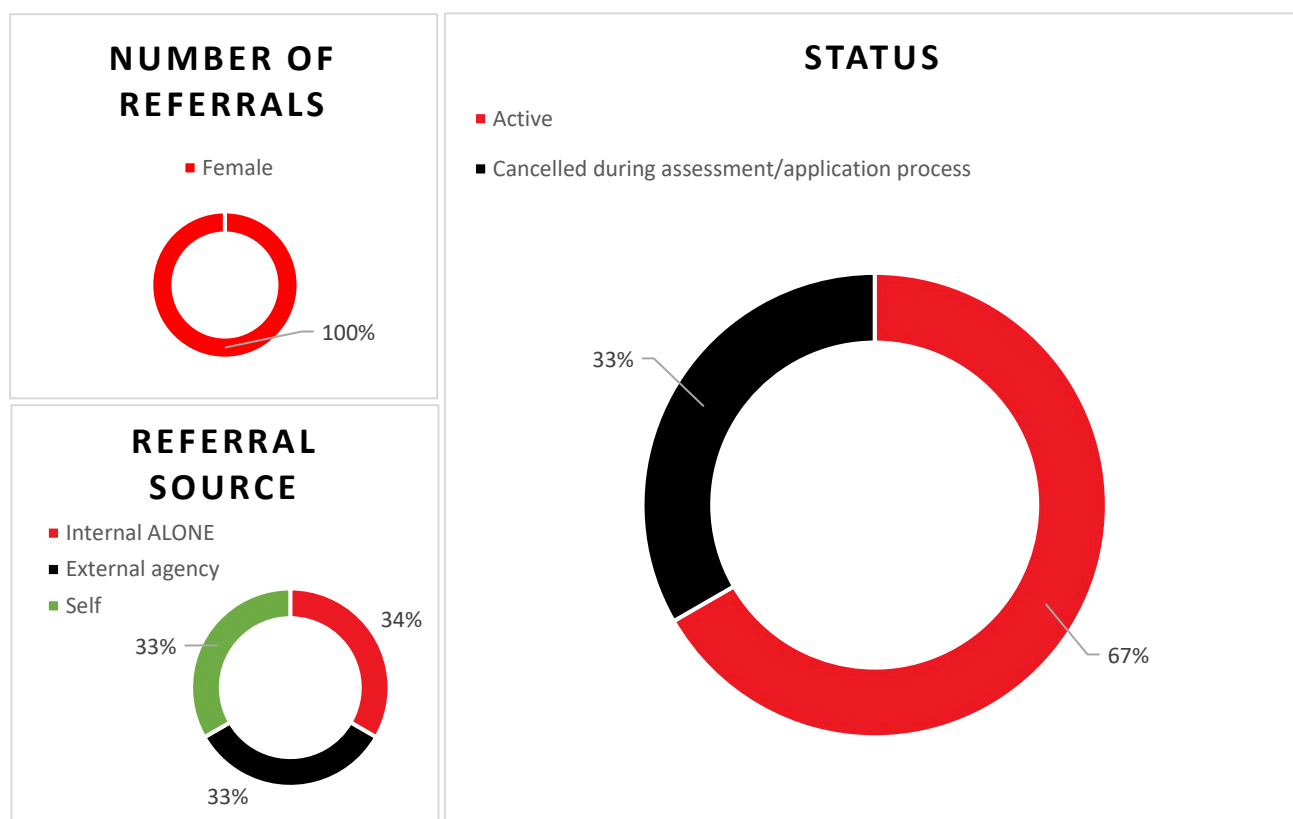
Observations in respect of referrals where the primary reason was 'Bereavement':

- Referrals where the primary reason was bereavement accounted for just over 2% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- For every two referrals from the Northside, there was just one from the Southside.
- One referral was an internal ALONE referral, one was a self-referral and one came from an external agency.
- Two of the three referrals became 'active' befriending matches while one referral was cancelled during the assessment/application process.
- None of the referrals was a rematch.
- Bereavement can undoubtedly leave someone isolated and lonely. However, this can often be a temporary situation while the person adjusts to life without a loved one and begins the process of building a different life for themselves. Therefore, it is important to establish that the person has not been recently bereaved and that their loneliness/isolation is a long-term issue for them.
- Volunteers are not trained bereavement counsellors and, therefore, it is essential that the older person has access to additional support from other agencies and does not rely solely on their befriending volunteer to help them through a difficult time.
- Again, as people live longer, more and more will experience a close bereavement and many will find that that bereavement will result in them becoming isolated and lonely. This is addressed in more detail in the Likely Future Demand section of this report.

Addiction (2 referrals - all Southside)

NUMBER OF REFERRALS

■ Male ■ Female

50%

50%

REFERRAL SOURCE

■ External agency

100%

STATUS

■ Active ■ On hold

50%

50%
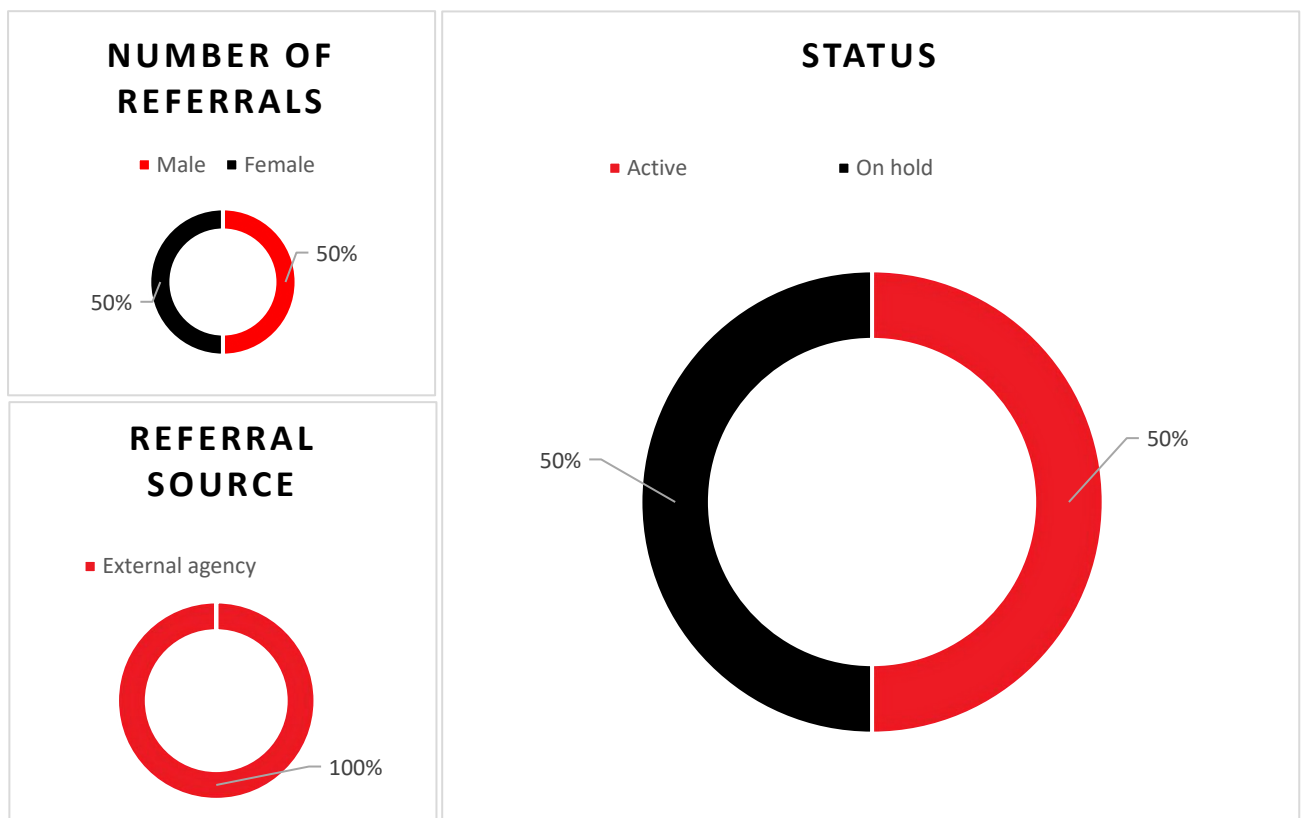
Observations in respect of referrals where the primary reason was 'Addiction':

- Referrals where the primary reason was addiction accounted for just over 1% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- Both referrals came from the Southside and were made by external agencies.
- One referral is now an 'active' befriending match while the other is on hold.
- Neither of the referrals was a rematch.
- Addiction is a serious condition that often results in social isolation and loneliness. It is also something that requires professional intervention to manage. It is important that a referral to the ALONE Befriending Programme is made as part of a treatment programme. Again, volunteers are not trained in the befriending of older people with addiction issues. This leaves them at risk of not being able to comfortably manage unpredictable behaviour or, indeed, handle inappropriate requests e.g. the purchase of alcohol.
- Additional volunteer training is essential if it is decided that referrals of people who are living with addiction are appropriate. This is addressed in more details in the Future Demand section of this report.

Cognition/identified as vulnerable (2 referrals - 1 x Northside and 1 x Southside)
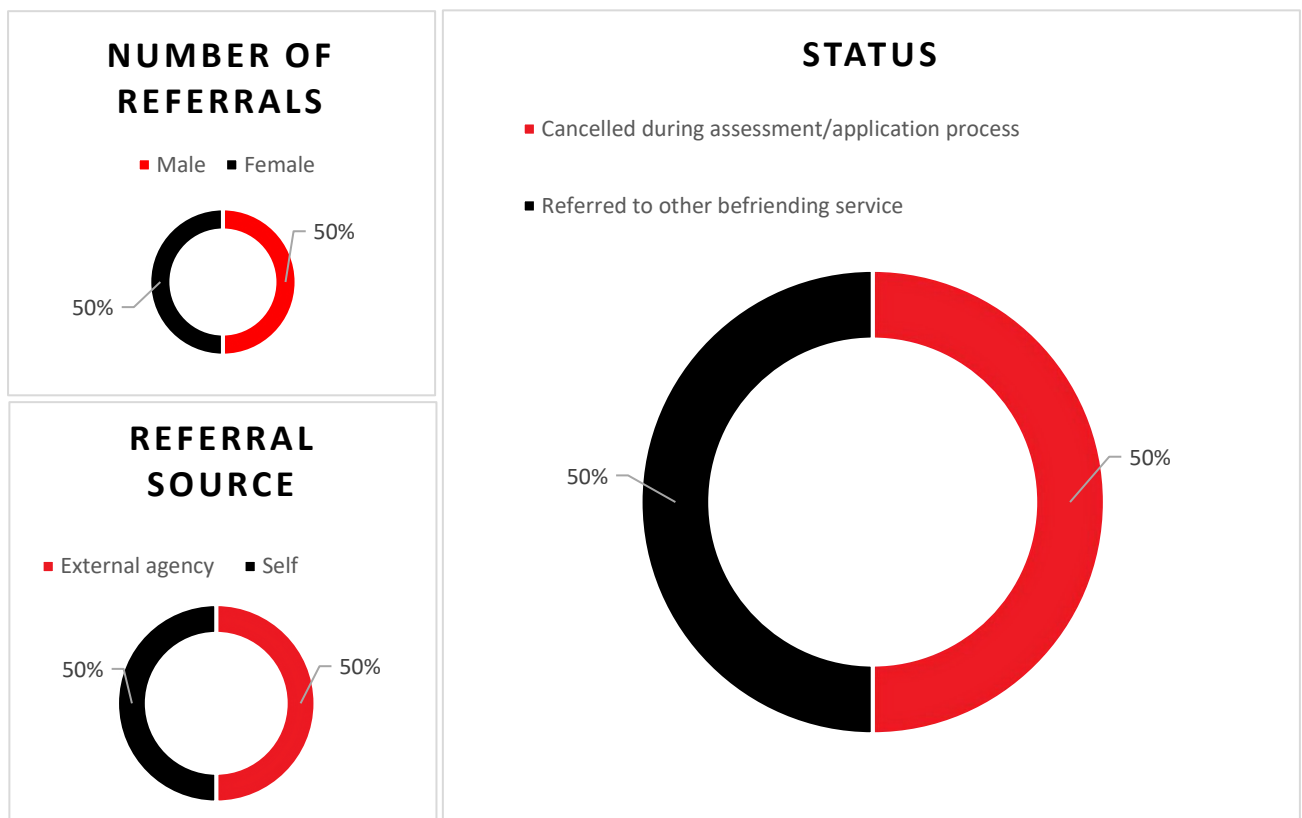
NUMBER OF REFERRALS

■ Male ■ Female

50%

50%

REFERRAL SOURCE

■ External agency ■ Self

50%

50%

STATUS

■ Cancelled during assessment/application process

■ Referred to other befriending service

50%

50%

Observations in respect of referrals where the primary reason was 'Cognition/identified as vulnerable':

- Referrals where the primary reason was 'cognition/identified as vulnerable' accounted for just over 1% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- The referrals were divided equally between the Northside and Southside and between external agencies and self-referrals.
- None of the referrals became an active match. Instead, one was cancelled during the assessment/application process and the other was referred to another befriending service.
- Neither of the referrals was a rematch.

In long-term care (1 referral - Northside)

NUMBER OF REFERRALS

▪ Male

100%

REFERRAL SOURCE

▪ External agency

100%

STATUS

▪ To be matched (Northside)

100%
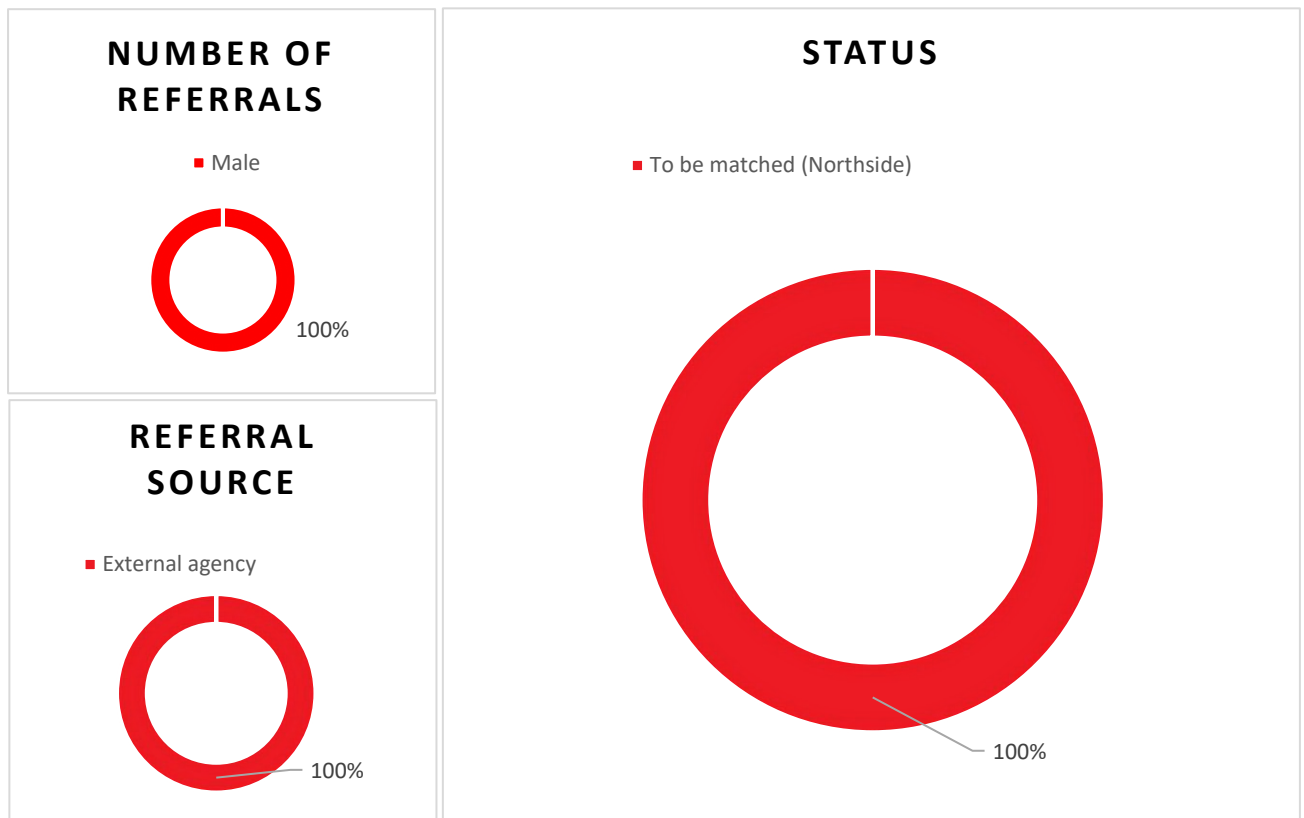
Observations in respect of referrals where the primary reason was 'In long-term care':

- There was just one referral of an older person in long-term care. It was made by an external agency in the Northside. The gentleman in question is 'to be matched'.

6.2 Breakdown of referrals based on status

Of the 140 referrals made to the ALONE Befriending Service during the period 01 July 2014 to 30 June 2015, just 39 (28%) acquired the status of 'Active' as shown in Table 3 below.

More than one-third of the total referrals were cancelled during the assessment/application process which, 78% of which related to referrals from external agencies which clearly points to a lack of understanding among external agencies about the Befriending Service and who it is most suitable for.

This is further evidence of the need for a more comprehensive pro-active external agency engagement programme.

Table 3: Referrals based on status

STATUS	TOTAL	%
Cancelled during assessment/application process	54	39
Active	39	28
Referred to other befriending service	13	9
Ended (previously active)	12	9
On hold	12	9
Short-term/trial visit	3	2
To be matched (North Side)	3	2
To be matched (South Side)	3	2
Assessed/for review meeting	1	<1
TOTAL	**140**	**100**

A key priority for the future must be to increase the number of referrals that become 'active' or, at the very least are on the way to becoming 'active'. As it currently stands, more than half of the time spent on processing referrals (57%) results in a cancellation, referral on to another befriending service or 'ended (previously active)' status. This is clearly a significant issue.

Breakdown of referrals based on their status:

Active

39 rematches – 14 x Northside and 25 x Southside

NUMBER OF REFERRALS

Legend: ■ Male ■ Female ■ Unknown

- Male: 33%
- Female: 62%
- Unknown: 5%

REFERRAL TYPE

Legend: ■ External agency ■ Internal ALONE ■ Self

- External agency: 60%
- Self: 29%
- Internal ALONE: 11%

PRIMARY REASON FOR REFERRAL

Legend:
- ■ Addiction
- ■ Alzheimer's/dementia
- ■ Bereavement
- ■ Housebound/mobility
- ■ Isolated living environment
- ■ Mental/emotional health
- ■ Other
- ■ Visual impairment
- ■ No reason

Values shown: Addiction 2%, Alzheimer's/dementia 3%, Bereavement 5%, Housebound/mobility 18%, Isolated living environment 31%, Mental/emotional health 18%, Other 5%, Visual impairment 10%, No reason 8%

Observations in respect of referrals where their status was 'active':

- Referrals where the status became 'active' accounted for 28% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- Two-thirds of referrals were for women.
- Two-thirds of referrals came from the Southside
- There were three sources of referrals, 60% of which came from external agencies; 29% were self-referrals and 11% were internal ALONE referrals
- There were nine reasons for referral, the most prevalent of which is 'isolated living environment' (31%), followed by 'housebound/mobility' (18%)
- 18% of active referrals had a primary reason for referral of 'mental/emotional health'. This equates to almost one in five active referrals which clearly has implications for future service development and volunteer training

Short-term/trial visit

3 referrals – all Southside

NUMBER OF REFERRALS

■ Male ■ Female

33%

67%

REFERRAL TYPE

■ External agency

■ Public (family/friend)

33%

67%

PRIMARY REASON FOR REFERRAL

■ Isolated living environment   ■ Poor physical health

8%

92%
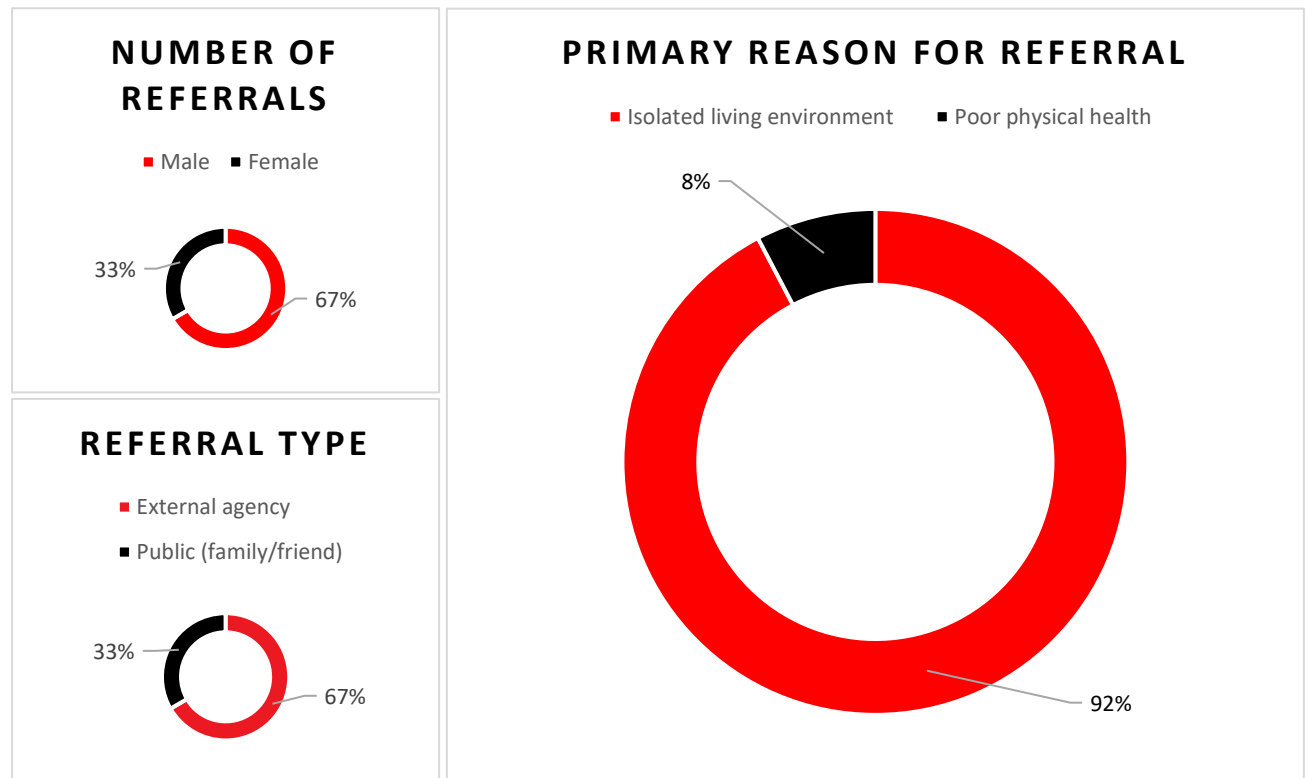
Observations in respect of referrals where their status was 'short-term/trial visit ':

- Referrals where the status became 'short-term/trial visit' accounted for just 2% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- Two-thirds of referrals were for men.
- All referrals came from the Southside
- There were two sources of referrals: external agencies (67%) and public (family/friend) (33
- There were just two primary reasons for referral: 'isolated living environment (92%) and 'poor physical health' (8%)

To be matched

6 referrals – 3 x Northside and 3 x Southside

NUMBER OF REFERRALS

■ Male ■ Female

33% 67%

REFERRAL TYPE

■ External agency
■ Self
■ Public (family/friend)

17% 50%
33%

PRIMARY REASON FOR REFERRAL

■ Isolated living environment   ■ In long-term care
■ Mental/emotional health   ■ Housebound/mobility
■ None

17% 33%
17%
17% 16%
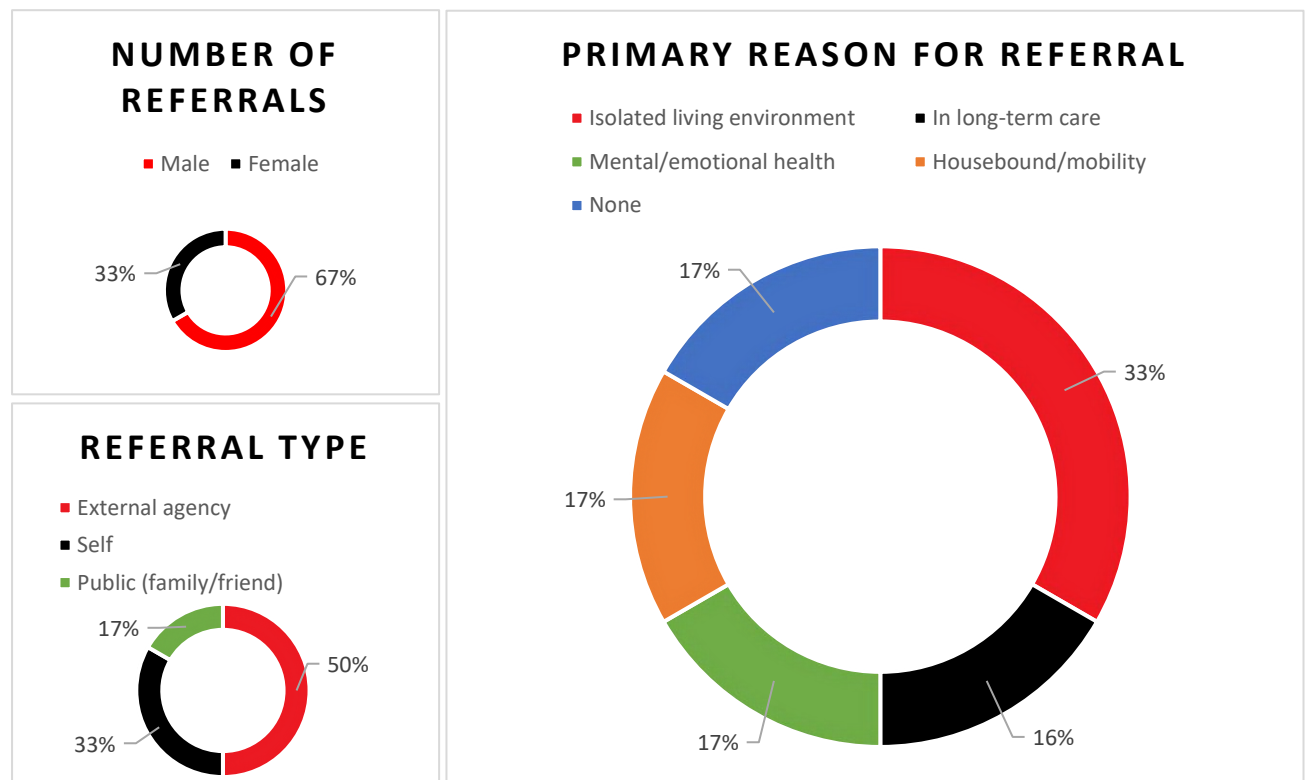
Observations in respect of referrals where their status was 'to be matched':

- Referrals where the status became 'active' accounted for 4% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- 50% of these referrals were from the Northside and 50% from the Southside.
- 50% of the referrals came from external agencies, 33% were self-referrals and 17% came from the public (family and friends).
- Two-thirds of the referrals were for men and one-third were for women.
- The most dominant primary reason for referral was 'isolated living environment' followed equally by 'in long-term care', 'mental/emotional health', 'housebound/mobility' and 'none'.

On hold

12 referrals – 5 x Northside and 7 x Southside

NUMBER OF REFERRALS

■ Male ■ Female

33%

67%

REFERRAL TYPE

■ External agency
■ Internal ALONE
■ Public (family/friend)
■ Self

59%

25%

8%

8%

PRIMARY REASON FOR REFERRAL

■ Addiction   ■ Housebound/mobility
■ Isolated living environment   ■ Mental/emotional health
■ None   ■ Poor physical health

8%

16%

17%

17%

17%

25%
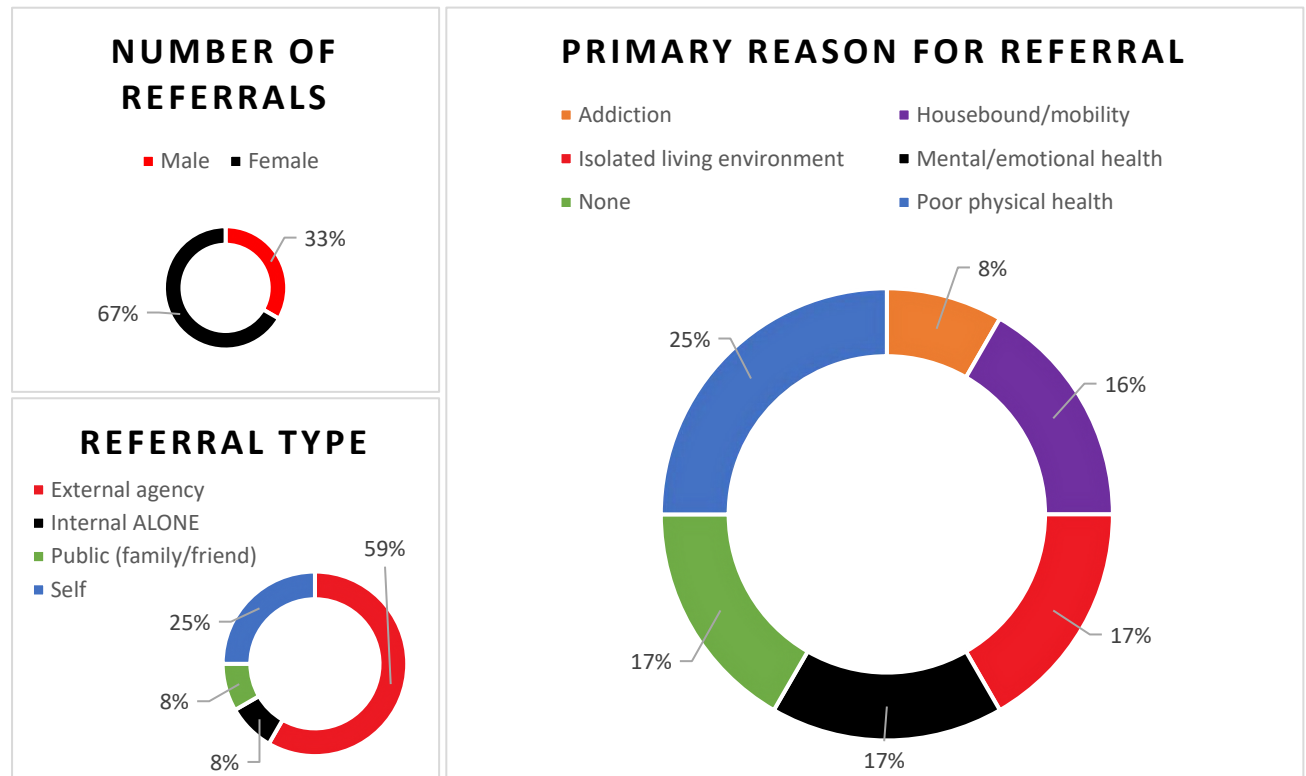
Observations in respect of referrals where their status was 'on hold':

- Referrals where the status became 'active' accounted for 9% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- 58% of these referrals came from the Southside, whereas 42% came from the Northside.
- 67% of referrals were for females and 33% from males.
- The majority of referrals (59%) came from external agencies; 25% were self-referrals; 8% were from the public (family and friends) and a further 8% were internal ALONE referrals.
- The most prevalent primary reason for referral among this group is 'poor physical health' (25%), followed by 'none' (17%), 'mental/emotional health' (17%), 'isolated living environment' (17%), 'housebound/mobility' (16%) and 'addiction' (8%).

Referred to another Befriending Service

13 referrals – 7 x Northside and 6 x Southside

NUMBER OF REFERRALS

■ Male   ■ Female

15%
85%

REFERRAL TYPE

■ External agency   ■ Self   ■ Other

8%
15%
77%

PRIMARY REASON FOR REFERRAL

■ Alzheimer's/dementia   ■ Cognition/identified as vulnerable
■ Housebound/mobility   ■ Isolated living environment
■ Visual impairment   ■ Other
■ No reason

7%
8%
8%
38%
23%
8%
8%
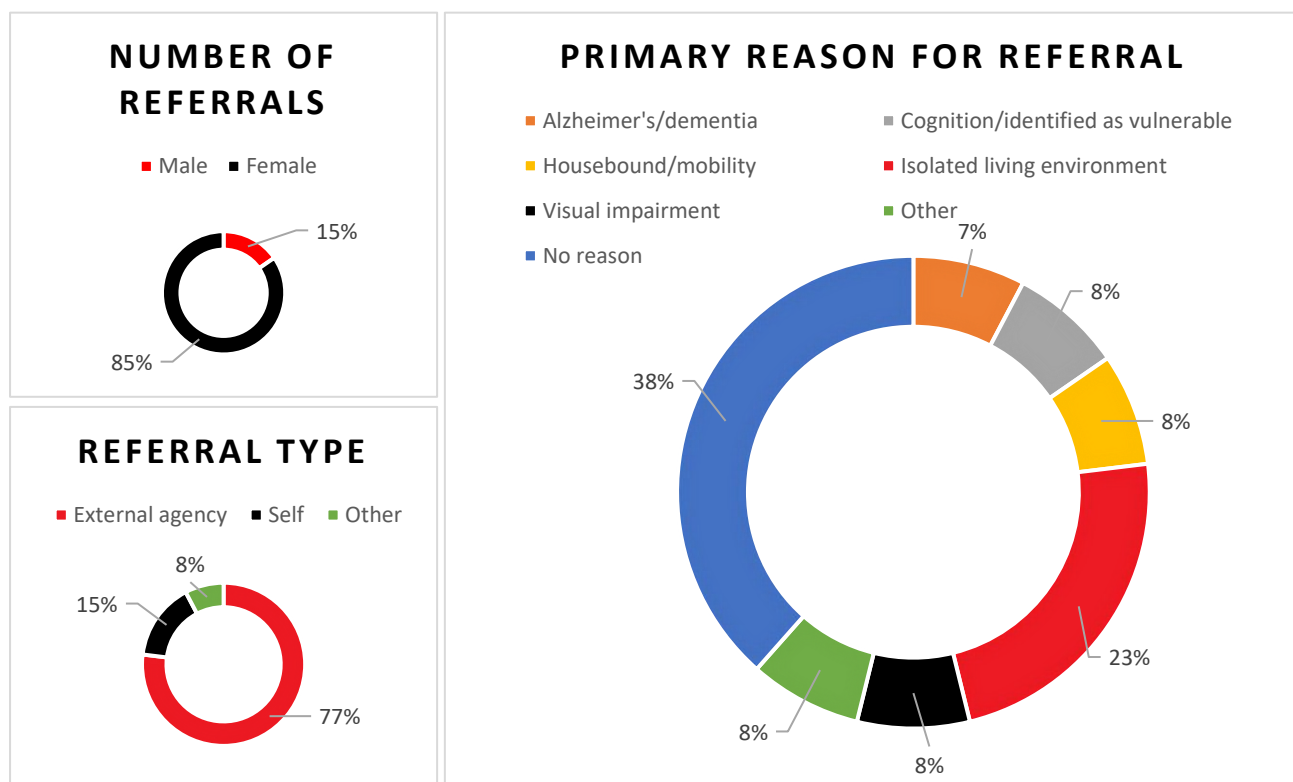
Observations in respect of referrals where their status was 'referred to another befriending service':

- Referrals where the status became 'active' accounted for 9% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- Just over 54% of these referrals came from the Northside, whereas 46% came from the Southside.
- 85% of the referrals were for women, whereas 15% were for men.
- The majority of referrals came from external agencies (77%), 15% were self-referrals and 8% came from 'other'.
- The primary reason for referral for 38% of referrals was 'no reason' and 23% were for 'isolated living environment'. 'Alzheimer's/dementia, 'cognition/identified as vulnerable', 'housebound/mobility', 'visual impairment' and 'other' accounted for 8% each.

Ended (Previously Active)

12 referrals – 1 x Northside, 5 x Southside and 1 x no address

NUMBER OF REFERRALS

■ Male ■ Female

25%

75%

REFERRAL TYPE

■ External agency
■ Internal ALONE
■ Public (family/friend)
■ Self

8%

8%

17%

67%

PRIMARY REASON FOR REFERRAL

■ Housebound/mobility   ■ Isolated living environment
■ Mental/emotional health   ■ No reason

8%

33%

34%

25%
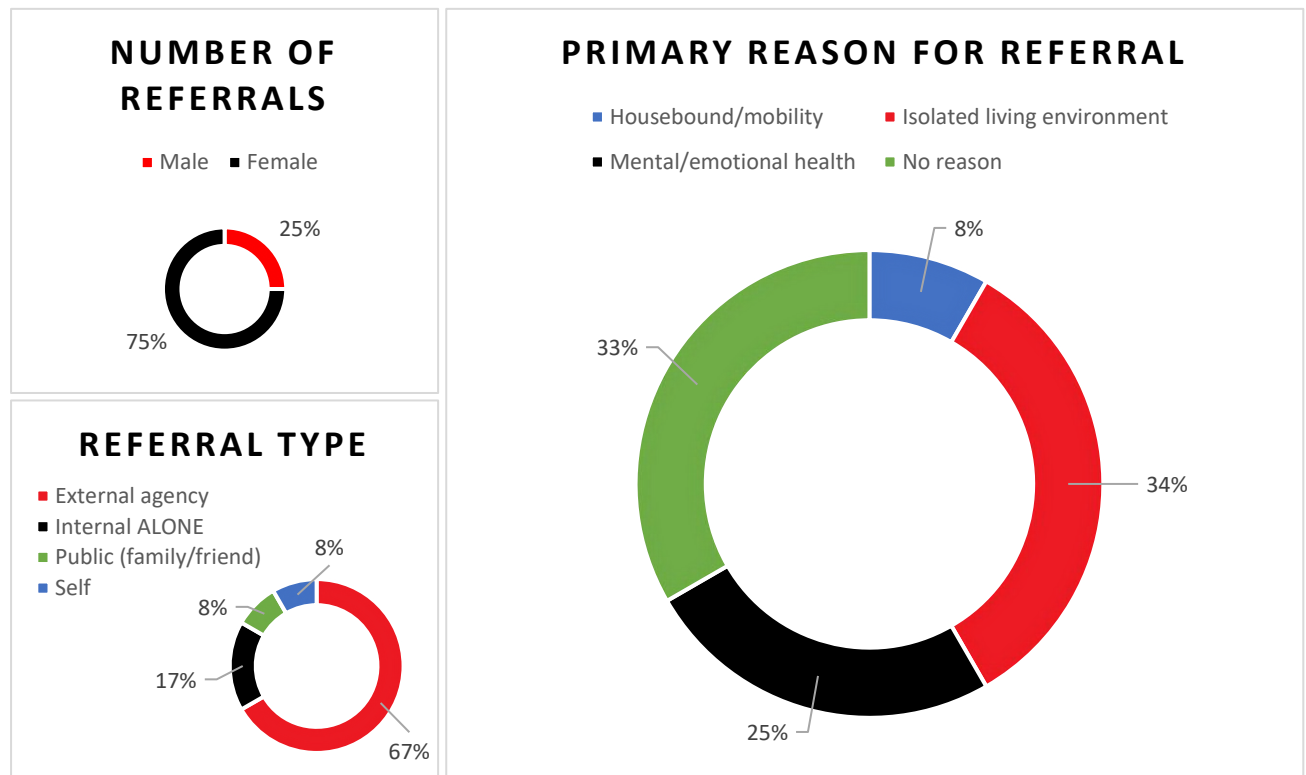
Observations in respect of referrals where their status was 'ended (previously active)':

- Referrals where the status became 'active' accounted for 9% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- The majority of referrals came from the Southside (83%) whereas just 8% came from the Northside. An additional 8% had no address recorded on Saleforce.
- Three-quarters of these referrals were for women, whereas one-quarter were for men.
- The majority of the referrals (67%) were made by external agencies, while internal ALONE referrals accounted for 17%, referrals from the public (family and friend) accounted for 8% and self-referrals accounted for 8%.
- There were four primary reasons for referral, the most prevalent of which was 'isolated living environment' (34%), followed by 'no reason' (33%), 'mental/emotional health' (25%) and 'housebound/mobility' (8%).

Cancelled during the application/assessment process

54 referrals (18 x Northside and 36 x Southside)

NUMBER OF REFERRALS

■ Male ■ Female

35%

65%

REFERRAL TYPE

■ External agency
■ Self
■ Public (family/friend)
■ Other

2%

13%

7%

78%

PRIMARY REASON FOR REFERRAL

■ Isolated living environment   ■ Alzheimer's/dementia
■ Mental/emotional health   ■ Housebound/mobility
■ None   ■ Bereavement
■ Cognition/identified as vulnerable ■ Other
■ Poor physical health   ■ Visual impairment

2%   2%   2%

2%

2%

22%

2%

7%

48%

11%
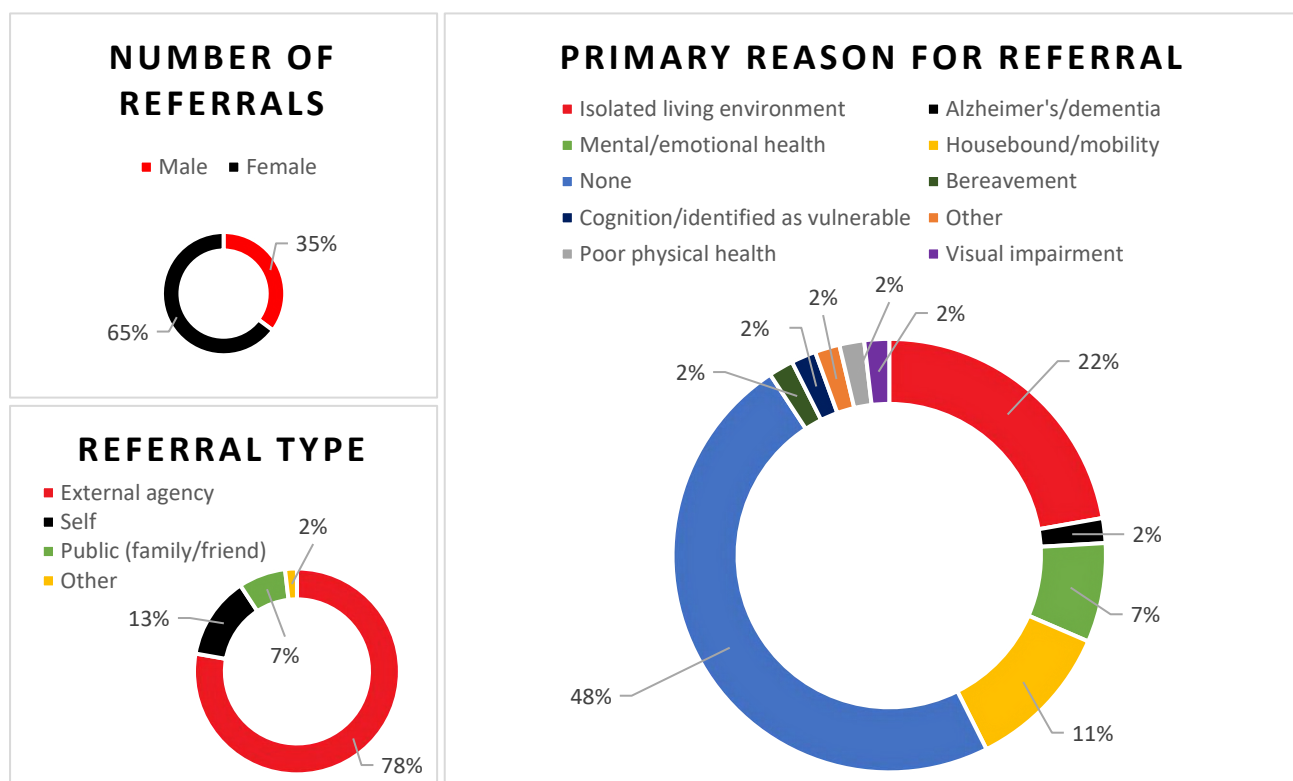
Observations in respect of referrals where their status was 'cancelled during the application/assessment process':

- Referrals where the status became 'cancelled during the application/assessment process' accounted for 39% of the total number of referrals during the period 01 July 2014 – 30 June 2015.
- Two-thirds of the referrals came from the Southside and one-third from the Northside
- Almost two-thirds of the referrals were for women and one-third for men.
- The majority of referrals were made by external agencies (78%). Self-referrals accounted for 13% of referrals, Public referrals (family and friends) accounted for 7% and 'others' accounted for 2% of referrals.
- There were ten primary reasons for referral, the most prevalent of which was 'no reason' (48%), followed by 'isolated living environment (22%), 'housebound/mobility (11%), 'mental/emotional health' (7%), 'bereavement' (2%), 'cognition/identified as vulnerable' (2%), 'other' (2%), 'poor physical health' (2%) and 'visual impairment' (2%).

6.3 Breakdown of referrals based on source of referral

As shown in Table 4, just over two-thirds of referrals came from external agencies, the majority of which operate in the health sector.

Table 4: Source of referrals (01 July 2014 – 30 June 2015)

Source of referral	Number	%
External Agency	94	67
Self-referral	25	18
Public (family/friend)	8	6
Internal ALONE	7	5
Other	6	4
TOTAL	**140**	**100**

Fewer than 20 per cent of referrals came from the family of friends of older people or from other ALONE services. Six referrals were recorded as 'other', a category which, arguably, should not exist as the application form clearly requires the referrer to make themselves and their organisation known.

In relation to referrals from external agencies, a host of primary reasons for referral were given, the most prevalent of which was 'None' or 'Other' accounting for 32% of the referrals, while 24% of referrals were due to isolated living environment. Almost 70% of these referrals were either cancelled during the assessment/application process or referred on to another befriending service.

Fewer than 20% of referrals were self-referrals, 92% of which were female and the split between Northside and Southside was almost 50/50. 40% of the self-referrals became 'active' matches with 36% either being cancelled during the assessment/application process or referred on to another befriending service. Almost one-third gave no primary reason for referral. One-third said that they were in an isolated living environment, while 12% said they had mental/emotional health difficulties.

Just 6% of referrals came from the public (family and friends) with more men than women being referred. Three-quarters of these referrals came from the Southside. Almost 40% of these referrals were due to isolated living environment, followed by poor physical health (25%), no reason (25%) and 10% mental/emotional health. Not one of these referrals became an 'active' match.

Exactly 5% of referrals came from within ALONE, 85% of which were from the Southside. Almost 60% had a primary reason for referral of 'other' or 'no reason' with the balance made up of 'mental/emotional health' or 'bereavement'. Almost 60% became an 'active' match with the balance either 'ended (previously active)' or 'on hold'.

The final 5% of referrals came from 'other' sources, almost two-thirds of which became an 'active' match. Two-thirds came from the Southside. Half were referred due to 'isolated living environment' with the remainder due to 'no reason' or 'housebound/mobility'.

When internal ALONE referrals (5%) are added to those from external agencies (67%), it is clear that almost three-quarters of older people referred to the Befriending Service are already linked into health and/or support services. This means that in order to reach the 1 in 5, a more targeted campaign to increase the number of public- and self-referrals is required.

Breakdown of referrals based on source of referral

External agency referrals (94 in total, three of which were rematches)

NUMBER OF REFERRALS

- ■ Male
- ■ Female
- ■

39%
61%

LOCATION

- ■ Northside
- ■ Southside
- ■ No address

1%
35%
64%

PRIMARY REASON FOR REFERRAL

- ■ Addiction
- ■ Alzheimer's/dementia
- ■ Bereavement
- ■ Cognition/Identified as vulnerable
- ■ Housebound/mobility
- ■ Isolated living environment
- ■ Mental/emotional health
- ■ Other
- ■ Poor physical health
- ■ Visual impairment
- ■ No reason
- ■ In long-term care

1% 2% 3% 1
1%
31%
15%
25%
5%
2%
2%
12%

STATUS

- ■ Active
- ■ Assessed/For review meeting
- ■ Cancelled during assessment/application process
- ■ Ended (previously active)
- ■ On hold
- ■ Referred to other befriending service
- ■ Short-term/trial visit
- ■ To be matched (Northside)
- ■ To be matched (Southside)

2% 2% 1%
11%
22%
7%
1%
9%
45%

Self-referrals (25 in total, four of which were rematches)

NUMBER OF REFERRALS

■ Male ■ Female

8%

92%

LOCATION

■ Northside ■ Southside

48%

52%

PRIMARY REASON FOR REFERRAL

■ Bereavement
■ Cognition/Identified as vulnerable
■ Housebound/mobility
■ Isolated living environment
■ Mental/emotional health
■ Poor physical health
■ Visual impairment
■ No reason

4%
4%
8%
32%
32%
12%
4%
4%

STATUS

■ Active
■ Cancelled during assessment/application process
■ Ended (previously active)
■ On hold
■ Referred to other befriending service
■ To be matched (Northside)
■ To be matched (Southside)

4%
4%
8%
12%
4%
40%
28%
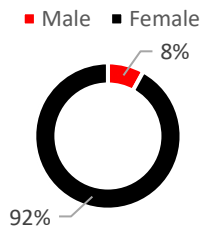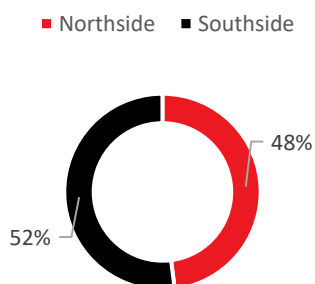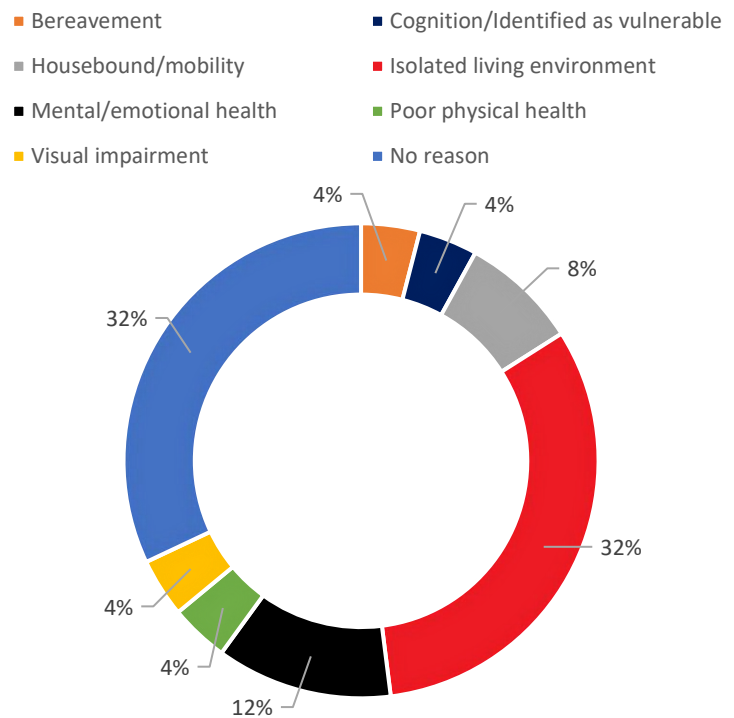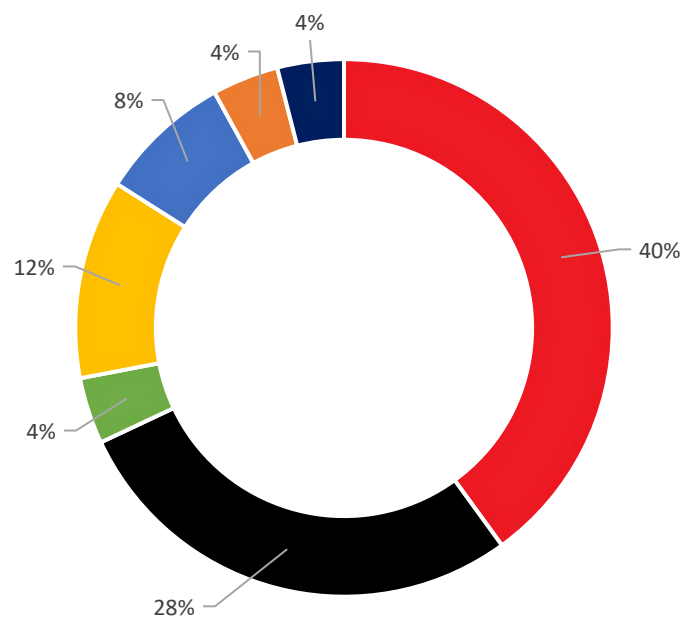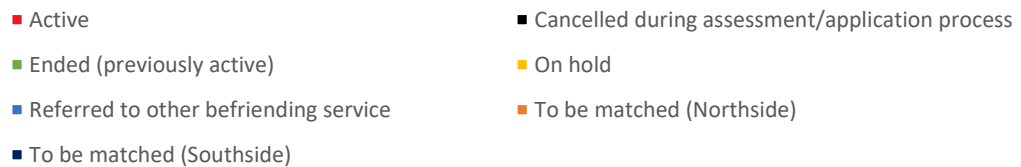
Public (family/friends) referrals (8 in total)

NUMBER OF REFERRALS
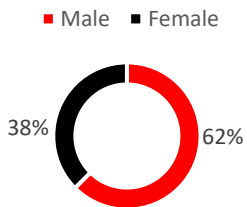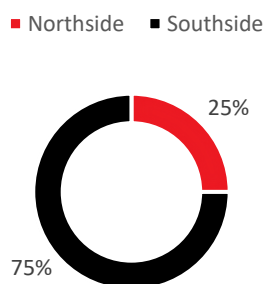
- Male
- Female

38%
62%

LOCATION

- Northside
- Southside

25%
75%

PRIMARY REASON FOR REFERRAL

- Isolated living environment
- Mental/emotional health
- Poor physical health
- No reason

25%
37%
25%
13%
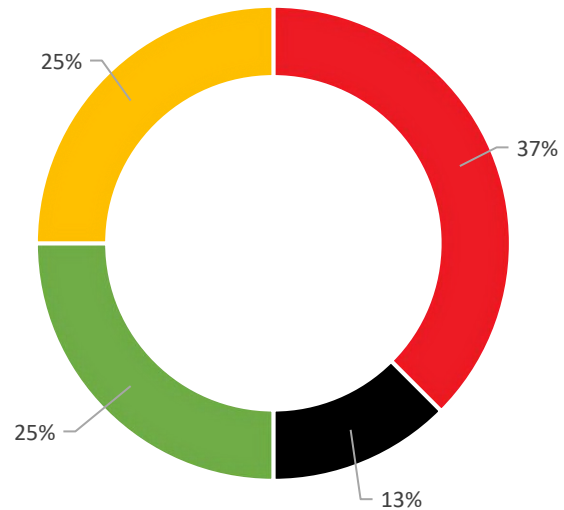
STATUS

- Cancelled during assessment/application process
- Ended (previously active)
- On hold
- Short-term/trial visit
- To be matched (Southside)

13%
13%
50%
12%
12%
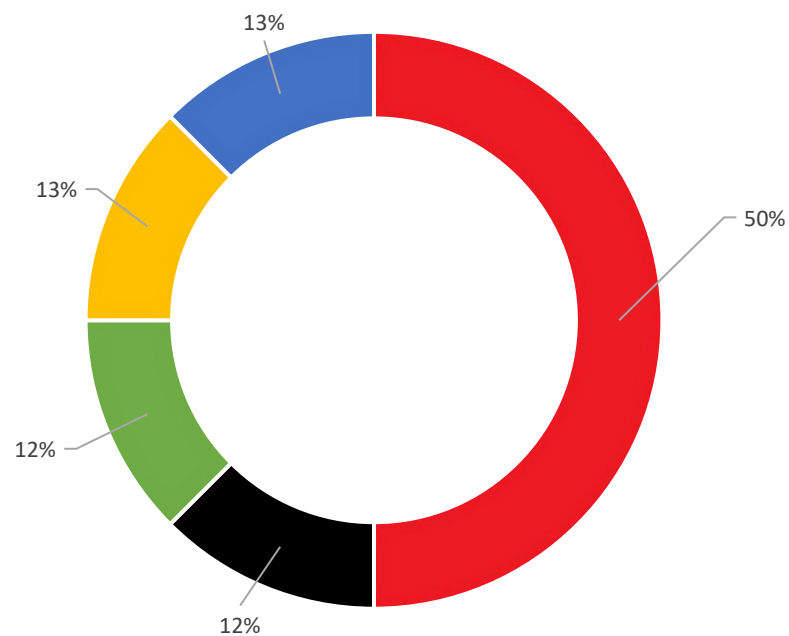
Internal ALONE referrals (7 in total)

NUMBER OF REFERRALS

Legend: ■ Male ■ Female ■ Unknown

- 29%
- 28%
- 43%
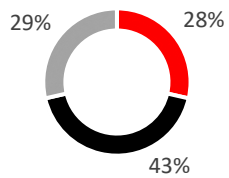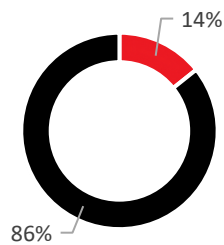
PRIMARY REASON FOR REFERRAL

Legend: ■ Bereavement ■ Mental/emotional health ■ Other ■ No reason

- 14%
- 29%
- 28%
- 29%

LOCATION

Legend: ■ Northside ■ Southside

- 14%
- 86%
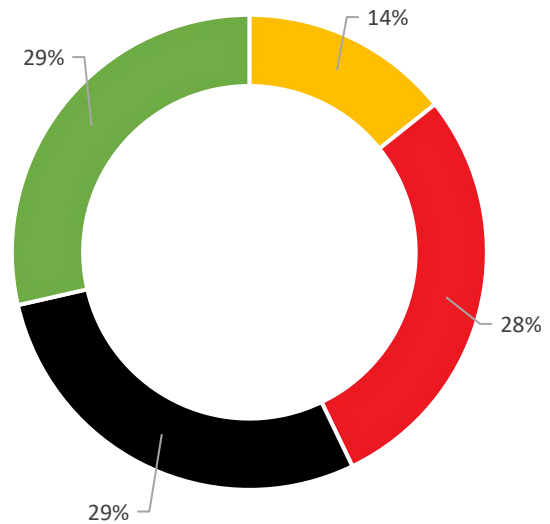
STATUS

Legend: ■ Active ■ Ended (previously active) ■ On hold

- 14%
- 29%
- 57%
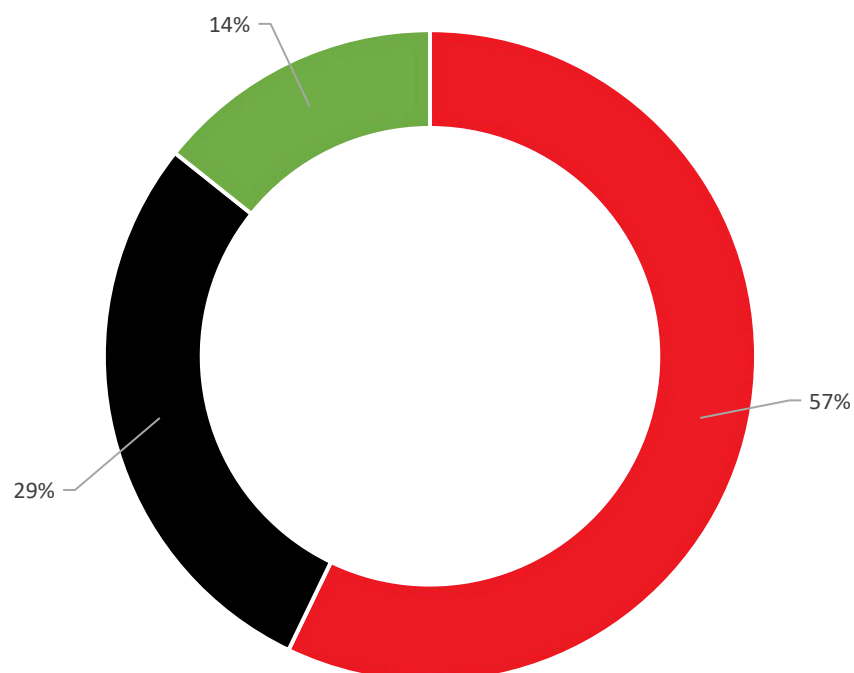
Other referrals (6 in total)

NUMBER OF REFERRALS

■ Male ■ Female

17%

83%

LOCATION

■ Northside ■ Southside

33%

67%
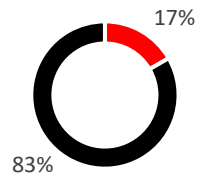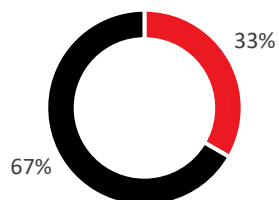
PRIMARY REASON FOR REFERRAL

■ Isolated living environment   ■ Housebound/mobility   ■ No reason
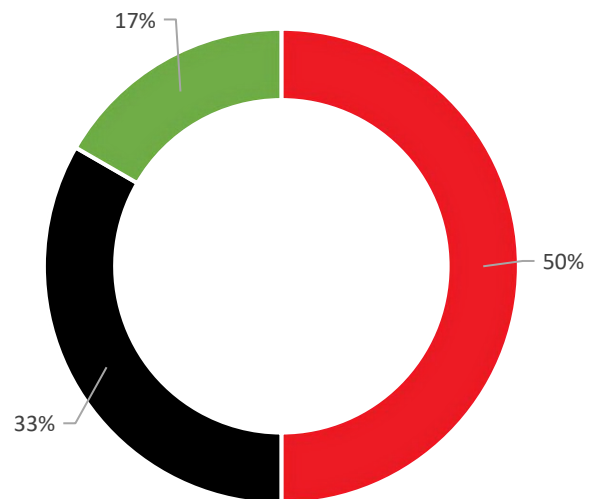
17%

50%

33%

STATUS

■ Active   ■ Cancelled during assessment/application process   ■ Referred to other befriending service

17%

16%

67%
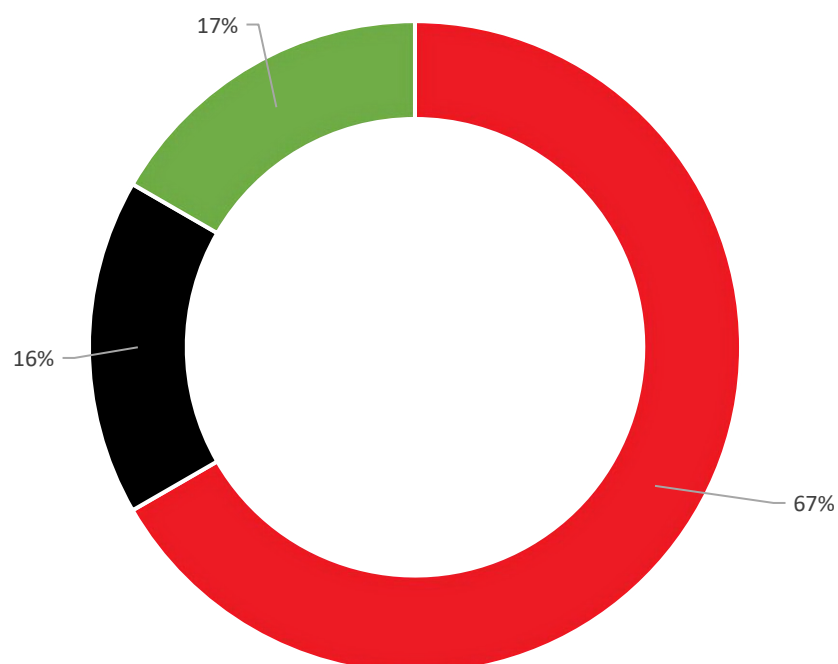
6.4 Referring external agencies

At this point in time, there is a limited amount of pro-active engagement with the external agencies that are referring clients to the ALONE Befriending Service and external agencies who have yet to make a referral.

The total number of referring external agencies during the period 1st July 2014 – 30th June 2015 was 36, the vast majority of which (67%) operate in the health sector. Between them, they made 94 referrals to the ALONE Befriending Service, accounting for 67% of the total referrals. This is further evidence that those who are being referred to the ALONE Befriending Service are already engaged in the 'system'.

Table 5: Referring external agencies and the number of referrals each made to the ALONE Befriending Service between 1st July 2014 and 30th June 2015.

	Referring external agency	Number of referrals between 01 July 2014 – 30 June 2015
1	St. James Hospital	9
2	HSE	7
3	Beaumont Hospital	6
4	NCBI	6
5	Not known	6
6	OPRAH	6
7	Mater Hospital	5
8	Tallaght Hospital	4
9	St. Vincent's Hospital	4
10	Cluain Mhuire Mental Health Service	3
11	Dublin Simon	3
12	Meath Primary Care Centre	3
13	St. Patrick's Hospital	3
14	Age Action	2
15	Cherry Orchard Hospital	2
16	Donabate Health Centre	2
17	HAIL	2
18	Inchicore Primary Care Centre	2
19	Probation Service	2
20	Anam Chara Community SLT	1
21	Ballymun Home Support Services	1
22	Beaumont Medical Clinic	1
23	Bellvilla Community Centre	1
24	Cabra Day Centre	1
25	Curam Clinic	1
26	Dublin City Council	1
27	Edenmore Health Centre	1
28	Hillmount Health Centre	1
29	HSE Addiction Services	1
30	Millmount Mental Health Clinic	1
31	Mornington Centre	1
32	Oblate Retreat House	1
33	Our Lady's Hospice & Care Services (OT)	1

34	Rathmines Health Centre	1
35	Silver Stream Healthcare	1
36	St. Joseph's Day Hospital	1
36	**TOTAL**	**94**

Of the 94 referrals made by external agencies, only 21 (22%) went on to become 'active'. This is an extremely low success rate, particularly given that the referrals are coming from professionals who should fully understand each older person's circumstances and needs. A full breakdown of the status of external referrals is as follows:

Table 6: Status of external referrals (01 July 2014 – 30 June 2015)

Status	Number	Percentage
Active	21	22
Assessed/For review meeting	1	1
Short-term/trial visit	2	2
To be matched (Northside)	2	2
To be matched (Southside)	1	1
On hold	7	8
Referred to other befriending service	10	9
Ended (previously active)	8	9
Cancelled during assessment/application process	42	45
TOTAL	**94**	**99**

Table 7: External referrals, primary reason for referral (01 July 2014 – 30 June 2015)

Primary reason for referral	Number	Percentage
No reason	29	31
Isolated living environment	23	24
Housebound/mobility	14	15
Mental/emotional health	11	12
Visual impairment	5	5
Alzheimer's/dementia	3	3
Addiction	2	2
Other	2	2
Poor physical health	2	2
Bereavement	1	1
Cognition/Identified as vulnerable	1	1
In long-term care	1	1
TOTAL	**94**	**99**

When you consider the above alongside the fact that 31% of referrals from external agencies did not have a primary reason for referral, it is suggestive of a low level of understanding around eligibility criteria. This is further confirmation of the need to engage more fully with external agencies, not least to ensure that as little time as possible is spent by support coordinators assessing referrals with no prospect of proceeding to the matching stage.

6.5 What external referrers had to say…

An electronic questionnaire was created and a link circulated to all of the external referrers listed on Salesforce for whom email addresses were available. All were invited to take part by sharing their thoughts and opinions on the ALONE Befriending Service. In total, just six external referrers responded to the questionnaire which is an extremely low response rate. A copy of this questionnaire is included as Appendix 12.

External referrers' knowledge of the ALONE Befriending Service

Q: When and how did you first hear about the ALONE Befriending Service?

One third of the respondents heard about the ALONE Befriending Service as teenagers, one third between five and seven years ago and one third more recently, between one and two years ago. The majority of respondents (66%) said that they first learnt about the ALONE Befriending Service at work or from colleagues while the remainder said that they first encountered it either at school or from a billboard.

Table 8: How much do you know about the ALONE Befriending Service?	Number of responses (some respondents stated more than one thing)	% respondents
Provides a befriending service	1	17
Support for sundry items for residents	1	17
Good level of knowledge	2	33
Befriending service to clients who are vulnerable in the community with limited family or social support	2	33
Regular service where befrienders visit clients in their homes	1	17
Reasonable amount of knowledge	1	17

As shown above, the vast majority stated that they had between a reasonable and good level of knowledge of the ALONE Befriending Service, with four respondents able to state some of the top-line distinctive features of the service. Just two (one-third) respondents were able to proactively talk about the service being available to clients who have 'limited family or social support'.

Q: Would you like to receive an update about the ALONE Befriending Service?

All of the respondents said that they would like to receive an update on the ALONE Befriending Service.

External referrers' colleagues' knowledge of the ALONE Befriending Service

Q: In your opinion, how many of your colleagues know about the ALONE Befriending Service and how much do you think they know about it?

Fifty per cent of respondents said that all of their colleagues know about the ALONE Befriending Service while the remaining 50% said that half of their colleagues know about it. In terms of their colleagues' understanding of the ALONE Befriending Service, just one-third of referrers said that their colleagues have 'good knowledge' of the Service, half said that they had 'some knowledge' and one-sixth said that they had 'no knowledge'.

This demonstrates the need to engage more fully with each external referrer to ensure that the entire team of professionals working with older people are not just aware of the ALONE Befriending Service but also understand who it is suitable for and how to make a referral.

Q: Do you think it would be helpful for ALONE to give a presentation to your colleagues on the Befriending Service?

Two-thirds of respondents said 'yes' while one-third said 'no'.

About respondents' role and contact with older people

Q: What is your role/job title and does it bring you into frequent contact with older people?

This question resulted in six different answers, with only one-third of respondents engaged in 'social work'. The responses were as follows:

Role/job title	Number	Role/job title	Number
Advocacy Services Manager	1	Senior Occupational Therapist	1
Mental Health Social Worker	1	Regional Development Manager	1
Social Worker	1	Speech & Language Therapist	1

All respondents said that their role brings them into frequent contact with older people.

Q: What percentage of your clients are older people and what percentage of those are isolated or lonely?

Four out of the six respondents said that fifty per cent or more of their clients are older people. Just half said that 50% or more of their clients are isolated or lonely.

Q: Do you refer all of your clients who are older people who are isolated or lonely to the ALONE Befriending Service?

All respondents answered no to this question, citing that a referral depends on the circumstances (50%); clients may not want to be referred (50%); another service may suit better (33%) and that it is difficult to access the service for people in a nursing home (16%).

Q: If you were unable to refer older people who are isolated or lonely to the ALONE Befriending Service, what else would you do to help improve their situation?

	Number of responses (some respondents stated more than one thing)	% respondents
Have tried to engage volunteers through our own efforts but we have not been very successful.	1	17
Encourage relatives and friends to visit [nursing home].	1	17
Refer to an alternative befriending service e.g. Friends of The Elderly, or to a day centre.	1	17
Link in with other service, aiming to improve their independence for community access, leisure, exploration etc.	1	17
Look at other community supports e.g. public health nurses, local mental health services or day centres.	3	50
We have a daily phone contact service	1	17

Contact with ALONE Support Coordinators

Q: How much contact do you have with the ALONE Befriending Service support coordinators?

Immediately after you have referred a client: All reported that they did have contact with ALONE support coordinators immediately after they had referred a client to the ALONE Befriending Service, albeit with one-third of respondents stating that contact was 'limited' or 'minimal'.

After a client has been accepted and matched with a volunteer: Just one respondent said that they did not have any contact with ALONE support coordinators after a client has been accepted and matched with a volunteer, while one-third of respondents said that contact was 'minimal' or 'depends'.

Q: Are you advised by an ALONE Befriending Service support coordinator if your client does not meet the service criteria?

>   **Yes:** 83%   **No:** 17%

This suggests that there is still room for improvement as all external agencies should be advised if their client does not meet the service criteria.

Q: Are you provided with updates from ALONE on clients who are accepted into the Befriending Service?

>   **Yes:** 67%   **No:** 33%

Again, this suggests that there is some room for improvement, although it is recognised that not all external referrers require information post-acceptance.

Q: Would you like to receive updates from ALONE on clients who are accepted into the Befriending Service?

>   **Yes:** 83%   **No:** 17%

Updates provide an opportunity to cultivate a deeper relationship with external agencies and, in turn, to grow the number of referrals they make.

Q: How would updates from ALONE on clients who are accepted into the Befriending Service be helpful to you?

>   *"Feedback vital to person centred care model."*

>   *"Helpful knowing how resident is doing as they may not confide in care workers."*

>   *"Volunteers provide role as advocates for those they befriend in terms of if it continues of ceases."*

>   *"Helpful to care planning as many service users have a few inpatient stays a year."*

>   *"Could provide insight into whether the client wants to avail of the care and repair service or any other Age Action service."*

Information about the ALONE Befriending Service

Q: Do you have a stock of leaflets about the ALONE Befriending Service?

>   **Yes:** 0%   **No:** 100%

Q: Is there any other kind of information about the ALONE Befriending Service that you would find helpful?

Yes: 83%   **No:** 17%

Q: What other information would you find helpful?

	Number of responses (some respondents stated more than one thing)	% respondents
Wider advertising	1	17
More use of social media	1	17
Email updates	2	33
Directory of befriending services nationwide	1	17

Q: Do you ever refer to the ALONE website for information on the Befriending Service?

Yes: 100%   **No:** 0%

Other befriending services in Dublin

Q: Are you aware of any other befriending services based in Dublin?

Yes: 100 per cent   **No:** 0 per cent

Q: Which befriending services are you aware of?

	Number of responses (some respondents stated more than one thing)	% respondents
SAGE	1	
Alzheimer's Society	1	
Age Action	1	
Friends of The Elderly	3	
St Vincent de Paul	1	
Crosscare Telephone Befriending	1	
Rathfarnham Community Friendship	1	
Care and Repair	1	

Q: Have you referred clients to any of those services?

Yes: 83%   **No:** 17%

This demonstrates that ALONE is 'competing' alongside other Befriending Services for referrals. Where service criteria and quality of delivery are similar the deciding factor for an external referrer will, more than likely, come down to the strength of the relationship they have with the Befriending Service. It is important that ALONE differentiates itself from other Befriending Services in the Dublin area.

Q: In your opinion, how do the other befriending services compare to the ALONE Befriending Service and why?

About the same: 50%   **Don't know:** 50%

"It depends on the quality and training of the volunteer as well as their disposition and motivation."

"We had one super volunteer from ALONE who set the bar high for everyone else – we have not come across another agency who could match his characteristics and pastoral commitment."

"ALONE has been very good at communicating."

"Not much experience of other befriending services."

"Depends on the circumstances."

"Lack of feedback following referrals."

The responses above show that there is still work to be carried out to set ALONE apart from the other befriending services in Dublin given that the external referrers felt that the ALONE Befriending Service was either about the same as other services, or they simply did not know. It is important that the ALONE Befriending Service is 'memorable'.

Serving the needs of older people

Q: In your opinion, how well do you think the ALONE Befriending Service serves the needs of older people?

Extremely well: 83%   **Quite well:** 17%

Q: Why do you think this?

"Clients who use the accommodation service speak very highly of it."

"Reduces isolation."

"They understand the need to provide services to clients who are vulnerable."

"It is genuine. People respond to the fact that they are volunteers giving up their free time to visit someone. It feels authentic and people know that."

"As they provide home visits."

"Reaching all older people in need on a national level is a challenge."

Q: In your opinion, how well do you think the ALONE Befriending Service benefits older people?

Extremely well: 100%

Q: Why do you think this?

"Few people or agencies are providing these services."

"Befriending is extremely important and in many ways far more important in assisting the well-being of residents/older people than medical interventions. We all need someone to talk to and as we get older that need increases."

"Matches with volunteers with similar interests."

"Understands the needs of older people."

"Helps to alleviate extreme isolation and loneliness. Volunteers are well trained."

"Can provide a link person to the outside world – can help retain communication and relationships. For those clients who have been matched with befrienders, the outcomes seem really positive."

As demonstrated above, not one respondent mentioned the ALONE Befriending Service by name or a specific aspect of the ALONE Befriending Service. Instead, they talked in a generic nature.

Q: What do you think is the most beneficial aspect of the ALONE Befriending Service for older people?

"Making contact, being present to the other person, listening."

"Routine, regular caller."

"Home visits."

"Giving time to people in a two-way process. It feels authentic and equal with no agendas. Everyone benefits."

"A person to check-in with clients to make sure they are doing well on a regular basis."

"Removing social isolation and allowing older people to be more visible in the community."

Q: Are there any aspects of the ALONE Befriending Service that you think could be improved?

Yes: 50%   **No:** 50%

Q: What aspects of the ALONE Befriending Service for older people do you think could be improved and why?

"Better training for volunteers in areas like dementia care."

"Ongoing continuous professional development provided by agencies such as Dementia Services at St James' and online courses."

"Call service, but Crosscare may be sufficient."

"National coverage."

As shown above, training in dementia care was a priority for two of the respondents.

Levels of awareness of the ALONE Befriending Programme

Q: How well known do you think the ALONE Befriending Service is among older people in general?

Not very well known: 100%

Q: How well known do you think the ALONE Befriending Service is among the older people you work with?

Well known: 17%   **Not very well known:** 83%

Q: How well known do you think the ALONE Befriending Service is among older people's family members?

Not very well known: 100%

Q: How well known do you think the ALONE Befriending Service is among the general public?

      Not very well known: 83%   **Don't know:** 17%

Q: How well known do you think the ALONE Befriending Service is among agencies/organisations that work with older people?

      Well known: 67%   **Not very well known:** 33%

The responses to the five questions above show that there is significant work to be done to raise awareness of the ALONE Befriending Service across all audiences, something that is addressed in the Communications section of this report.

Issues affecting older people

Q: What do you think are the biggest issues facing older people today?

	Number of responses (some respondents stated more than one thing)	% respondents
Isolation and Loneliness	3	50
Isolation due to not being able to use technology	1	17
Finances/trying to make ends meet	3	50
Elder abuse	1	17
Lack of home help	1	17
Lack of transport to day centre	1	17
Estrangement from family due to emigration	1	17
Lack of community resources to enable them to live safely at home	1	17
Depression	1	17
Heath/poor mobility	1	17
Cost of healthcare	1	17

As shown above, respondents felt that the two biggest (equal ranking) issues facing older people today are 'Isolation and Loneliness' and 'Finances/trying to make ends meet'. A range of other issues were also mentioned, most of which contribute towards 'Isolation and Loneliness' in some way.

Q: What are your concerns in relation to the wellbeing of older people in general?

	Number of responses (some respondents stated more than one thing)	% respondents
Loneliness	2	33
Lack of care in society to help older person	1	17
Coping at home	1	17
Rapidly increasing numbers of elderly people living in the community and not enough services to care for them	1	17
More individualistic culture rather than communitarian one	1	17
People not looking out for neighbours as much as they used to	1	17
That they would have no advocate	1	17
Missed or forgotten by services, especially if they have no family supports	1	17
Isolation caused by technology	1	17
Closure of services e.g. post offices, local Garda stations	1	17
Fear of crime	1	17

Q: Do you think loneliness and isolation among older people is on the increase?

Yes: 83%   **No:** 17%

Q: How do you think isolation and loneliness affects older people?

Five out of six respondents cited isolation and loneliness affecting older people's mental health and four out of six also mentioned an impact on their physical health. Other comments include:

"Home situation changed – family members not able to devote the time."

"Selfishness in society that values materialism over basic human rights."

"Change in family structure – in the past older people lived with their family, but that's not possible or desirable anymore."

"

Future service provision

Q: Do you think there is a need for short-term befriending service for older people?

Yes: 50%   **No:** 17%   **Don't know:** 33%

Q: Why do you think this?

"On discharge from hospital."

"Depends on the case."

"When older person moves to a new area e.g. sheltered accommodation – to help them find their bearings."

Q: Do you think there is a need for a telephone befriending service for older people?

      Yes: 100%

Q: Why do you think this?

"Can bridge a gap."

"Medication reminders, check-in etc."

"Introduction to the visiting service."

"Might be easier to talk to someone on the phone."

"Some clients may prefer it to having someone in their home."

"Age Action provides it and it is very successful. A phone-call a week is a lifeline for people."

Q: Would you recommend the ALONE Befriending Service to a colleague looking for a way of helping an older person combat loneliness and isolation?

      Yes: 100 per cent

Q: Why?

	Number of responses (some respondents stated more than one thing)	% respondents
Positive experience.	2	33
Well managed.	1	17
ALONE has a good track record and wealth of experience which other services might not have.	1	17
Well recognised organisation.	1	17
Very accessible service.	1	17
Tried and trusted.	1	17

The above comments show that there is the potential to create service 'ambassadors' among external referrers.

Any other comments

"Thank You."

"Huge need for this service."

"Genuine person-centred service."

"Volunteers well trained and well meaning."

"People I have referred to it have had a positive experience – I have been very impressed with the work of the Befriending Service."

6.6 External Referrer Engagement

At this point in time ALONE engages in limited pro-active engagement with external agencies. It is recommended that an external agency engagement plan is developed and implemented by the team of support coordinators immediately.

This plan should include the following:

- Development of a database of relevant external agencies not yet referring to ALONE (health and non-health based)
- Development of a new presentation for delivery to external agencies (and other stakeholders). This should not only show the benefits of the Befriending Service in the context of older people, but also in the context of professionals working with lonely and isolated older people.
- Creation of an information pack that clearly explains the ALONE Befriending Service, eligibility criteria and how to make a referral, a supply of Befriending Booklets and hard-copy referral forms as well as posters for display in waiting rooms and other public spaces.
- An ongoing schedule of engagement should also be developed that predominantly comprises monthly email updates.

A target in terms of the number of approaches to non-referring external agencies and already referring agencies to be made each week per support coordinator, the number of presentations to be made each month per support coordinator and the number of referrals the plan aims to deliver by geographic area.

7. Actively befriended older people

There were 190 actively befriended older people during the period 01 July 2014 – 30 June 2015. They are broken down as follows:

NUMBER OF REFERRALS

- Male
- Female
- Couples
- Unsure of gender

28%
2% 1%
69%

REFERRAL SOURCE

5%
31%
31%

- External agency
- Internal ALONE
- Self
- Other
- Public (friend/family)

14% 19%

PRIMARY REASON FOR REFERRAL

- Addiction
- Alzheimer's/dementia
- Bereavement
- Cognition/identified as vulnerable
- No reason
- In long-term care
- Isolated living environment
- Mental/emotional health
- House bound/mobility
- Other
- Poor physical health
- Visual impairment

2% 1% 1%
3% 3%
7%
8%
0% 1%
12%
1%
61%

HOW HEARD ABOUT THE ALONE BEFRIENDING SERVICE

8% 2%

- External agency/ colleague
- Internal ALONE Referral
- Other
- Word of mouth (inc. family/friend)

4%
86%

START YEAR

- 2000
- 2004
- 2005
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015

13% 28%
11%
0%
16% 1%
3%
6% 6% 8% 8% 6%

As illustrated above:

- Almost 70% of actively befriended older people are women.
- There are three couples included in the cohort. It is not immediately clear if one or both individuals are befriended. This needs to be clarified within the data held within Salesforce.
- One third of all actively befriended older people were referred to the ALONE Befriending Service by an external agency. Almost 30% were referred by 'other'. Alongside the fact that

'other' should be an option of last resort, there should be a facility to record what 'other' actually means so that new sources of referrals can be identified on an ongoing basis.

- The age of 87% of actively befriended older people is not known. Not only is this information extremely simple to record, but it is also essential to monitoring the age profile of the people who are actively befriended and identifying trends. Due to a lack of data, it is not possible to say whether or not the average age of those being referred to the ALONE Befriending Service is changing.

- It is not possible to say with certainty how this group of people heard about the ALONE Befriending Service as, again, for the large part, this information has not been recorded. This information is not available for more than 80% of the actively befriended.

- The most frequent primary reason for referral given is 'none'. This is not acceptable. It is essential that the primary reason for referral is recorded, not least because it helps to ensure that you are meeting the needs of the very people the Service was designed for.

- It is interesting to note that 28% of all actively befriended older people were first befriended in 2000. This means that they have been visited for some 15 years now. 40% of all actively befriended older people were first befriended in 2013 or later, which also suggests a certain momentum building over the last two-three years.

7.1 Breakdown of 'Actively Befriended' by primary reason for referral

None

116 referrals - 35 x Northside, 76 x Southside and 5 x Co. Kildare

NUMBER OF REFERRALS

Male ■ Female ■ Couples

- 3%
- 25%
- 72%

YEAR OF START

■ 2000 ■ 2004 ■ 2005 ■ 2008 ■ 2009 ■ 2010
■ 2011 ■ 2012 ■ 2013 ■ 2014 ■ 2015

- 2%
- 1%
- 15%
- 8%
- 42%
- 10%
- 1%
- 9%
- 1%
- 8%
- 3%

REFERRAL SOURCE

■ External agency ■ Public (friend/family)
■ Self ■ Other
■ Internal ALONE

- 1%
- 25%
- 49%
- 13%
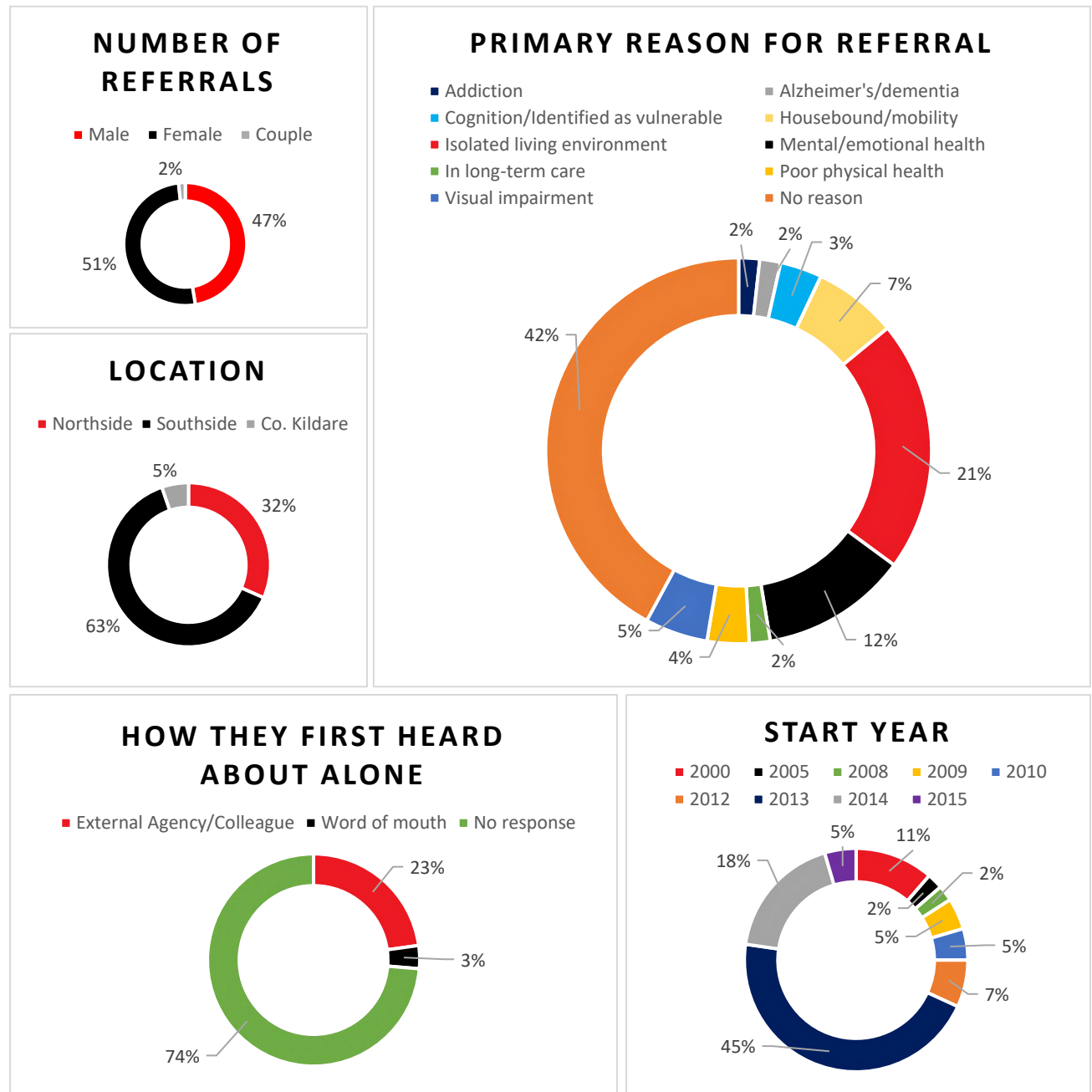- 12%

FIRST HEARD OF ALONE

■ Internal ALONE ■ None

- 1%
- 99%
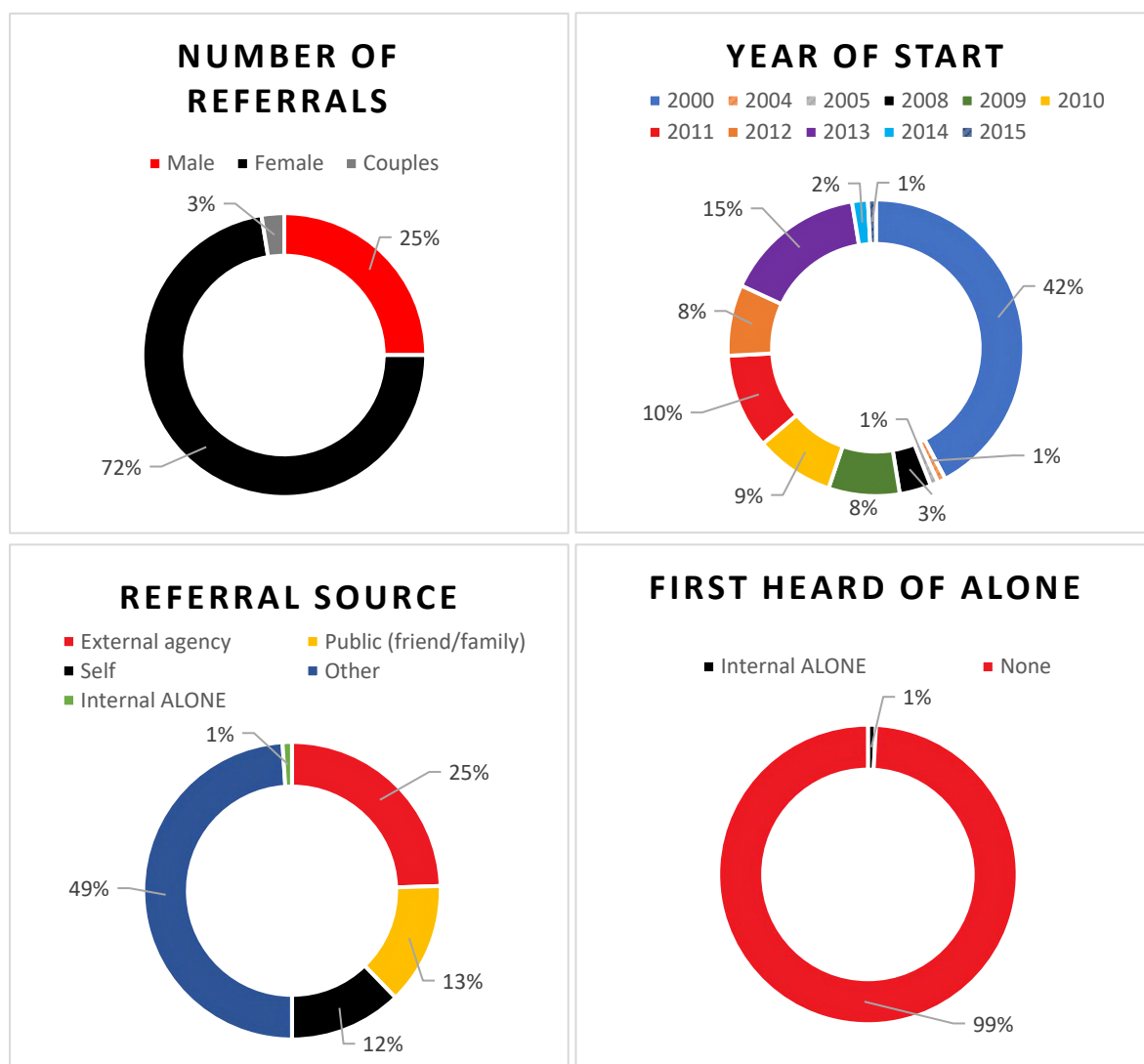
Observations in respect of 'actively befriended' where the primary reason was 'none':

- The number of 'actively befriended' where the primary reason was 'none' accounts for 61% of the overall group. This means that we do not know what the primary reason for referral is for almost two-thirds of actively befriended older people. This represents a significant loss of data and, if possible, referral forms should be reviewed on a case by case basis so that this information can be added to Salesforce.
- 72% are women, 25% are men and 3% are couples. As noted previously, it is important to be clear that couples are befriended as couples or as an individual who happens to have a partner/spouse.
- Two-thirds of this group (66%) are located in the Southside, with the remainder located in the Northside (30%) and Co. Kildare (4%).
- In terms of referral source, almost half were referred by 'other'. As stated before, this means that we do not know the source of half of all referrals which, again, represents a huge loss of

data. Depending on the information recorded on the original referral forms, it may be possible to fill this information gap. One quarter (25%) of this group were referred by external agencies, while 13% were referred by the public (family and friends), 12% were self-referrals and just 1% were internal ALONE referrals.

- In terms of the year of start for this group, 42% were first befriended in 2000. Just 18% were first befriended in 2013 or later. This may suggest that the issue of 'no reason' predominantly occurred among earlier referrals and that information gathering and recorded has improved in recent years.

- It is not possible to state where this group first heard of ALONE, due to a lack of data for 99% of all entries. Again, this information is important as it helps to establish what works from a communications perspective.

Isolated Living Environment

23 referrals - 10 x Northside and 13 x Southside
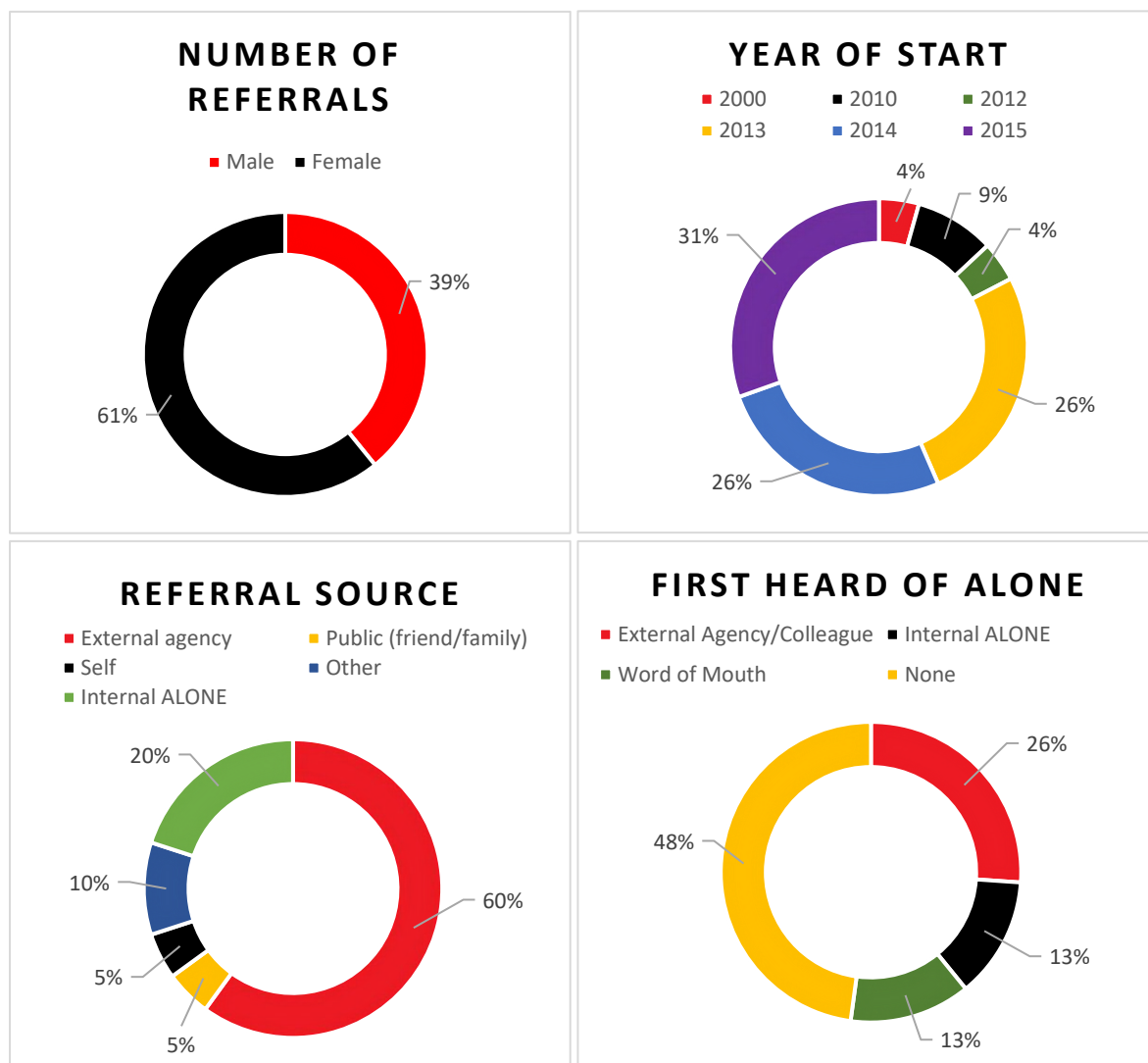
NUMBER OF REFERRALS

■ Male ■ Female

39%
61%

YEAR OF START

■ 2000 ■ 2010 ■ 2012
■ 2013 ■ 2014 ■ 2015

4%
9%
4%
31%
26%
26%

REFERRAL SOURCE

■ External agency   ■ Public (friend/family)
■ Self   ■ Other
■ Internal ALONE

20%
10%
5%
5%
60%

FIRST HEARD OF ALONE

■ External Agency/Colleague ■ Internal ALONE
■ Word of Mouth   ■ None

26%
48%
13%
13%

Observations in respect of 'actively befriended' where the primary reason was an 'isolated living environment':

- The number of 'actively befriended' where the primary reason was 'isolated living environment' accounts for 12% of the overall group. Given that the Befriending Service was created to combat isolation and loneliness, this would appear to be an extremely low percentage.
- 61% of this group are women and 39% are men.
- Just over a half (57%) are located in the Southside, with the remainder located in the Northside (43%).
- In terms of referral source, 60% came via external agencies, 20% were internal ALONE referrals, 10% were self-referrals, 5% were from the public (family and friends) and 5% 'other'.
- In terms of the year of start for this group, 57% were first befriended in 2013 or later.
- It is not possible to determine where almost half of this group first heard about ALONE due to a lack of data. However, what we do know is that 26% first heard about ALONE via an external agency/colleague, 13% from ALONE itself and 13% via word of mouth.

Mental/emotional health

16 referrals - 5 x Northside and 11 x Southside
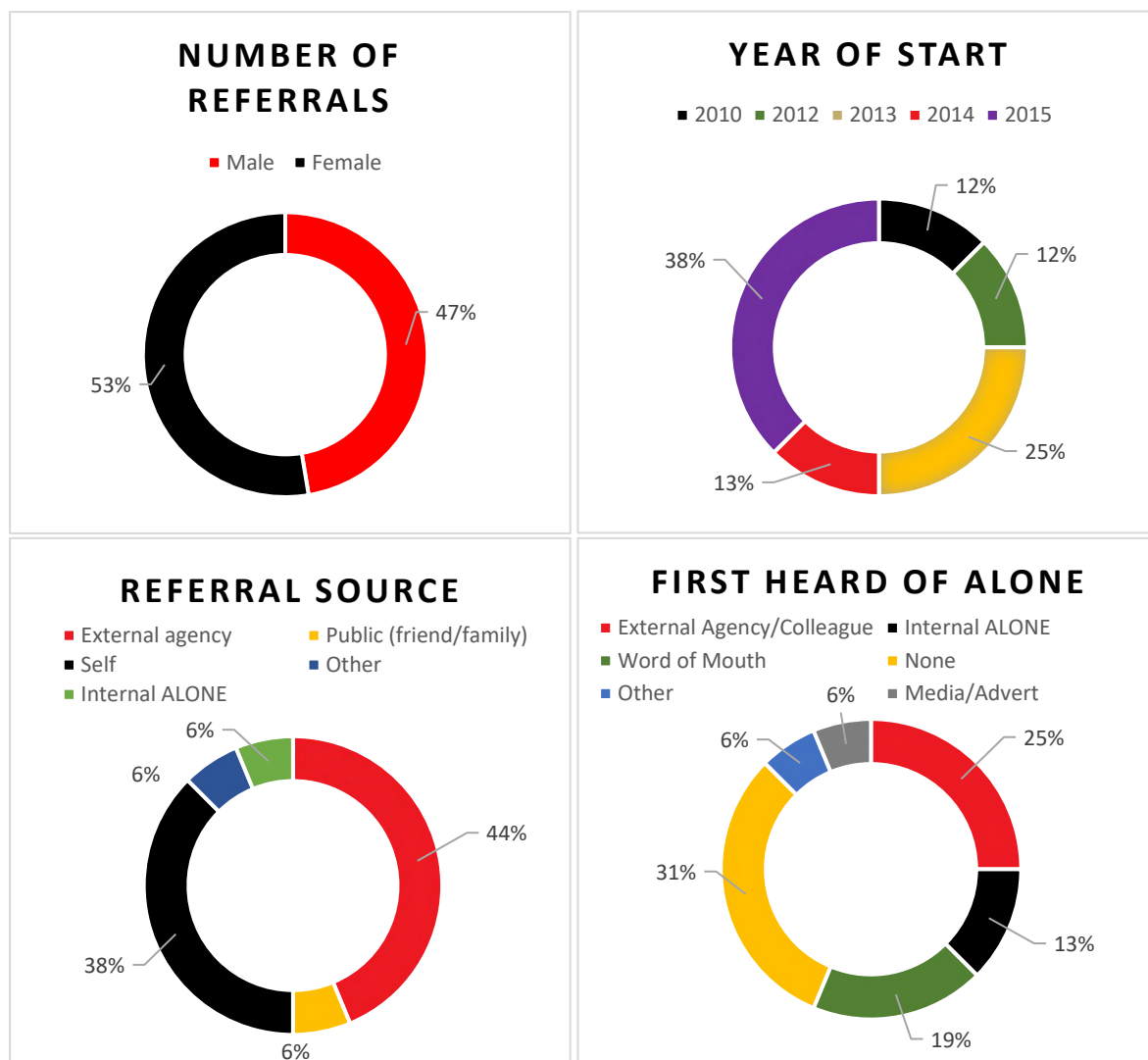
NUMBER OF REFERRALS

■ Male ■ Female

47%

53%

YEAR OF START

■ 2010 ■ 2012 ■ 2013 ■ 2014 ■ 2015

12%

12%

25%

13%

38%

REFERRAL SOURCE

■ External agency ■ Public (friend/family)
■ Self ■ Other
■ Internal ALONE

6%

6%

38%

44%

6%

FIRST HEARD OF ALONE

■ External Agency/Colleague ■ Internal ALONE
■ Word of Mouth ■ None
■ Other ■ Media/Advert

6%

6%

25%

31%

13%

19%

Observations in respect of 'actively befriended' where the primary reason was 'mental/emotional health':

- The number of 'actively befriended' where the primary reason was 'mental/emotional health' accounts for 8% of the overall 'actively befriended' group.
- 53% are women and 47% are men.
- Just over two-thirds of this group (69%) are located in the Southside, with the remainder located in the Northside (31%).
- In terms of referral source, just 6% in this instance fell under the heading of 'other'. 44% were referred by external agencies, 38% were self-referrals, 6% were public (family and friends) referrals and 6% were internal ALONE referrals.
- In terms of the year of start for this group, 76% were first befriended in 2013 or later.
- One quarter of this group first heard about ALONE via an external agency/colleague while 19% heard via word of mouth, 13% via ALONE, 6% via the media/advert. 31% of this group does not have information recorded and a further 6% heard via 'other'.

Housebound/mobility

13 referrals - 6 x Northside and 7 x Southside
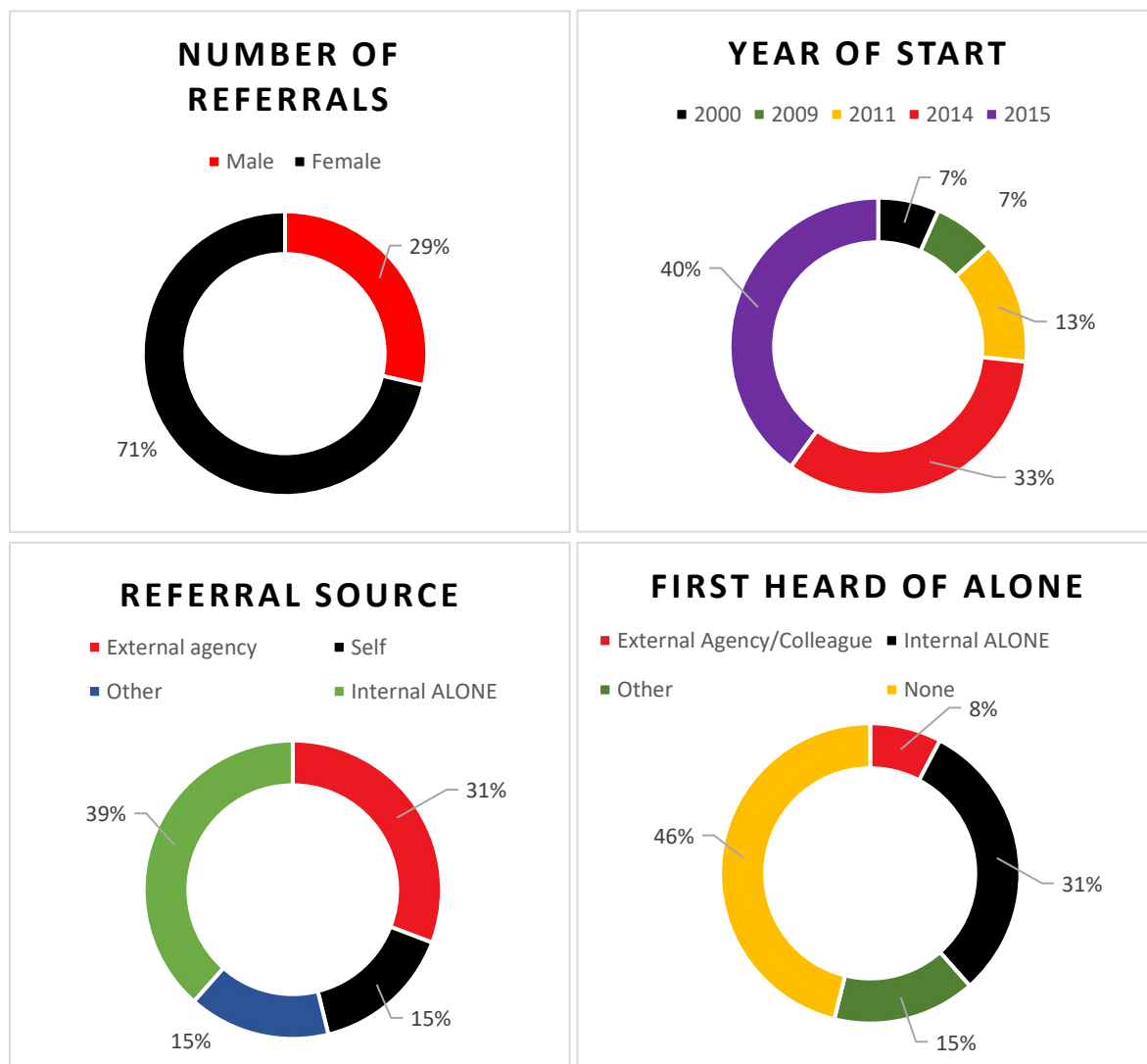
NUMBER OF REFERRALS

■ Male ■ Female

29%

71%

YEAR OF START

■ 2000 ■ 2009 ■ 2011 ■ 2014 ■ 2015

7%

7%

13%

33%

40%

REFERRAL SOURCE

■ External agency ■ Self
■ Other ■ Internal ALONE

31%

39%

15%

15%

FIRST HEARD OF ALONE

■ External Agency/Colleague ■ Internal ALONE
■ Other ■ None

8%

31%

46%

15%

Observations in respect of 'actively befriended' where the primary reason was 'housebound/mobility':

▪ The number of 'actively befriended' where the primary reason was 'mental/emotional health' accounts for 7% of the overall 'actively befriended' group.

▪ 71% are women and 29% are men.

▪ Just over half of this group (54%) are located in the Southside, with the remainder located in the Northside (46%).

▪ In terms of referral source, just 15% in this instance fell under the heading of 'other'. 31% were referred by external agencies, 39% were internal ALONE referrals and 15% were self-referrals.

▪ In terms of the year of start for this group, 73% were first befriended in 2014 or later.

▪ It is not possible to determine where almost half of this group first heard about ALONE due to a lack of data. However, what we do know is that 31% first heard about ALONE via ALONE, 15% heard via 'other' and 8% via an external agency/colleague.

Poor physical health

5 referrals - 3 x Northside and 2 x Southside
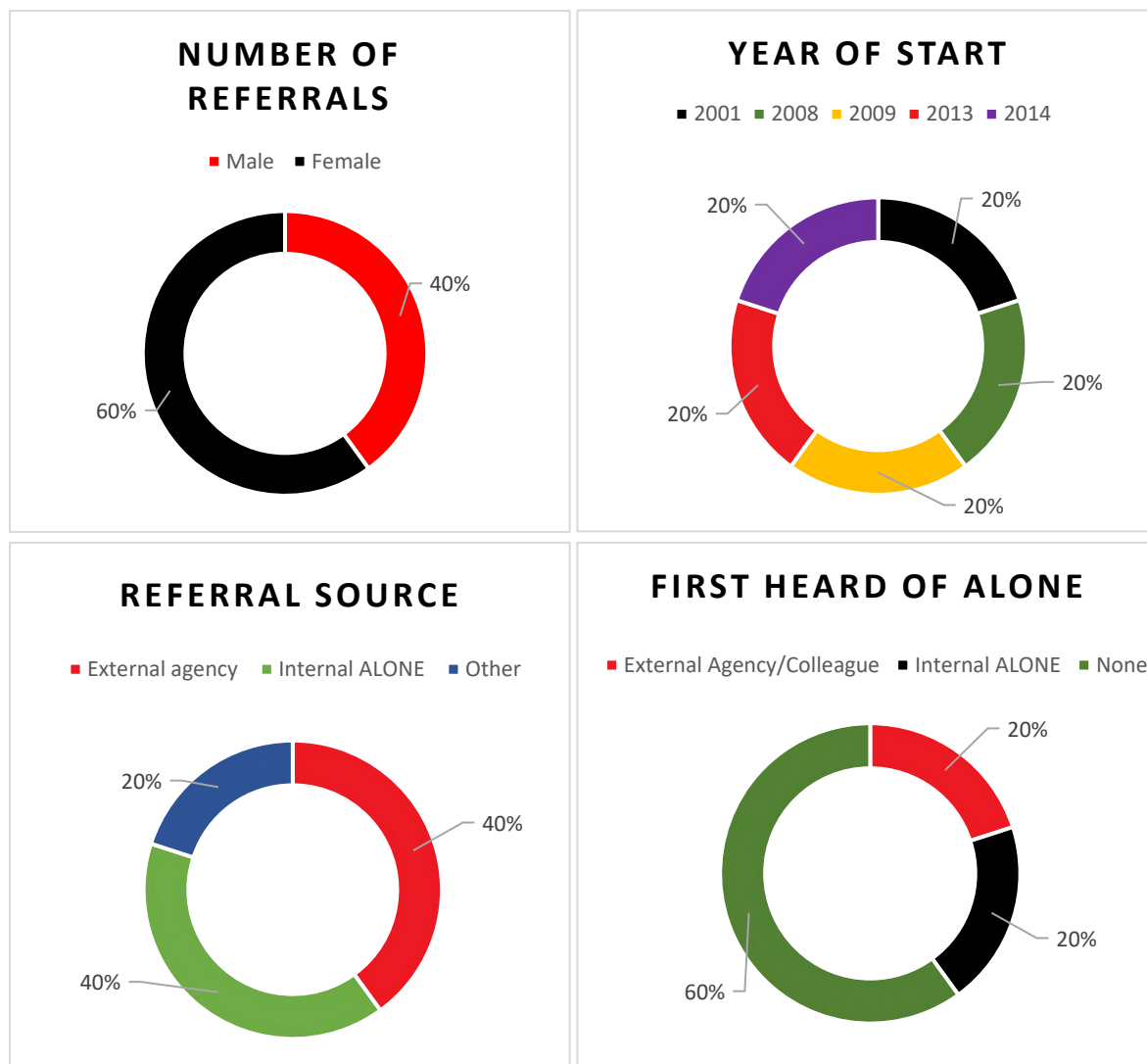
NUMBER OF REFERRALS

■ Male ■ Female

40%

60%

YEAR OF START

■ 2001 ■ 2008 ■ 2009 ■ 2013 ■ 2014

20%   20%

20%   20%

20%

REFERRAL SOURCE

■ External agency ■ Internal ALONE ■ Other

20%   40%

40%

FIRST HEARD OF ALONE

■ External Agency/Colleague ■ Internal ALONE ■ None

20%

20%

60%

Observations in respect of 'actively befriended' where the primary reason was 'poor physical health':

- The number of 'actively befriended' where the primary reason was 'poor physical health' accounts for 3% of the overall 'actively befriended' group.
- 60% are women and 40% are men.
- 60% of this group are located in the Southside, with the remainder located in the Northside (40%)
- In terms of referral source, 40% were referred by an external agency, 40% were internal ALONE referrals and 20% were referred via 'other.
- In terms of the year of start for this group, 40% were first befriended in 2013 or later.
- It is not possible to determine where 60% of this group first heard about ALONE due to a lack of data. However, what we do know is that 20% first heard about ALONE via ALONE and 20% heard via an external agency/colleague.

Other

5 referrals - 0 x Northside, 4 x Southside and 1 x no address

NUMBER OF REFERRALS

■ Male ■ Female ■ Unknown

20% 20%

60%

YEAR OF START

■ 2000 ■ 2010 ■ 2011 ■ 2014

20%

40% 20%

20%

REFERRAL SOURCE

■ Internal ALONE ■ Other

40%

60%

FIRST HEARD OF ALONE

■ Internal ALONE ■ None

40%

60%
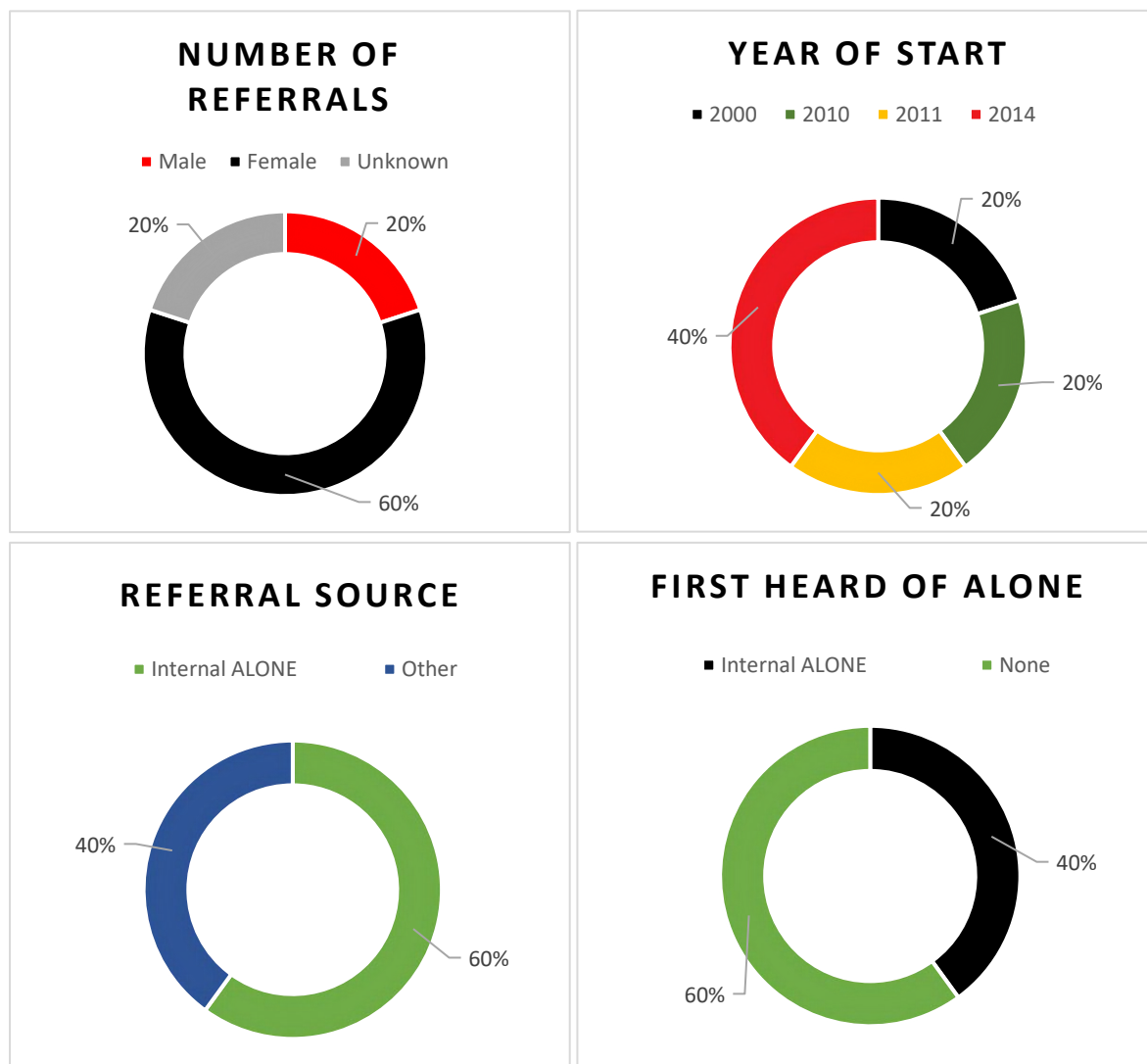
Observations in respect of 'actively befriended' where the primary reason was 'other':

- The number of 'actively befriended' where the primary reason was 'other' accounts for 3% of the overall 'actively befriended' group.
- 60% are women, 20% are men and the gender of 20% is unknown.
- 80% of this group are located in the Southside, with the remainder (20%) not having any address details recorded.
- In terms of referral source, 60% were internal ALONE referrals, while the remaining 40% were referred via 'other'.
- In terms of the year of start for this group, 40% were first befriended in 2014 or later.
- It is not possible to determine where 60% of this group first heard about ALONE due to a lack of data. However, what we do know is that the remaining 40% first heard about ALONE via ALONE.

Visual Impairment

4 referrals - 4 x Southside
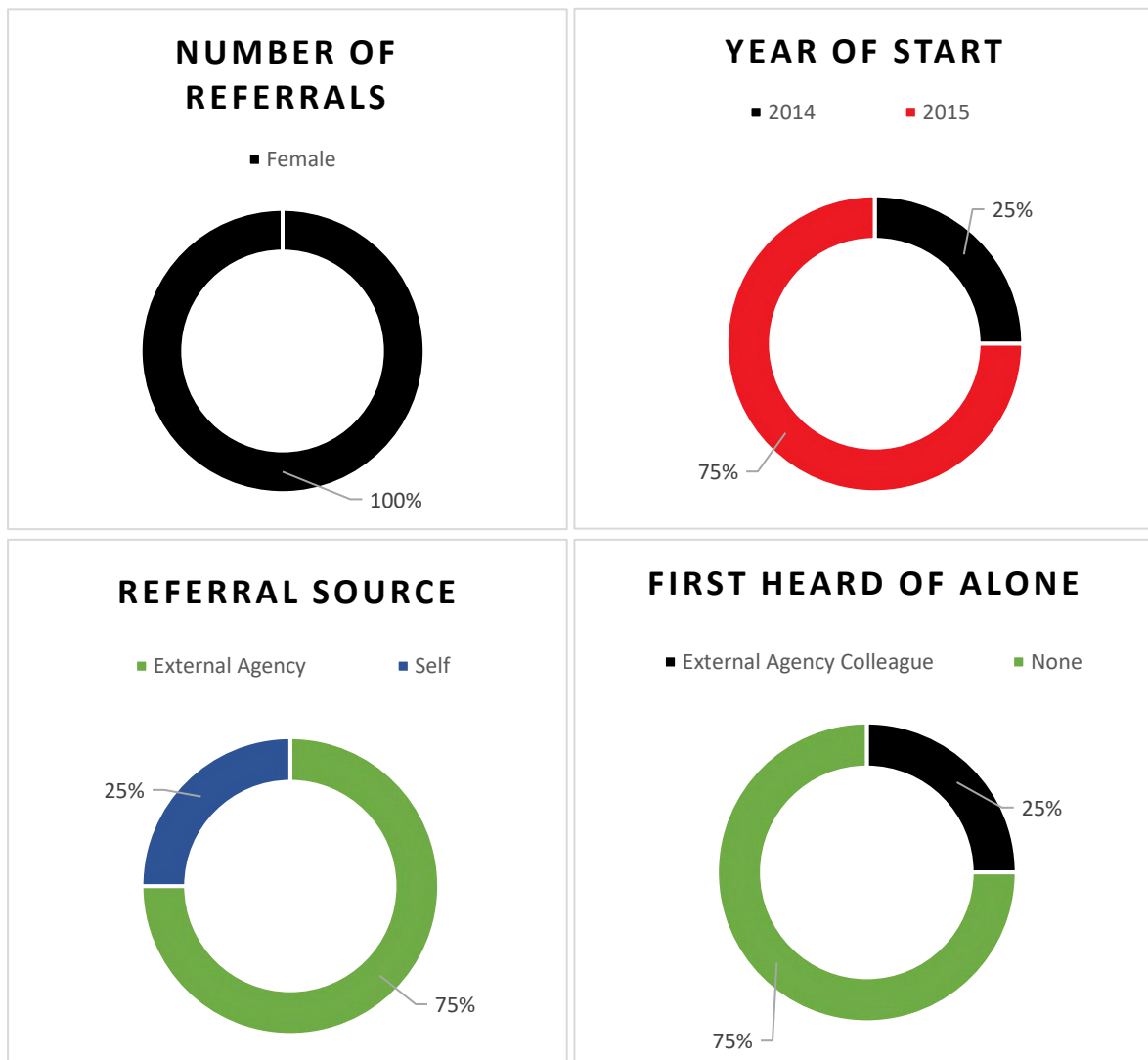
NUMBER OF REFERRALS

■ Female

100%

YEAR OF START

■ 2014   ■ 2015

25%

75%

REFERRAL SOURCE

■ External Agency   ■ Self

25%

75%

FIRST HEARD OF ALONE

■ External Agency Colleague   ■ None

25%

75%

Observations in respect of 'actively befriended' where the primary reason was 'visual impairment':

- The number of 'actively befriended' where the primary reason was 'visual impairment' accounts for 2% of the overall 'actively befriended' group.
- All are women and all are located in the Southside.
- In terms of referral source, 75% were referred via external agencies, while the remaining 25% were self-referrals.
- In terms of the year of start for this group, all were first befriended in 2014 or later; 75% were befriended in 2015
- It is not possible to determine where 75% of this group first heard about ALONE due to a lack of data. The remaining 25% first heard about ALONE via an external agency/colleague.
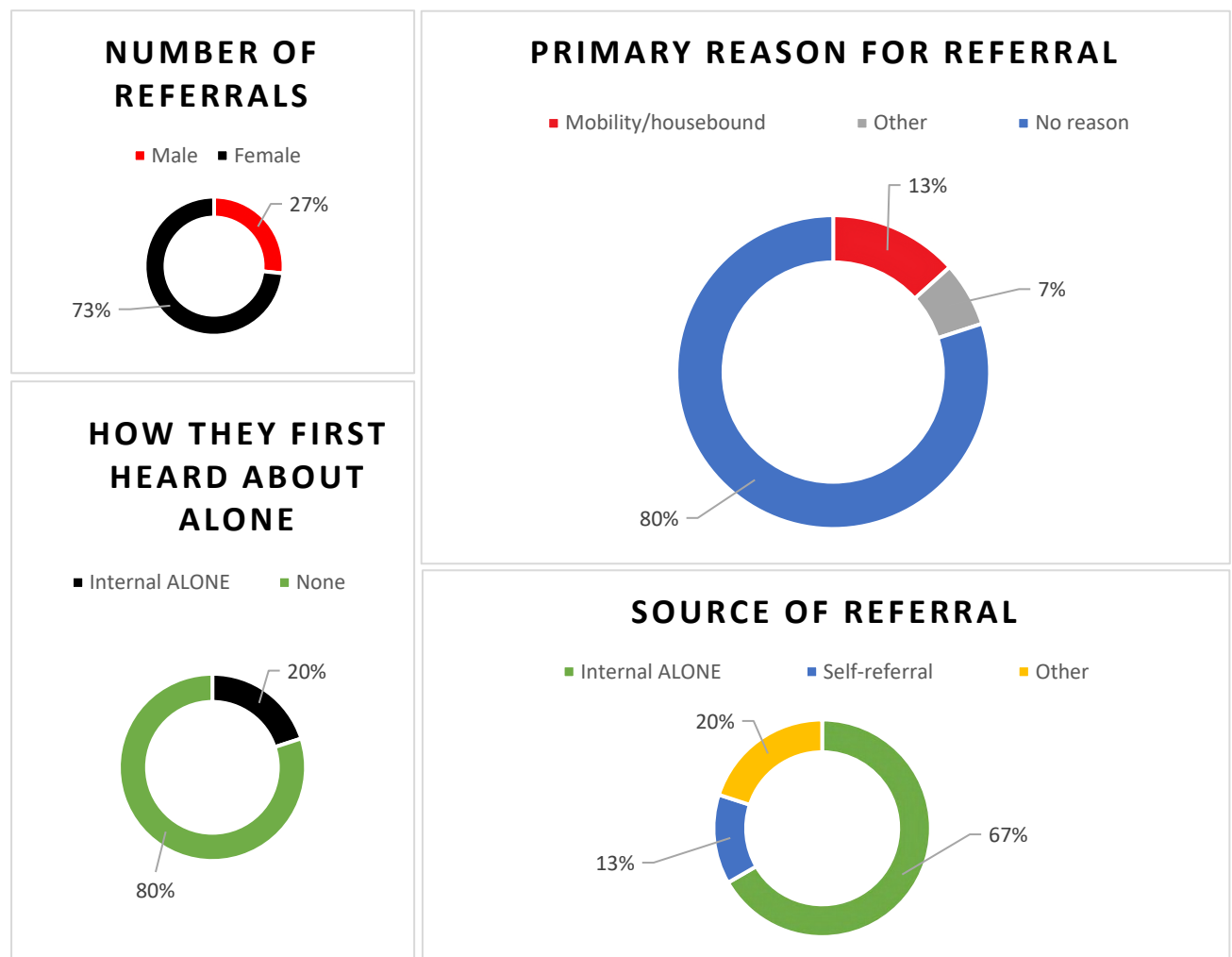
Alzheimer's/Dementia

2 referrals - 2 x Southside
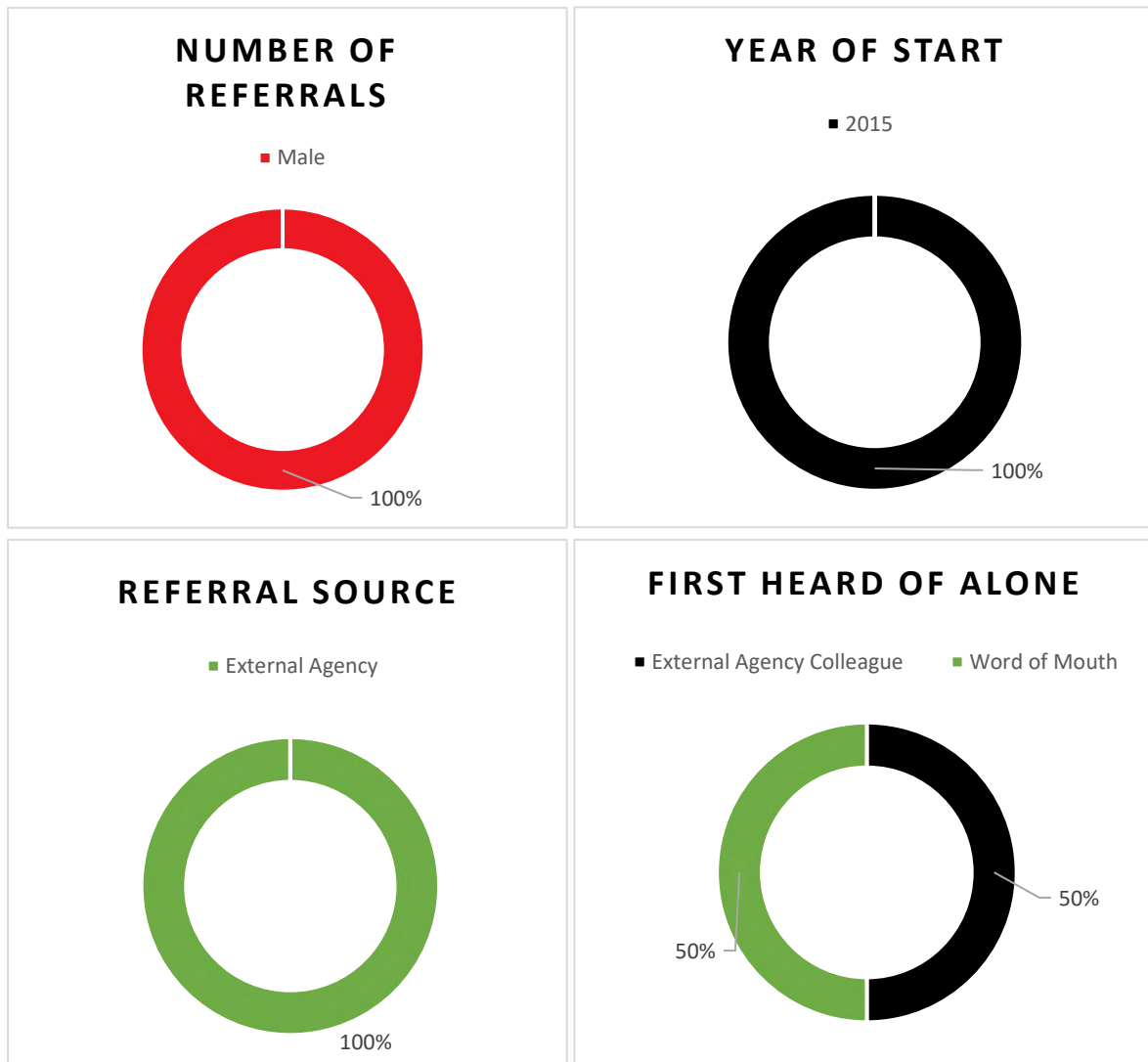
NUMBER OF REFERRALS

■ Male

100%

YEAR OF START

■ 2015

100%

REFERRAL SOURCE

■ External Agency

100%

FIRST HEARD OF ALONE

■ External Agency Colleague   ■ Word of Mouth

50%

50%

Observations in respect of 'actively befriended' where the primary reason was 'Alzheimer's/dementia':

- The number of 'actively befriended' where the primary reason was 'Alzheimer's/dementia' accounts for 1% of the overall 'actively befriended' group.
- All are men and all are located in the Southside.
- All were referred by an external agency and were first befriended in 2015.
- 50% of this group first heard about ALONE via external agencies and the other 50% heard via word of mouth.

Bereavement

2 referrals – 1 x Northside x 1 x Southside
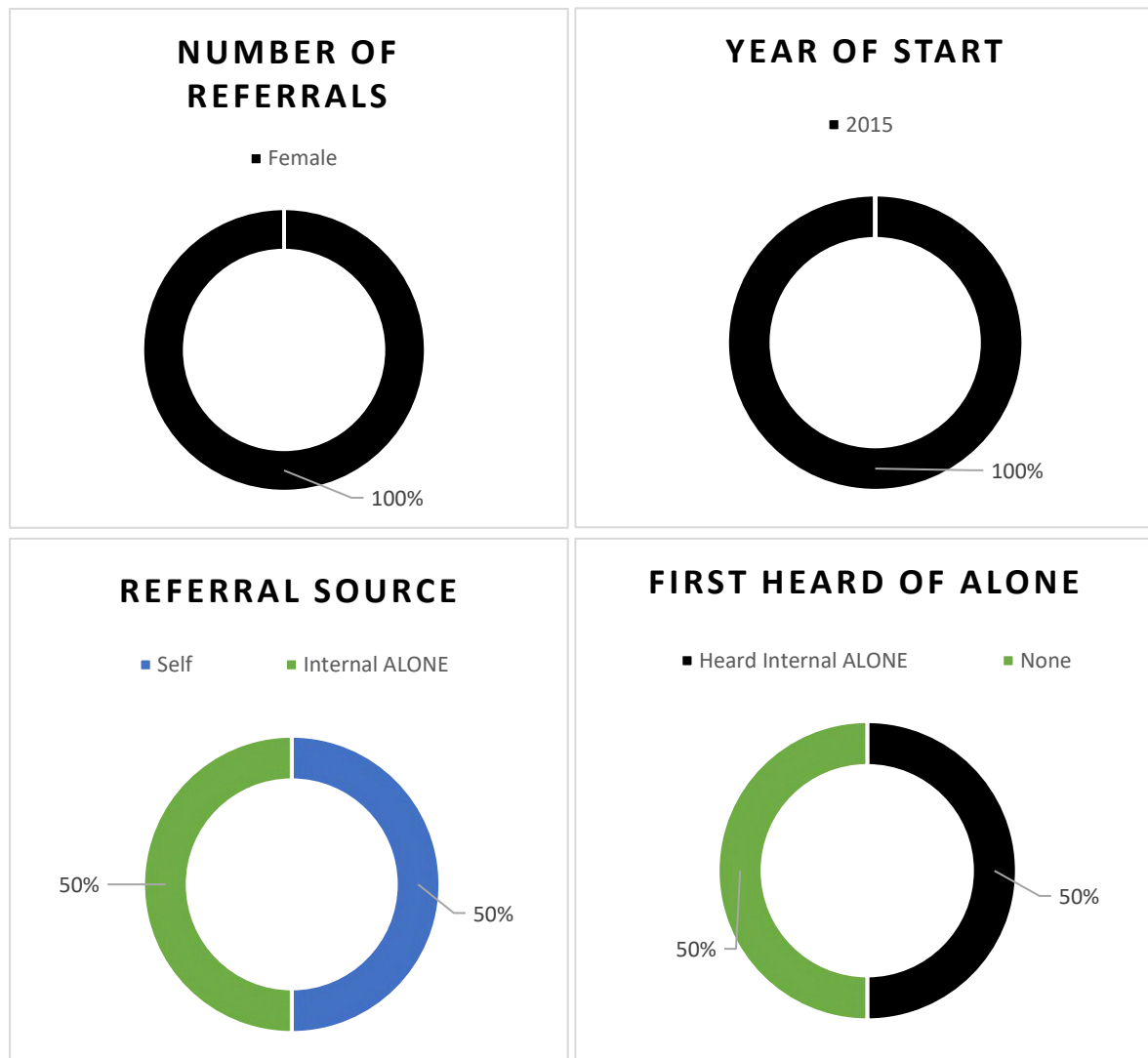
NUMBER OF REFERRALS

■ Female

100%

YEAR OF START

■ 2015

100%

REFERRAL SOURCE

■ Self ■ Internal ALONE

50%   50%

FIRST HEARD OF ALONE

■ Heard Internal ALONE ■ None

50%   50%

Observations in respect of 'actively befriended' where the primary reason was 'bereavement':

- The number of 'actively befriended' where the primary reason was 'bereavement' accounts for 1% of the overall 'actively befriended' group.
- All are female.
- 50% of this group are located in the Southside, with the remainder (50%) located in the Northside.
- 50% of this group were self-referrals with the other 50% being internal ALONE referrals.
- In terms of the year of start for this group, all were first befriended in 2015.
- It is not possible to determine where 50% of this group first heard about ALONE due to a lack of data. The other 50% first heard about ALONE via ALONE.
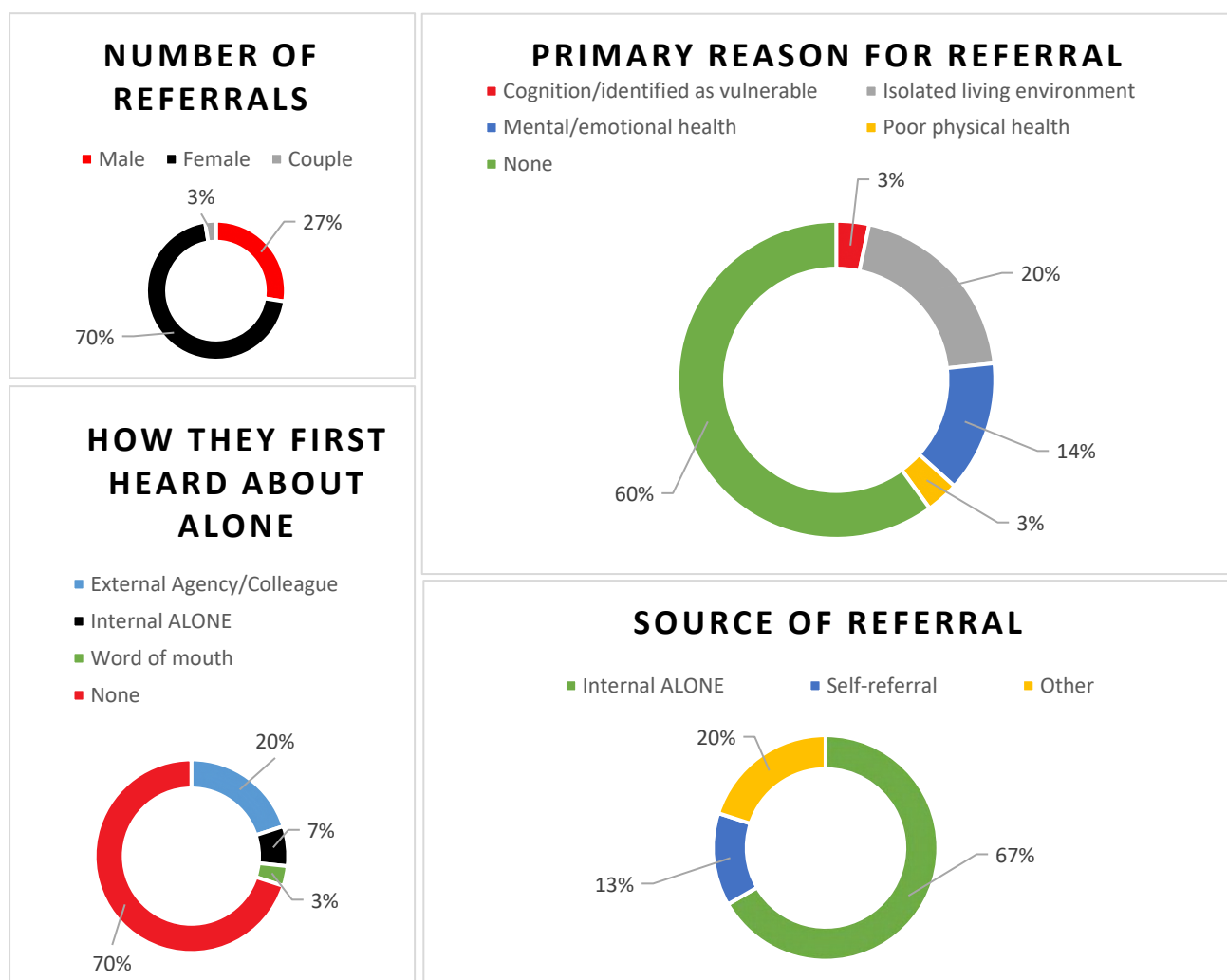
Cognition/Identified as vulnerable

2 referrals – 2 x Southside
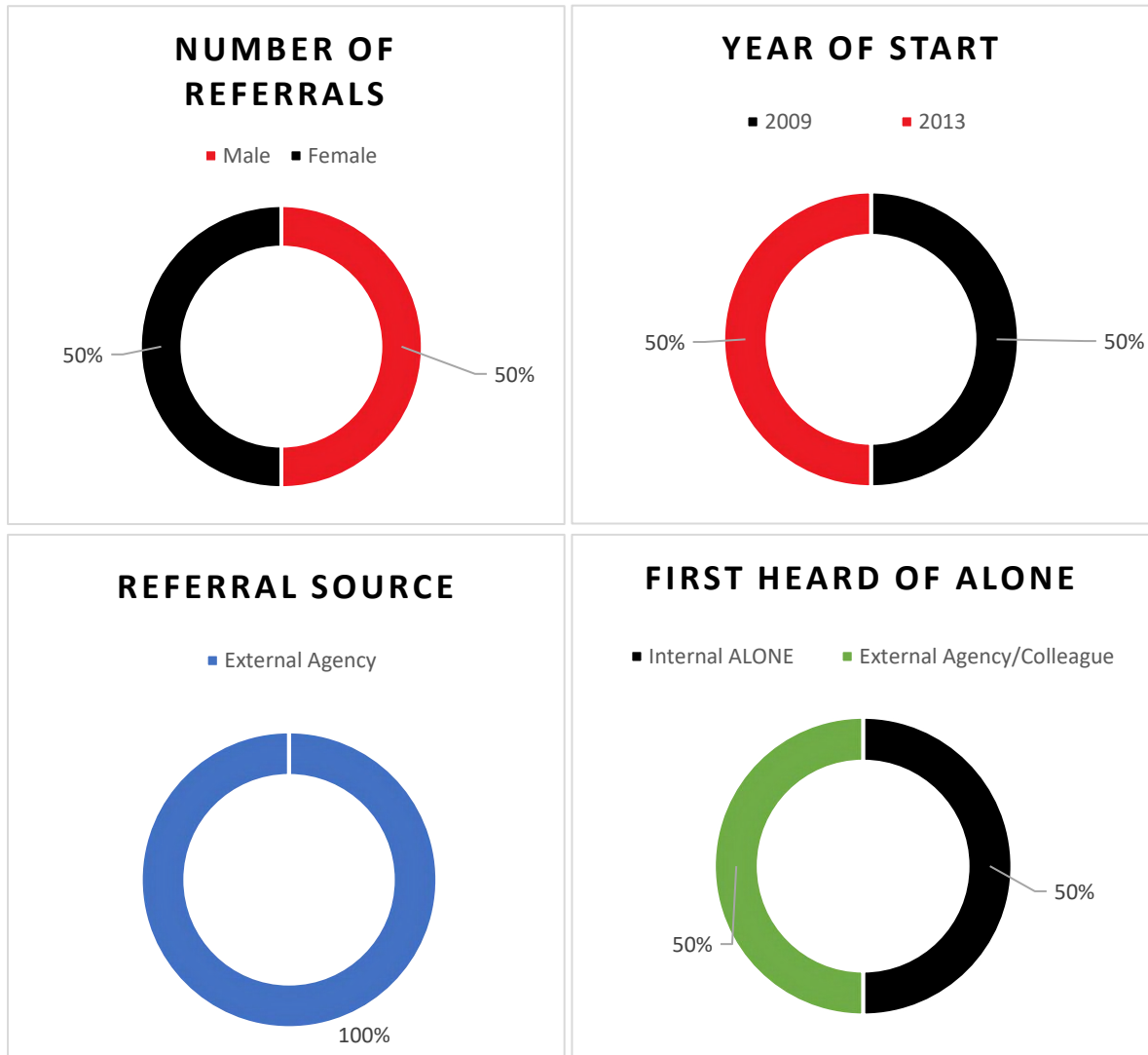
NUMBER OF REFERRALS

■ Male   ■ Female

50%   50%

YEAR OF START

■ 2009   ■ 2013

50%   50%

REFERRAL SOURCE

■ External Agency

100%

FIRST HEARD OF ALONE

■ Internal ALONE   ■ External Agency/Colleague

50%   50%

Observations in respect of 'actively befriended' where the primary reason was 'cognition/identified as vulnerable':

- The number of 'actively befriended' where the primary reason was 'cognition/identified as vulnerable' accounts for 1% of the overall 'actively befriended' group.
- 50% are women and 50% are men.
- All of this group are located in the Southside.
- In terms of referral source, all were referred by external agencies.
- In terms of the year of start for this group, 50% were first befriended in 2009 and 50% in 2013.
- 50% of this group first heard of ALONE via an external agency/colleague while the other 50% heard via ALONE.

Addiction

1 referral – Southside

NUMBER OF REFERRALS

■ Female

100%

YEAR OF START

■ 2015

100%

REFERRAL SOURCE

■ External Agency

100%

FIRST HEARD OF ALONE

■ None

100%
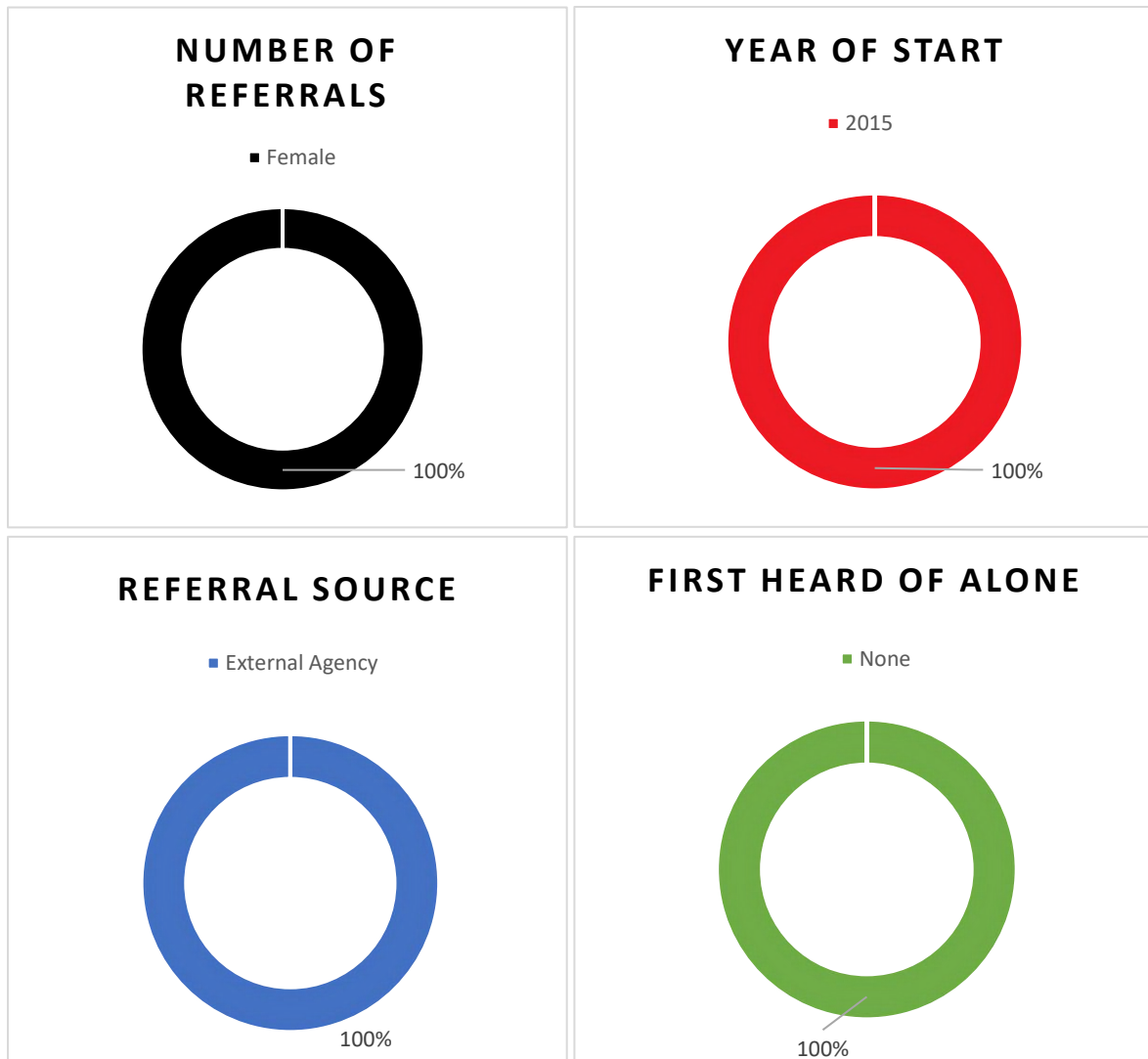
Observations in respect of 'actively befriended' where the primary reason was 'addiction':

- The number of 'actively befriended' where the primary reason was 'addiction' accounts for 0.5% of the overall 'actively befriended' group.
- This person is female, is located in the Southside, was referred by an external agency and was first befriended in 2015.
- It is not possible to determine where this person first heard about ALONE due to a lack of data.

In long-term care

1 referral – Northside
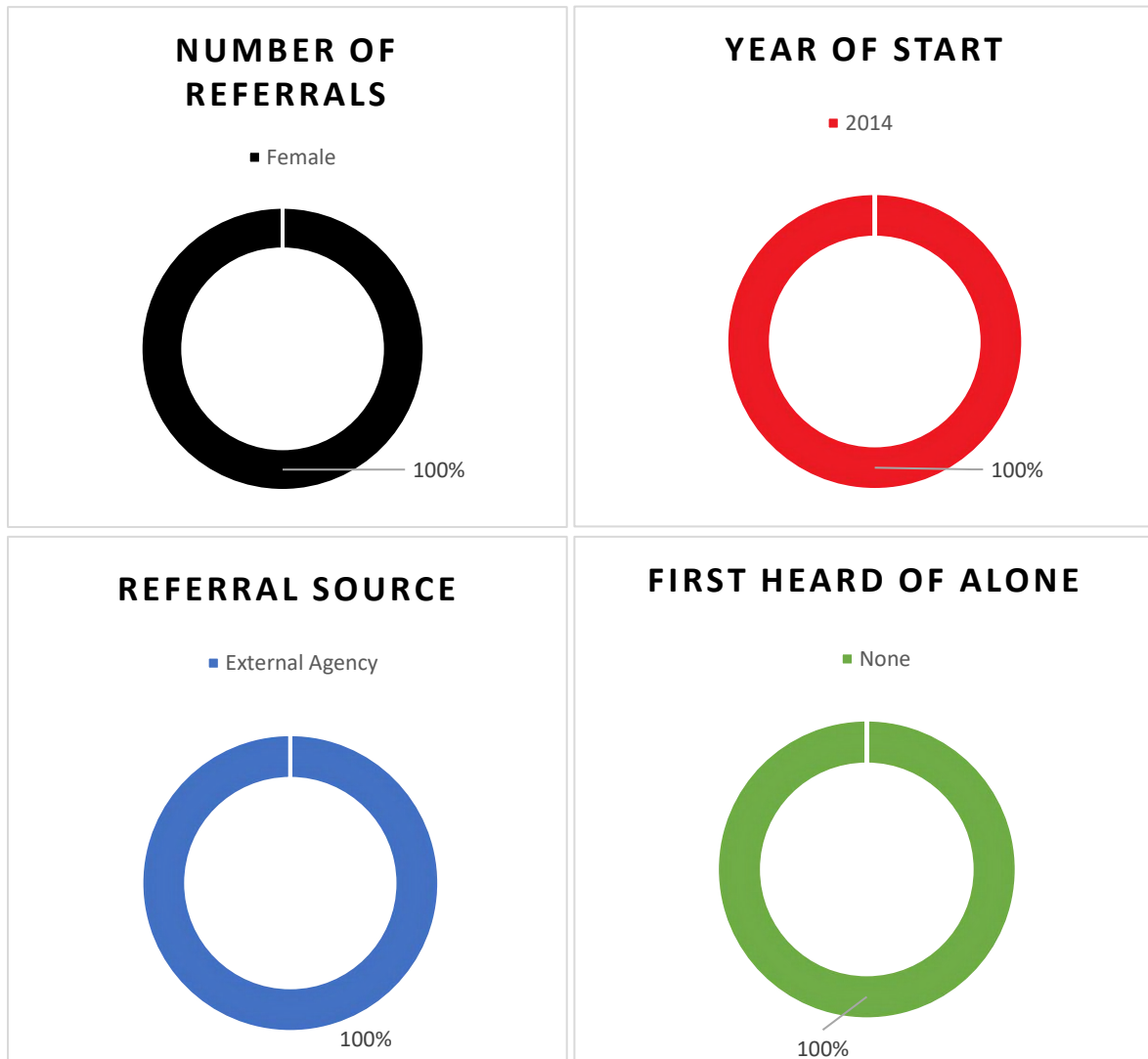
NUMBER OF REFERRALS

■ Female

100%

YEAR OF START

■ 2014

100%

REFERRAL SOURCE

■ External Agency

100%

FIRST HEARD OF ALONE

■ None

100%

Observations in respect of 'actively befriended' where the primary reason was 'in long-term care':

- The number of 'actively befriended' where the primary reason was 'in long-term care' accounts for 0.5% of the overall 'actively befriended' group.
- This person is female, is located in the Northside, was referred by an external agency and was first befriended in 2014.
- It is not possible to determine where this person first heard about ALONE due to a lack of data.

7.2 Breakdown of 'Actively Befriended' by source of referral

External agency referrals (57 or 30% of the overall total)

NUMBER OF REFERRALS

■ Male ■ Female ■ Couple

2%
47%
51%

LOCATION

■ Northside ■ Southside ■ Co. Kildare

5%
32%
63%

PRIMARY REASON FOR REFERRAL

■ Addiction   ■ Alzheimer's/dementia
■ Cognition/Identified as vulnerable   ■ Housebound/mobility
■ Isolated living environment   ■ Mental/emotional health
■ In long-term care   ■ Poor physical health
■ Visual impairment   ■ No reason

2% 2% 3%
7%
42%
21%
5%
4% 2% 12%

HOW THEY FIRST HEARD ABOUT ALONE

■ External Agency/Colleague ■ Word of mouth ■ No response

23%
3%
74%

START YEAR

■ 2000 ■ 2005 ■ 2008 ■ 2009 ■ 2010
■ 2012 ■ 2013 ■ 2014 ■ 2015

5% 11%
18%
2%
2%
5%
5%
7%
45%

Observations in respect of 'actively befriended' where the referrer was 'external agencies':

- 30% of the total 'active befriended' group were referred by external agencies.
- 51% are female, 47% are male and 2% are couples.
- 63% are located in the Southside, 32% in the Northside and 5% in Co. Kildare
- The primary reason for referral for 42% of those referred by external agencies was 'no reason', followed by 'isolated living environment' (21%), 'mental/emotional health' (12%),

'housebound/mobility' (7%), 'visual impairment' (5%), 'poor physical health' (4%), 'cognition/identified as vulnerable' (3%), 'Alzheimer's/dementia' (2%), 'addiction' (2%) and 'in long-term care' (2%).

- It is not possible to determine where 74% of this group first heard about ALONE due to a lack of data. The remaining 26% first heard of ALONE via an external agency/colleague (23%) or via word of mouth (3%).

- 68% of this group were first befriended in 2013 or later.

Internal ALONE referrals (35 or 18% of the overall total)

NUMBER OF REFERRALS

■ Male   ■ Female   ■ Unknown

3%
37%
60%

LOCATION

■ Northside   ■ Southside   ■ Co. Kildare

3%
48%
49%

PRIMARY REASON FOR REFERRAL

■ Bereavement   ■ Housebound/mobility
■ Isolated living environment   ■ Mental/emotional health
■ In long-term care   ■ Poor physical health
■ Other   ■ No reason

3%
14%
11%
3%
3%
5%
8%
53%

HOW THEY FIRST HEARD ABOUT ALONE

■ Internal ALONE   ■ No response

22%
78%

START YEAR

■ 2000   ■ 2008   ■ 2009   ■ 2010   ■ 2011
■ 2012   ■ 2013   ■ 2014   ■ 2015

6%
14%
11%
3%
14%
11%
6%
6%
29%
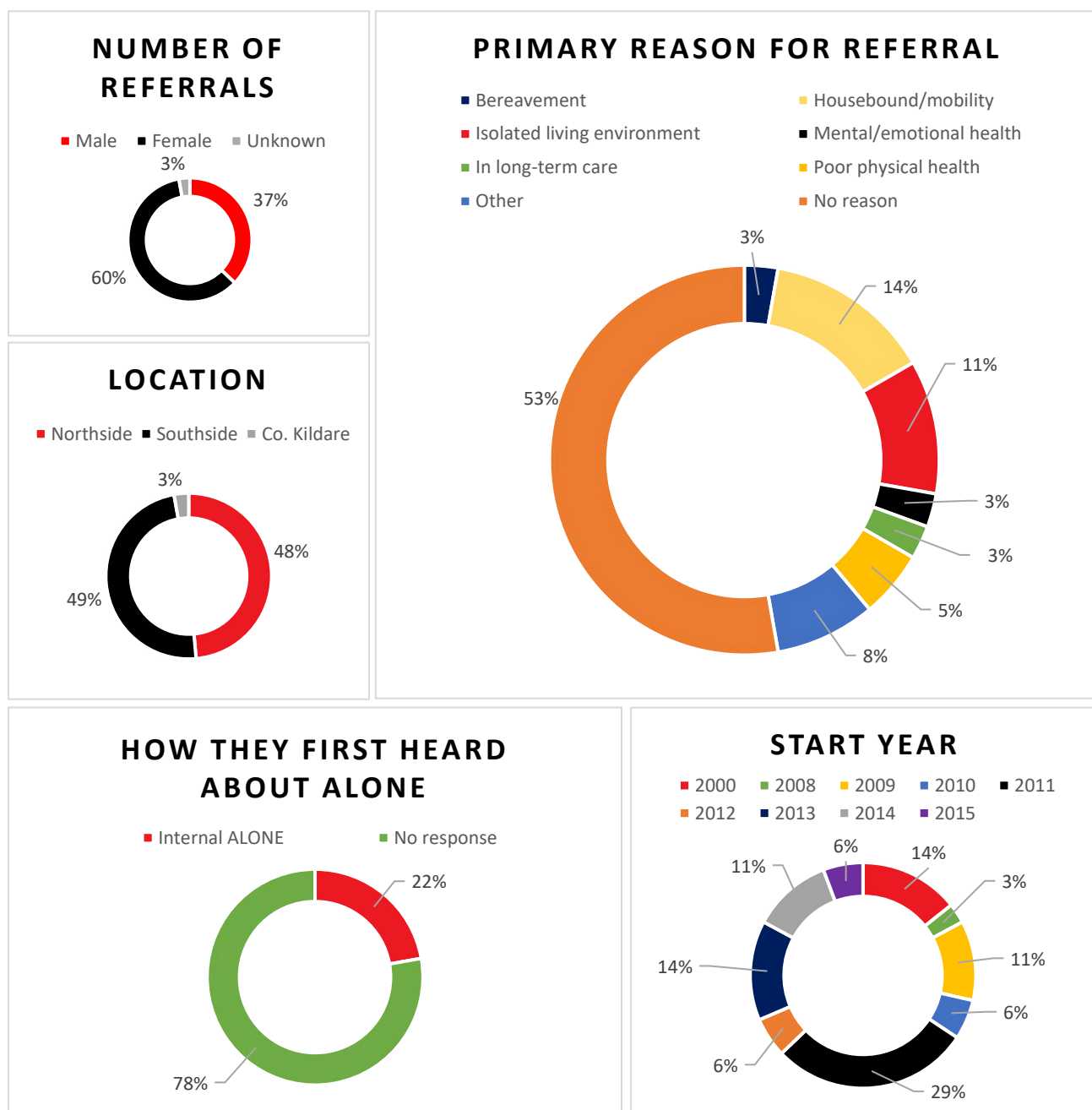
Observations in respect of 'actively befriended' where the referrer was 'internal ALONE':

- 30% of the total 'active befriended' group were internal ALONE referrals.
- 60% are female, 37% are male and 1% are couples.
- 49% are located in the Southside, 48% in the Northside and 3% in Co. Kildare.
- The primary reason for referral for 53% of internal ALONE referrals was 'no reason', followed by 'housebound/mobility' (14%), 'isolated living environment' (11%), 'other' (8%), 'poor physical health' (5%), 'mental/emotional health' (3%), 'in long-term care' (3%), and 'bereavement' (3%).
- It is not possible to determine where 78% of this group first heard about ALONE due to a lack of data. The remaining 22% first heard of ALONE via ALONE.
- 31% of this group were first befriended in 2013 or later. 29% were first befriended in 2011.

Other (57 or 30% of the overall total)

NUMBER OF REFERRALS

■ Male ■ Female ■ Couple

2%
10%
88%

LOCATION

■ Northside ■ Southside
■ Co. Kildare ■ No address

2% 2% 19%
77%

PRIMARY REASON FOR REFERRAL

■ Alzheimer's/Dementia   ■ Mobility/housebound
■ Isolated living environment ■ Mental/emotional health
■ Poor physical health   ■ Other
■ No reason

2% 3% 3%
2%
2%
4%
84%

HOW THEY FIRST HEARD ABOUT ALONE

■ Other ■ No response

2%
98%

START YEAR

■ 2000 ■ 2004 ■ 2008 ■ 2009 ■ 2010
■ 2011 ■ 2012 ■ 2014 ■ 2015

7% 4%
3%
5%
11%
3%
2%
2%
63%
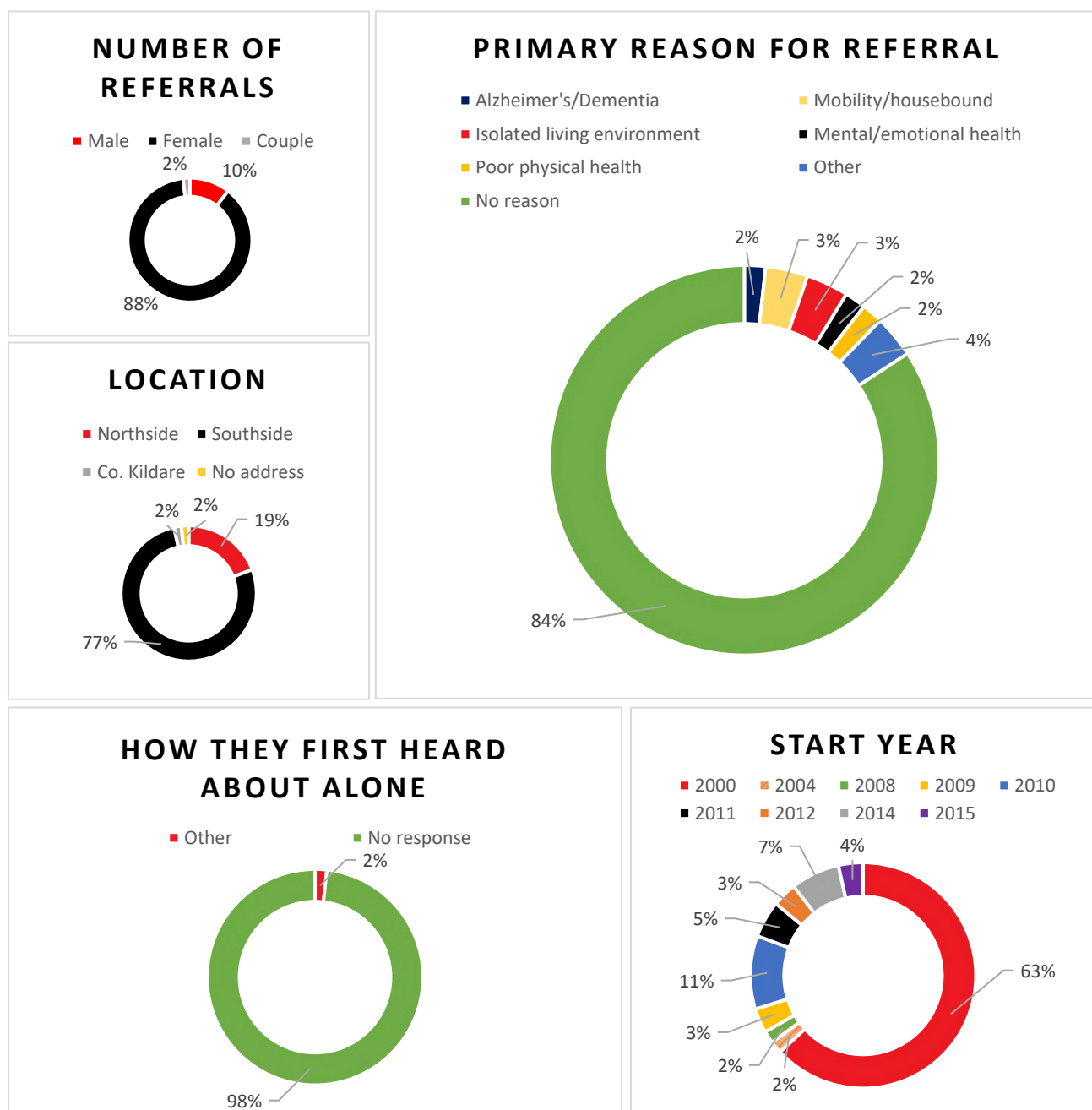
Observations in respect of 'actively befriended' where the referrer was 'other':

- 30% of the total 'active befriended' group were referred by 'other'.
- 88% are female, 10% are male and 2% are couples.
- 77% are located in the Southside, 19% in the Northside, 2% in Co. Kildare and 2% had no address.
- The primary reason for referral for 84% of those referred by external agencies was 'no reason', followed by 'other' (4%), 'housebound/mobility' (3%), 'isolated living environment' (3%), 'poor physical health' (2%), 'Alzheimer's/dementia' (2%), and 'poor physical health' (2%).
- It is not possible to determine where 98% of this group first heard about ALONE due to a lack of data. The remaining 2% first heard of ALONE via 'other.
- 63% of this group were first befriended in 2000.

Public (family/friends) (15 or 8% of the overall total)

NUMBER OF REFERRALS

■ Male ■ Female ■ Couple

20%
20%
60%

LOCATION

■ Northside ■ Southside

20%
80%

PRIMARY REASON FOR REFERRAL

■ Isolated living environment ■ Mental/emotional health ■ None

6%
7%
87%

HOW THEY FIRST HEARD ABOUT ALONE

■ Internal ALONE ■ Word of mouth ■ No answer

6%
7%
87%

START YEAR

■ 2000 ■ 2008 ■ 2009 ■ 2010 ■ 2012 ■ 2014

13%
20%
13%
7%
7%
40%
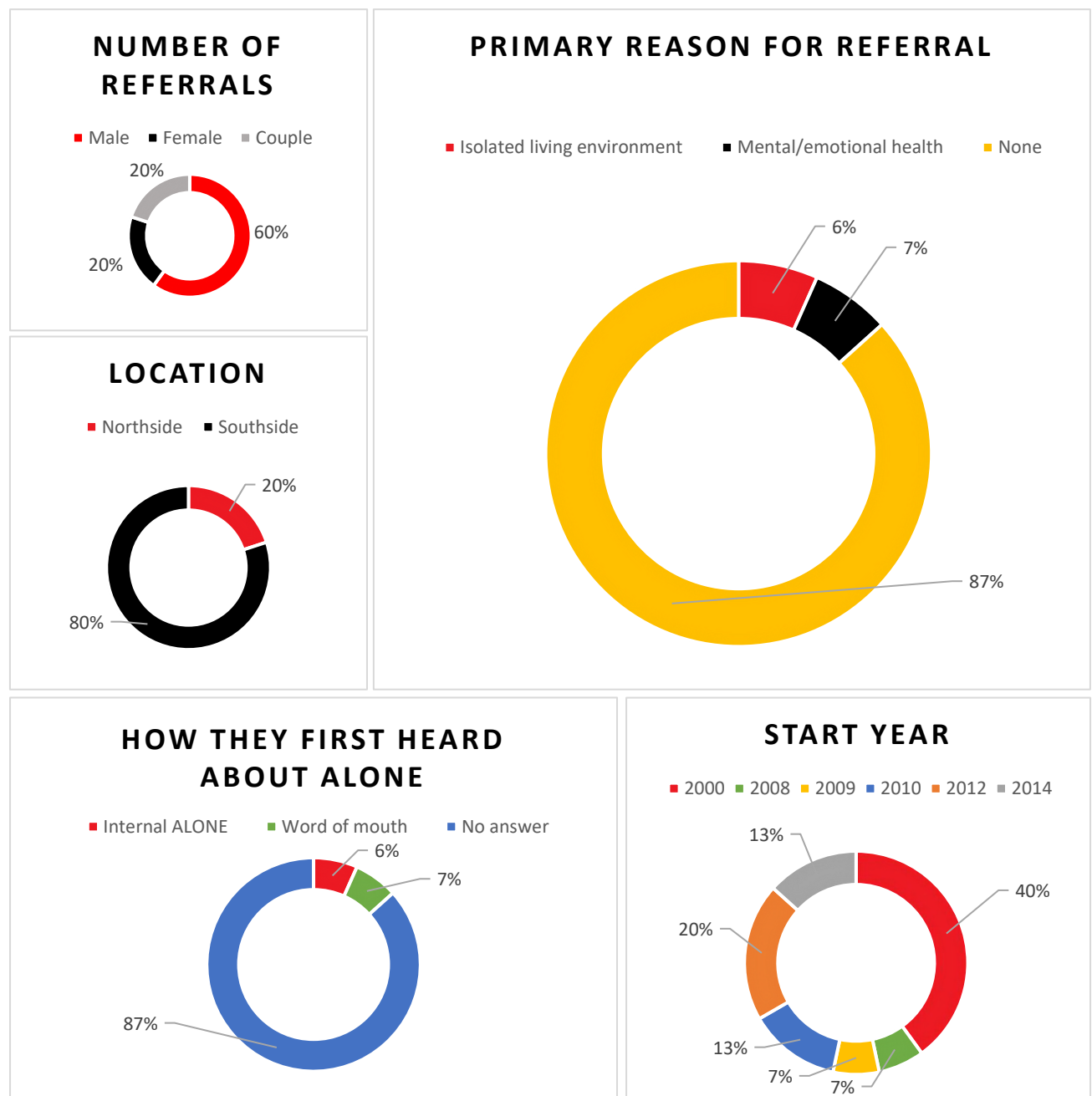
Observations in respect of 'actively befriended' where the referrer was 'public (family/friends)':

- 8% of the total 'active befriended' group were referred by the public (family/friends).
- 20% are female, 60% are male and 20% are couples.
- 80% are located in the Southside and 20% in the Northside.
- The primary reason for referral for 87% of those referred by the public was 'no reason', followed by 'mental/emotional health' (7%) and 'isolated living environment' (6%).
- It is not possible to determine where 87% of this group first heard about ALONE due to a lack of data. The remaining 13% first heard of ALONE via word of mouth (7%) or via ALONE (6%).
- 40% of this group were first befriended in 2000.

Self-referrals (26 or 14% of the overall total)

NUMBER OF REFERRALS

■ Male ■ Female

8%
92%

LOCATION

■ Northside ■ Southside

38%
62%

PRIMARY REASON FOR REFERRAL

■ Bereavement   ■ Mobility/housebound
■ Isolated living environment   ■ Mental/emotional health
■ Visual impairment   ■ No reason

4%
8%
15%
46%
23%
4%

HOW THEY FIRST HEARD ABOUT ALONE

■ External Agency/Colleague
■ Internal ALONE
■ Media/Advert
■ Word of mouth
■ Other
■ None

3% 3%
4%
11%
11%
68%

START YEAR

■ 2000 ■ 2008 ■ 2009 ■ 2010 ■ 2011
■ 2012 ■ 2013 ■ 2014 ■ 2015

4%
11%
23%
4%
11%
19%
8%
12%
8%

Observations in respect of 'actively befriended' where the referrer was 'self-referral':

- 14% of the total 'active befriended' group were self-referrals.
- 92% are female and 8% are male.
- 62% are located in the Southside and 38% in the Northside.
- The primary reason for referral for 46% of those referred by external agencies was 'no reason', followed by 'mental/emotional health' (23%), 'isolated living environment' (15%), 'mobility/housebound' (8%), 'visual impairment' (4%) and 'bereavement' (4%).
- It is not possible to determine where 63% of this group first heard about ALONE due to a lack of data. The remaining 37% first heard of ALONE via 'other' (11%), word of mouth (11%), media/advert (4%), ALONE (3%) and external agency/colleague (3%).
- 54% of this group were first befriended in 2013 or later.

7.3 Breakdown of 'Actively Befriended' by start year

2000 (53 referrals – 10 x Northside, 40 x Southside and 3 x Co. Kildare)

NUMBER OF REFERRALS

■ Male ■ Female ■ Couple

- 17%
- 2%
- 81%

HOW THEY FIRST HEARD ABOUT ALONE

■ Internal ALONE ■ None

- 2%
- 98%

PRIMARY REASON FOR REFERRAL

■ Mobility/housebound   ■ Isolated living environment
■ Poor physical health   ■ Other
■ No reason

- 2%
- 2%
- 2%
- 2%
- 92%

SOURCE OF REFERRAL

■ External Agency   ■ Internal ALONE   ■ Public (friend/family)
■ Self-referral   ■ Other

- 11%
- 10%
- 2%
- 2%
- 75%
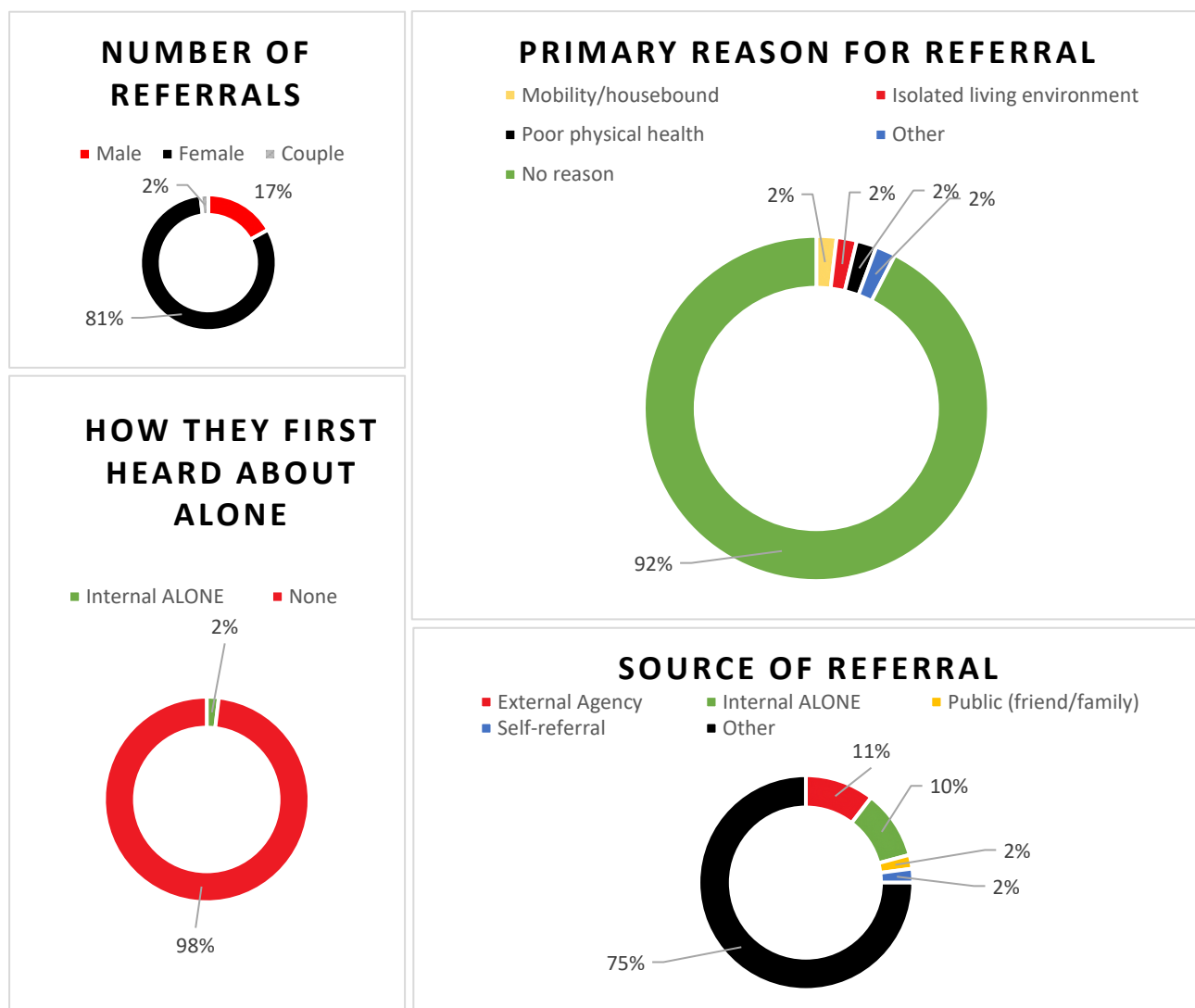
Observations in respect of 'actively befriended' where the start year was '2000':

- 28% of the total 'active befriended' group have a start date in 2000.
- 81% are female, 17% are male and 2% are couples.
- 75% are located in the Southside, 19% in the Northside and 6% in Co. Kildare.
- The primary reason for referral for 92% of this group was 'no reason' which means we do not have a clear picture of why they were referred to the ALONE Befriending Service. The remaining 8% is divided equally between 'housebound/mobility', 'poor physical health', 'isolated living environment' and 'other'.
- 75% of this group was referred by 'other' which again, means that we do not have a clear picture of how the journey to ALONE for the majority of those referred in 2000. The remainder were referred by, 'external agencies' (11%), 'Internal ALONE' (10%), 'public (family and friends) (2%) and 'self-referral' (2%).
- It is not possible to determine where 98% of this group first heard about ALONE due to a lack of data. The remaining 2% first heard of ALONE via ALONE.

2004 (1 referral from the Southside)

- One female from the Southside, referred to ALONE by 'other'.
- Primary reason for referral: None.
- How heard of ALONE: No answer.

2005 (1 referral from the Northside)

- One female from the Northside, referred to ALONE by 'external agency'.
- Primary reason for referral: None.
- How heard of ALONE: No answer.

2008 (5 referrals – 2 x Northside and 3 x Southside)

NUMBER OF REFERRALS

■ Male ■ Female

40% — 60%

HOW THEY FIRST HEARD ABOUT ALONE

■ No answer

100%

PRIMARY REASON FOR REFERRAL

■ Poor physical health ■ No reason

20%

80%

SOURCE OF REFERRAL

■ External Agency ■ Internal ALONE ■ Public (friend/family)
■ Self-referral ■ Other

20%
20%
20%
20%
20%
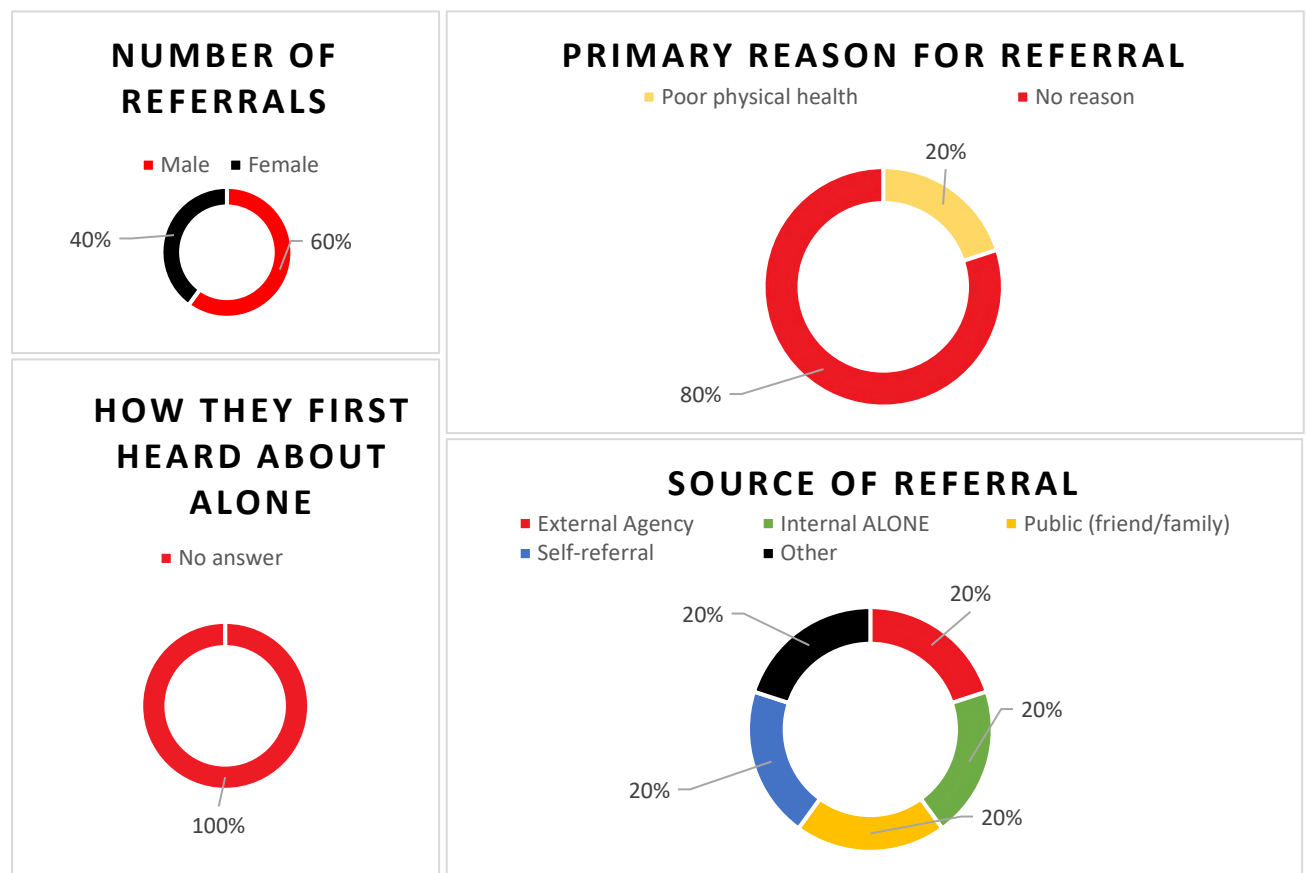
Observations in respect of 'actively befriended' where the start year was '2008':

- 3% of the total 'active befriended' group have a start date in 2008.
- 40% are female and 60% are male.
- 60% are located in the Southside and 40% in the Northside.
- The primary reason for referral for 80% of this group was 'no reason'. The remaining 20% were referred due to 'poor physical health'.
- The source of referral is divided equally between 'external agency' (20%), 'internal ALONE' (20%), 'public' (20%), 'self-referral' (20%) and 'other' (20%).
- It is not possible to determine where any of this group first heard about ALONE due to a lack of data.

2009 (12 referrals – 4 x Northside and 8 x Southside)

NUMBER OF REFERRALS

■ Male ■ Female ■ Couple

8%

25%

67%

PRIMARY REASON FOR REFERRAL

■ Cognition/identified as vulnerable ■ Housebound/mobility

■ Poor physical health ■ No reason

9%

8%

8%

75%

HOW THEY FIRST HEARD ABOUT ALONE

■ Internal ALONE ■ No answer

8%

92%

SOURCE OF REFERRAL

■ External Agency ■ Internal ALONE ■ Public (friend/family)
■ Self-referral ■ Other

17%

17%

33%

25%

8%
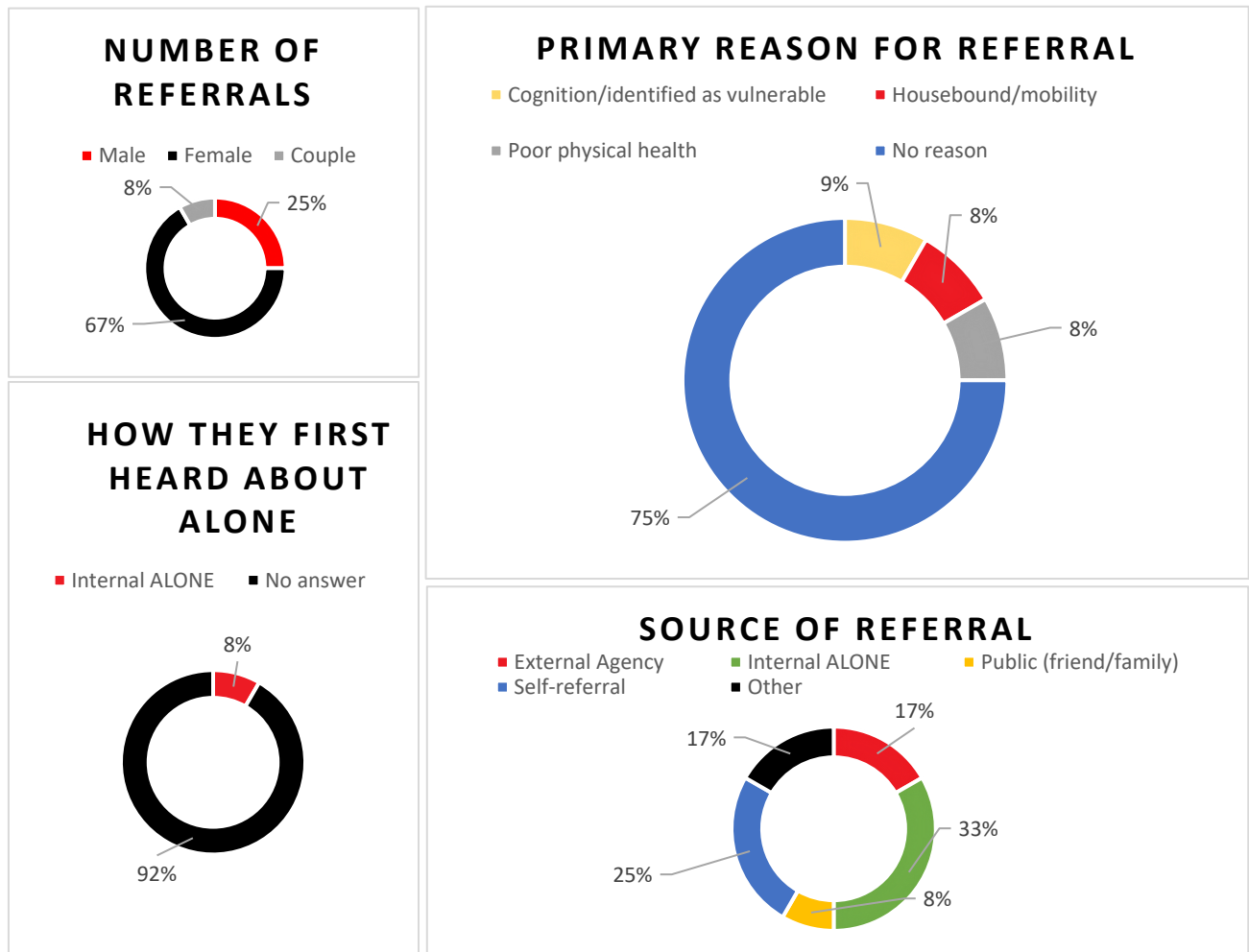
Observations in respect of 'actively befriended' where the start year was '2009':

- 6% of the total 'active befriended' group have a start date in 2009.
- 67% are female, 25% are male and 8% are couples.
- 67% are located in the Southside and 33% in the Northside.
- The primary reason for referral for 75% of this group was 'no reason'. The remaining 25% were referred due to 'cognition/identified as vulnerable' (9%), 'poor physical health' (8%) and 'housebound/mobility' (8%).
- The source of referral is as follows: 'internal ALONE' (33%), 'self-referral' (25%), 'other' (17%), 'external agency' (17%) and 'public' (8%).
- It is not possible to determine where 92% of this group first heard about ALONE due to a lack of data. The remaining 8% first heard about ALONE via ALONE.

2010 (15 referrals – 4 x Northside, 10 x Southside and 1 x no address)

NUMBER OF REFERRALS

■ Male   ■ Female

13%

87%

HOW THEY FIRST HEARD ABOUT ALONE

■ Internal ALONE   ■ No answer

7%

93%

PRIMARY REASON FOR REFERRAL

■ Isolated living environment   ■ Mental/emotional health   ■ Other   ■ No reason

13%

13%

7%

67%

SOURCE OF REFERRAL

■ External Agency   ■ Internal ALONE   ■ Public (friend/family)
■ Self-referral   ■ Other

14%

13%

13%

40%

20%
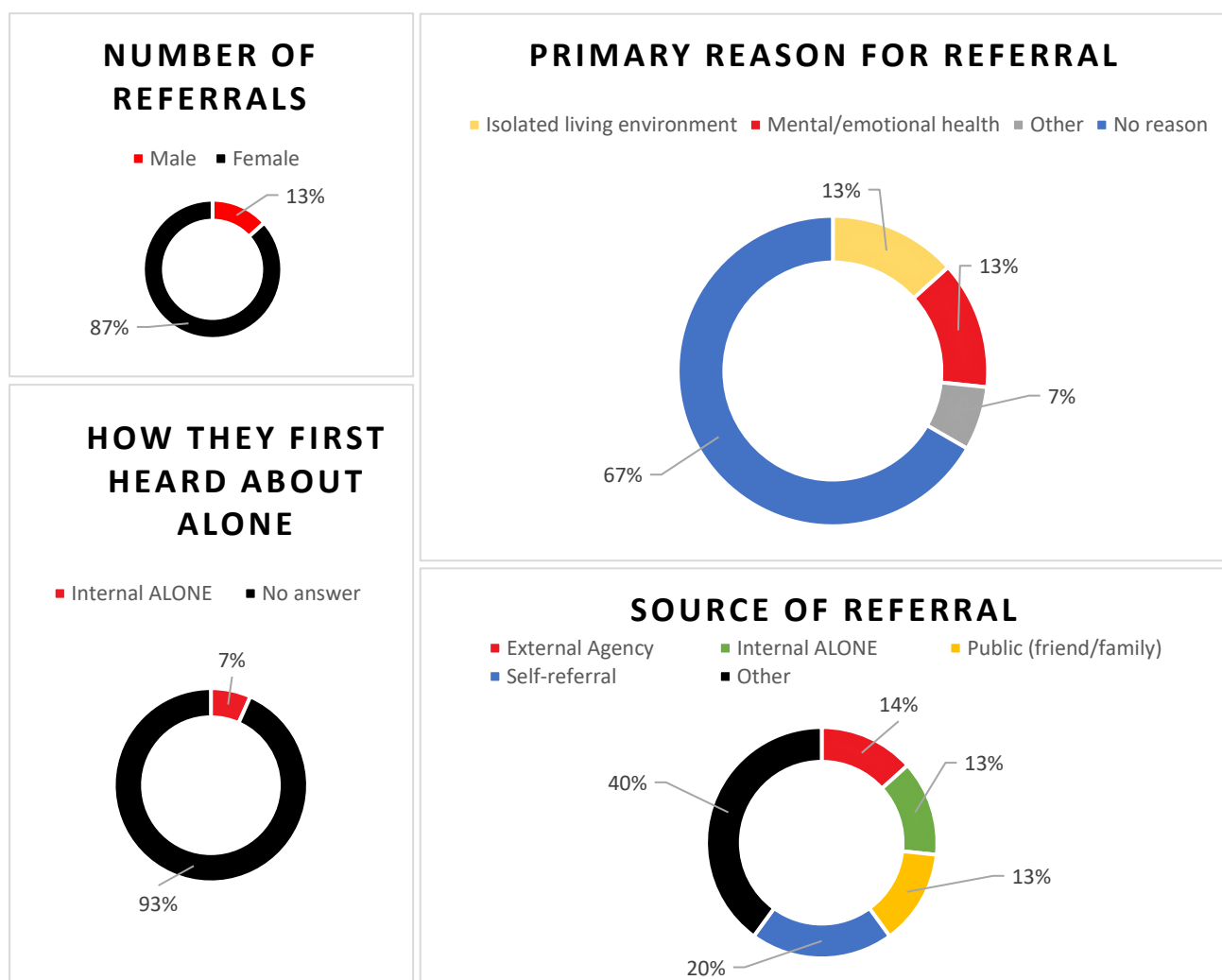
Observations in respect of 'actively befriended' where the start year was '2010':

- 8% of the total 'active befriended' group have a start date in 2010.
- 87% are female and 13% are male.
- 67% are located in the Southside, 27% in the Northside and 6% in Co. Kildare.
- The primary reason for referral for 67% of this group was 'no reason'. The remaining 33% were referred due to 'isolated living environment' (13%), 'mental/emotional health' (13%) and 'other' (7%).
- The source of referral is as follows: 'other' (40%), 'self-referral' (20%), 'external agency' (14%), 'public' (13%) and 'internal ALONE' (13%).
- It is not possible to determine where 93% of this group first heard about ALONE due to a lack of data. The remaining 7% first heard about ALONE via ALONE.

2011 (15 referrals – 6 x Northside and 9 x Southside)

NUMBER OF REFERRALS

- Male - Female

27%

73%

HOW THEY FIRST HEARD ABOUT ALONE

- Internal ALONE - None

20%

80%

PRIMARY REASON FOR REFERRAL

- Mobility/housebound - Other - No reason

13%

7%

80%

SOURCE OF REFERRAL

- Internal ALONE - Self-referral - Other

20%

13%

67%

Observations in respect of 'actively befriended' where the start year was '2011':

- 8% of the total 'active befriended' group have a start date in 2011.
- 73% are female and 27% are male.
- 60% are located in the Southside and 40% in the Northside.
- The primary reason for referral for 80% of this group was 'no reason'. The remaining 20% were referred due to 'housebound/mobility' (13%) and 'other' (7%).
- The source of referral is as follows: 'internal ALONE' (67%), 'other' (20%) and 'self-referral' (13%).
- It is not possible to determine where 80% of this group first heard about ALONE due to a lack of data. The remaining 20% first heard about ALONE via ALONE.

2012 (12 referrals – 4 x Northside and 8 x Southside)

NUMBER OF REFERRALS

■ Male ■ Female

42%
58%

HOW THEY FIRST HEARD ABOUT ALONE

■ External Agency/Colleague
■ Internal ALONE
■ Word of mouth
■ None

9%
8%
8%
75%

PRIMARY REASON FOR REFERRAL

■ Isolated living environment   ■ Mental/emotional health   ■ No reason

8%
17%
75%

SOURCE OF REFERRAL

■ External Agency   ■ Internal ALONE
■ Self-referral   ■ Public (family/friends)
■ Other

17%
25%
16%
25%
17%
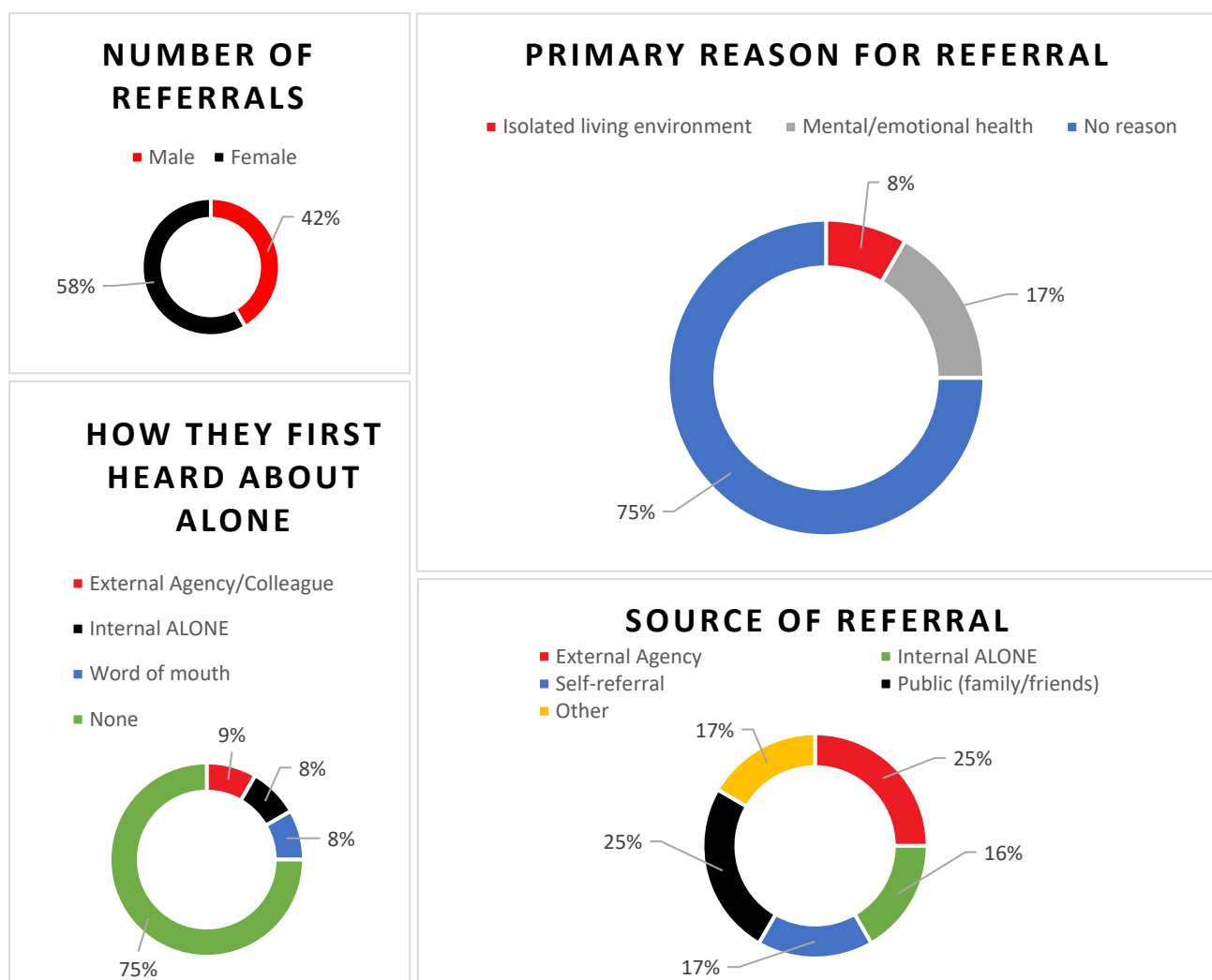
Observations in respect of 'actively befriended' where the start year was '2012':

- 6% of the total 'active befriended' group have a start date in 2011.
- 58% are female and 42% are male.
- 67% are located in the Southside and 33% in the Northside.
- The primary reason for referral for 75% of this group was 'no reason'. The remaining 25% were referred due to 'mental/emotional health' (17%) and 'isolated living environment' (8%).
- The source of referral is as follows: 'external agency' (25%), 'public' (25%), 'other' (17%), 'self-referral' (17%) and 'internal ALONE' (16%).
- It is not possible to determine where 75% of this group first heard about ALONE due to a lack of data. The remaining 25% first heard about ALONE via 'external agency/colleague' (9%), 'internal ALONE' (8%) and 'word of mouth' (8%).

2013 (30 referrals – 9 x Northside, 19 x Southside and 2 x Co. Kildare)

NUMBER OF REFERRALS

- Male
- Female
- Couple

3%
27%
70%

HOW THEY FIRST HEARD ABOUT ALONE

- External Agency/Colleague
- Internal ALONE
- Word of mouth
- None

20%
7%
3%
70%

PRIMARY REASON FOR REFERRAL

- Cognition/identified as vulnerable
- Isolated living environment
- Mental/emotional health
- Poor physical health
- None

3%
20%
14%
3%
60%

SOURCE OF REFERRAL

- Internal ALONE
- Self-referral
- Other

20%
13%
67%

Observations in respect of 'actively befriended' where the start year was '2013':

- 16% of the total 'active befriended' group have a start date in 2013.
- 70% are female, 27% are male and 3% are couples.
- 63% are located in the Southside, 30% in the Northside and 7% in Co. Kildare.
- The primary reason for referral for 60% of this group was 'no reason'. The remaining 40% were referred due to 'isolated living environment' (20%), 'mental/emotional health' (14%), 'poor physical health' (3%) and 'cognition/identified as vulnerable' (3%).
- The source of referral is as follows: 'internal ALONE' (67%), 'other' (20%) and 'self-referral' (13%).
- It is not possible to determine where 70% of this group first heard about ALONE due to a lack of data. The remaining 30% first heard about ALONE via 'external agency/colleague' (20%), 'internal ALONE' (7%) and 'word of mouth' (3%).

2014 (21 referrals – 9 x Northside and 12 x Southside)

NUMBER OF REFERRALS

- Male
- Female
- Unknown

5%
38%
57%

PRIMARY REASON FOR REFERRAL

- Alzheimer's/Dementia
- Mobility/housebound
- In long-term care
- Isolated living environment
- Mental/emotional health
- Poor physical health
- Visual impairment
- None

11%
5%
5%
5%
11%
26%
5%
32%

HOW THEY FIRST HEARD ABOUT ALONE

- External Agency/Colleague
- Internal ALONE
- Word of mouth
- Other
- None

21%
32%
21%
16%
10%

SOURCE OF REFERRAL

- External Agency
- Internal ALONE
- Self-referral
- Other

13%
9%
35%
43%

Observations in respect of 'actively befriended' where the start year was '2014':

- 11% of the total 'active befriended' group have a start date in 2014.
- 57% are female, 38% are male and 5% are couples.
- 57% are located in the Southside and 43% in the Northside.
- The primary reason for referral is as follows: 'isolated living environment' (32%), 'mobility/housebound' (26%), 'none' (11%), 'mental/emotional health' (11%), 'poor physical health' (5%), 'visual impairment' (5%), 'Alzheimer's/dementia' (5%) and 'in long-term care' (5%).
- The source of referral is as follows: 'internal ALONE' (43%), 'external agency' (35%), 'other' (13%) and 'self-referral' (9%).
- It is not possible to determine where 32% of this group first heard about ALONE due to a lack of data. The remaining 68% first heard about ALONE via 'internal ALONE' (21%), 'external agency/colleague' (21%), 'other' (16%) and 'word of mouth' (10%).

2015 (25 referrals – 10 x Northside and 15 x Southside)

NUMBER OF REFERRALS

■ Male ■ Female

36%
64%

HOW THEY FIRST HEARD ABOUT ALONE

■ External Agency/Colleague
■ Internal ALONE
■ Media/advert
■ Word of mouth
■ None

12%
4%
4%
13%
67%

PRIMARY REASON FOR REFERRAL

■ Addiction   ■ Alzheimer's/Dementia
■ Bereavement   ■ Mobility/housebound
■ Isolated living environment ■ Mental/emotional health
■ Visual impairment   ■ None

4% 4% 4%
12%
8%
16%
24%
28%

SOURCE OF REFERRAL

■ External Agency ■ Internal ALONE ■ Self-referral ■ Other

8%
24%
60%
8%

Observations in respect of 'actively befriended' where the start year was '2015':

- 13% of the total 'active befriended' group have a start date in 2015.
- 64% are female and 36% are male.
- 60% are located in the Southside and 40% in the Northside.
- The primary reason for referral is as follows: 'isolated living environment' (28%), 'mental/emotional health' (24%), 'mobility/housebound' (16%), 'visual impairment' (12%), 'bereavement' (8%), 'none' (4%), 'addiction' (4%) and 'Alzheimer's/dementia' (4%).
- The source of referral is as follows: 'external agency' (60%), 'self-referral' (24%), 'internal ALONE' (8%) and 'other' (8%).
- It is not possible to determine where 67% of this group first heard about ALONE due to a lack of data. The remaining 33% first heard about ALONE via 'word of mouth' (13%, 'external agency/colleague' (12%), 'internal ALONE' (4%) and 'media/advert' (4%).

7.4 What the 'actively befriended' has to say…

A paper based questionnaire (Appendix 13) was sent to 60 randomly selected actively befriended older people on the ALONE Salesforce database, accompanied by a postage-paid envelope. Each person was also given the option of ringing the ALONE office to complete the questionnaire by telephone. Just 31 people responded, resulting in 28 valid completed questionnaires. Their responses are as follows:

The ALONE Befriending Service

Q: How did you first hear about the ALONE Befriending Service?
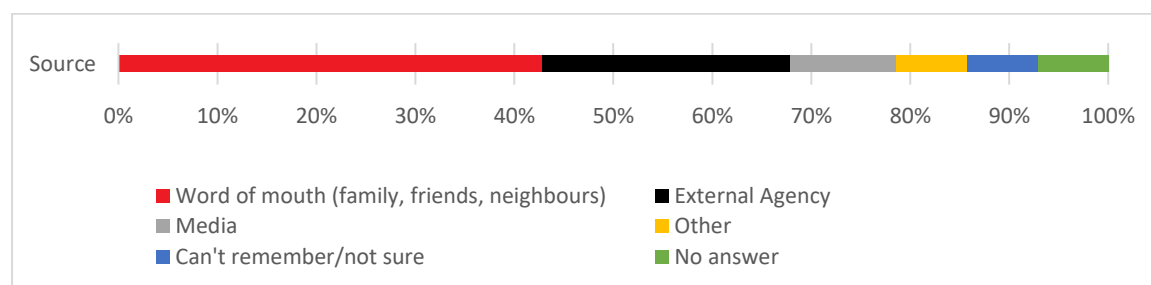
As shown above, when asked how they first heard of the ALONE Befriending Service, 42% of respondents said 'word of mouth', while 25% said 'external agencies'. Just 11% of respondents said that they first heard via the media.

Q: Why did you decide to get in touch with ALONE?
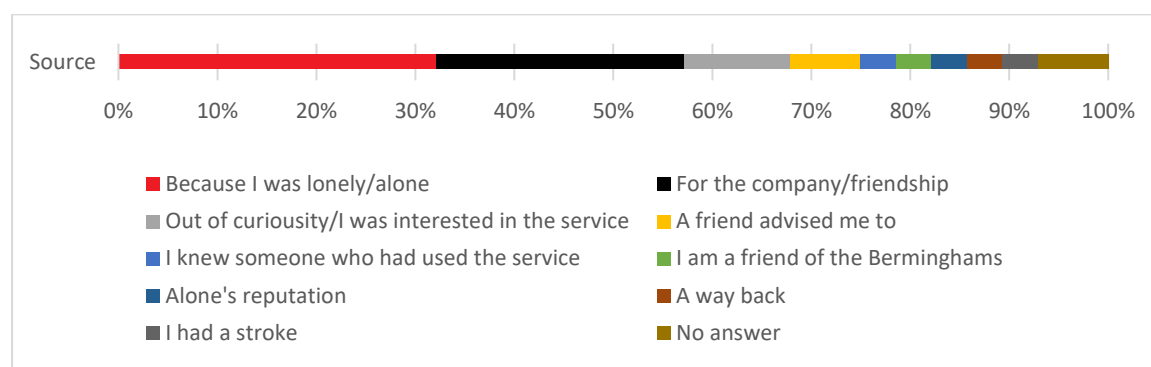
Almost 60% of respondents said that they decided to get in touch with ALONE because they either felt lonely/alone or for the company/friendship. This is encouraging as it confirms that they were motivated by the need for companionship

Q: How well do you think the ALONE Befriending Service meets your needs?

All 28 respondents answered this question with all stating that the ALONE Befriending Service meets their needs either well or very well as follows:

Very well: 75 per cent   **Well:** 25 per cent
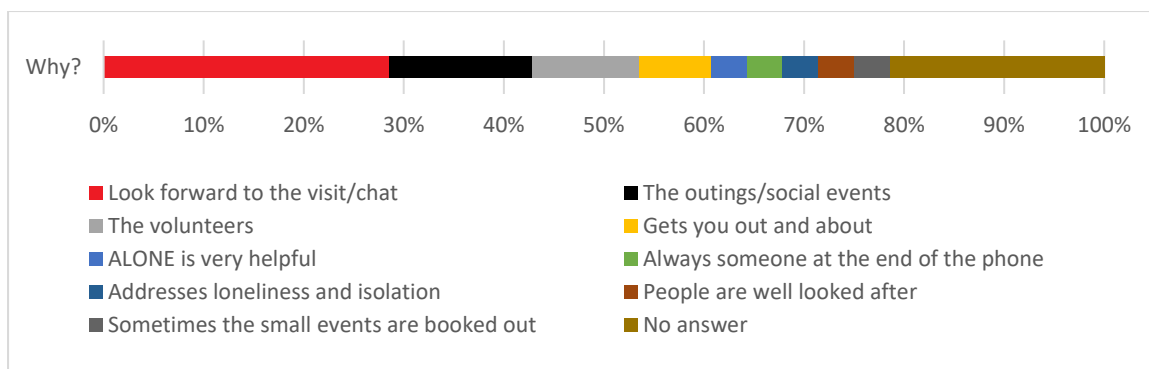
All respondents said that the ALONE Befriending Service meets their needs either very well (75%) or well (25%) with 29% of respondents saying that they look forward to the visit/chat, 14% saying that they value the outings/social events and 11% saying that it meets their needs because of the volunteers.

Q: What do you think is the most beneficial aspect of the ALONE Befriending Service?
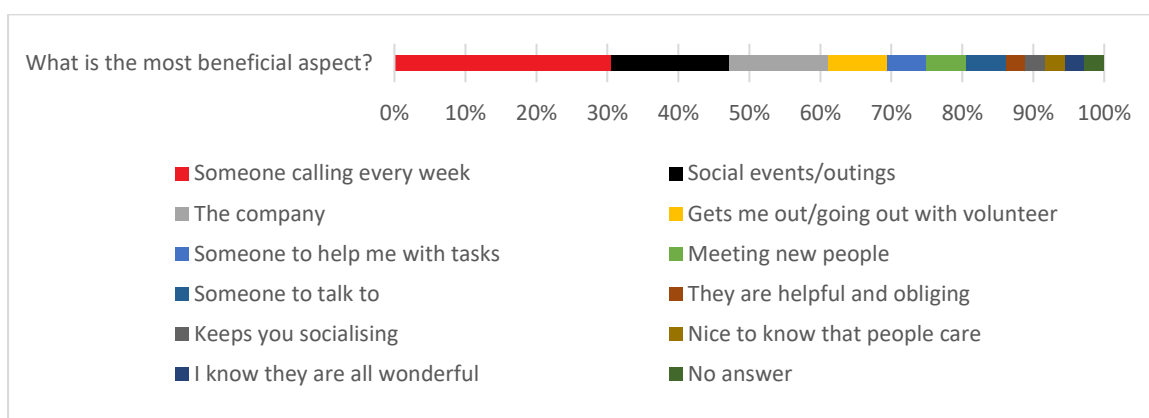
When asked about the most beneficial aspect of the ALONE Befriending Service, 57% of respondents said either 'someone calling every week' or 'the company'. Social event/outings also rated highly (21%). This confirms that the key elements of the Service i.e. the home visits and the social events are the things that older people value the most.

Q: Are there any aspects of the ALONE Befriending Service that you think could be improved?

All 28 older people answered this question with more than three-quarters stating that they did not think that there are any aspects of the ALONE Befriending Service that needs improvement.

Yes: 21.43 per cent   **No:** 78.57 per cent

Those who thought there was room for improvement, cited a number of things that, in their opinion, require attention:

"Call more often, either by person or phone."

"Help with hospital appointments would be very important."

"They could get me a nursing home near a pub and shopping centre."

"At social outings, people should be introduced to create a friendlier atmosphere."

"Could be advertising more e.g. on television."

"Transport – getting in and out of the buses on holiday. Ramp needed for wheelchair…"

Q: How well known do you think the ALONE Befriending Service is among older people in general?
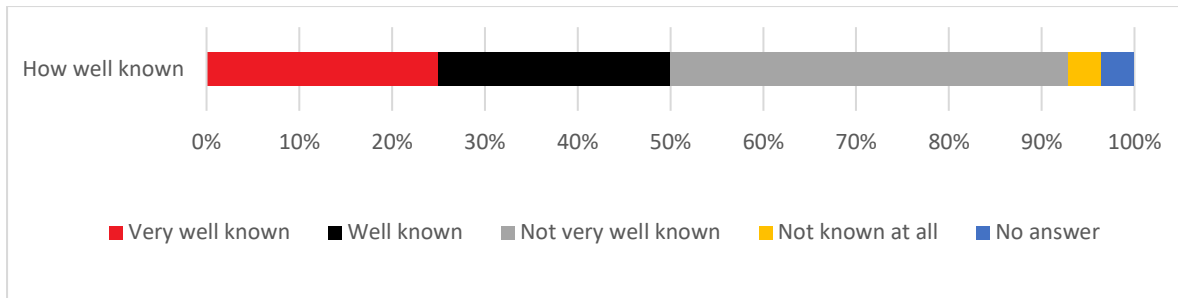
When asked how well known the ALONE Befriending Service is among older people in general, opinion was divided almost 50/50 between being very well known/well known and not very well known/not known at all.

Q: How well known do you think the ALONE Befriending Service is among the general public?
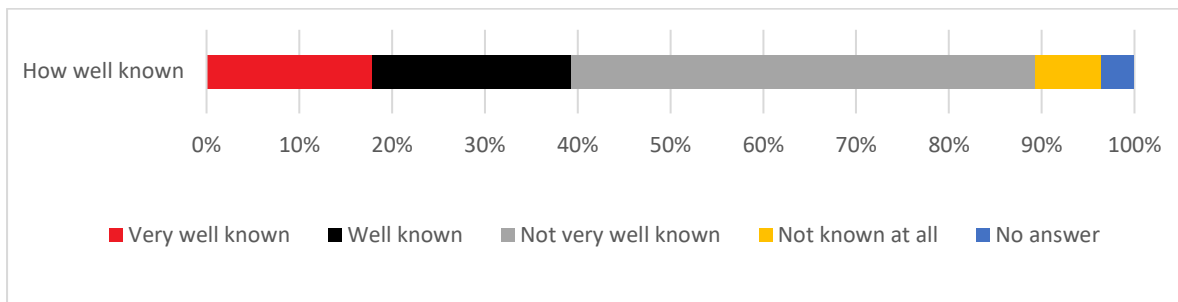
When asked how well known the ALONE Befriending Service is among the general public, 57% of respondents said it is not very well known/not known at all.

Both of the above two questions confirm that there is significant work still to be done to raise levels of awareness of the ALONE Befriending Service among both older people and the general public.

Your volunteer

Q: How long has your current volunteer been visiting you?
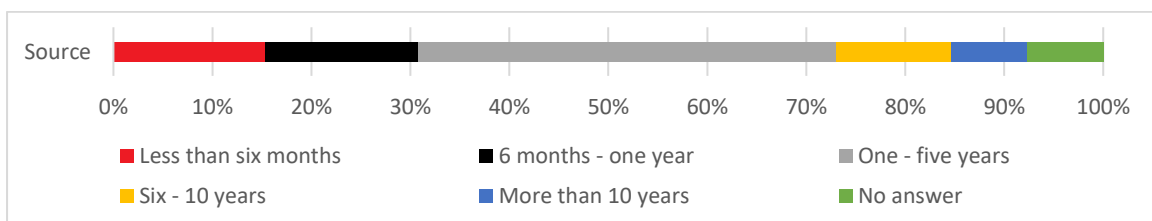
42% of respondents have been visited by their current volunteer for between one and five years.

Q: How often does your volunteer visit you?
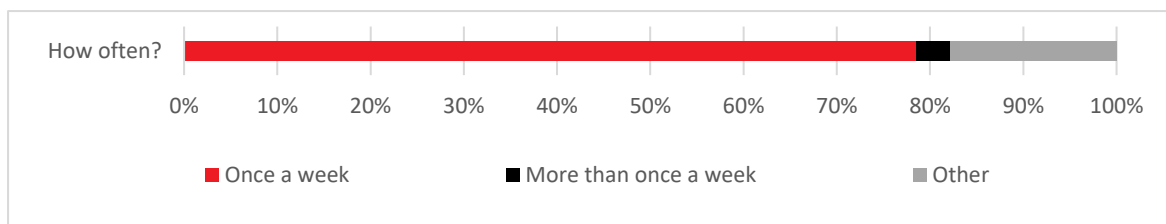
Almost 80% of respondents saying that they are visited once a week. Just 4% of respondents said that they are visited more than once a week. This confirms that, with a few exceptions, volunteers are maintaining the convention of one visit per week.

Those who responded with 'other' (five older people), two cited the following:

"No need – very healthy lady"

"Also if I am in difficulty"

Q: How much time do you spend with your volunteer when they visit?
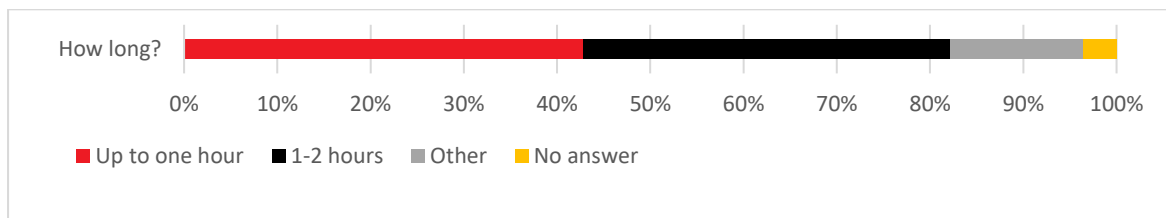
42% of respondents said that their volunteer spends up to one hour with them when they visit, while a further 39% said that their volunteer spends between one and two hours with them. This confirms that the length of visit is within the ALONE recommended time. Those who responded with 'other' (four older people), two cited the following:

"2 hours" and *"Depends"*

Q: Would you like to be visited more?
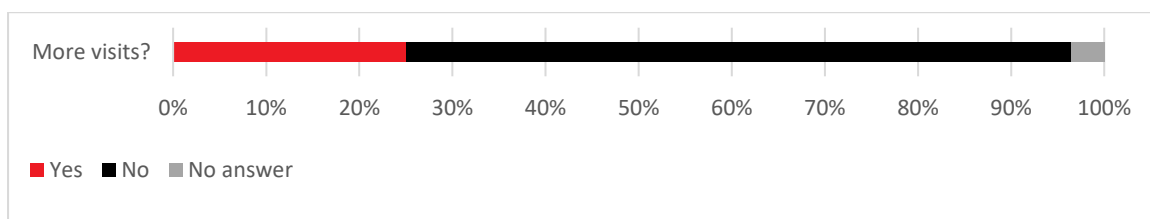
Interestingly, 71% of respondents said that they do not want to be visited more. This suggests that the frequency of visits is appropriate to the needs of the older people befriended.

Q: What do you consider the person who visits you to be?
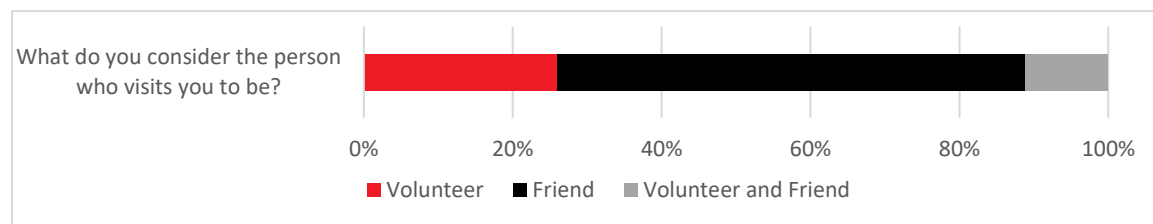
71% of respondents said that they consider the person who visits them to be a friend or a volunteer and friend together. This demonstrates that the relationship between volunteer and older friends flourishes over time, developing into a friendship which, by definition, has added depth of meaning. Not one respondent felt that the person who visits them is a caregiver.

Q: Does the volunteer who visits you help you with anything?

Almost half of respondents said that the person who visits them helps them with other things which shows a willingness on the part of 50% of volunteers to actively engage with the older person and provide assistance where appropriate.

Those who said that their volunteer helps them with other things (13 older people), cited a range of things such as: help with administration; filling in forms and occasional errands. One older person said that their volunteer *"will start help cleaning on next visit"*.

Q: Have you ever experienced a problem with the volunteer who visits you?

All 28 older people answered this question. Not one person reported said that they had experienced a problem with the volunteer who visits them.

Q: Does someone else visit you when your volunteer is on holiday or unable to visit as planned?

Yes: 21.43%%   **No:** 75.00%   **No answer:** 3.57%

As shown above, 75% of respondents said that they are not visited by someone else when their volunteer is on holiday or unable to visit as planned. This could indicate that there is a need for 'supply' volunteers, however, this would require further research to confirm.

Q: Do your family or friends know that you are visited by a volunteer from ALONE?

Family members: 50.00%   **Friends:** 10.71%   **Both:** 28.57%   **No answer:** 10.71%

As indicated above, there appears to be little or no secrecy around the fact that respondents are being visited from ALONE. 50% of respondents said that they family know that they are being visited, 11%

said that friends know, while a further 29% said that both family and friends know. (10% chose not to answer this question). This challenges the thinking that older people might be reticent about admitting that they are being visited by a volunteer.

ALONE social event and holidays

Q: Have you ever attended an ALONE social event?

All 28 older people answered this question with 75.00% stating that they had attended an ALONE social event.

Q: Which events have you attended?

Of the 75% who have attended an ALONE social event, this is what they reported they had attended:
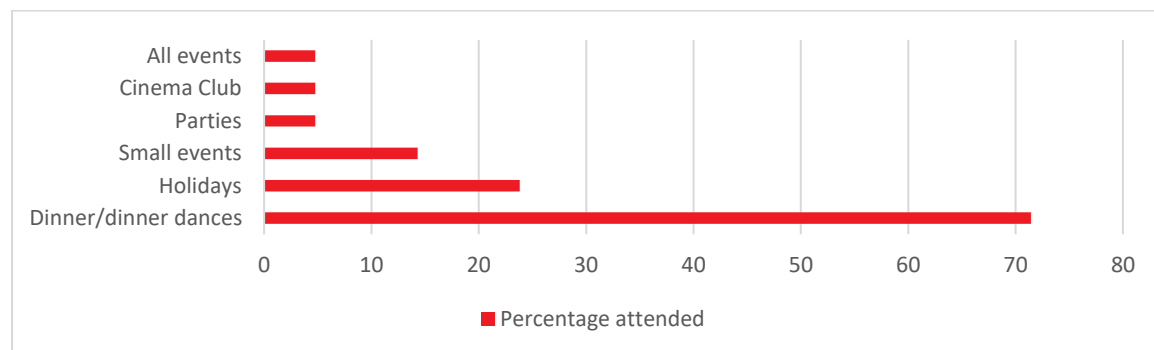
Q: How enjoyable did you find them?

18 out of 21 older people answered this question. All of them described the events they had attended as being enjoyable or very enjoyable, as follows:
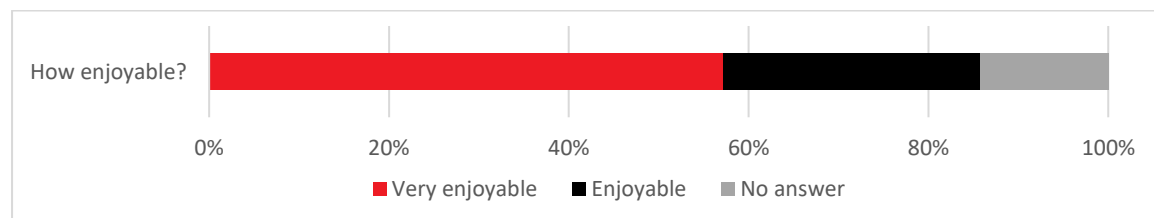
Q: How important do you think these events are?
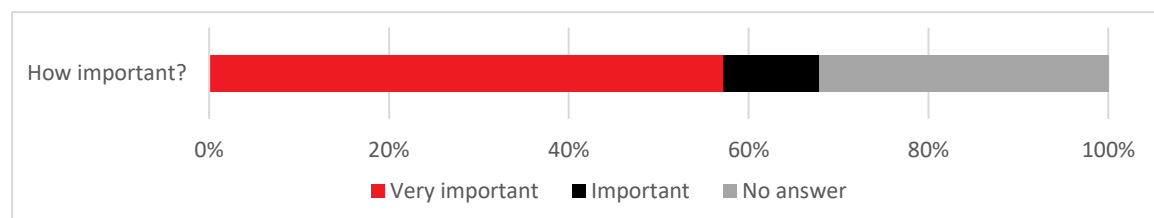
Q: What, if anything has prevented you from attending an ALONE social event?

Of the 25% who said that they had not attended an ALONE social event, just 12% cited a reason for not attending as follows:
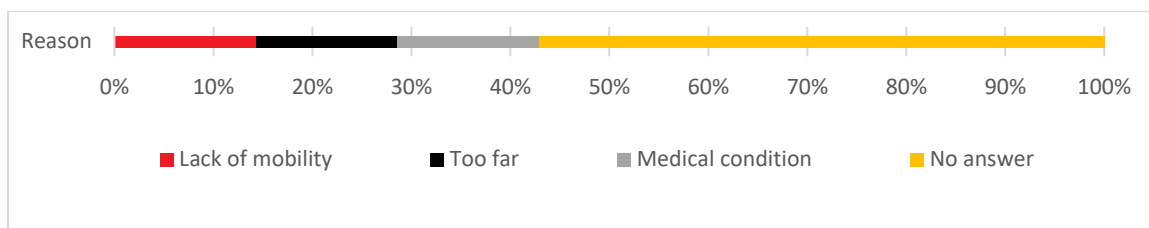
Q: Do you attend other social events?

All 28 older people answered this question as follows:

Yes: 25.00%   **No:** 75.00%

As shown above, one-quarter of respondents said that they also attend other social events, 70% of which occur at least monthly. This means that for three-quarters of respondents, ALONE provides their only opportunity to engage in any social activity outside their home.

Of those who said that they attend other social events, the events they attend are as follows:
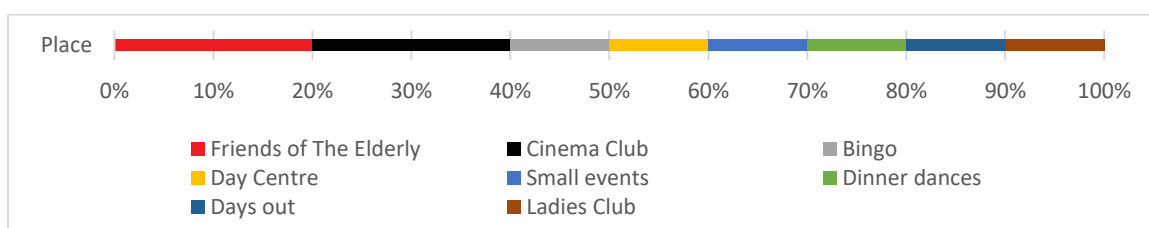
The frequency of attendance was reported as follows:
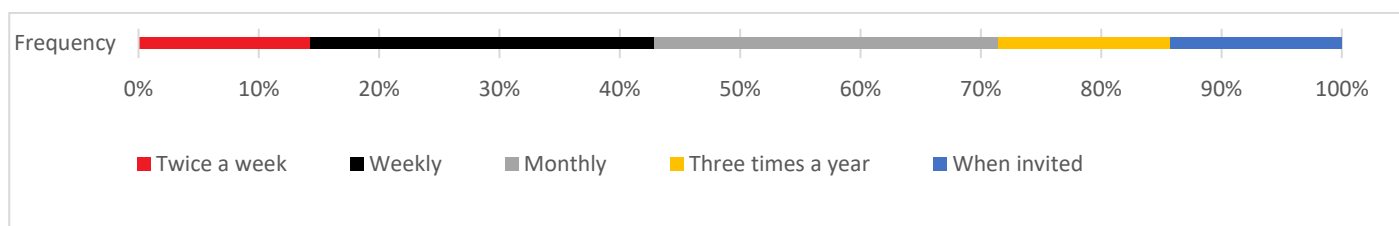
Q: Have you ever been on an ALONE holiday?

All 28 older people answered this question, with 50% of respondents stating that they had been on an ALONE holiday.

Yes: 50.00%   **No:** 50.00%

Q: How many ALONE holidays have you gone on?
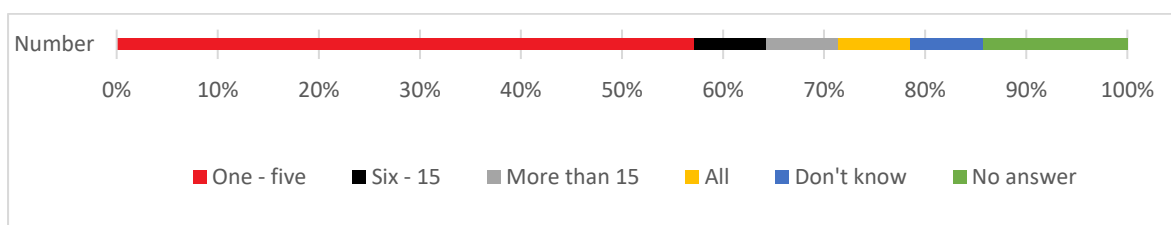
As indicated above, the majority of respondents have been on between one and five ALONE holidays.

Q: How enjoyable did you find them?

All 14 older people answered this question, describing the holidays as being enjoyable or very enjoyable, as follows:
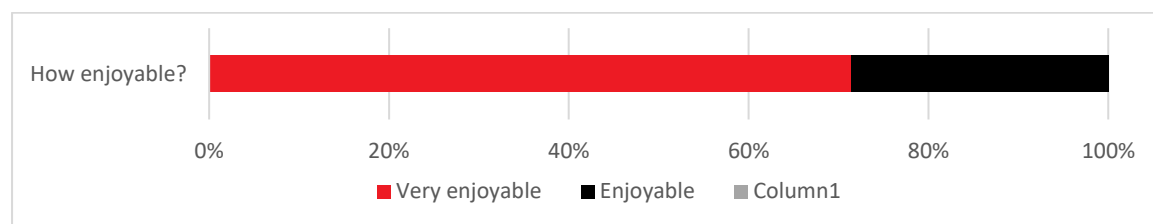
Q: How well organised do you think the holiday was?

All 14 older people answered this question, describing the holidays as being well organised or reasonably well organised, as follows:
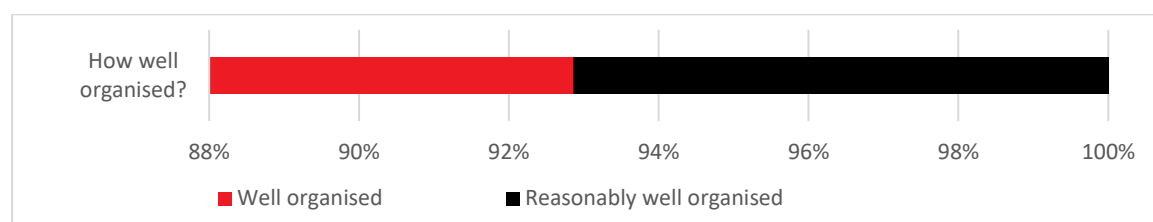
Q: Do you think the holidays arranged by ALONE are affordable?

All 14 older people answered this question with 85.71% stating that they thought that the holidays arranged by ALONE are affordable.

Q: What, if anything, has prevented you from going on an ALONE holiday?

Of the 50% of older people who had not gone on an ALONE holiday, the following reasons were cited:
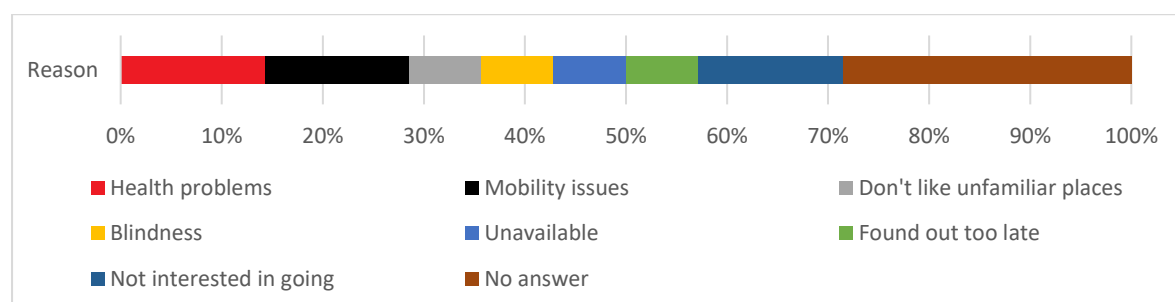
Q: Do you go on other holidays or short-breaks?

All 28 older people answered this question, as follows:

      Yes: 35.71%   **No:** 64.29%

Q: Of those who said that they did go on other holidays or short-breaks, the frequency of those breaks is as follows:
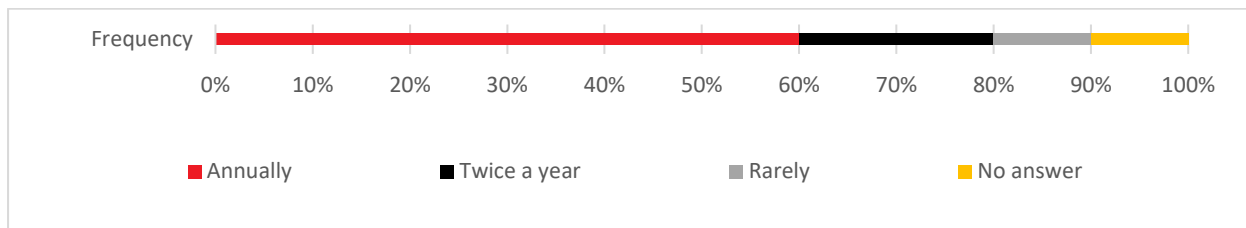
Q: With whom?
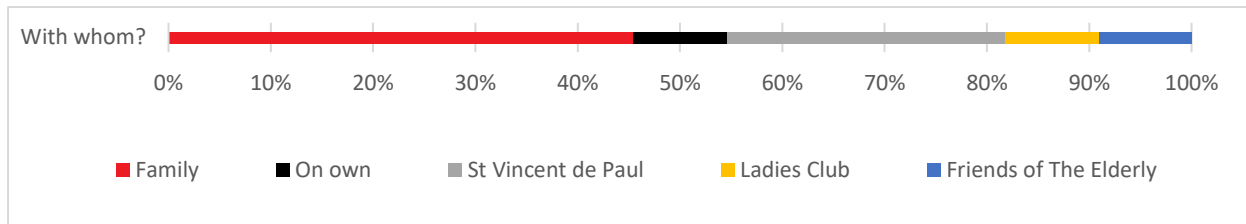
Issues facing older people in general

Q: What do you think are the biggest issues facing older people in general?

25 out of 28 older people answered this question, between them citing 15 issues. More than half of respondents said loneliness was one of the biggest issues facing older people, followed by increasing utility bills (17.86%). A full breakdown is as follows:
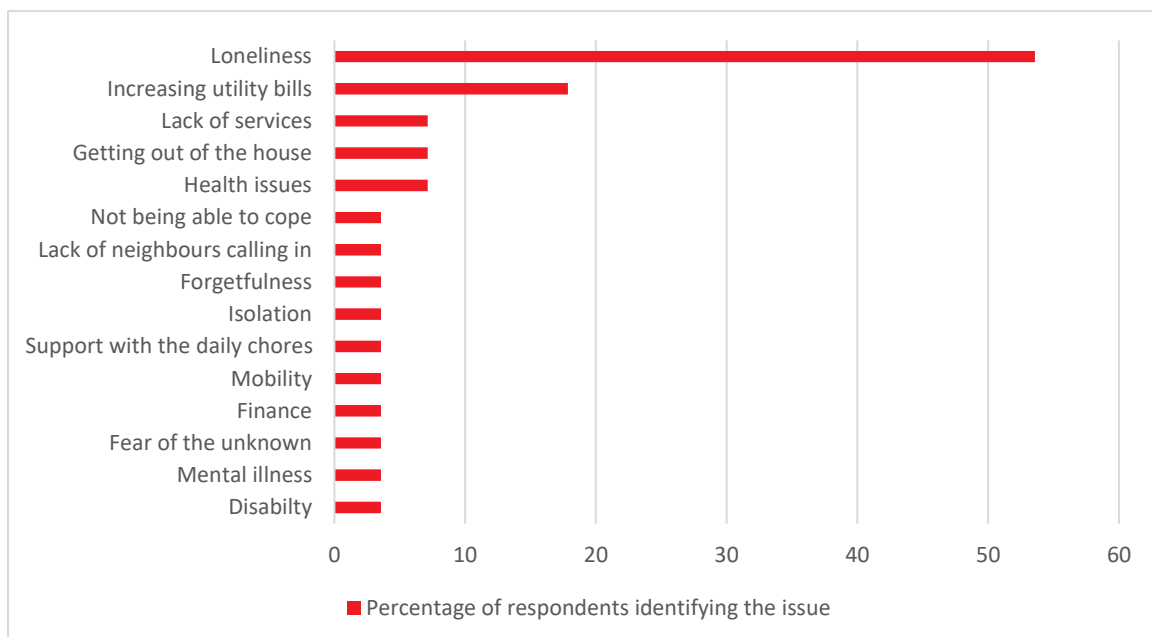
Q: How do you think isolation and loneliness affects older people?

24 of the 28 older people answered this question, citing nine ways in which isolation and loneliness affect older people, summarised in the chart below:

Percentage of respondents identifying the issue
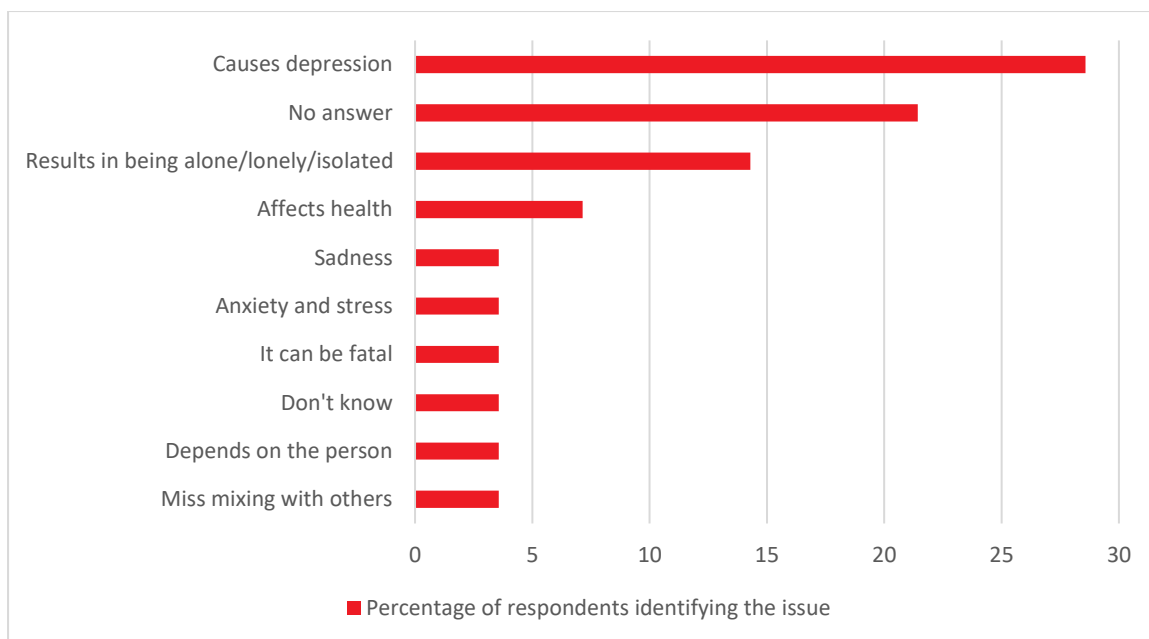
About yourself

Q: Do you have family nearby?

All 28 older people answered this question.

Yes: 53.47%   **No:** 46.43%

More than half (53%) of respondents said that they have family living nearby. Of those, half are visited by a family member at least once a week. This suggests that up to half of actively befriended older people have regular contact with family members. A full breakdown is as follows:
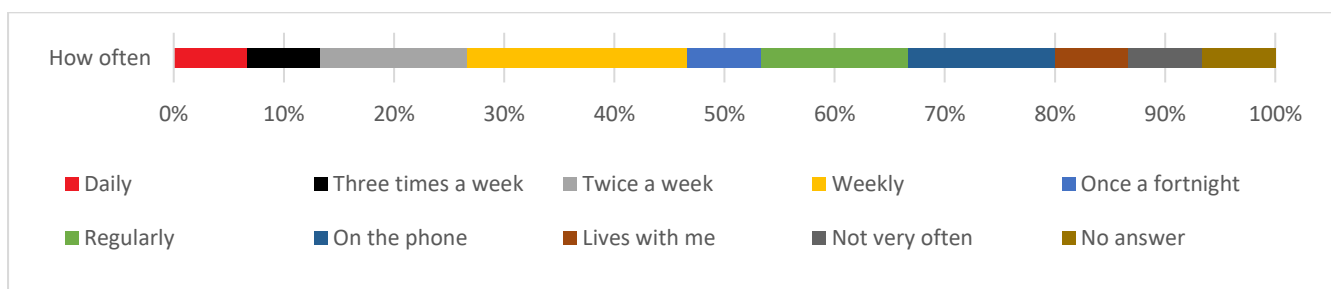
Q: Are you a member of any group that meets regularly?

27 of the 28 older people answered this question.

Yes: 53.57%   **No:** 42.86%   **No answer:** 3.57%

Those who said that they are a member of a group that meets regularly, named the following:
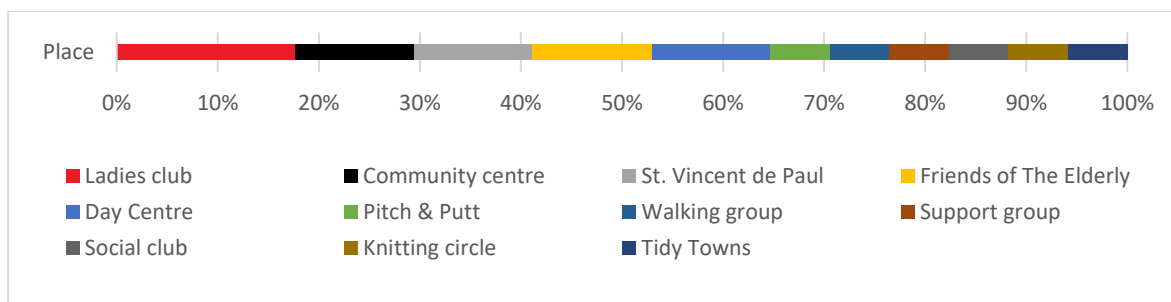
The frequency of attendance is as follows:
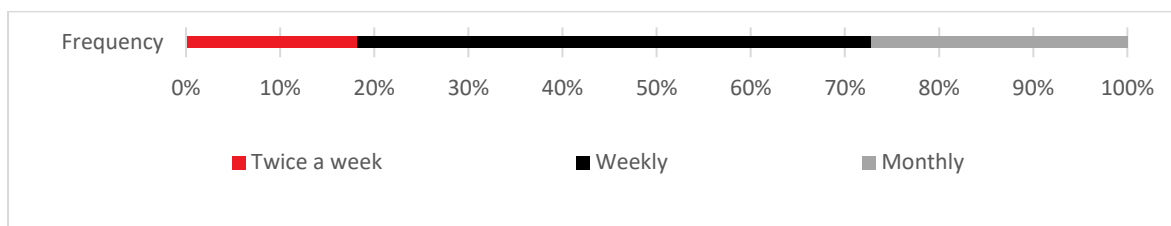
Q: Do you belong to a Church or other faith group?

All 28 older people answered this question with half stating that they belong to a church or other faith group. Of those who belong to a church or other faith group, just one person does not attend Mass/services. The frequency with which the remainder attend is broken down as follows:
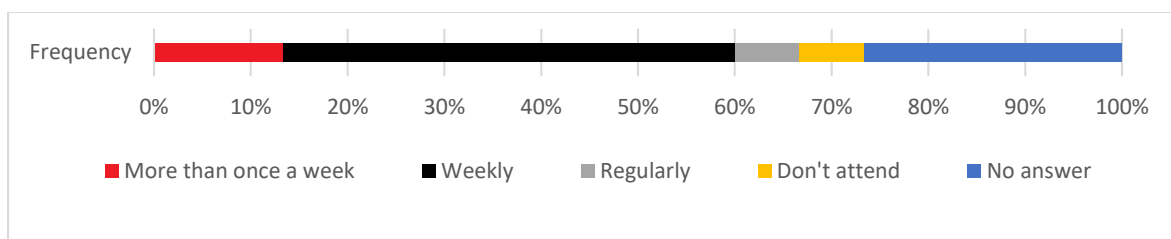
Of those who belong to a church or other faith group, just one-third receive a visit from someone from the church/faith group during the week.

Given the three points above, there is a concern that a significant proportion of actively befriended people are not as isolated and lonely as perhaps first thought and certainly do not fall into the 1 in 5 category. It is recommended that more robust questioning strategies are adopted as part of the assessment process to establish the level of contact with family and other organisations.

Q: Did you consider yourself to be isolated or lonely before you started to be visited by a volunteer from ALONE?

25 of the 28 older people answered this question.

As shown below, just under 40% of respondents considered themselves to be isolated or lonely before they started to be visited by a volunteer from ALONE.

Yes: 39.29%   **No:** 50.00%   **No answer:** 10.71%

When asked how isolated or lonely they felt, fewer than 20% of those who said they did feel lonely or isolated before they started to be visited by a volunteer from ALONE reported feeling extremely lonely or isolated as shown below:
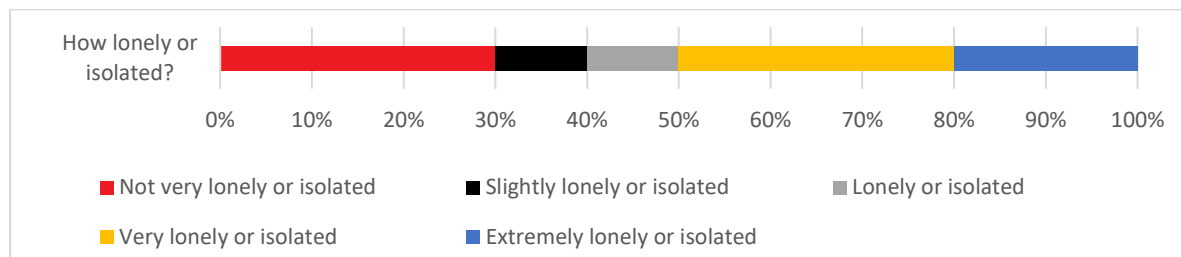
When asked what difference being visited by a volunteer from ALONE has made to their lives, all but four older people (who did not answer) said that it has made a positive difference. Comments include:

"Tremendously positive – feelings of security enhanced."

"Makes a big difference. Look forward very much to the company and the chat."

"It helps to talk to someone other than very busy family."

"They help me feel alive."

"…Made a difference, my volunteer is great, we get on very well."

"A great difference. It makes me very happy."

Q: Do you consider yourself to be isolated or lonely now?

All 28 older people answered this question. The responses are as follows:

Yes: 39.29%   **No:** 50.00%   **No answer:** 10.71%

Yes: 14.29%   **No:** 85.71%   **No answer:** 0%

This shows that being part of the ALONE Befriending Service has reduced the number of older people who feel isolated or lonely by more than 60%. Furthermore, the severity of the level of isolation or loneliness experienced by the older people who said that they still felt isolated or lonely has also seen a positive change as follows:
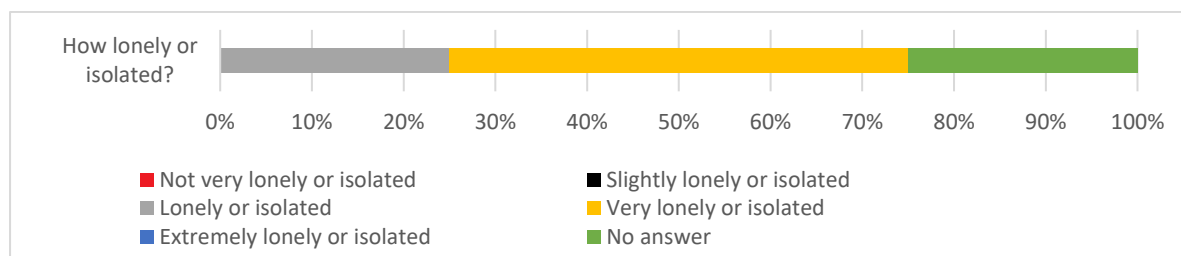
This is evidence of the transformational nature of befriending.

Q: Have you been visited by a volunteer from another Befriending Service in Dublin?

All 28 older people answered this question. As shown below, fewer than 15% said that they had been visited by a volunteer from another Befriending Service in Dublin.

Yes: 14.29%   **No:** 85.71%

Those who said that they had been visited by a volunteer from another Befriending Service in Dublin said that they had been befriended by the following:
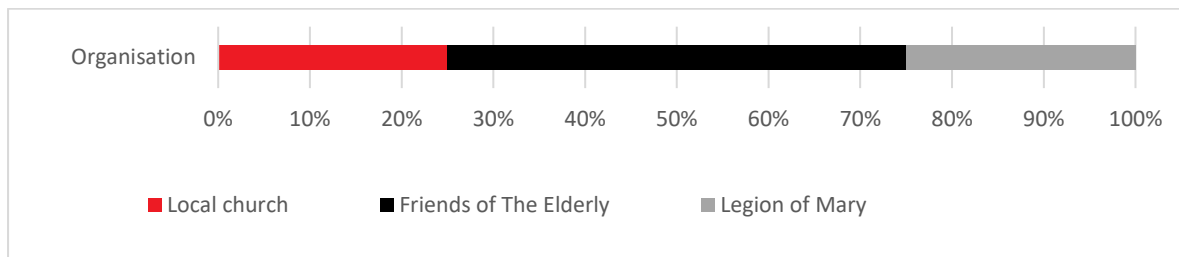
When asked how they rate their experience of the ALONE Befriending Service compared to the other service, those who answered (50%) all said that the ALONE Befriending Service is better or much better, citing the following reasons:

"They [ALONE] do more for you. I get out of the house more with ALONE volunteer. I like to get out. ALONE has more social events too."

"The other visitor doesn't come very often."

7.5 Face-to-Face interviews with 'actively befriended' older people

An important part of the evaluation was the time spent talking with older people who fall under the category of 'active befriended', not least because it gave a 'first-hand' perspective to the ALONE Befriending Service, but also because it provides an additional layer of insight into the lives of the people the Befriending Service supports.

Nine older people (five women and four women) were visited in their homes and asked exactly the same questions set out in the older person questionnaire (Appendix 13).

A summary of each visit is as follows:

Female 1

This lady lives with her son and her dog in a rented house in a residential estate. She has a history of health problems and a nervous disposition. She has home help and meals on wheels.

Despite the fact that her son lives with her, and that her brother and sister-in-law live across the street, this lady finds herself on her own for much of the time. She finds it extremely difficult to mix with others and feels that she does not fit in with her neighbours, mainly because she doesn't drink or smoke.

She thinks that the ALONE Befriended Service meets her needs very well and is glad to have someone to come to visit her. In fact, she would like more frequent visits. Her family know that she is visited by a volunteer from ALONE.

Three months ago her second volunteer started visiting her. She comes for an hour every Wednesday and is considered to be both a friend and caregiver. Her previous volunteer had visited her for a year.

While her son helps her with her shopping at the weekend, her volunteer helps her to find out about things taking place in the local area and will also take her to medical appointments. Unfortunately her volunteer doesn't have a car so they aren't able to go on outings together.

She hasn't experienced a problem with this volunteer or with her previous volunteer.

This lady hasn't attended an ALONE social event and is not able to attend Mass anymore because she now has to use a stick (she is visited and given Holy Communion once a month). She hasn't been on an ALONE holiday, nor does she do on other holidays or short-breaks. She hates the winter because she can't get out and being on her own makes it very lonely.

According to this lady, the biggest issues facing older people today are not getting enough help and homelessness.

Before she was visited by a volunteer from ALONE this lady said that she was extremely lonely and isolated. Being visited by a volunteer from ALONE has made a good difference to this lady's life, however, she still feels moderately lonely and isolated. Because of this, she would like to be visited more frequently either by the same volunteer or have two volunteers visit her each week.

Observations: Even though this lady lives with her son and has family close by, it was obvious that she is exceptionally lonely and lacks the confidence to engage with others socially. The ALONE Befriending Service is something that she values and that is making a difference to her life. The fact that this lady lives with her son, highlighted the fact that managing the risks facing volunteers visiting homes where there are other residents who have not been assessed is an issue for ALONE.

Female 2

This lady lives on her own (she is originally from another country, and her children still live in that country) in an extremely well-kept, modern house in a Co. Dublin commuter estate. Approximately two years ago she found herself extremely unwell and alone. A friend's daughter told her about ALONE and asked her if she could contact ALONE for her. Someone from ALONE came to visit her and it all started from there.

Her health condition means that it is difficult to get out and about which means that she is alone almost all of the time. She doesn't have visitors and so values the fact that her volunteer rings her doorbell once a week.

She feels that the ALONE Befriending Service meets her needs very well and says that she knows they're there and that she could call ALONE if she needed help with a serious issue. Her family and neighbours know that she is visited by a volunteer from ALONE.

In terms of things that could be improved, this lady feels that the matching process could be better worked out, although she acknowledges that is must be extremely difficult to match people. She needs conversation, her volunteer is a person of few words.

She feels that the ALONE Befriending Service is not very well known among older people in general and not known at all among the general public.

Her volunteer has been visiting her for almost a year, coming once a week for up to an hour. Visits used to be longer when she prepared meals for them both. An hour of company is greatly appreciated, but it is nothing really. Because of this, she would like to be visited more frequently. She considers the person who visits her to be a volunteer, feeling that he visits because he is obligated to ALONE. Her volunteer does not help her or support her and, unfortunately, she has experienced a problem with him/her she resolved herself, conscious not to hurt the feelings of him.

This lady has attended ALONE social events, having been to a dinner dance and a morning meeting. She found them enjoyable and thinks that they are very important for older people. Her only other outlet is by way of attending a day care centre once a week. Other than the day centre, she is not a member of any other group that meets regularly, nor does she belong to a church or other faith group.

She has also been on an ALONE holiday which she found enjoyable, but was conscious of being alone as she did not know anyone else, e.g. she only went to breakfast once because she was sitting on her own. Had she not met another lady who she has kept in touch with she felt that she would have been very isolated. She felt that the holiday was well organised and affordable. The only other holiday she goes on is to visit her daughter who lives overseas, but she requires help at the airport. She hasn't been on any other kind of break since she became unwell.

This lady thinks that the biggest issues facing older people today include lack of caring; the fact that everyone's too busy; fear; and coping with a poor medical system. She says that isolation and loneliness affects older people because they feel that people don't care. She was very clear that isolation is a state of being, not a state of mind and that older people don't have any 'power' over it because there are things that they just cannot do.

Before she was visited by an ALONE volunteer, she felt extremely isolated. The difference a weekly visit has made is an improvement in the level of isolation felt. She says that a weekly visit gives you something to look forward to because you know that someone is coming to say hello. Ultimately she said *"I don't think I would be here today had someone not put me in touch with ALONE."*

Observations: This lady is an extremely sociable character whose active social life was abruptly taken away from her due to illness. Her family lives overseas and she has few friends. She craves company and finds living – and being – alone hard to cope with. It was clear that the ALONE Befriending Service is a lifeline for her and looks forward to the doorbell ringing once a week. And, while she has experienced a problem with her volunteer, she has committed to resolving it with the support of the ALONE team. If it were not for her health difficulties, she is someone you could see as being a volunteer befriender herself. The difference that the ALONE Befriending Service has made to this lady's life is quite remarkable.

Female 3

This lady is in her 90s and lives in chaotic family and housing circumstances. She has a lot to contend with and, while her daughter lives with her, she is on her own day in, day out. She finds it extremely difficult to leave her home due to mobility problems and an extremely steep and uneven driveway. Her only opportunity to leave the house is to visit a day centre for three days a week. She thinks her family members probably know that she is visited by a volunteer from ALONE.

She first heard about ALONE in a book which came with a paper and decided that as she was there on her own, she would give it a go. The thinks that the ALONE Befriending Service meets her needs well and that the hour [visit] is going well.

She feels that the most beneficial aspects are the outings and Christmas dinner dances but that improvements need to be made in terms of toilet accessibility for people using walkers. Also, she said that she would love a volunteer who likes gardening.

This lady said that she didn't know how well known the ALONE Befriending Service is among older people in general or among the general public.

She has been visited by her volunteer for the last two years. Her volunteer comes once a week and stays for up to an hour. While her volunteer is friendly, she still considers her to be a volunteer. Other than spend time together at her home, the only other thing her volunteer does is support her at ALONE social events. She hasn't experienced a problem with the volunteer who visits her.

This lady has been to two ALONE social events – the Christmas and Spring dinners. Despite only being able to sit and watch the music and the singing, she found them enjoyable. She doesn't attend any other social events, mainly because she does not have anyone to take her.

She has not been on a holiday arranged by ALONE and has no intention of ever doing so because of mobility issues. She also does not go on any other holidays or short-breaks, although she did when she was able.

In terms of the biggest issues facing older people today, this lady thinks that there just is not enough help. When asked how isolation and loneliness affects older people she said that the prayed that she wouldn't be on her own, but she is. She said that isolation and loneliness affects everyone differently.

This lady's daughter helps her with her shopping. In fact, she sees her every day. She isn't a member of any group that meets regularly, nor does she belong to a Church or other faith group.

She considered herself to be isolated and lonely before she started to be visited by a volunteer, saying that the weekly visit helps cut the loneliness for an hour.

Observations: This lady is living in chaotic circumstances and the visit cannot be an easy one for an ALONE volunteer. Despite her family being a part of her life, it is clear that she is isolated and lonely.

Given the family dynamic, she could also be vulnerable to elder abuse. This demonstrates the need to place more experienced volunteers with older people who live in difficult circumstances, volunteers who have a heightened level of awareness around issues such as elder abuse, but who also have the strength of character not to become overwhelmed or intimidated by the situation.

Female 4

This lady lives alone in a house in a suburb of Dublin. She is a retired professional and her children live in other parts of Ireland. She has a host of health problems and the hospital suggested that someone from ALONE could visit and take her out for walks. Her family members know that she is visited by someone from ALONE, although she said that she doesn't make a big thing about it as they live down the country and it might make them feel guilty.

She is very pleased with the young lady who visits her. They have a chat, and she takes her out to do errands. Because of this she thinks that the ALONE Befriending Service meets her needs well.

When asked how well known she thinks the ALONE Befriending Service is among older people in general and among the general public she said that she didn't know.

Her volunteer has been visiting her for just over a year. She generally visits on a Tuesday afternoon, but has missed a number of weeks due to one or other of them having other things to attend to. When she visits, she usually stays for around an hour. When asked if she would like to be visited more, she said no. She considers her volunteer to be a friendly volunteer, but not a close friend.

This lady's volunteer occasionally helps her with her shopping and also takes her out for a walk. She said she wouldn't ask her to help her with anything else as she has care workers who come in three times a day.

She hasn't experienced a problem with the volunteer who visits her.

She hasn't been able to attend any ALONE social events due to her health problems and the fact that she likes to be able to lie down when she feels like it. She doesn't attend other social events other than birthday parties with friends and family weddings.

She also hasn't been on a holiday arranged by ALONE, but does occasionally visit family.

When asked what she thinks are the biggest issues facing older people today, this lady said the fact that everything they knew (the world, their beliefs, everything) has been questioned; and that they are not allowed to speak e.g. in the recent referendum young people were able to travel from all over the world to vote, older people couldn't get out of their homes to have their say.

When asked how she thinks isolation and loneliness affects older people, this lady said that it depends on the kind of person they are. She said that when she had her car she didn't consider herself to be alone. Now she is not able to drive she does feel alone and dreads the winter.

This lady has a niece who lives nearby – she visits every Sunday afternoon and often brings her husband and children too.

She isn't a member of any group that meets regularly, but does belong to a Church which she tries to attend every week. Prior to an operation, she used to attend daily.

She did consider herself to be isolated and lonely before she started to be visited by a volunteer from ALONE, the severity of this isolation and loneliness depending on the mood of the day. Being visited by a volunteer from ALONE has made a difference to her life in that it has made her feel that she can

call on someone if she really needed to. Her neighbours are either young and working during the day or older and dying. She said that she feels like the last one on earth. That said, she said that she does not consider herself to be isolated or lonely now.

Observations: This lady is clearly a very private person who is struggling to come to terms with loss of independence and the fact that her family are not living closer. She is a proud lady who has obviously overcome a number of challenges in the past. She looks forward to her weekly visit from a volunteer and feels that it is making a difference. Given that she is no longer able to drive, it will be interesting to see how this lady copes with her loss of independence over the winter months – something she said that she was dreading. This situation demonstrates the need for volunteers to really understand the effects of loss of independence and help their older person to develop coping strategies. It also illustrates the fact that not everyone within ALONE's target audience sees themselves as in need of 'charity'.

Female 5

This lady lives alone in an apartment in a large complex on the Southside. She is originally from another part of the country and does not have any family in Dublin. She also says that she does not have any friends as she is no longer able to keep up with them.

She first heard about ALONE when she was young. She knew about Willie Bermingham and thought that the service was fantastic. She decided to get in touch simply because she had no one nearby.

She thinks that the ALONE Befriending Service meets her needs very well. She gets on with her with her volunteer, saying that she was apprehensive at first, but as she got talking she got to like her. Initially she thought of it as charity, which she didn't want, but then she thought that they could be friends.

In terms of the most beneficial aspect of the ALONE Befriending Service, this lady said that it keeps her happier as she is depressed when she is on her own.

When asked how well known she thinks the ALONE Befriending Service is among older people in general or among the general public, she said that she did not know.

Interestingly, this lady refers to ALONE as a company and not a charity.

Her volunteer has been visiting for approximately six months and visits once a week, typically on a Friday afternoon. They spend up to an hour together and the volunteer has car which means they are able to go out for coffee or to the local supermarket. She describes her volunteer as being a friend and said that she wouldn't ask him/her to help her with anything as they don't have the time. She hasn't experienced a problem with the volunteer who visits her.

This lady has not attended any ALONE social events and says that she wouldn't be able to due to health difficulties. She also has not been on an ALONE holiday, although she travels to Co. Kerry occasionally.

When asked what she thinks are the biggest issues facing older people today, she said that loneliness was the biggest issue. She also said that loneliness makes people introverted and depressed. She said that if euthanasia was legal in Ireland, a lot of people would take it, saying that it would not be viewed as suicide, rather than as a cure.

While this lady is not a member of a group that meets regularly and does not belong to a church, it was interesting to hear this lady talk about having herself 'befriended' a lady with learning difficulties - she talks to her on the telephone once a week and will start visiting her again.

This lady did consider herself to be extremely lonely and isolated before she started to be visited by a volunteer from ALONE. Now, she does not feel as lonely and isolated.

Observations: This lady is a complex character.   She has a host of medical issues which makes life difficult and painful and which can only have a detrimental impact on her mental/emotional health. This manifests itself in a tendency to be suspicious about people, jumping to conclusions about them and, on that basis, cutting them out of her life very quickly. And, yet, she also appears to be a caring person. It was obvious that she is extremely lonely and isolated and, indeed, vulnerable and fearful.

This further highlights the need for volunteers who have an ability to cope with people who have the potential to be difficult and who understand the need to report difficult behaviour to ALONE. There is certainly a high potential for a volunteer to be subject to accusations and, therefore, they need to be extremely self-aware and conscious not to place themselves in situations that leave them vulnerable. This is certainly a challenging visit, but one that open to the possibility of making a real difference to this lady's life.

Male 1

This gentleman is at the younger end of the ALONE age group and has a mental health diagnosis. He is visited by two volunteers. He lives in an extremely sparsely furnished apartment in a city centre suburb and is a smoker. He does not have any family living nearby and has few friends.

He first heard about Willie Bermingham and ALONE years ago. More recently his key worker suggested that some social contact would be therapeutic and suggested the ALONE Befriending Service and one other befriending service. He chose ALONE because the visits are carried out by volunteers, not paid employees. For him, that was important.

This gentleman feels that the ALONE Befriending Service meets his needs well and enjoys the company of the two volunteers who visit him, saying that they have a lot in common. He thinks that the most beneficial aspect of the ALONE Befriending Service for him is the bit of social contact which helps him to take his mind off things.

In relation to improvements that could be made to the ALONE Befriending Service, he feels it is too early for him to say. He also was not sure about how well known the ALONE Befriending Service is among older people in general or among the general public.

He has been visited by volunteers from ALONE for approximately seven weeks now. They visit once a week and spend between one and one-and-a-half hours which, he says, is sufficient. He considers them to be both volunteers and friends. Currently, his volunteers do not help him with anything, but he hopes that he will be able to assist him with some IT related tasks e.g. setting up an iPod.

He has not yet attended an ALONE social event, nor does he attend other social events. He also hasn't been on an ALONE holiday, nor does he go on other holidays or short-breaks. He said it is unlikely that he would do so in the future as he tends to be more comfortable in situations where there are just one or two other people.

When asked what he thinks are the biggest issues facing older people today, he said that he was not able to think of any. When asked how he thinks isolation and loneliness affects older people, he said that it could cause depression.

This gentleman is not a member of a group that meets regularly. He is a member of a religious group by tradition, but is not an active member. Because of this, he is not visited during the week by anyone from that religious group.

Before he started being visited by volunteers from ALONE, he said he was very lonely and isolated. The weekly visits from the ALONE volunteers have helped to lift his spirits, so much so that he no longer considers himself to be lonely or isolated now.

Observations: This gentleman's life has been devastated by mental illness which has also left him isolated and lonely. He is hugely positive about the effect that the ALONE Befriending Service has had on his life, something that his key worker and psychiatrist has commented on. While this is a 'two-volunteer' visit, it is obvious that he enjoys the time he spends with his volunteers and that it is helping him to become more confident in the company of others, further evidence of the transformational nature of 'friendship'.

Male 2

This gentleman lives alone in a house in a suburb of Dublin. He is a widower who has a number of health difficulties that have affected his mobility and communication skills. He has a daughter who lives relatively close by and helps him with a number of practical things during the week. His son loves overseas.

He first heard about ALONE from a girl who works for the organisation. She told him about the Befriending Service when his wife died, thinking he would enjoy some company.

He thinks the ALONE Befriending Service meets his needs very well because he has somewhere to go and someone to visit him at home, and enjoys the company. Based on his experience of the Befriending Service, there are a number of things he feels could be improved, not least access to practical help e.g. someone to cut the grass and carry out minor repairs.

When asked how well known he thinks the ALONE Befriending Service is among older people in general and among the general public he said 'not very well' on both counts.

His volunteer has been visiting him for two years. She visits once a week and spends approximately half-an-hour with him, which he feels is sufficient. He considers him/her to be both a volunteer and a friend.

In relation to help with shopping etc. his daughter is available to do that and meals are provided by meals on wheels. His ALONE volunteer takes him to and supports him at ALONE social events.

This gentleman has never experienced a problem with the volunteer who visits him and says that his family have met him/her. His friends also know that he is visited by a volunteer from ALONE.

He has attended a number of ALONE social events saying that they were all very enjoyable and very important for older people and volunteers alike. He also attends 'Golden Years' three days a week. He hasn't been on a holiday arranged by ALONE because he didn't have someone to go with him – he required one on one care. However, he has been on other holidays with St Vincent de Paul.

When asked what he thinks are the biggest issues facing older people today, he was clear that it is loneliness, saying that sometimes it is their own fault because they don't do anything. He thinks that isolation and loneliness affects older people terribly, although it said that it doesn't affect him much as he is so busy.

Other than attending 'Golden Years' this gentleman is not a member of any group that meets regularly, nor does he belong to a church or other faith group.

He said that he did not consider himself to be lonely before he started to be visited by a volunteer from ALONE and that he likes his own company. That said, he feels that being visited by a volunteer

from ALONE has made a difference because he knows she is always there and can ring her anytime he needs anything. Today, he still considers himself not to be lonely.

Observations: This gentleman has a host of medical issues that make life difficult for him. Despite that, he has a positive outlook on life and has plenty of social interaction during the week. At no point has this gentleman considered himself to be lonely or isolated, therefore, does not fall within the ALONE Befriending Service criteria. While he finds his weekly visits enjoyable and appreciates knowing that there is someone he can call in an emergency, it is questionable whether or not this gentleman should have been accepted into the Service.

Male 3

This gentleman lives alone in a house in a suburb of Dublin. His children live in another part of the country/overseas (both of whom know that he is visited by a volunteer from ALONE) and he has few friends. He has a history of physical and mental health difficulties, both of which led to a period of extreme isolation that had a devastating impact on his life.

He had heard of Willie Bermingham, but it was his public health nurse who suggested that he would benefit from being visited by a volunteer from ALONE. He thinks the ALONE Befriending Service meets his needs very well and has really helped to rebuild his confidence and his life. For him, the most beneficial aspect of the Befriending Service is the personal contact, saying that it is so important to look someone in the eye.

There aren't any aspects of the Befriending Service that this gentlemen thinks could be improved. However, when asked how well known he thinks the ALONE Befriending Service is among older people in general and among the general public, he said 'not very well'.

This gentleman's volunteer has been visiting him for more than two years. He comes one a week and spends up to an hour with him, which, he says, is enough. He considers his volunteers to be a volunteer and a friend. And, while he does not consider him to be a caregiver, he is clear that his volunteer is giving care in that he gives his time and his confidence. He helps him with his shopping if he needs help, he takes him to medical and other appointments, encourages and supports him to pursue his goals.

He has never experienced a problem with the volunteer who visits him.

This gentleman has attended ALONE social events (dinner dances) and found them both to be very enjoyable, so much so, that he looks forward to them. These are the only social events he attends.

He has also been on two ALONE holidays which he found to be very enjoyable, well organised and affordable. He also goes on other holidays and short-breaks with his son.

When asked what he thinks are the biggest issues facing older people today, he said isolation and alcohol. He said that isolation is so easy to drift into and that it ruins your confidence so much so that it leaves you unable to do anything.

Other than attending a Day Centre, this gentleman is not a member of any group that meets regularly. He also does not belong to a Church or faith group.

Before he started being visited by a volunteer from ALONE, this gentleman considered himself to be extremely lonely and isolated. The difference being visited by a volunteer has made is nothing other than life changing. And, while he still considers himself to be lonely, the level is much improved.

Observations: This gentleman's story is inspirational in terms of how friendship can transform a life. Having found himself at rock bottom, he has been able to rebuild his confidence, his independence and his life thanks in large part to the personal contact and friendship that ALONE has afforded him. The relationship he has developed with his volunteer is one of mutual respect and deep friendship that is clearly so enriching for both parties.

Male 4

This gentleman lives with his wife in a home in a suburb of Dublin. Their family (five children, four daughters-in-law, 16 grandchildren and three great-grandchildren) all live nearby and at least one visits every day. He has a friend who visits once a week and takes him out for a coffee. They also have meals on wheels five days a week and home help three times a day. Both family and friends know that he is being visited by a volunteer from ALONE.

He first heard of ALONE many years ago and is proud to have known Willie Bermingham. Following an accident almost three years ago which resulted in him losing his sight, an external agency suggested that a volunteer from ALONE visiting once a week might be something that would help.

This gentleman thinks that the ALONE Befriending Service meets his needs very well as he knows there is someone there if needed. He also appreciates his volunteer taking him on a short walk.

There aren't any aspects of the ALONE Befriending Service that he thinks could be improved.

When asked how well known he thinks the ALONE Befriending Service is among older people in general and among the general public, he said 'not very well known'.

This gentleman's volunteer has been visiting for almost two years. He comes once a week and they spend up to an hour together going for a short walk and then chatting. And, as it turns out, he knew his volunteer's grandfather which he thinks gives them something in common. His volunteer offers to help with other things, but that help isn't needed at present.

To date, he has not experienced a problem with the volunteer who visits him.

This gentleman has not attended an ALONE social event or an ALONE holiday, due to his sight loss. He attends the occasional family celebration and goes on the odd short-break with family.

When asked what he thinks are the biggest issues facing older people today he said that it was where to live if not able to look after oneself. In his situation, he said he thinks about what would happen if his spouse passed away, given that he would not want to live with family.

When asked how he thinks isolation and loneliness affects older people, he said that it affects different people in different ways and that he was fortunate to have never experienced loneliness.

This gentleman is not a member of any group that meets regularly. He was very involved with a group in the past and they continue to keep in touch. He is a member of a local Church and he attends weekly, if a family member is able to take him. Someone from Church also brings him Holy Communion once a week.

When asked if he considered himself to be isolated or lonely before he started being visited by a volunteer from ALONE, he responded by saying 'no'. He qualified that by saying that the volunteer came so soon after his accident that he did not have time to get lonely. He said that being visited by a volunteer has made a big difference and he really looks forward to him/her coming every week.

Observations: This gentleman's life was irreversibly changed due to an accident, so much so that he had the potential to become isolated and lonely at some point in the future. He lives with his wife and has a large family, all of whom live nearby and are very much a part of their lives. He has a network of friends and is able to get out and about with them. Life has changed for him. However, he was not lonely when he was introduced to ALONE and, since then, he has not experienced a reduction in the level of social contact he has. Because of this, he does not fit within the ALONE Befriending Service criteria and, on balance, should not have been accepted.

8. Active volunteers

There were 758 'all volunteer' records for the period 01 July 2014 – 30 June 2015, broken down as follows:

VOUNTEER STATUS 01 JULY 2014 - 30 JUNE 2015

- Active
- Interested
- Ended (previously active)
- Pending/application received/awaiting training
- Interview completed/application awaiting
- On leave
- Withdrawn
- No status

3% 3% 1% 27% 13% 1% 1% 51%
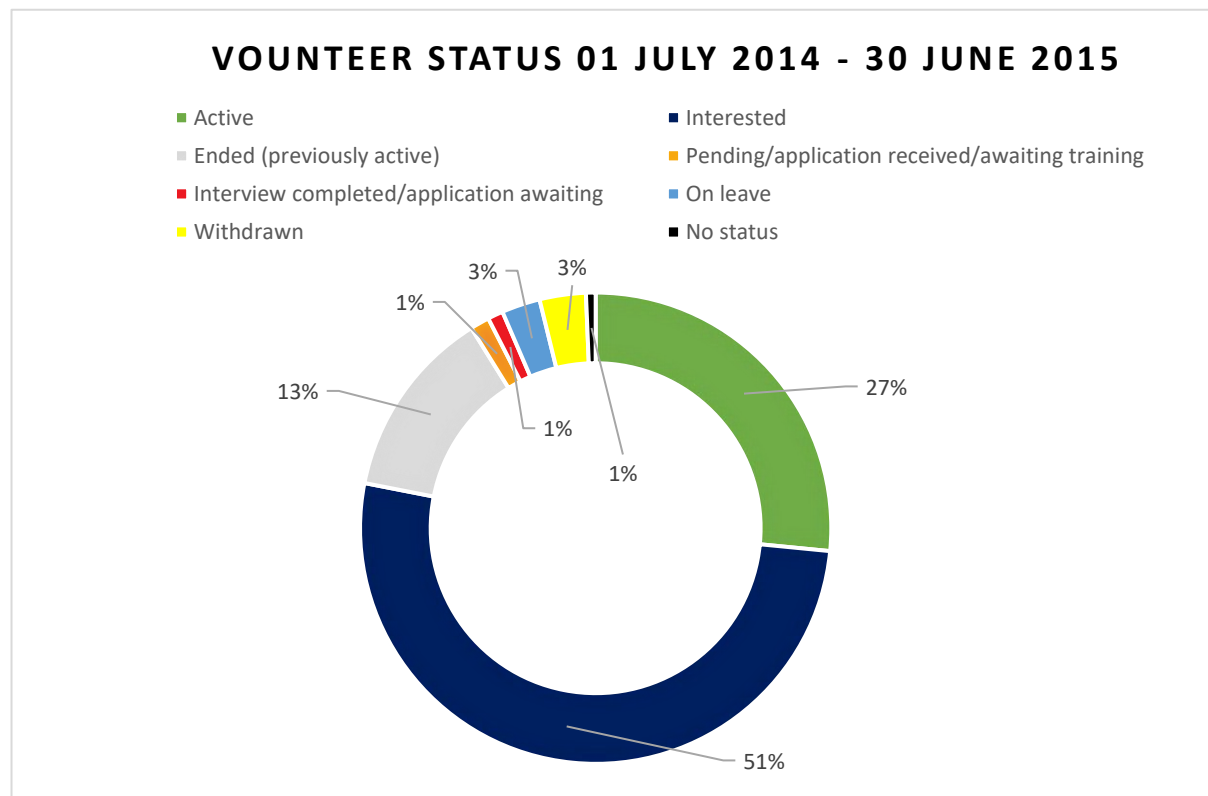
As shown above, 27% of this group (or 201 people) were active volunteers. A breakdown of active volunteers (following page), reveals that more reside in the Southside than the Northside, which is in line with the distribution of 'actively befriended' older people, and that approximately two-thirds of active volunteers are female.

Just over three-quarters of 'active' volunteers started after 2010, with half of all 'active' volunteers having a start date of 2014 or 2015.

Almost 70% of volunteers have completed their core training. Given that this is mandatory, it is recommended that this is looked at as a matter of urgency. Also, not all active volunteers have been allocated a mentor (16%). It is recommended that this is also looked at as a matter of urgency.

Where volunteers first heard about ALONE is not recorded in all instances. This field was blank for more than half of the active volunteers. This makes it very difficult to establish how successful volunteer recruitment activities are. As a result, it is recommended that this field is completed for all new volunteer applications.

ACTIVE VOLUNTEERS
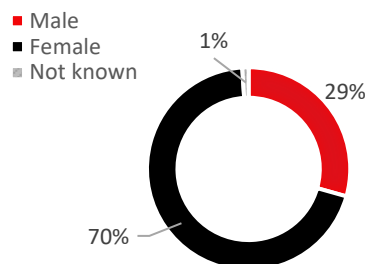
- Male
- Female
- Not known

1%
29%
70%

START YEAR

- 1985
- 1988
- 1991
- 1993
- 1994
- 1995
- 1997
- 1999
- 2000
- 2001
- 2003
- 2004
- 2005
- 2006
- 2007
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- No start date

0% 0% 0% 0% 0% 0% 0% 0% 1% 1% 0% 0% 0% 0% 0% 0% 2% 2% 2% 5% 3% 4% 5% 9% 10% 33% 17%

TRAINING STATUS

- Fully trained
- Partly trained
- No training

15%
69%
16%

HOW HEARD ABOUT THE ALONE BEFRIENDING SERVICE

- Media
- Advertising
- Brochure
- Volunteer Centre
- Website
- Word of mouth
- Other
- None
- N/A

9% 5% 1% 2% 14% 10% 16% 18% 25%

160
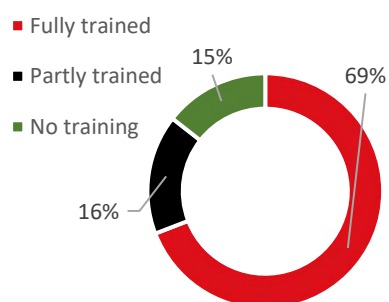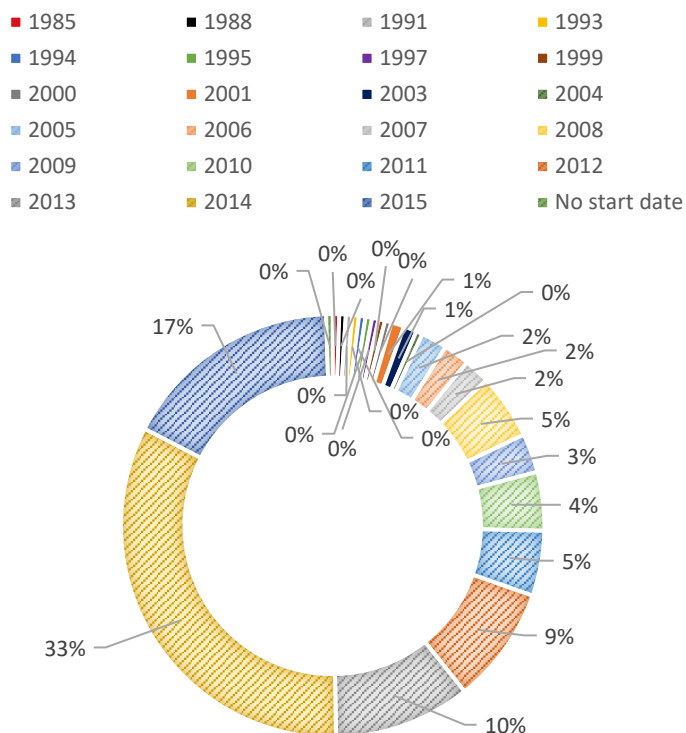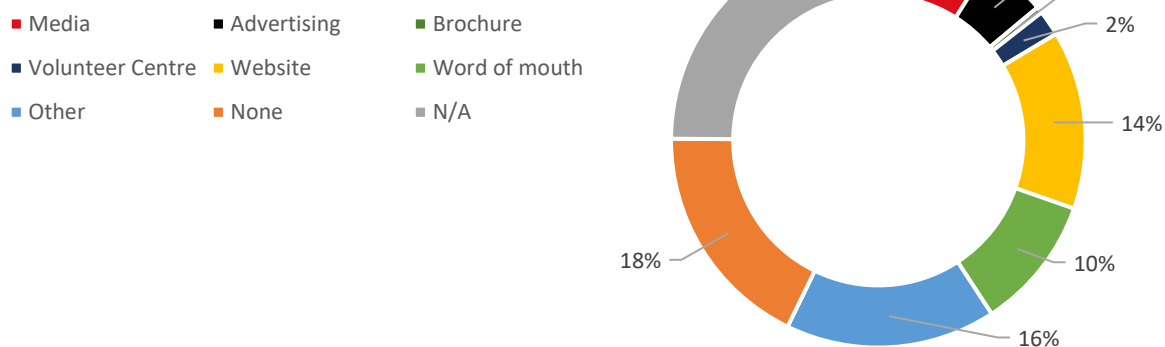
8.1 Volunteer Recruitment & Training Procedure

During the period 1st July 2014 – 30th June 2015 390 people were listed as 'interested' in becoming an ALONE volunteer.

The 'Volunteer Recruitment & Training Procedure' (Appendix 14) is the process used by ALONE to recruit and train volunteers. It sets out the stages between the receipt of an enquiry right up to the point at which a candidate is accepted as a volunteer or deemed to be unsuitable and, therefore, rejected, trained and become active volunteers.

When people who express an interest in becoming an ALONE volunteer are designated as being 'interested' on Salesforce, address details are not being recorded. This means that it is impossible to identify which parts of Dublin the matches are coming from and, therefore, it is impossible to prioritise expressions of interest from people in areas where there is the most need for volunteers. It is recommended that everyone who expresses an interest is asked to supply an address and that it is recorded on Salesforce. This information should then be used to better plan the recruitment process, and to identify areas where there are not sufficient expressions of interest to meet demand to enable more targeted volunteer opportunity awareness raising to take place.

As currently structured, it takes approximately 10 weeks from the point in time an application is submitted to being matched with an older person. While this appears to be a long time, it includes all elements of the process, including training and Garda vetting. Because of this, a ten-week window is appropriate.

Volunteer recruitment information sessions take place once a quarter (four times a year). As the number of referrals to the Befriending Services increases, the need to recruit additional volunteers will also increase. Given the need to have available volunteers ready to be matched with older people who are successfully accepted into the Service, it is recommended that ALONE considers increasing the frequency of its volunteer recruitment information sessions from four per year to six per year in 2016, with a view to holding 12 per year by 2017.

Volunteer recruitment information sessions also take place in the same location each time. It is recommended that as the frequency of these sessions increases, the number of locations used also increases. Information sessions should take place in areas other than in Dublin City Centre e.g. Malahide, Lucan, Blanchardstown. This will also provide an opportunity for the communications department to use these information sessions as the basis for local public relations/stakeholder engagement plan activities.

Just 35% of those who express an interest go on to make an application to become an ALONE volunteer. It is recommended that an intern is tasked with establishing why this is the case. He/she should be asked to carry out a piece of research among those who expressed an interest in the past but who did not go on to submit an application. This will help to identify the reasons why this is the case so that ALONE is able to address them.

The involvement of mentors in the volunteer recruitment process is important. Not only does it increase available capacity, but it also engages them in the volunteer process right from the very beginning.

Befriending Volunteer Role Description

A Befriending Volunteer Role Description (Appendix 15) is sent to every person to makes an enquiry about volunteer opportunities within the ALONE Befriending Service. It provides a comprehensive

description of what is required and also, importantly, sets out the level of commitment required on a weekly basis, as well as an overall minimum commitment of one year.

The language used to describe Befriending is a little cumbersome and, indeed, formal. Because of this, it is recommended that this is reviewed.

Volunteer Application Form

The Volunteer Application Form (Appendix 16) is typically completed by applicants at the Information Session or soon afterwards. While comprehensive, it would benefit from the addition of the following:

- An explanation as to why the applicant is required to supply two passport-sized photographs (this is not made clear on the form)
- A question to establish whether or not the applicant is a car owner
- A question to establish the geographic areas that the applicant would (or would not) like to visit
- A question around the time of week/time of day that would generally suit them to make a visit to an older person

Volunteer Information Sessions

These are carried out approximately four times a year. Those present are provided with information about the ALONE Befriending Service and the role of volunteers by way of a presentation, are encouraged to complete their application form and attend an interview at the same time. This certainly saves a significant amount of time and utilises the staff and mentor resources available at the time. It also creates a momentum in terms of enabling those present to pledge their commitment to volunteering there and then.

Volunteer Training

Volunteer training is mandatory. However, there are a number of volunteers logged as 'active' on Salesforce who have not completed the core training, 11 of whom have a start date after 2010. It is recommended that this is looked at as a matter of urgency.

Having reviewed the Module 1 and Module 2 training presentations, it is clear that they contain some excellent content that helps to set the scene, provide context and present opportunities for role play and discussion. They would, however, benefit from a section that outlines the role of the mentor and the lines of communication/contact between ALONE and the volunteer.

There are some inconsistencies in the way in which the issue of volunteers sharing contact details is dealt with, highlighted by the presentation. This needs to be clarified and then presented in a consistent manner.

The majority of the training content lends itself to online learning. It is recommended that this is something that ALONE explores over the next 12 months. Not only would online training enable the currently rigid volunteer recruitment timeline to be made far more flexible and, therefore, responsive, but it could also be an initiative that a corporate sponsor might be willing to help develop and fund. It could also be expanded to include continuous specialist training e.g. befriending older people with dementia.

Volunteer Handbook

THE ALONE Volunteer Handbook is an extremely comprehensive and practical document that provides volunteers with the majority of what they need to know in order to successfully fulfil their role.

The ALONE **Volunteer Charter** clearly sets out the two-way nature of the volunteering relationship and the expectations placed on both the volunteer and ALONE.

The ALONE **Vision, Mission and Core Values** provide the context for the rest of the document and it is important that they are included in the volunteer handbook, as is information on the other services in ALONE and the organisation's organisational structure.

ALONE stresses that the organisation is rooted in a tradition of volunteerism, however that is not fully reflected in the outline organisational structure diagram. It is recommended that the role of volunteers is better illustrated within this structure, reinforcing the importance placed on their contribution. The position of the mentors also needs to be placed within this structure.

The ALONE **Volunteer Policy** is extremely comprehensive. However, it would benefit from the addition of section on the use of social media e.g. not inviting the older person you visit to 'friend' you on Facebook or accepting a 'friend' invitation from the older person, as well as not posting photographs of the older person you visit on social media sites without their consent.

Additionally:

- The section on **volunteer training and support** needs to be updated to reflect the new training arrangements.
- **Expenses**: support coordinators should not be spending time handing out expense forms. This is a task that should be taken care of by the administration/HR team.
- **Insurance**: the position in relation to volunteers using their own cars to transport older people (rather than just travelling to and from visits) needs to be referenced and clarified.
- **On a visit**: requiring volunteers to ensure that the person they visit is in adequate health before attending an ALONE social event or the ALONE holiday is an unreasonable ask, not least because it is so subjective. Also, what are the consequences for the volunteer if the person they visit is unwell and yet goes on the ALONE holiday, for example? It is recommended that this is deleted.
- **Volunteers on holidays**: the need to advice the ALONE office of when a volunteer will be away should be made clearer.
- **Dispute resolution**: the way this is worded, implies that ALONE will not support the volunteer during a step-back and investigation. ALONE has a duty of care towards both the older person and the volunteer and this needs to be reflected in this policy.
- **Code of Conduct**: The second last point needs to be amended. It reads as though adherence, rather than non-adherence, is considered to be a breach.
- **Volunteer confidentiality**: Volunteers should be clearly instructed not to give out their personal contact details, rather than simply advised not to (also relevant to the second FAQ). Also, failure to maintain confidentiality should result in the termination of the volunteer's relationship with ALONE, rather than 'may'.
- There is also the occasional **use of terminology** that requires explanation to avoid confusion e.g. NGO. This should be rectified.

Annual Update Form

This form (Appendix 17) presents an easy means of tracking levels of volunteer satisfaction and volunteer perceptions around the impact of their visits on the older person. Therefore, it would benefit from the addition of a small number of questions that would provide ALONE with an annual benchmarking system.

Volunteer Leadership Group

The Volunteer Leadership Group was established as a means bringing together key people in the format of an advisory group/sounding board/consultative forum to staff.

Members include mentors, project leaders, representatives of daytime and specialist volunteers, the chief executive and relevant staff. The group's full terms of reference are attached at Appendix

The Volunteer Leadership Group has a lovely sense of openness about it that encourages discussion and debate. The fact that it is based on two-way communication also means that it is a good volunteer-board conduit.

It is important that this group does not become a 'talking shop' and that the work it carries out is of actual benefit to the organisation.

Given that all members are currently founding members, there will likely be some change around the table which will inevitably change the dynamic of the meeting. This is something will need to be managed carefully.

As the Group meets between four and six times a year, a requirement for members to attend just two meetings (or more, as they wish) is not demanding enough. It is recommended that in the interests of consistency of discussion and decision making, the group meets six times a year and that members should be required to attend a minimum of three meetings.

8.2 What active volunteers had to say...

A link to an electronic questionnaire (Appendix was emailed to all active volunteers with the exception of those who are mentors. Having been asked to complete the questionnaire within a within a two-week time-frame, 47 responses were received. A breakdown of these responses is as follows:

The ALONE Befriending Service

Q: How long have you been an ALONE Volunteer?

As shown below, responses ranged from up to one year to more than 10 years. 70% of respondents have volunteered with ALONE for up to three years, with the balance having volunteered with ALONE for between four and more than 10 years.
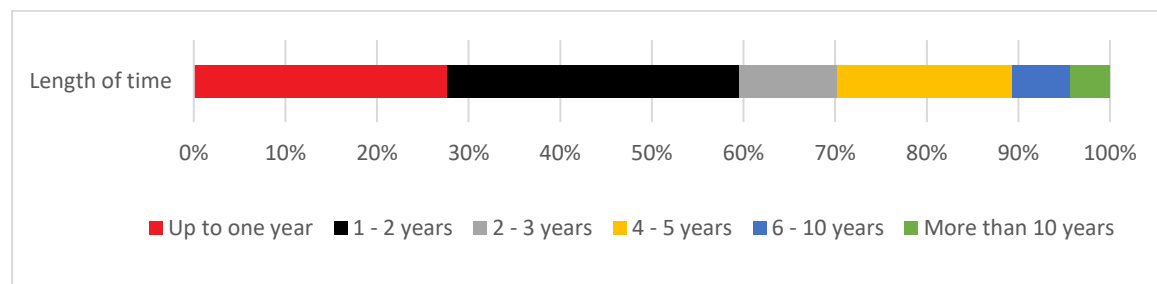
Q: What motivated you to volunteer with ALONE?

All 47 respondents answered this question, between them generating 67 reasons for volunteering with ALONE as shown below.
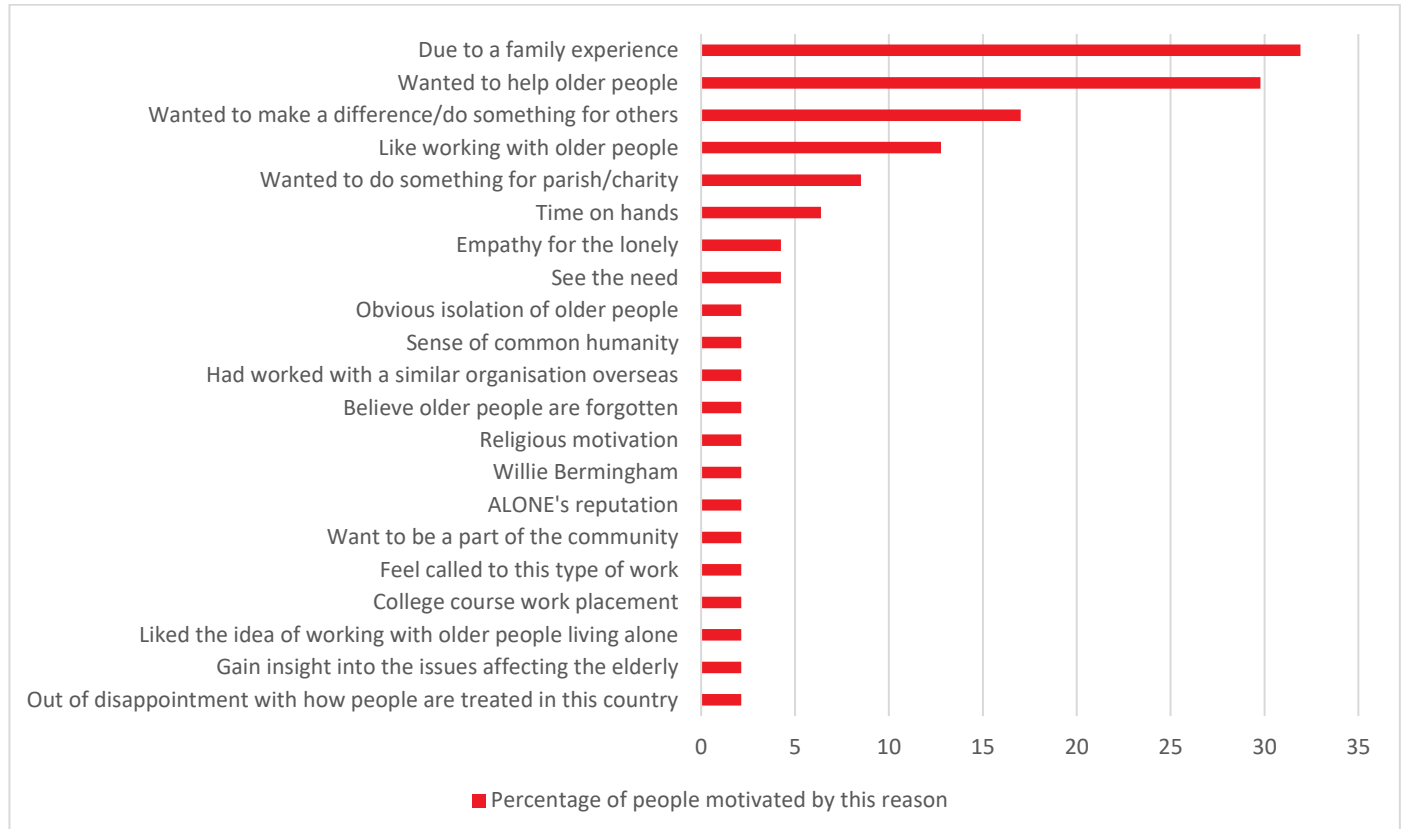
As shown above, the top three motivations for volunteering with ALONE are linked to a family experience or wanting to help older people/make a difference/do something for others. Just one respondent each said that they were motivated by the story of Willie Bermingham or ALONE's reputation.

Q: How much time do you give to ALONE each month?

As shown below, responses ranged from fewer than four hours to more than 11 hours.
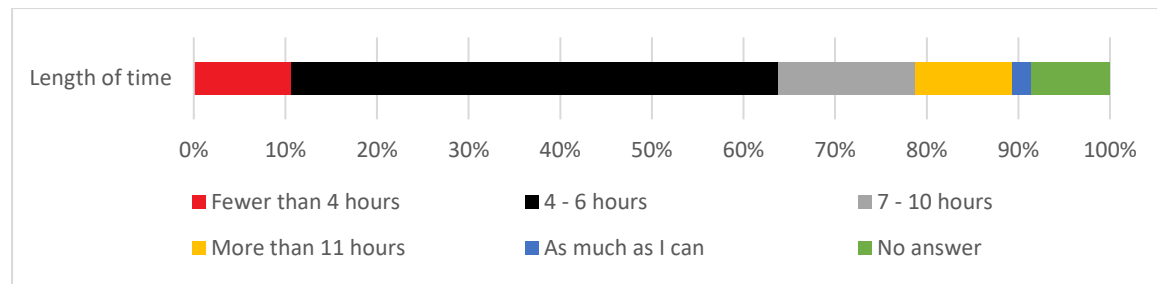
64% of respondents said that they give up to six hours of time to ALONE each month. 11% said that they give more than 11 hours. This indicates that the majority of volunteers give the expected amount of time per month.

Q: Is all of this time spent visiting older people?

As shown below, almost 28% of respondents also give time to ALONE in other ways.
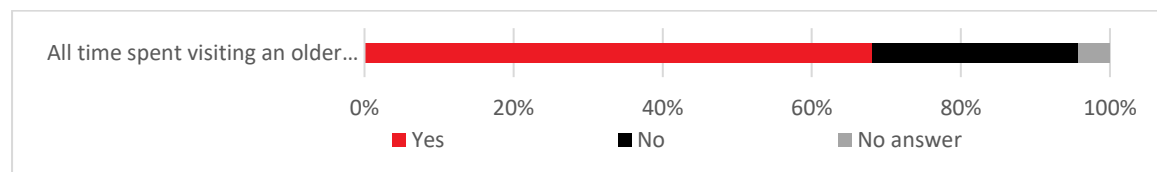
Those who said that not all of their time is spent visiting older people, also carry out the following tasks:
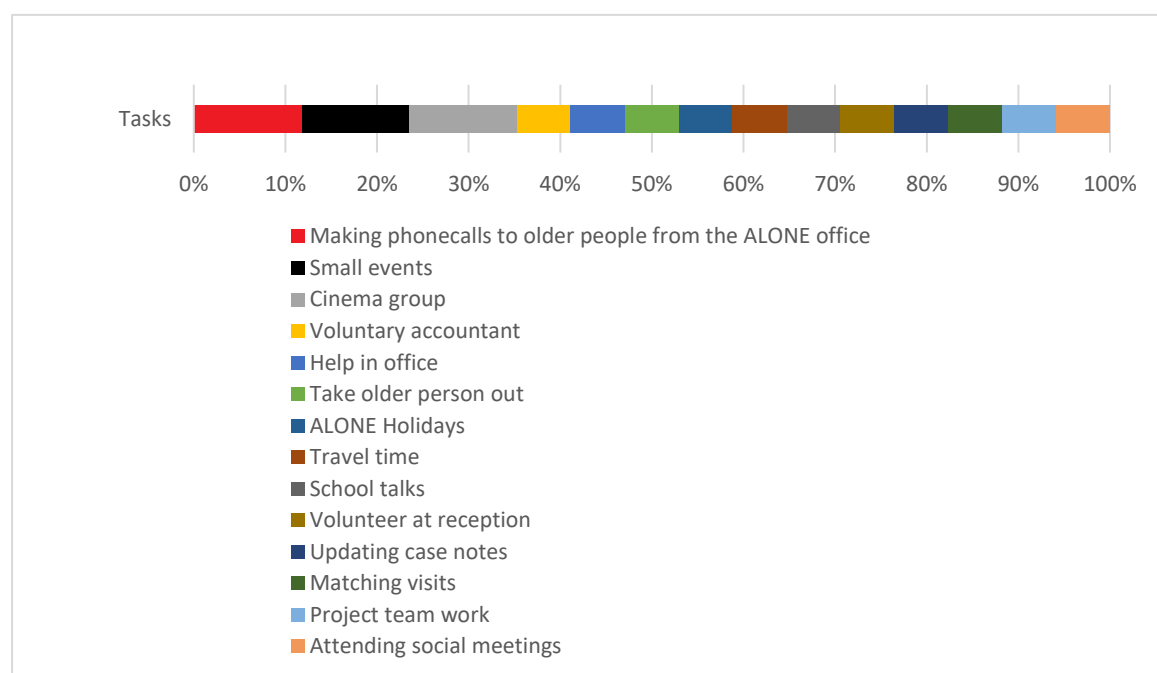
As shown above, 28% of respondents have more than one role in ALONE and are engaged in a wide variety of tasks the most prevalent of which are making phonecalls to older people from the ALONE office, small events and cinema group.

Q: How many older people have you befriended since you first became a volunteer at ALONE?

As shown below, responses ranged from none to 15 older people. 55% of respondents said that they befriended just one older person with one respondent saying that they had befriended 15 older people.
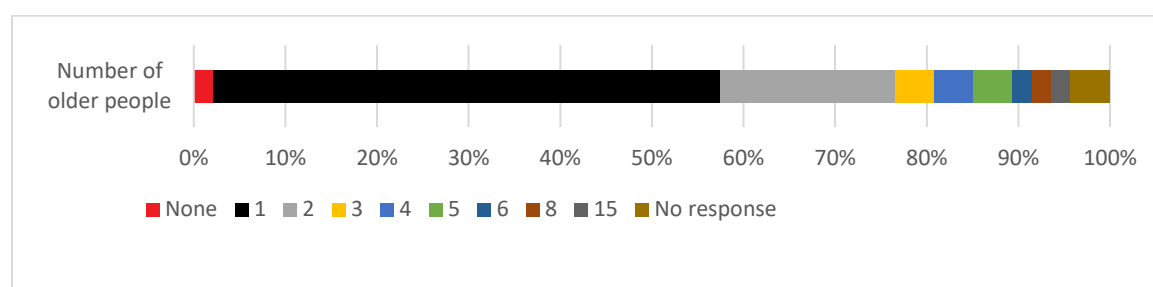
Q: What does your volunteer role involve?

45 of the 47 respondents answered this question, with most ticking more than one task, as follows:

Task	Percentage volunteers
Visiting the older person you have been matched with on a regular basis	83%
Alleviating loneliness and isolation for the older person you have been matched with	83%
Providing practical support for the older person where necessary and appropriate, such as collecting things, taking them shopping, taking them to appointments and/or helping with small tasks in the home	47%
Becoming a carer for the older person you visit	4%
Supporting the older person you visit when attending ALONE social events	55%
Supporting the older person you visit to pursue their goals simply by giving them positive encouragement or helping them to access relevant information	53%
Acting as an advocate for the older person, where necessary	34%
Contacting the ALONE office if you have concerns for the older person's health, safety and welfare	77%
Attending volunteer meetings and training	70%
Linking in with your mentor and ALONE staff member to seek support in your volunteer role when needed	57%
Other	11%
No answer	4%

When asked what their volunteer role involves, 83% of respondents said that it was about visiting the older person they have been matched with on a regular basis and alleviating loneliness and isolation for the older person they have been matched with. Just 55% said that their role involves supporting the older person they visit when attending ALONE social events and 34% said that it involves acting as an advocate for the older person where necessary. Worryingly, not all respondents think that their role involves contacting the ALONE office if they have concerns for the older person's health, safety

and welfare or attending volunteer meetings and training. Even more concerning, 4% said that their role involves becoming a carer for the older person they visit. This illustrates the need to emphasise the role and responsibilities of a volunteer in training.

Q: How many older people do you currently visit?

As shown below, responses ranged from none to 5 older people. In relation to the volunteer who said that they visit five older people, unless there are very specific reasons why this should be the case, it would seem that this is an inappropriate level of commitment. With this in mind, it is recommended that a limit is placed on the number of older people any one volunteer can visit at any point in time.
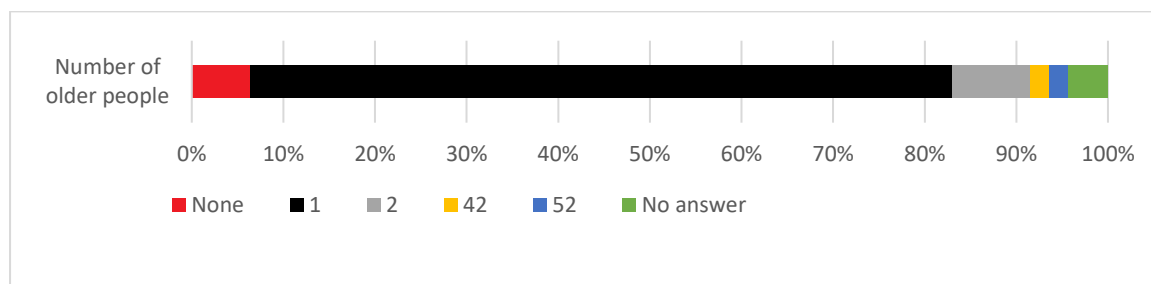
Q: How often do you visit the older person/people you have been matched with?

As shown below, responses ranged from five days a week to monthly. 77% of respondents said that they visit their older person once a week, which is as per the requirement. 13% said that they visit their older person either once a fortnight or once a month. This would indicate that a watchful eye needs to be kept on visit frequency to ensure that the once a week rule is being complied with and, where it is not (unless there is a specific reason), corrective action should be taken.
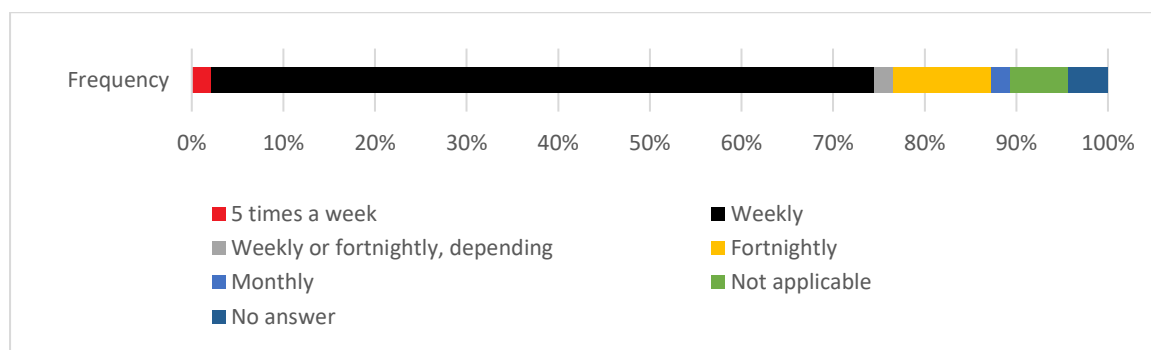
Q: On average, how long do you spend with the older person/people when you visit them?

As shown below, responses ranged from less than an hour to more than two hours. 81% of respondents said that they spend between one and two hours with their older person when they visit. Just one volunteer said that they spend less than an hour and one said that they spend more than two hours. This confirms that volunteers are spending an appropriate amount of time with their older person each time they visit.

168
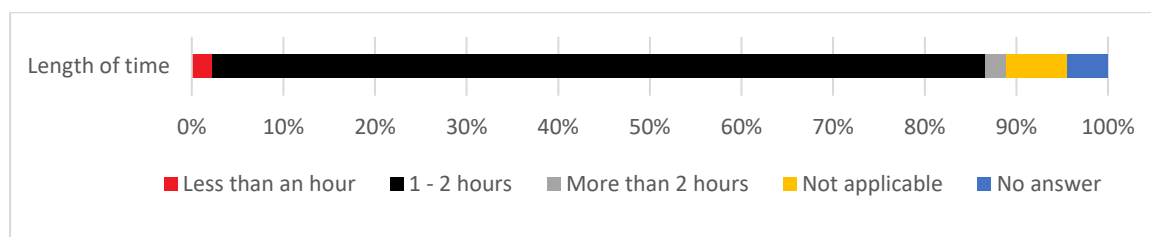
Q: Do you ever spend time with the older person/people you visit somewhere other than their home?

As shown below, almost 50% of volunteers spend time with the older person/people they visit somewhere other than in their home.
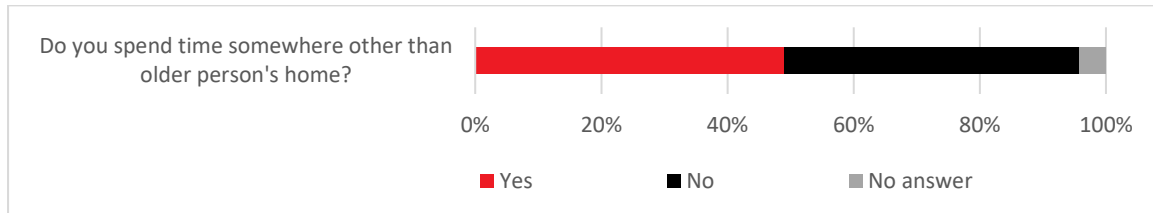
Q: Where would you meet or take the older person/people you visit?

Those who spend time with the older person/people they visit somewhere other than at their home, said that they meet at or take their older person to:
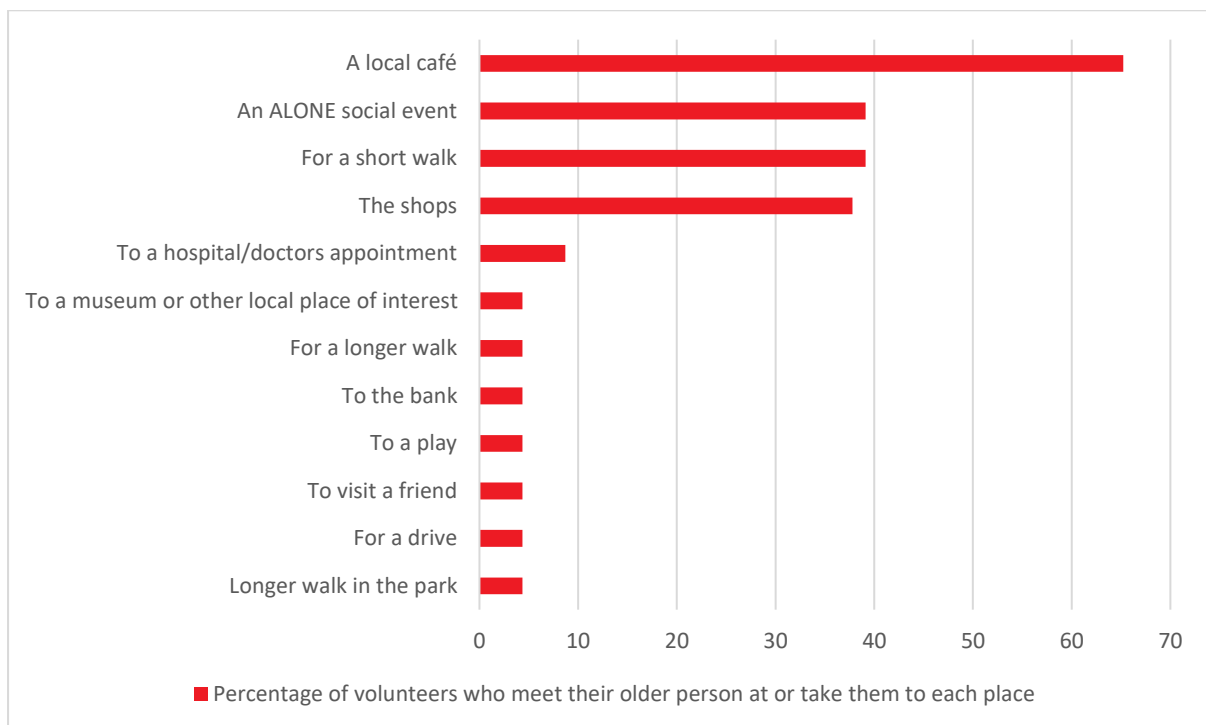
Q: For those volunteers who only visit the older person/people in their home, is there a particular reason?

As shown below, 50% of volunteers who only visit the older person/people in their home said that there was no particular reason for doing so.
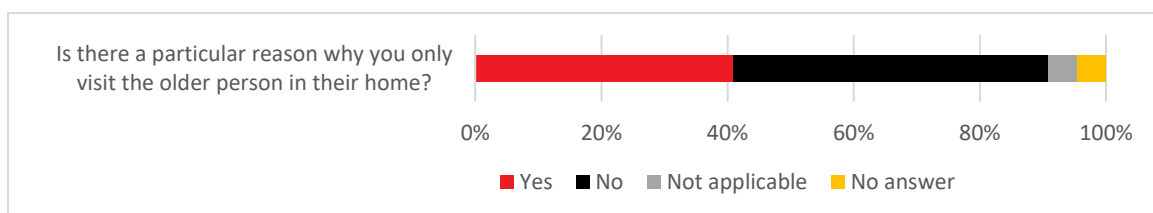
Those volunteers who said that there was a reason, stated the following:
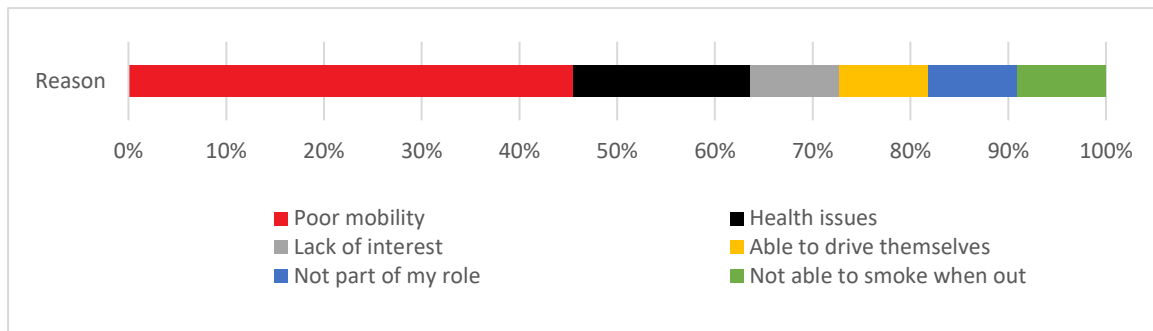
Q: Do you consider the older person/people you visit to be your friend(s)?
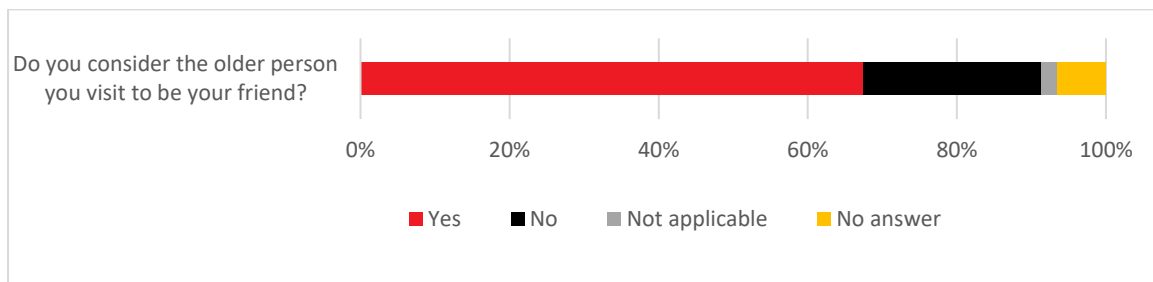
As shown above, two-thirds of volunteers consider the older people they visit to be their friend. This is slightly lower than the number of older people who consider their volunteer to be a friend.

Those volunteers who said that they DID consider the older person/people they visit to be their friend(s) cited the following reasons:

Q: Those volunteers who said that they DID NOT consider the older person/people they visit to be their friend(s) cited the following reasons:

Legend: Percentage of volunteers who do not consider the older person they visit to be their friend

Chart categories (top to bottom): Keeping healthy boundaries, Older person extremely conservative, Don't have a huge amount in common, Hopefully friendship will develop, Still getting to know each other, Haven't been doing it long enough, No answer
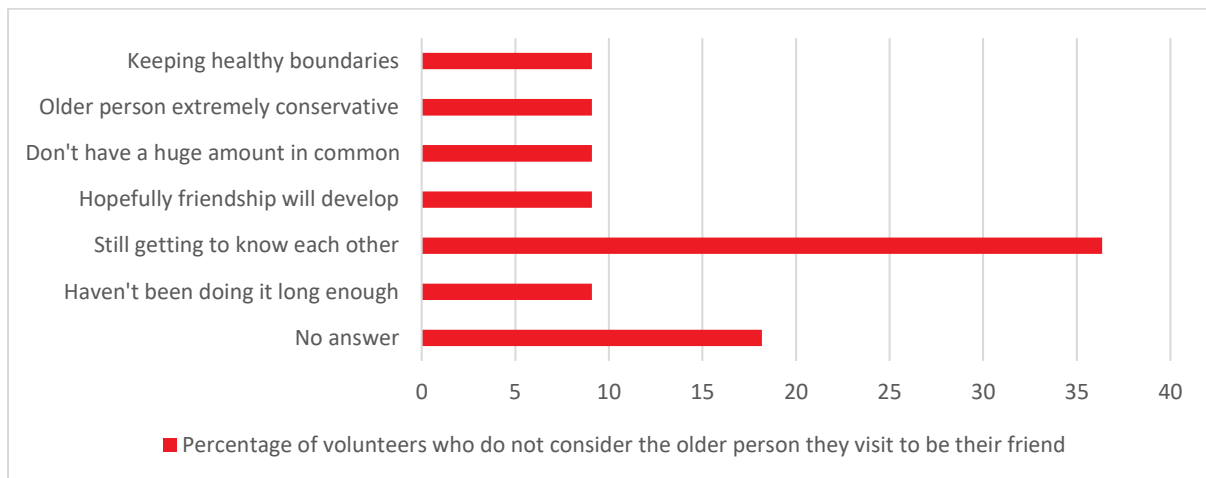
Q: Do you think the family or friends of the older person/people know that you are visiting?

33 of the 47 volunteers answered this question.
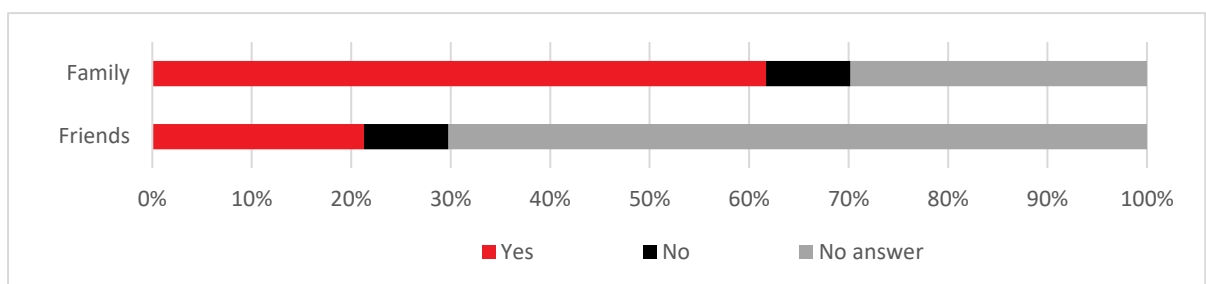
Legend: Yes / No / No answer

Chart categories: Family, Friends

As shown above, 62% of respondents think that the family of the older person know that they are visiting, while just 21% think that friends know. This is lower that the rates reported by the actively befriended, but not significantly lower. It is, however, interesting that just 21% of volunteers think that friends know and is, perhaps, indicative of a feeling that many older people have few friends.

Those volunteers who said that they think that the older person's family members know that they are visiting cited the following reasons:

Legend: Percentage of volunteers who said that they think the older person's family knows they are visiting

Chart categories (top to bottom): Has a good supportive family, Presume so, Informed by ALONE Co-ordinator, Heard them mention me on the phone, Lives with family member, Advised by the older person, Have met/spoken to family members
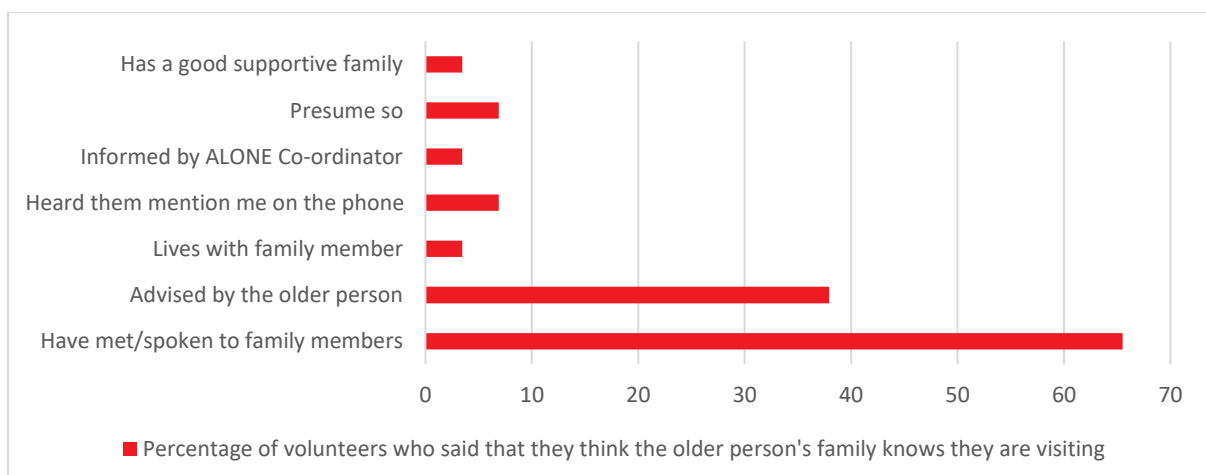
It is interesting to note that more than 60% said that they have met or spoken to family members.

Those volunteers who said that they do not think that the older person's family members know that they are visiting cited the following reasons:

Never mentions family/no contact with family
Hasn't any family
Not sure/think I'm referred to as a carer

■ Percentage of volunteers who said that they do not think the older person's family knows they are visiting

Those volunteers who said that they think that the older person's friends know that they are visiting cited the following reasons:

I presume so
Some come to ALONE social events
Advised by older person
Have met friends

■ Percentage of volunteers who said that they think the older person's friends know they are visiting

Those volunteers who said that they do not think that the older person's friends know that they are visiting cited the following reasons:

Doesn't have a wide circle of friends
Referred to as their carer
Never hear mention of friends

■ Percentage of volunteers who said that they do not think the older person's friends know they are visiting

Q: Have you ever experienced a situation here an older person you were visiting passed away?

Have you ever experienced a situation where an older person you were visiting passed away?

■ Yes   ■ No   ■ No answer

Just 13% of respondents said that they had experienced the death of an older person they were visiting which resulted in a range of 'normal' thoughts and emotions as follow:

Percentage of volunteers who said that an older person they were visiting had passed away

Q: Did you talk to your mentor about it?

As shown below, of those who said that they had experienced a situation here an older person you were visiting passed away, not one said that they spoke to their mentor about it.
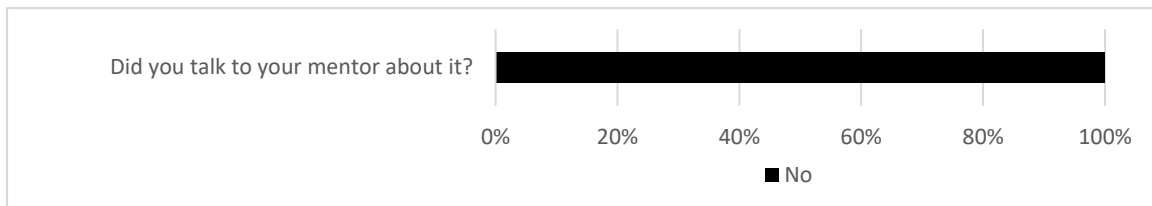
Q: Did you talk to an ALONE staff members about it?

As shown below, of those who said that they had experienced a situation here an older person you were visiting passed away, just one-third said that they spoke to an ALONE staff member about it.
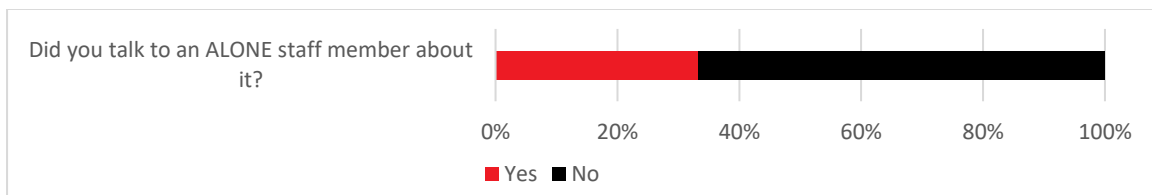
The two people who said that they spoke to an ALONE staff member said:

"We both agreed that both ladies were really beginning to struggle. It was helpful that xxx knew the situation with both ladies."

"Concerned about me. Asked if I needed help."

Given that not one person said that they talked to their mentor about it and just one-third said that they spoke to an ALONE staff member about it, it is recommended that mentors proactively make contact with volunteers whose older person has passed away in order to offer support.

Q: If you experienced a problem with the older person you are visiting, who would you contact for advice or help?

When asked who they would talk to if they experienced a problem with the older person they are visiting, despite having an assigned mentor, just 13% said that they would approach their mentor. Almost half said that they would approach an ALONE staff member. Worryingly, one respondent said that he/she would speak directly to the older person's son and another said that they might talk to their mother. This illustrates the need to emphasise the lines of communication between volunteers and their mentor and the ALONE office.

Who would you contact if you experienced a problem with the older person you are visiting?

- ALONE office/staff member
- Mentor
- Mentor or ALONE Staff member
- Older person's son
- Sometimes ALONE, sometimes my mother
- Not applicable
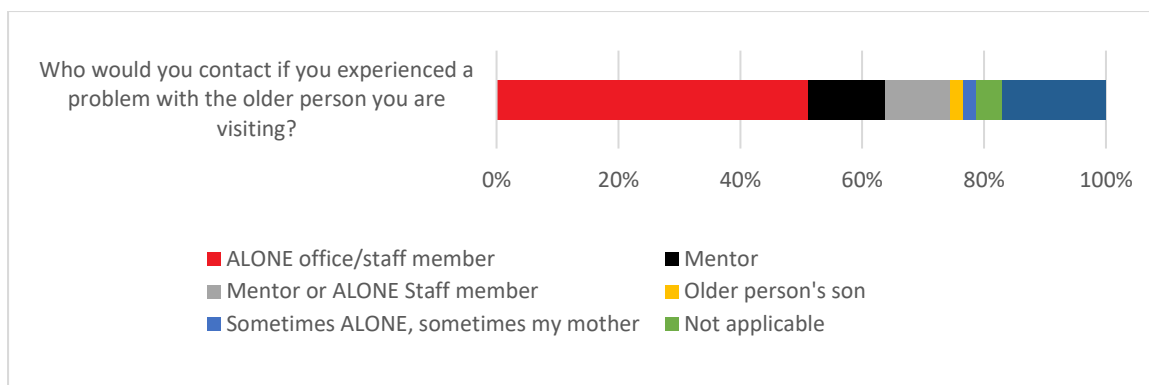
Q: Have you ever experienced an issue or problem in relation to the older person you have visited or are visiting?
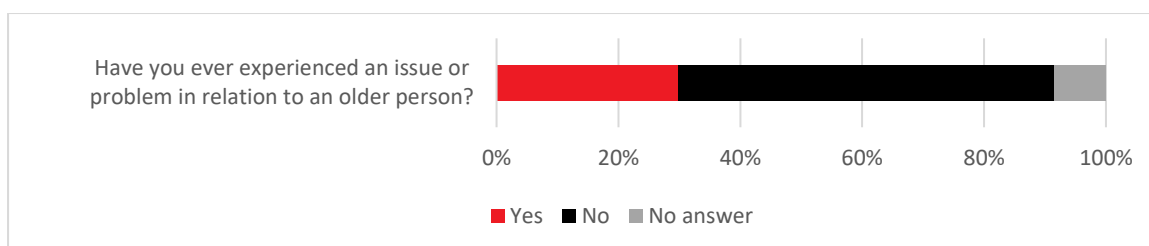
Have you ever experienced an issue or problem in relation to an older person?

- Yes
- No
- No answer

30% of respondents have experienced a problem with their older person, more than two-thirds of whom spoke to an ALONE staff member, as shown below. A very small number spoke to their mentor, which is further proof of the need to lay down clear lines of communication. Those who spoke to the ALONE office generally found the response very helpful.

Q: Who did you talk to about it?

Mentor
ALONE Staff Member

- Yes
- No
- No answer
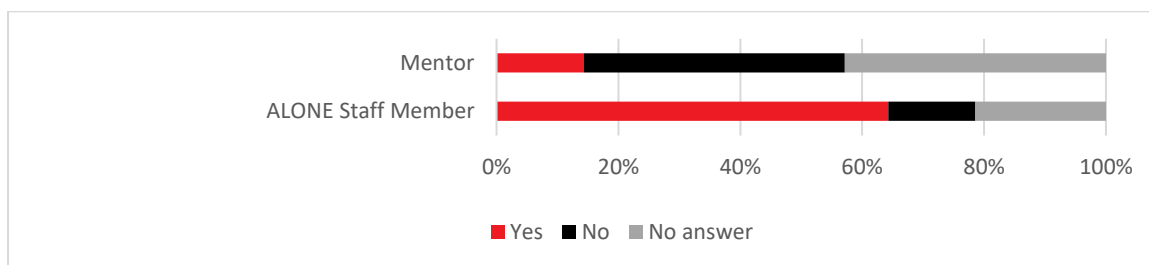
Of the 14 volunteers who said that they had experienced an issue or problem in relation to the older person they have visited or are visiting, just two said that they had spoken to their mentor and nine said that they had spoken to an ALONE staff members. Bearing in mind that a number of volunteers chose not to answer this question, it does suggest that there are volunteers who are experiencing problems but who are not bringing them either to their mentor or and ALONE staff member.

Those who did answer this questions expressed the following:

Those who contacted their mentor:

"Got in contact with ALONE gave me advice how to sort it."

"Just helped to talk to them."

"One of the ladies I visit was in and out of hospital and the mentor found out what hospital she was in and that a help and I avoided the home visit and went to the hospital instead."

Those who contacted an ALONE staff member:

"Had information on older person's medical history."

"The ALONE staff member intervened as my guest had health problems and I was pulled from the visit."

"Made some suggestions."

"Helped refer my visitee to health services reps etc."

"Spoke with the older person."

"By assuring me I had made the right decision."

"My lady was having a severe mental health episode. Xxx got in touch with the lady's GP and also her carers."

"As I said there is usually someone in the office that I have contact with. The problem is that they frequently move on to another job. The person I visit has additional living problems as he has a history of living rough and in general ALONE has been very caring, going beyond what they would normally do for most clients."

"Minimal help."

Q: In your opinion, how useful did you find your core volunteer training?
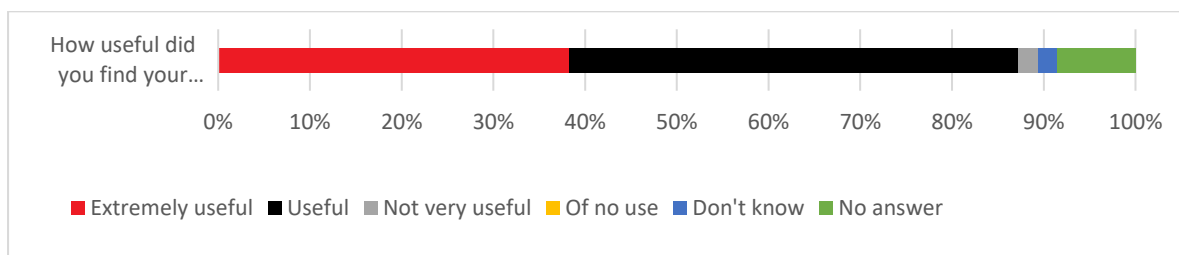
87% of respondents found their core training either useful or very useful with just 13% saying that additional training in first aid, dealing with disabilities, how to help someone in other ways without interfering or upsetting the family and communications skills (see below). Interestingly, not one respondent mentioned a need for training around Alzheimer's or dementia.

Q: Are there any aspects of your volunteer role that could be made easier by receiving additional training?
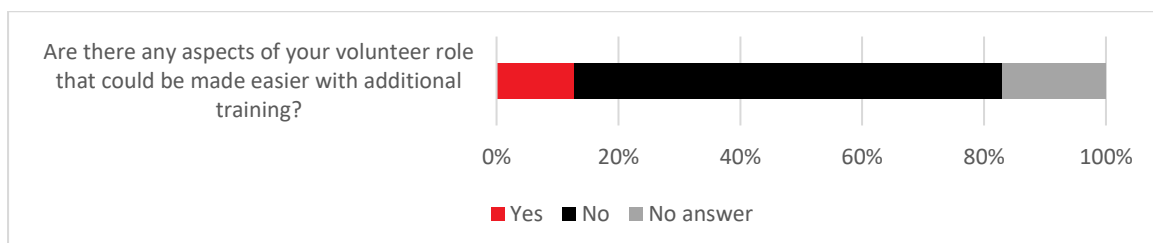
The following was mentioned by those volunteers who thought additional training would make aspects of their volunteer role easier (13%):

- First aid
- Dealing with disabilities

- How to help person in other ways without interfering or upsetting the family
- Communication skills

One volunteer also said that *"More than one volunteer visiting the older person"* would make their volunteer role easier.

Q: Do you know who your mentor is?
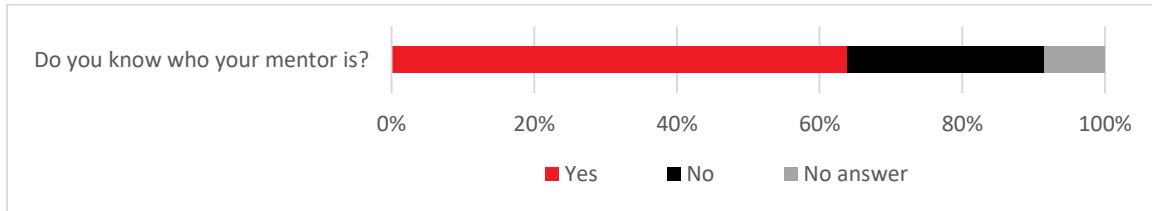
Just 64% of respondents said that they know who their mentor is, with just 39% saying that their mentor contacts them one a year or more frequently (see below). Just 20% of respondents have contacted their mentor about general issues with just one volunteer stating that they spoke to their mentor about a problem with a visit. This demonstrates the fact that the volunteer/mentor relationship is not working and is, therefore, not releasing ALONE staff from dealing with day to day volunteer queries.

Q: How often does your mentor contact you?
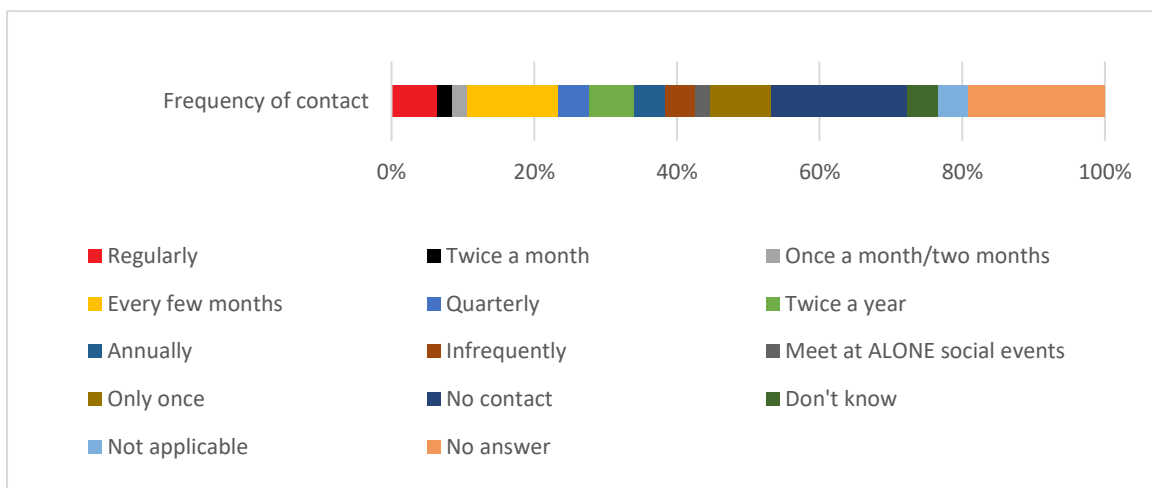
Q: Have you ever contacted your mentor?
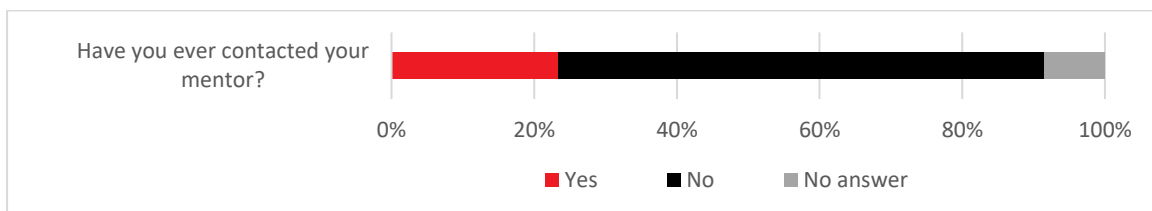
Q: If yes, what did you contact your mentor about?

Reason for contact

Legend:
- Query re: older person (red)
- About a new visit (black)
- Advice (grey)
- About service/help for older person (yellow)
- Query when first started (blue)
- Problem with visit (green)
- Personal (dark blue)
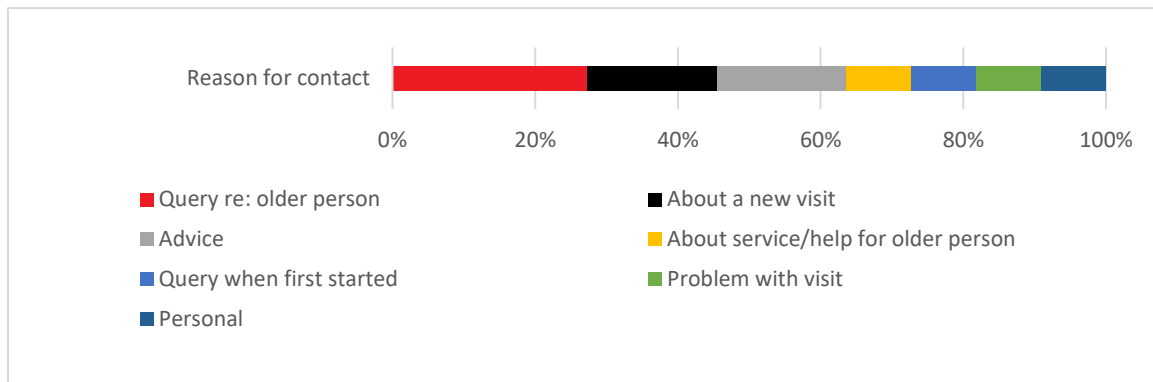
Q: How rewarding would you say your volunteer role is?

How rewarding would you say…

Legend:
- Extremely rewarding (red)
- Rewarding (black)
- Not very rewarding (grey)
- Not rewarding at all (yellow)
- Don't know (blue)
- No answer (green)
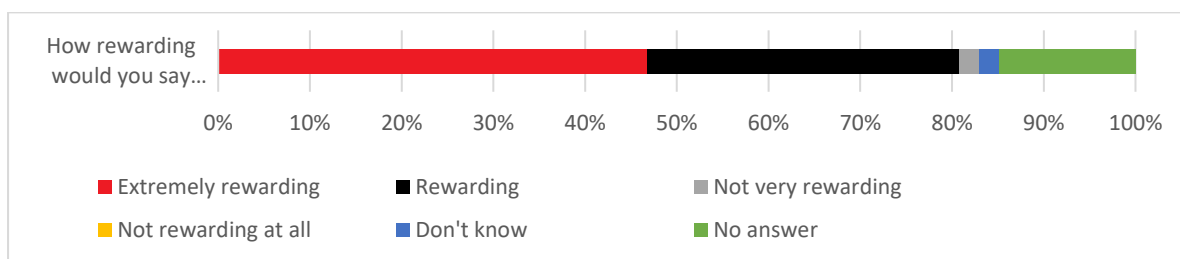
As shown above, 80% of respondents say that their volunteer role is either rewarding or extremely rewarding. The aspect of their role that is most enjoyed is knowing that the older person looks forward to and enjoys their time together, closely followed by seeing the older person happy (see below).

Q: What aspect of your volunteer role do you enjoy the most?
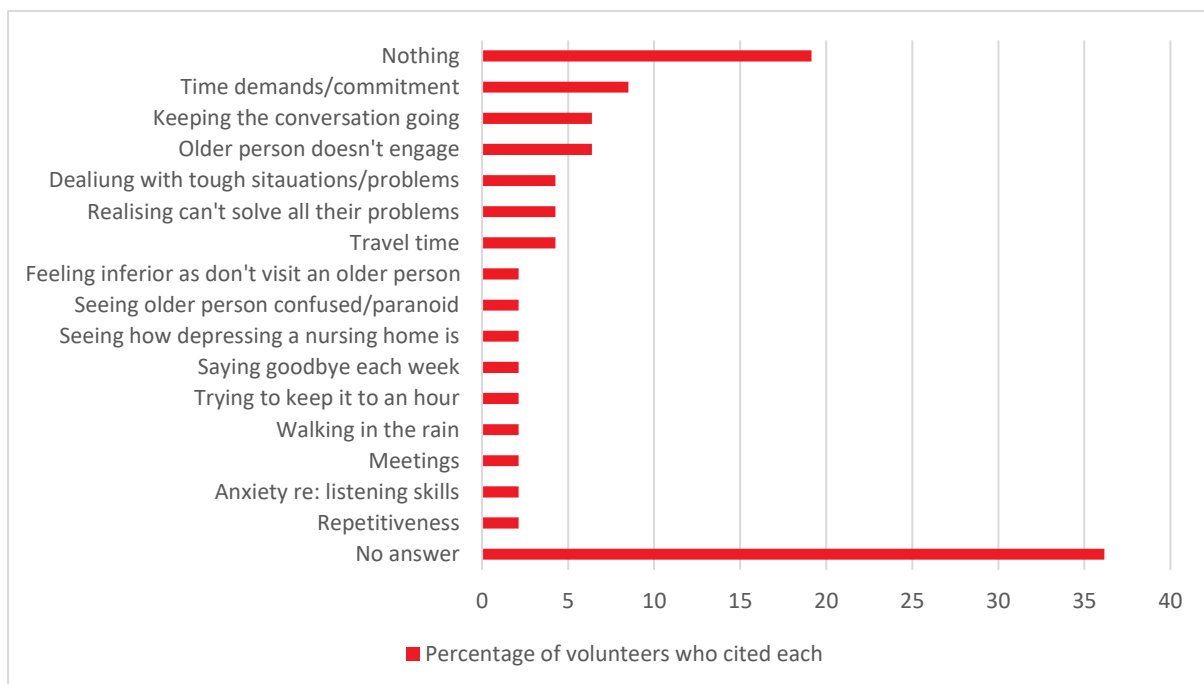
Percentage of volunteers who cited each

Q: What aspect of your volunteer role do you enjoy the least?

Percentage of volunteers who cited each

In terms of what respondents enjoy the least about their volunteer role, 'nothing' was the most prevalent response, although a wide number of aspects were mentioned.

Q: How well do you think ALONE supports you in your volunteer role?
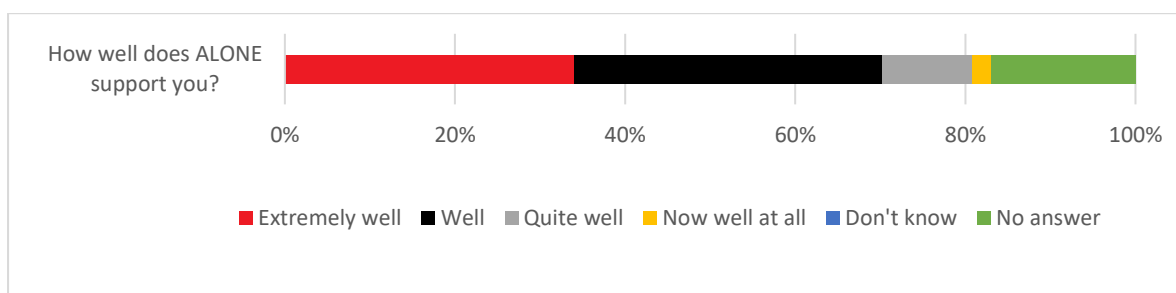
70% of respondents said that they think that ALONE supports them well or very well in their volunteer role. While this is a high percentage, it does indicate that there is room for some improvement.

Is there anything you think ALONE could do better when it comes to supporting you in your volunteer role?
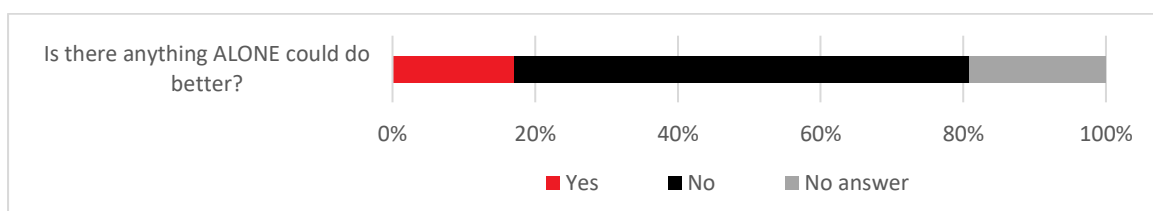
60% of respondents said that there is nothing that ALONE can improve on, with 17% stating that more support could be given in a range of areas concerning contact/feedback and training.

The following was mentioned by those volunteers who thought ALONE could do better when it comes to supporting them in their volunteer role (17%):

- Help in how to encourage older people reluctant/not interesting in doing things
- How to report principal needs and identify available supports
- Check in more with volunteers who have challenging visits
- More feedback on how volunteer is performing
- More frequent contact
- More speedy responses to queries
- Better communication

Q: Do you feel that ALONE values the contribution you make as a volunteer?
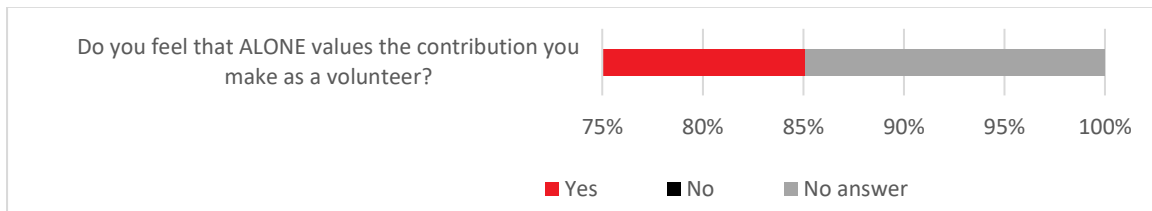
As shown above, 85% of respondents said that they feel that ALONE values the contribution they make as a volunteer, saying that they are frequently thanked. This indicates that volunteers know that ALONE values them and takes the time to say 'thank you'.

Those who said that they feel that ALONE values the contribution they make as a volunteer (85%), said that they thought this for the following reasons:
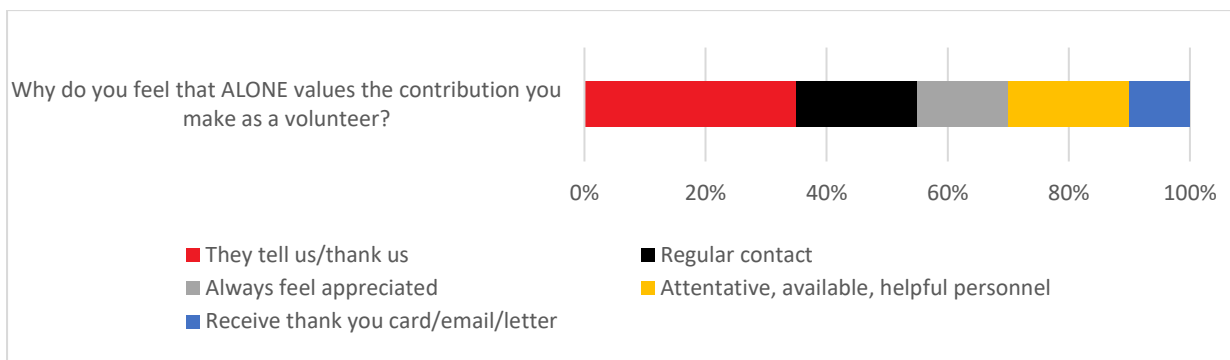
Q: How frequently does ALONE thank you for your contribution as a volunteer?
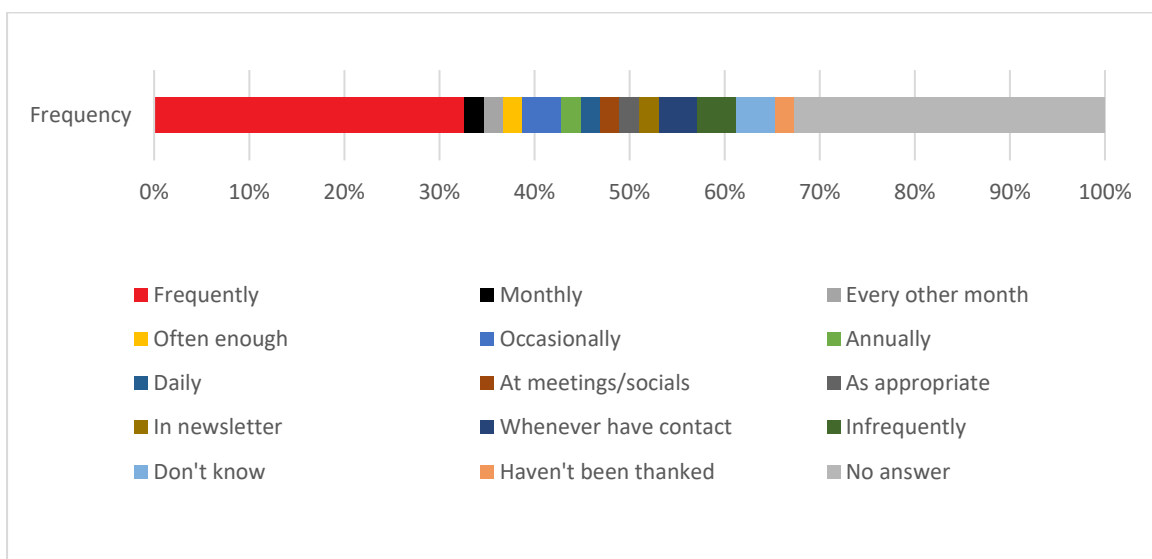
How does ALONE thank you for your contribution as a volunteer?
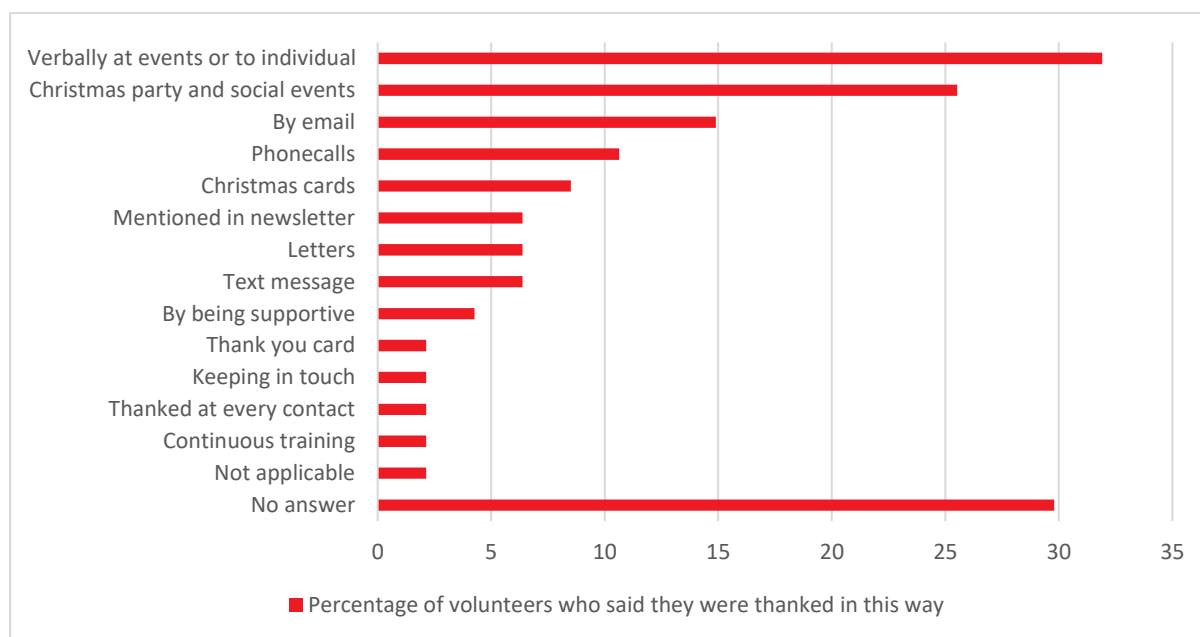
If you found yourself in a situation where you were no longer able to be a volunteer, do you think you would find it easy to tell ALONE?
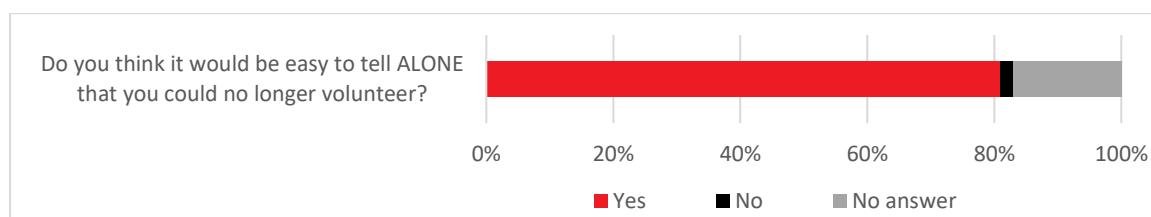
As shown above, just over 80% of respondents said that they would find it easy to tell ALONE that they could no longer volunteer. This shows that ALONE has made it clear that people are volunteers and that stepping-back is a normal part of the way things work. One respondent reported that they are in the process of stepping-back and that ALONE has been nothing other than supportive.

Some of the reasons they gave for this include:

"I feel they would be understanding and appreciative of the time I have given. Hopefully they would be a little sad to lose me?"

"ALONE have always made it clear that we are volunteers and that they are grateful for whatever time we can give."

"While it is indicated to you at intake training that you are expected to remain with the organisation for a minimum of a year, it is also made clear that you have needs – health and welfare. ALONE personnel seem very understanding and are solicitous that you are comfortable in your work. Were health and welfare to become an issue I would envisage no difficulty informing ALONE."

"ALONE values the time and commitment regardless of how small or large someone can give and I think ALONE understands that volunteers' circumstances can and do change and there is a flexibility towards that from ALONE."

"I had a few mis-matches to start with and I was never treated like it was a problem that I would like a more suitable match and it was worth the wait!"

"Well, as it happens, I'm fast approaching such a time. I have been assisted all the way by the staff in ALONE. All done with great understanding of my needs."

"I have recently had to tell ALONE that I'm moving to xxxxx and I will no longer be able to volunteer. I found it difficult to say goodbye to the older person I visit and sent an email saying thanks for everything. I received a lovely email back. I found it difficult to say goodbye because it is something I will really miss. Everyone in ALONE is very approachable so I knew they would be understanding."

Q: Do you think there are any other areas of the ALONE Befriending Service that volunteers could take more responsibility for?
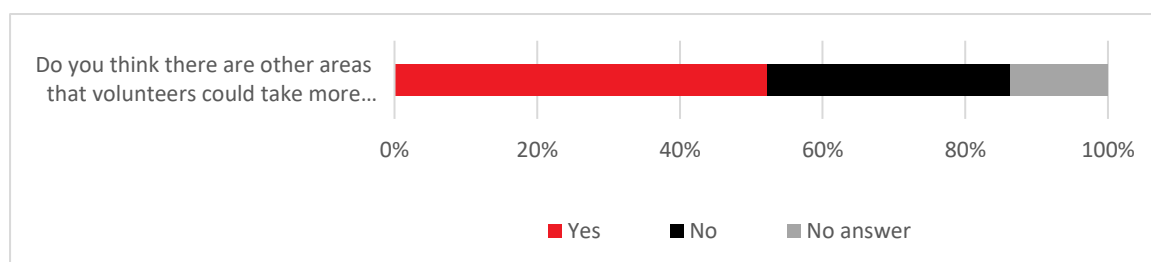
Just over 50% of respondents said that there are other areas which they could take more responsibility for. This demonstrates a real appetite for getting more involved and it is recommended that this is looked at as a means of releasing capacity in the office.

Those who thought that volunteers could take more responsibility offered the following thoughts:

"Maybe by interaction amongst volunteers we could identify clients of similar backgrounds and needs and arrange that they met at social events."

"There is a fear that the volunteers will go beyond their roles and everything must go through the office. Something as simple as arranging to drop out to someone to show them how to use their video should go through the office. They seem to be afraid of people doing their own thing in a way. I'm not sure that they want new ideas."

"Control over small events and cinema club."

Q: Do you attend the ALONE volunteer meetings?
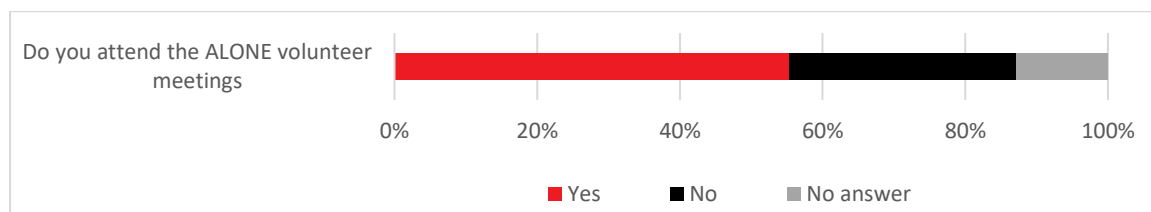
Just over half of respondents said that they attend volunteer meetings, of which 62% said that they found them to be useful or extremely useful and all said that they find it beneficial to spend time with other volunteers at the meetings.

Q: How useful do you find the ALONE volunteer meetings?
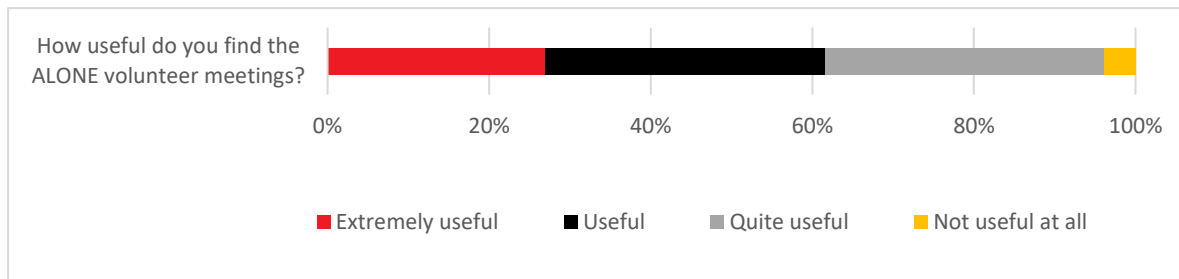
As shown above, more than 60% of those who attend ALONE volunteer meetings find them to be either useful or extremely useful.

Q: Do you find it beneficial to spend time with other volunteers at the ALONE volunteer meetings?
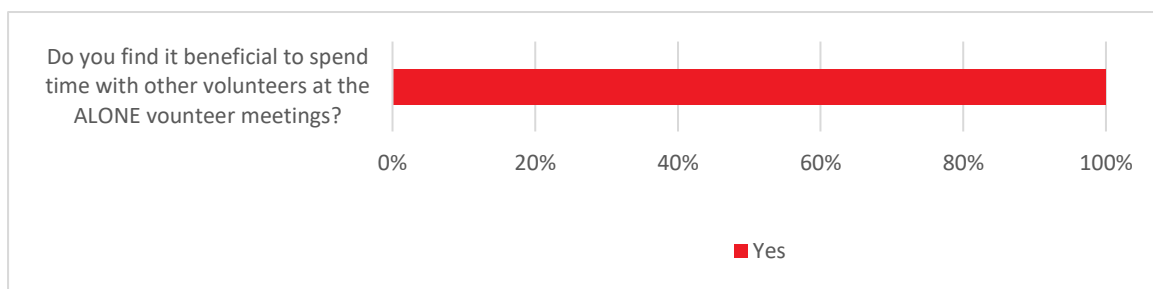
As shown above, all of the volunteers who attend ALONE volunteer meetings find it beneficial to spend time with other volunteers. This is a statistic that should be used to encourage others to attend.

Q: How informative/interesting do you find the guest speakers?
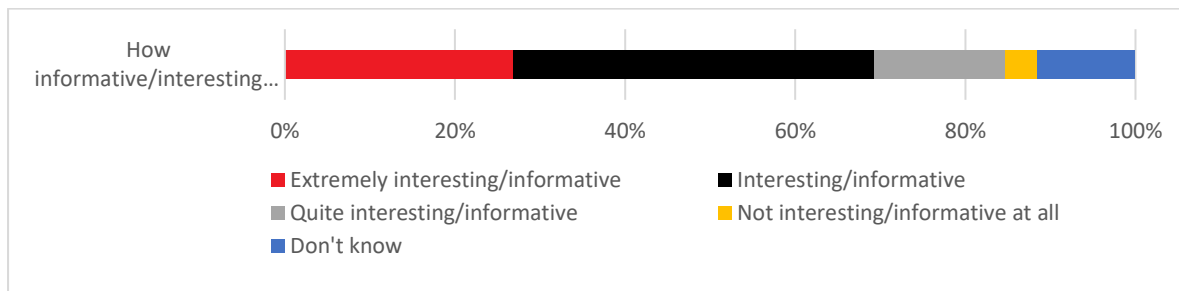
As shown above, 70% of those who attend volunteer meetings said that they find the guest speakers either interesting/informative or very interesting/informative.

Q: Are there any topics on which you would like to hear a guest speaker?
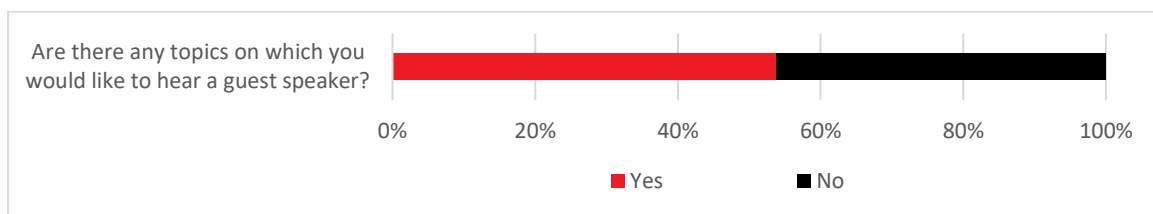
Those who commented (15 volunteers in total) said that they would like to hear a guest speaker on the following (some volunteers mentioned more than one thing):

- Dementia (20%)
- Active listening/communicating with older people (13%)
- Availability of services for older people (13%)
- Bereavement (7%)
- Carers or someone from the medical profession who has constant contact with older people so are very aware of their needs (7%)
- How the elderly can maintain their independence (7%)
- How to deal with sad situations (7%)
- Nursing homes – what to expect, how to support an older person adjusting to the new life, is there a way to move the person back to assisted living after the nursing home (7%)
- How to entertain an older person who has sight and hearing difficulties (7%)
- How to protect the volunteer emotionally; empathy (7%)
- Loneliness and depression (7%)

Q: Is there a particular reason why you haven't been able to attend the ALONE volunteer meetings?

The 15 volunteers who said that they had not attended a volunteer meeting, said that it was because of the following:
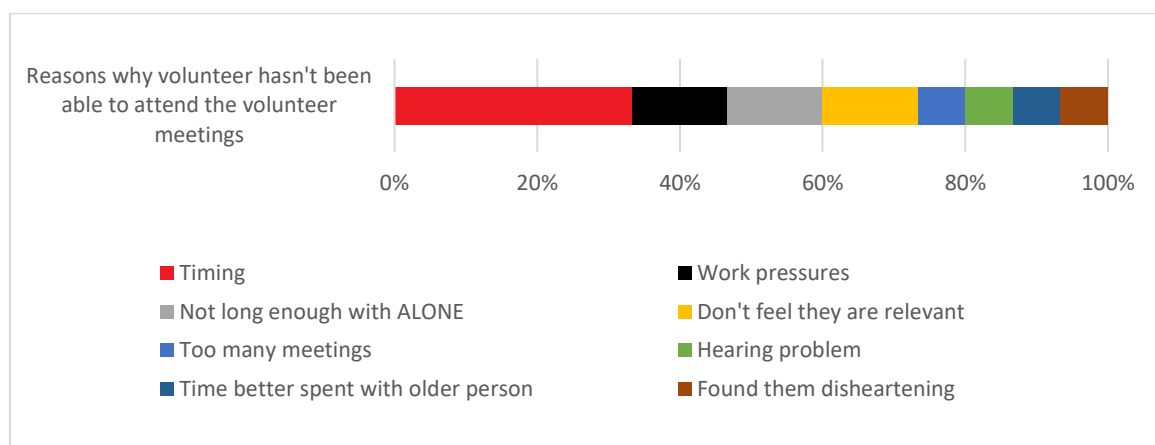
As shown above, of those who do not attend volunteer meetings, the most frequently stated reason for not doing so is timing or time-related.

Q: Do you get an opportunity to spend time with other volunteers elsewhere?
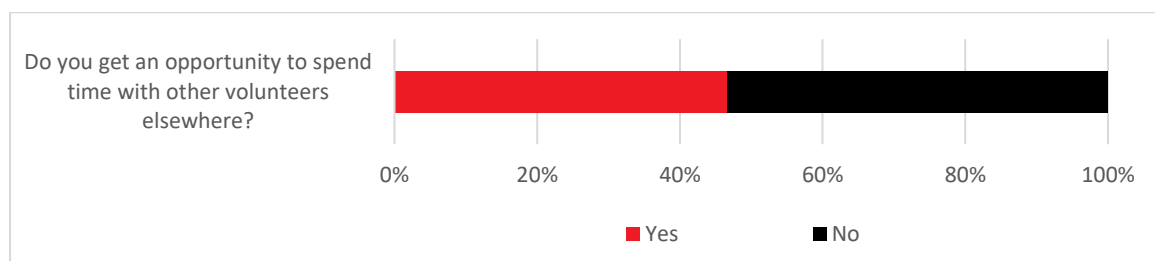
Of those who do not attend ALONE volunteer meetings, fewer than 50% said that they get an opportunity to spend time with other volunteers elsewhere such as at trips with small events groups, in the office, at dinner dances and social nights and at other meetings (see below). Given the extensive calendar of events and socials arranged by ALONE, this appears to be a low rate and suggestive of non-engagement.
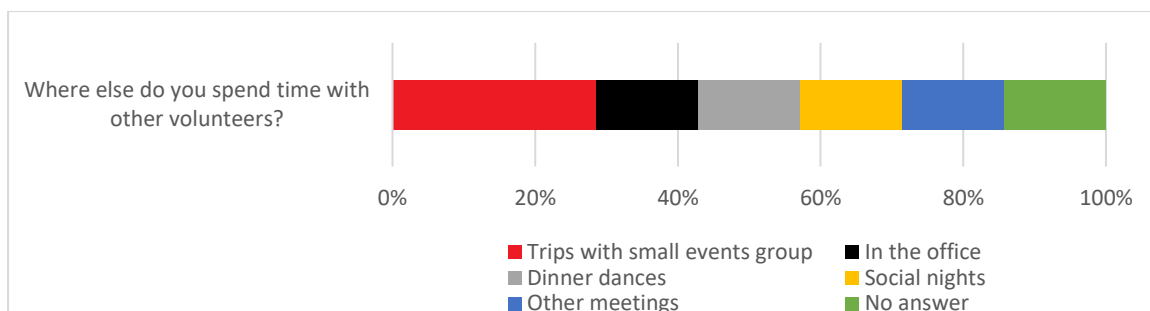
Q: How well do you think the ALONE Befriending Service meets the needs of older people?
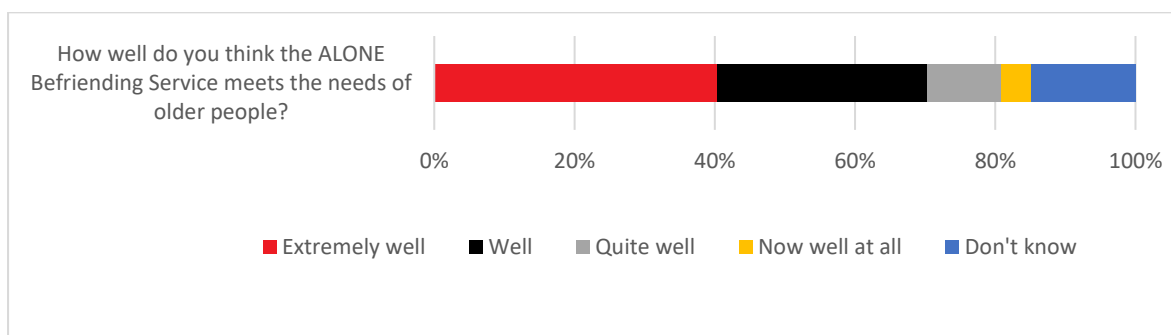
As illustrated above, 70% of respondents said that they think the ALONE Befriending Service meets the needs of older people either well or extremely well, the two most beneficial things being 'the company' and 'alleviating loneliness'.

Almost half gave a reason for thinking this, a selection of which are as follows:

"I feel they keep in very good contact with xxx, checking she is getting on with me, asking if she wants to go on excursions, enquiring for her to get help in the house, and have got people to do her garden for her."

"From my own experience older people feel they benefit greatly from the visits. Also, I've seen testimonials where older people flesh this out."

"The older person I visit and I often talk about the great service ALONE provides."

"The old person I visit often comments on the interest the organisation takes in her and seems very happy with the service."

"Person I visit has great praise for the organisation and I think it has helped her to become more mobile. There was a time when she didn't go further than the front door, now that I am visiting she has started to get out of the house more often."

Q: What do you think is the most beneficial aspect of the ALONE Befriending Service for older people?

The company
Alieviating loneliness
Listening ear/someone to chat to
Weekly visit
Social aspect
Consistent friendship
Security
Something to look forward to
Support from ALONE
Helping those who feel most isolated to feel cherished/belong
Predictable and assuring arrangement
Feeling of connection to wider world
Emotional support
Feeling like someone cares
Fact that someone is visiting who isn't a paid carer
The good communication and empathy shown
Helping to get simple tasks done
Seeing as a person, not a client, patient or troublesome relative
Allowing older people to live in a dignified way
Filling in the day
Regularly checking on the older person's situation/health
Leaving it to volunteers to decide on needs of older person
Getting to know someone new
No answer

Percentage of volunteers who cited each

Q: What aspect of the ALONE Befriending Service for older people do you think could be improved and why?

Nothing
More social events for older people
Better matching of volunteer and older person
Opportunities for older people to befriend each other
Interchange of volunteers after set period
Helping physically/mentally vulnerable in a social aspect
Need more volunteers
Re-establish link between volunteer and management
Need more volunteers who don't solely visit older people
More volunteers with extra time - one hour a week not enough
Two volunteers visiting older person
Don't know
No answer

Percentage of volunteers who cited each

185

As shown above, the majority of respondents either did not answer this question, did not know or thought there was 'nothing' that could be improved.

Q: Have you ever attended an ALONE social event?
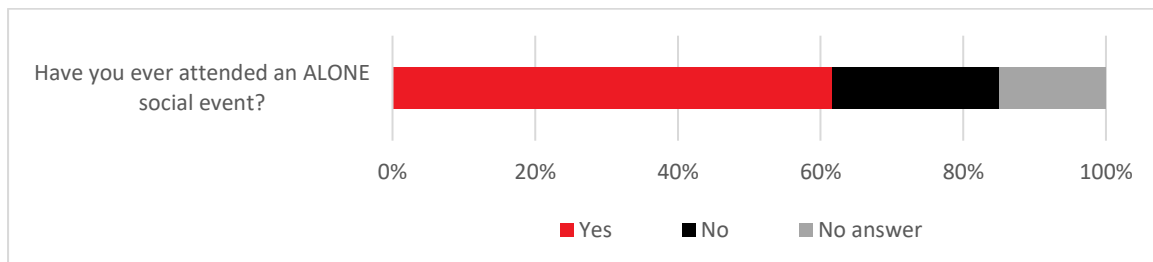
As shown above, 62% of respondents said that they have attended an ALONE social event, with the dinner dances being the most frequently mentioned (see below). 72% of these respondents said that they found the social events to be either enjoyable or extremely enjoyable. More than 90% of respondents to attend social events feel that these events are important or extremely important for older people.

Q: Which ALONE social events have you attended?
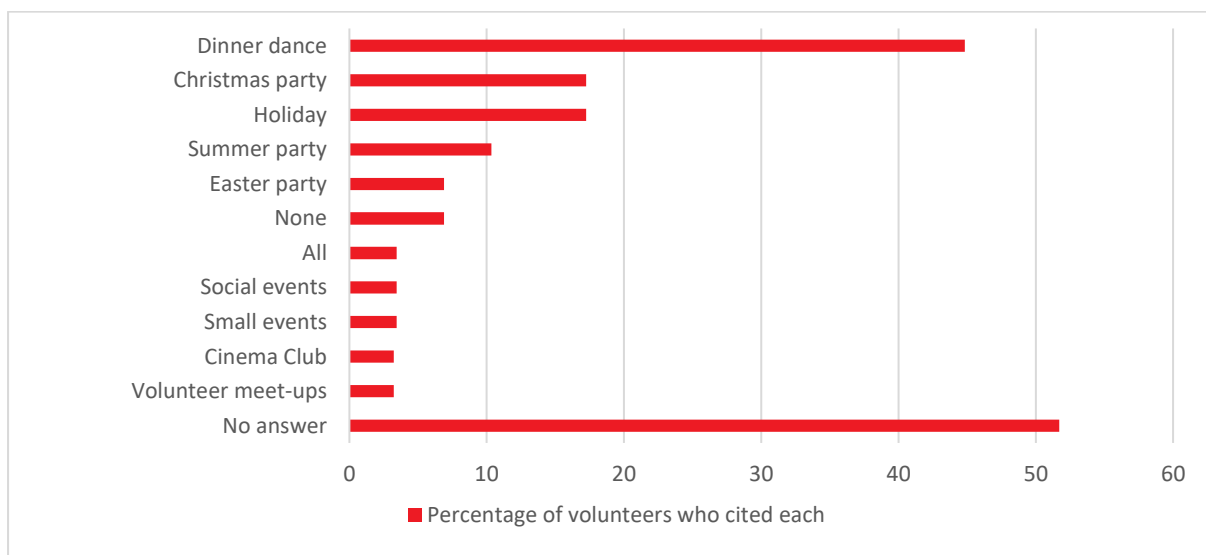
Q: How enjoyable did you find them?

Q: How important do you think these events are for older people?

How important do you think these events are for older people?

Extremely important   Important   Not very important   Not important at all   Don't know
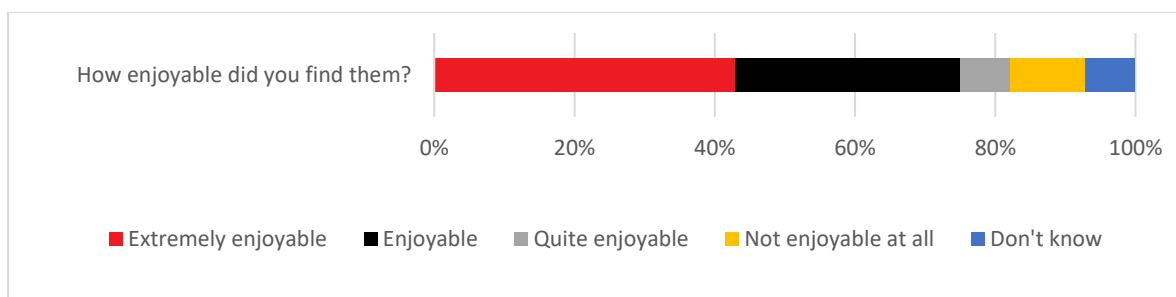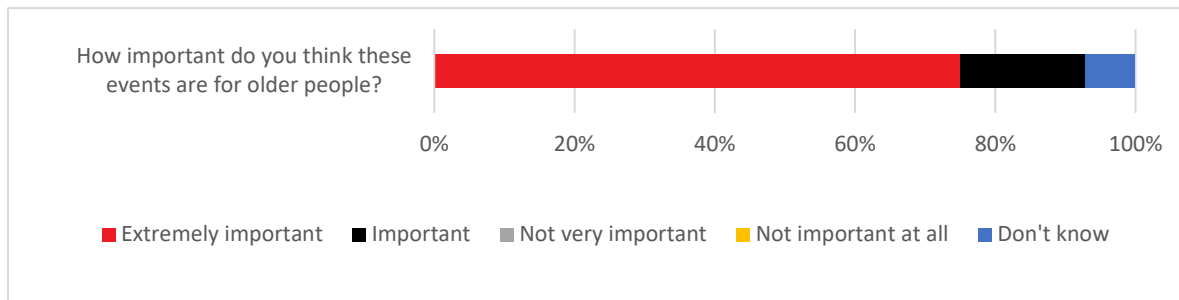
More than 90% of those who have attended a social event said that these events are either extremely important or important. Some of the reasons given by those volunteers include:

"They provide a social situation in a friendly setting with people they know (can get to know) and get the person out the house regularly, aspects which can be absent in a lot of situations."

"I think it is important that the guests have social events to look forward to; to socialise with both guests and volunteers as it provides the guests with an opportunity to 'catch up' with their friends and meet new people."

"Weeks of excitement before and after the event for the older person."

"An opportunity to meet other people, get dressed up, enjoy good food, a drink, good music."

"The invitations are always eagerly anticipated, and I have been asked to try and get invitations for people not visited by ALONE."

Q: What, if anything, has prevented you from attending an ALONE social event?

As shown below, of those who have not yet attended an ALONE social event, almost half said that it was because they had not been with ALONE for long enough.

What has prevented you from attending an ALONE social event?

Not been with ALONE for long   Timing
Person I visit not interested   Afraid to due to hearing condition
Hope to in the future   No answer
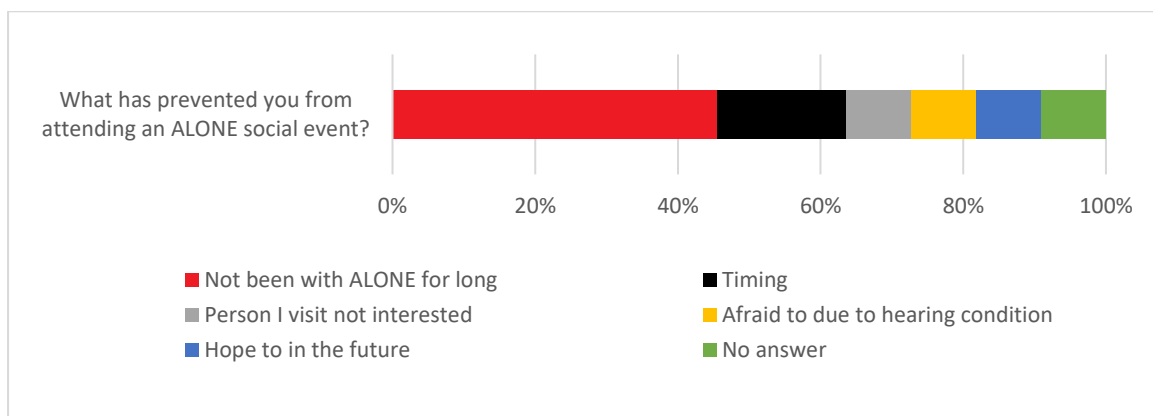
Q: Have you ever been on an ALONE holiday?
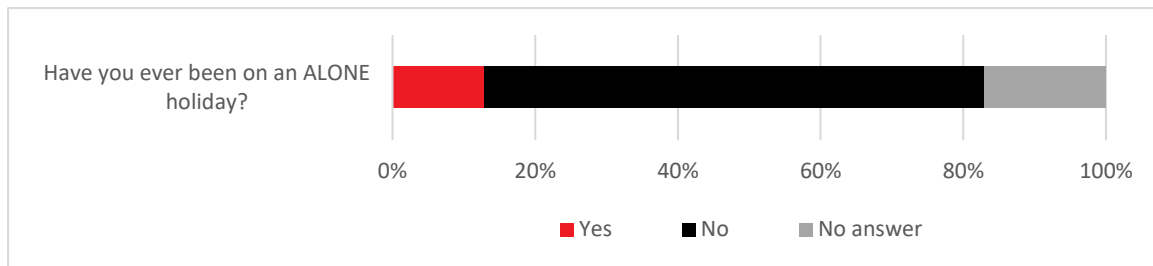
As shown above, just 13% of respondents said that they had been on an ALONE holiday. Of those, two-thirds had been on two or three holidays (see below). 83% said that they found the holidays to be extremely enjoyable with the same percentage again stating that they found the holiday to be well organised or extremely well organised. Again, 83% said that organised holidays are either important or extremely important for older people and all think that the holidays are affordable.

Q: How many ALONE holidays have you gone on?
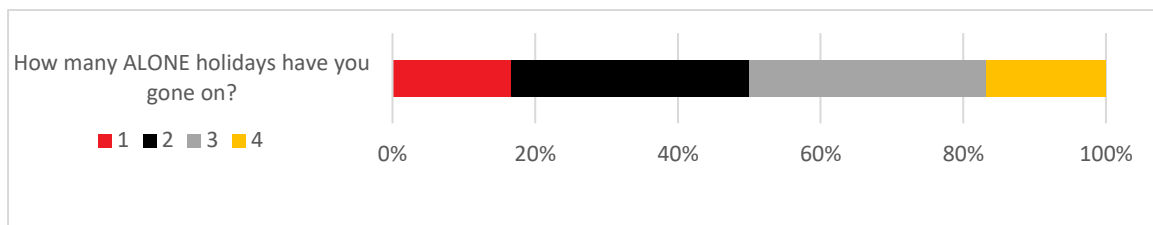
Q: How enjoyable did you find them?
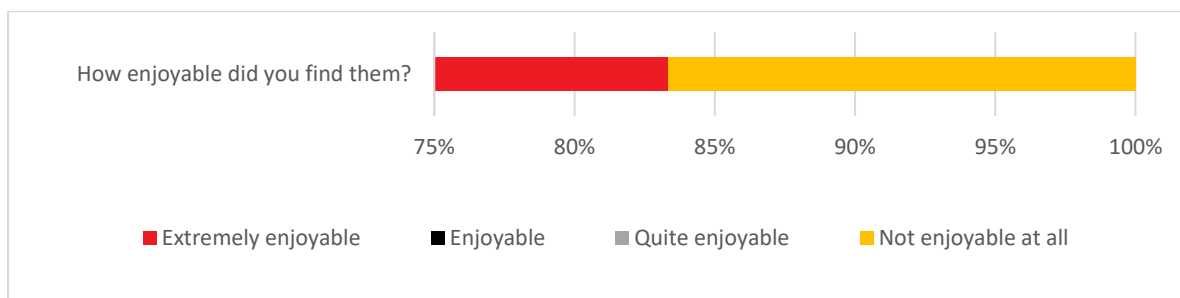
Q: How well organised do you think the holiday was?
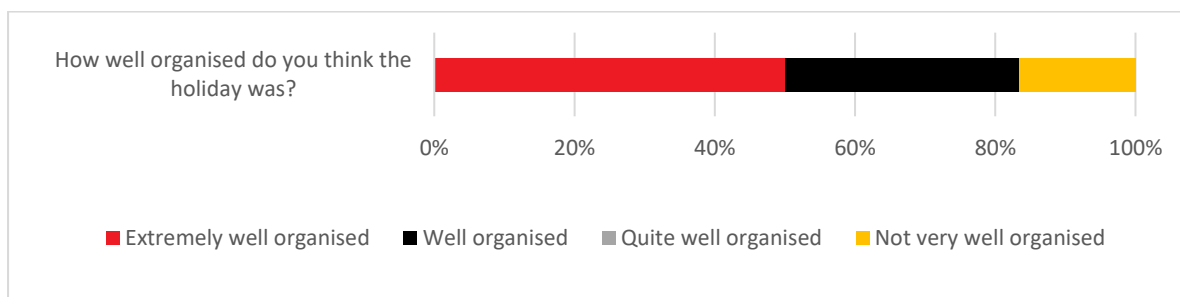
Q: How important do you think organised holidays are for older people?
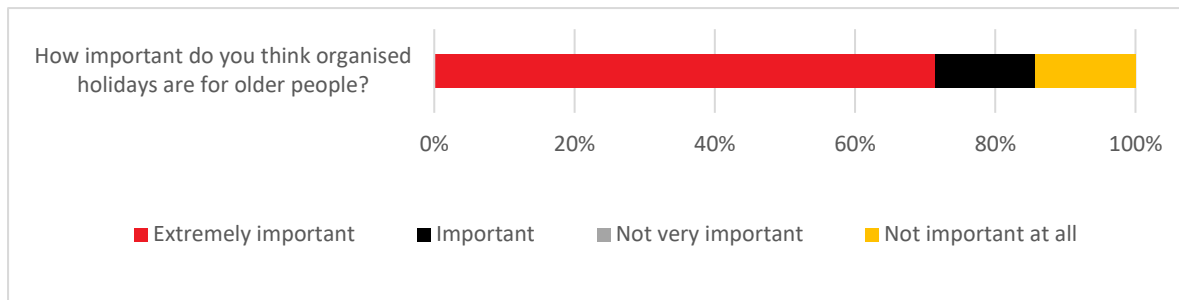
How important do you think organised holidays are for older people?

Legend: Extremely important | Important | Not very important | Not important at all

Q: Do you think the holidays arranged by ALONE are affordable for older people?

Do you think the holidays arranged by ALONE are affordable for older people?

Legend: Yes | No | No answer
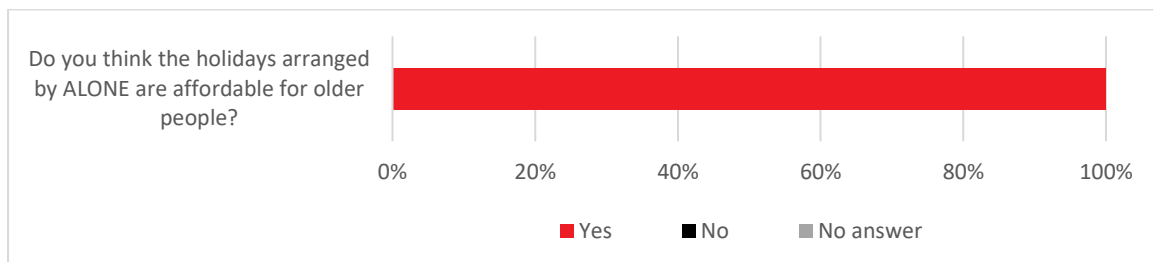
Q: What, if anything, has prevented you from going on an ALONE holiday?

As shown below, of those who said that they had not been able to go on a holiday, the vast majority of reasons were around other commitments and timing.

What has prevented you from going on an ALONE holiday?

Legend:
- Work commitments
- Only been with ALONE for a short time
- Time commitment
- Clash/unavailable
- Family commitments
- Not interested/older person not interested
- Unable to afford it
- Home commitments
- Don't think I would enjoy it
- Got freaked out after hearing about the holiday in Clare
- Hearing difficulty
- Haven't heard about them
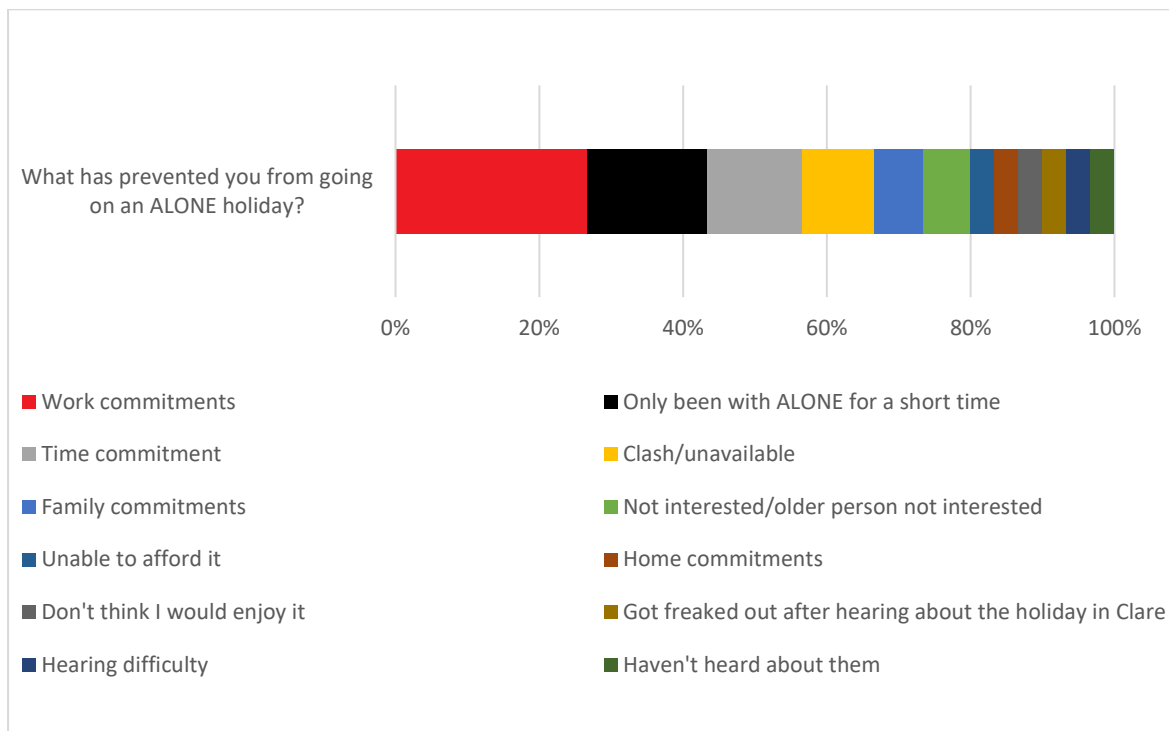
Q: Do you volunteer with any other organisation?
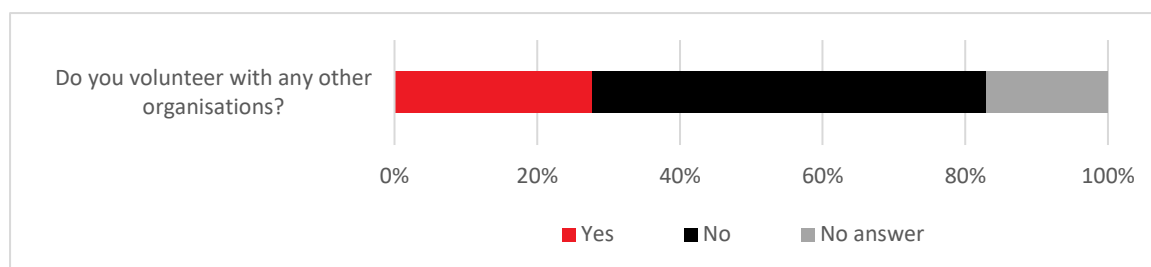
As shown above, 28% of respondents said that they also volunteer with other organisations, 46% of whom volunteer with just one other organisation (see below). 30% of those who volunteer with organisations give between one and five hours of time per month.

Q: How many organisations do you volunteer with?
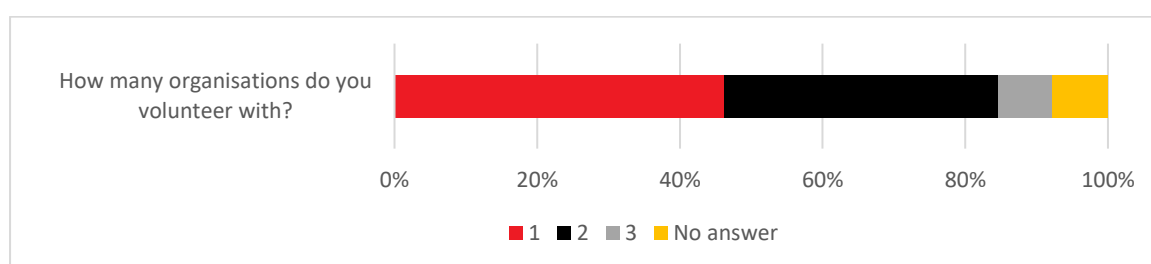
Q: How much time do you give to these organisations each month?
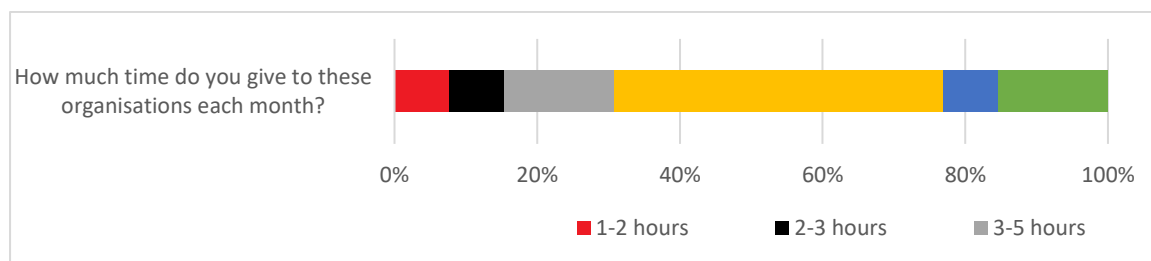
Q: How did you first hear about ALONE?
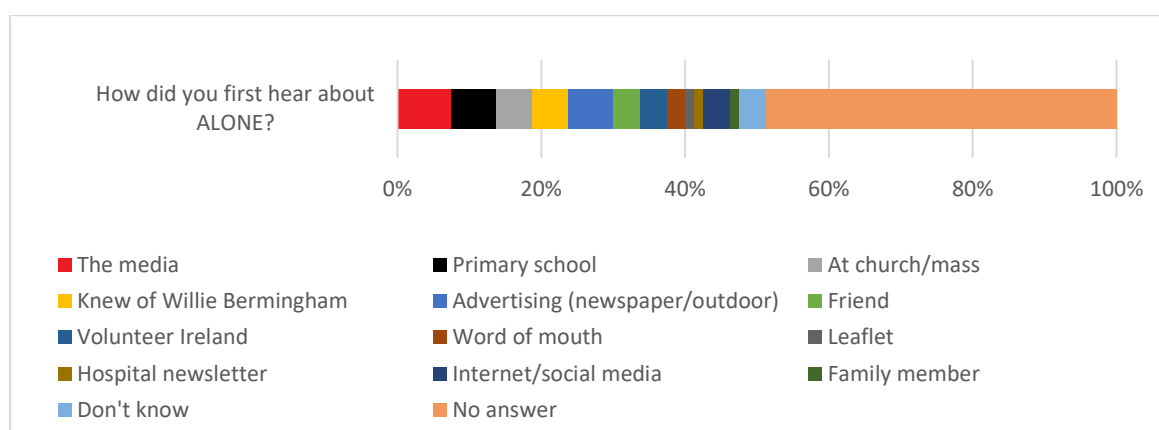
When asked how they first heard of ALONE, respondents offered 14 different answers. The most frequent answer is 'the media' (13%), followed by 'primary school' (11%), 'advertising' (11%) and 'at church/mass' (9%). This shows that volunteers are more engaged with the 'media' than other groups.

Q: How well known do you think the ALONE Befriending Service is among the general public?
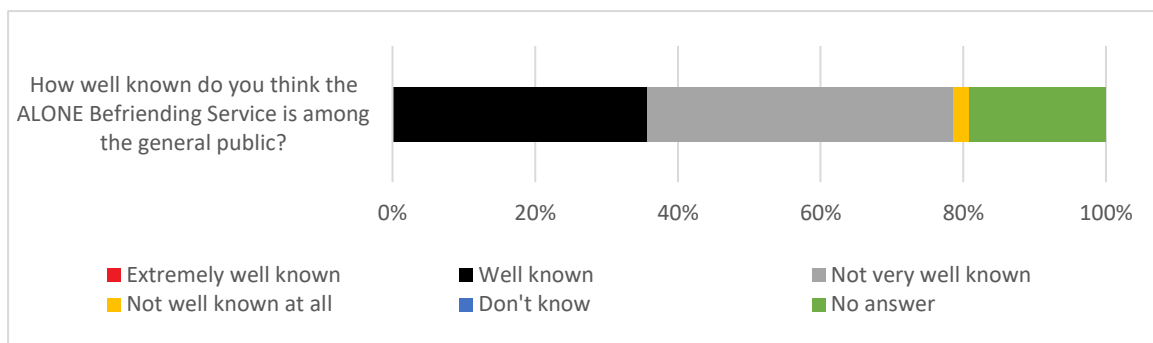
As illustrated above, when asked how well known they think the ALONE Befriending Service is among the general public, 32% of respondents said 'Well known'.

Q: How well known do you think the ALONE Befriending Service is among older people in general?
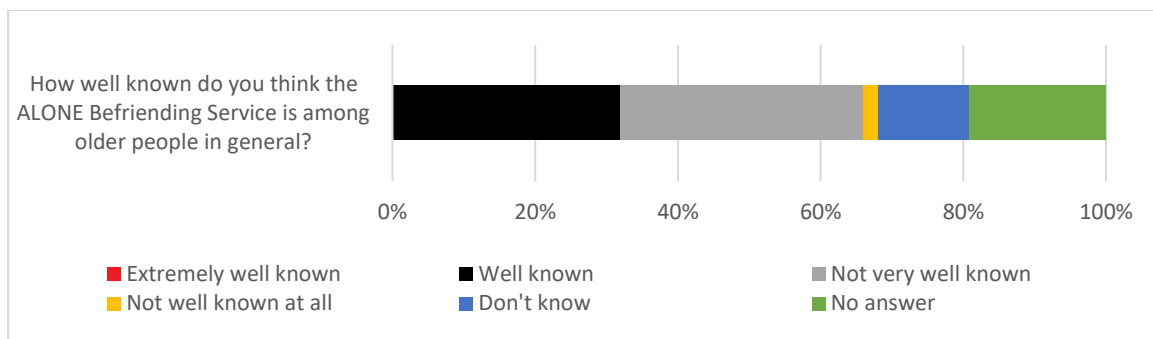
As shown above, when asked how well known they think the ALONE Befriending Service is among older people in general, 32% of respondents said 'Well known'.

Q: Are you aware of any other befriending services based in Dublin?
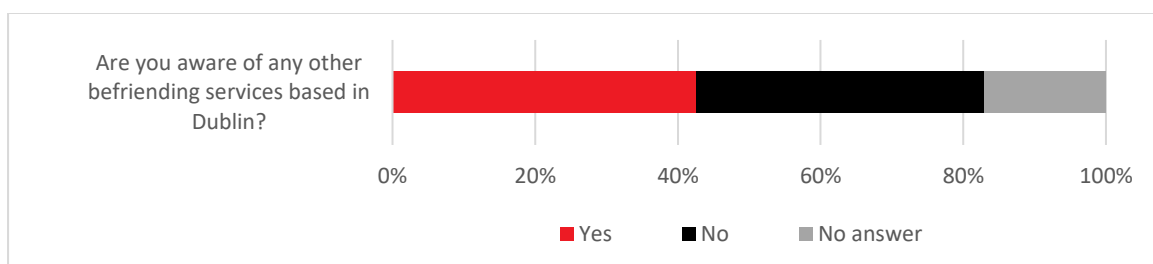
As shown above, 43% of respondents said that they are aware of other befriending services based in Dublin, with the most frequently mentioned service being Friends of The Elderly (55%). Others mentioned were: Age Action, Crosscare, St Vincent de Paul, Legion of Mary, All Ireland and Aware. Just 5% said that they feel the other services are better than ALONE's (see below).

Q: Which befriending services are you aware of?

These are the befriending services mentioned by the 20 volunteers who said that they were aware of other befriending services based in Dublin:
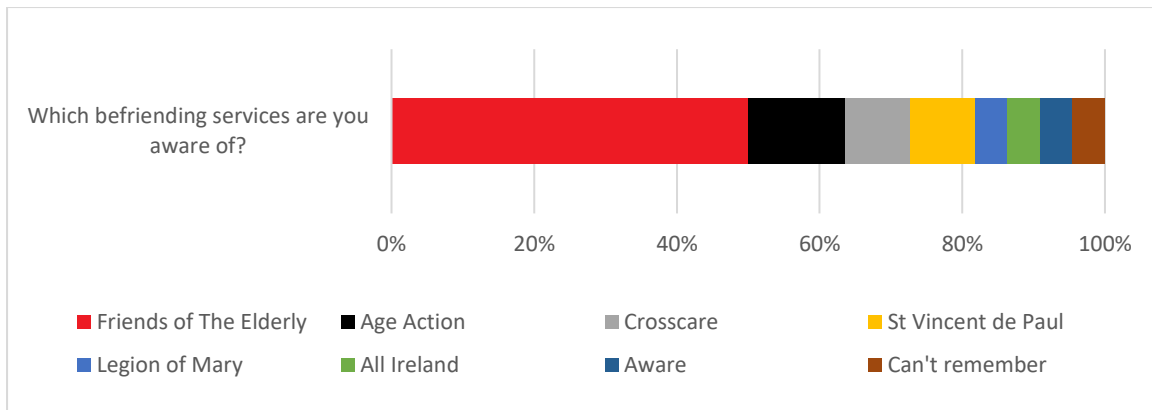
Which befriending services are you aware of?

Legend: Friends of The Elderly, Age Action, Crosscare, St Vincent de Paul, Legion of Mary, All Ireland, Aware, Can't remember

Q: In your opinion, how do the other befriending services compare to the ALONE Befriending Service?

In your opinion, how do the other befriending services compare to the ALONE Befriending Service?

Legend: Others are much better, Others are better, Others are about the same, Others are not as good, Don't know
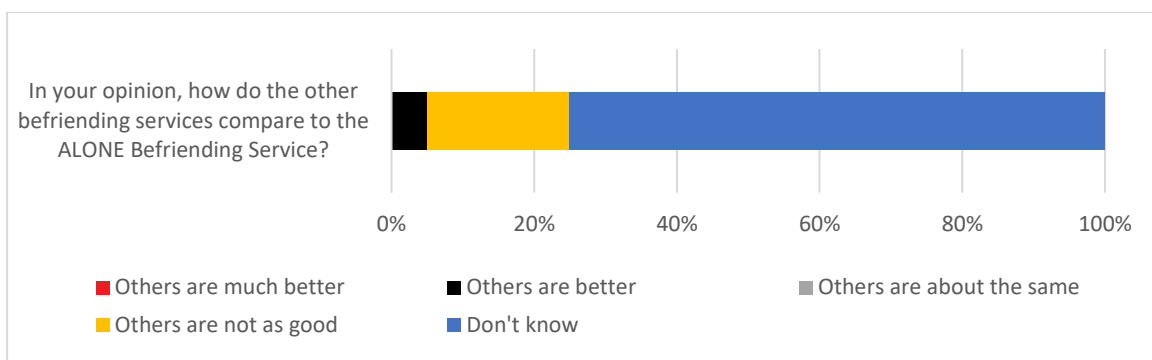
Those who expressed an opinion said:

"I had a friend who signed up to volunteer with them and it has taken over a year to get matched to an older person and this still isn't sorted."

"Stories I have heard."

"My experience of ALONE is that it is a very well run organisation, who are innovative and always keeping up with the latest trends concerning the elderly. ALONE is also well publicised with billboards, advertising, etc."

"Each have their own agendas."

"I'm not aware of their structures or operations."

Q: Do you think there is a need for a short-term befriending service for older people?
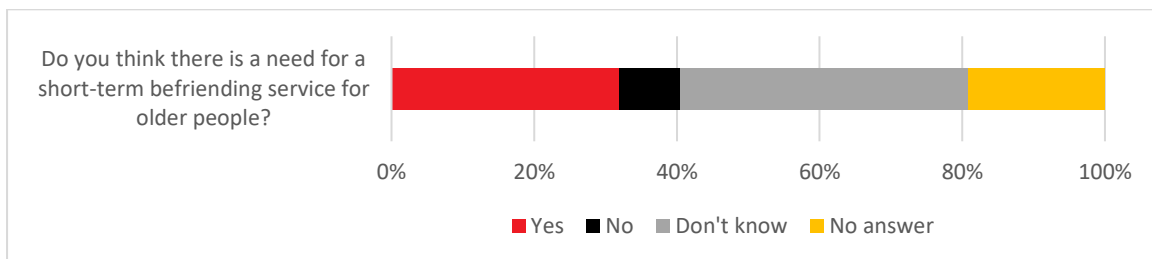
Do you think there is a need for a short-term befriending service for older people?

Legend: Yes, No, Don't know, No answer

Almost one-third of respondents said that they think there is a need for a short-term befriending service. The remaining two-thirds either said 'no' or did not answer the question.

Some of those volunteers who thought that there is a need for a short-term befriending service for older people had this to say:

"To get them over a bad patch in their life."

"People can be particularly vulnerable/low after a crisis/fundamental change in their lives and the short term service can help them to come through these difficulties."

"Possibly if, for example, an elderly person has been recently bereaved and is lonely."

Some of those volunteers who don't think that there is a need for a short-term befriending service for older people, or who don't know, had this to say:

"I am unsure of the response to this. I have a view that such a service may be unsuitable to older people as it would tend to create some uncertainty – they would be unsure of the service and it does take time for both parties to get to know each other."

"Because lonely older people need long term support."

"Not sure short term is a good idea. It takes time to bond and trust a person."

"I think short term arrangements may not suit older people. It is necessary for them to build up a relationship, trust etc. with anybody coming into their home."

"What is short term? Old people need long term friends. They are very trusting but get upset when people change so often. When they are just getting used to someone the person goes off to a different job."

"Who'd need a 'short-term' solution to loneliness??"

Q: Do you think there is a need for a telephone befriending service for older people?
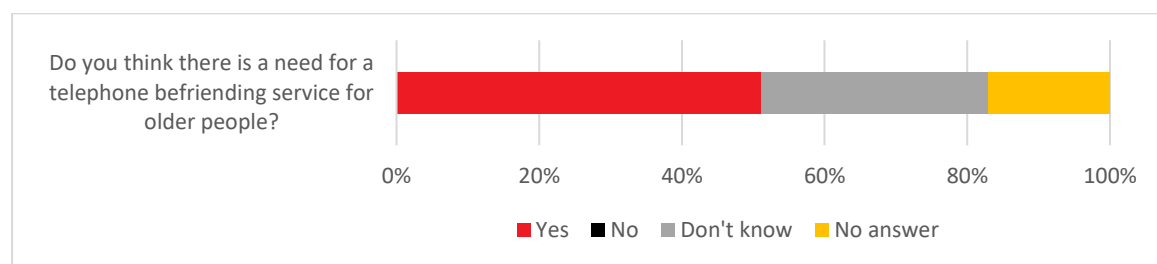
51% of respondents said that they think there is a need for a telephone befriending service.

Some of the volunteers who said that they think there is a need for a telephone befriending service for older people had this to say:

"Sometimes I talk to xxx on the phone, usually I'm in work and cannot talk for that long, but know she would chat away with me if I had the time, so I always feel bad when I have to go. Yes, definitely this is a great idea."

"I think it would be worthwhile pursuing for guests who may need more support."

"Could reach a lot of people in a short space of time."

"Some isolated people lead very private lives and would be good to build up confidence with phone calls rather than straight into home visits. Others live in sheltered housing where there is a level of embarrassment about their living situation and aren't ready to open up to strangers."

"Older people, in general, love to chat. I expect they don't get many phone calls and think they would benefit greatly from this. I know my own guest loves when I call her and would chat on the phone to me all night if I didn't wind up the conversation!"

Some of the volunteers who said that they didn't know if there is a need for a telephone befriending service for older people had this to say:

"I'd imagine face to face would be preferred, but I don't really know."

"Possibly. Depending on the person, they could become dependent on it which might take time away from other older people in need."

"Again, I am unsure of my response to this. Such a service would have positive benefits but a faceless caller may be a resource in times of emergency and stress and notify services however, personal contact would seem preferable. The positive benefits of a regular telephone call would be helpful."

"Maybe worth a try but would take some convincing."

"Any older people I've met are pretty active on the phone anyway, to family or anyone who will pick up the phone. Another voice on the end of the line would, I'm sure, be welcome, but cannot replace a friendly face and a chat over a cuppa."

Q: What do you think are the biggest issues facing older people today?
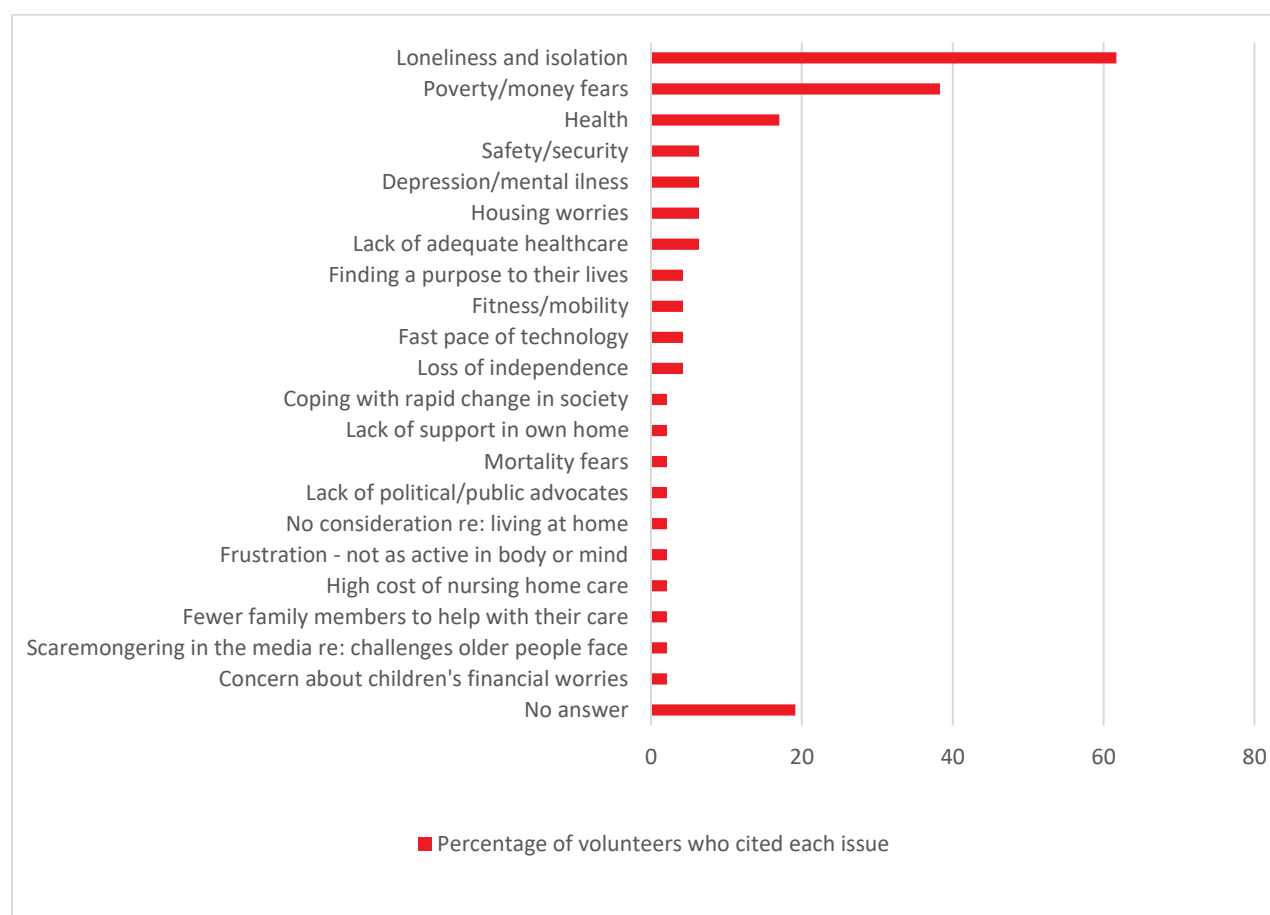
When asked what they think the biggest issues facing older people are, the most frequently mentioned by respondents are 'loneliness and isolation' (62%) followed by 'poverty/money fears' (38%). Loneliness and isolation also topped the concerns respondents have in relation to the wellbeing of older people. This shows that volunteers really see loneliness and isolation as a significant issue for older people (see below).

Q: What are your concerns in relation to the wellbeing of older people in general?

Percentage of volunteers who cited each issue
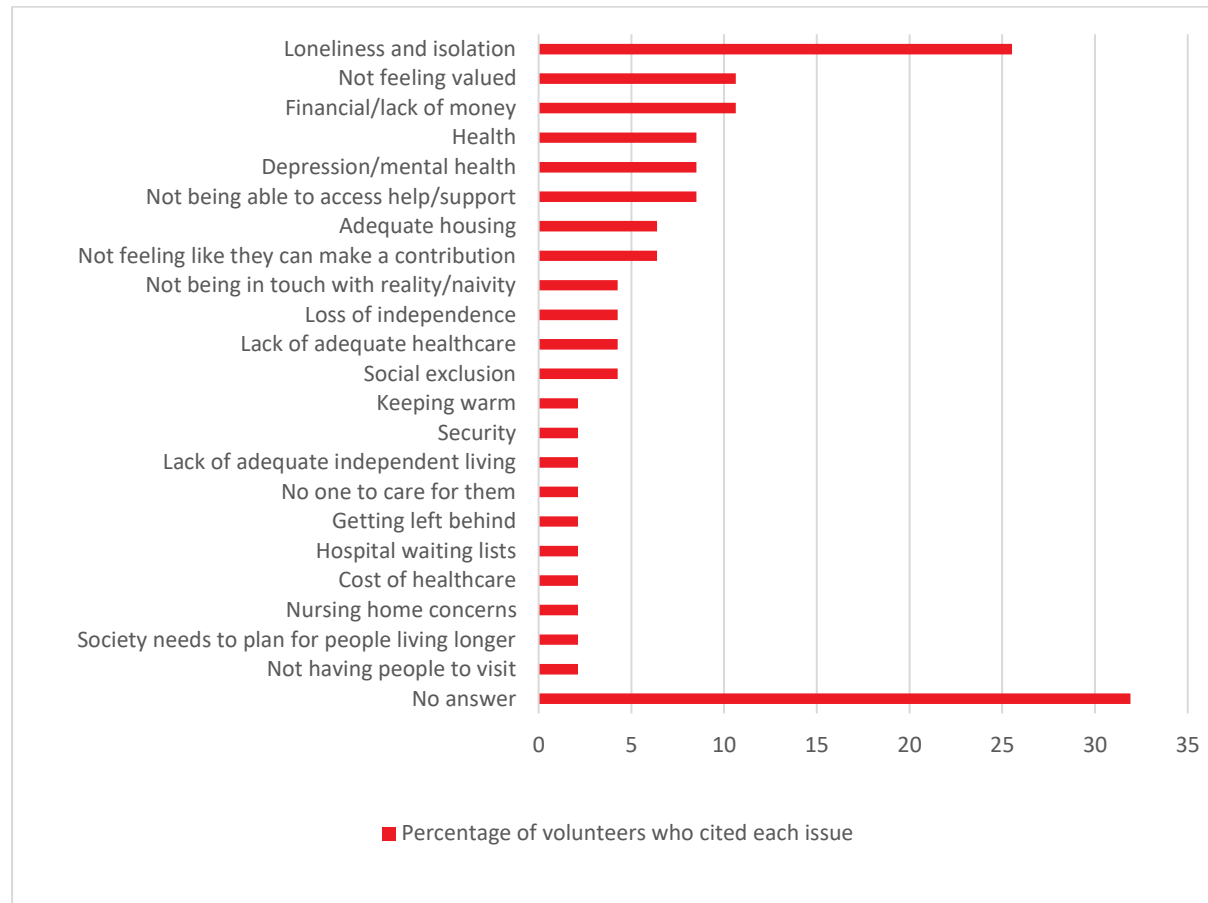
Q: Do you think loneliness and isolation among older people is on the increase?
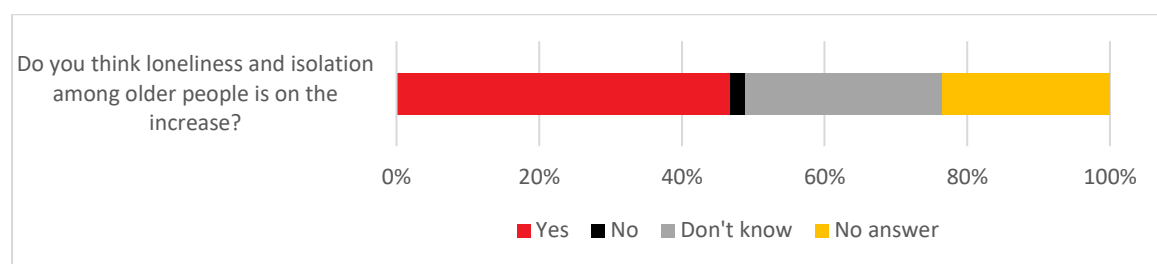
47% of respondents think that loneliness and isolation are on the increase, 28% don't know and 2% think it isn't on the increase (the balance did not answer the question).

Some of those who think loneliness and isolation among older people is on the increase had this to say:

> *"Modern society has no place for older people and they are simply forgotten about."*

"There comes a day where all their friends have passed away. Families can be too busy. They are left on their own."

"I think there's always a level of loneliness and isolation but the key is to find those who have been sidelined. They are not a group who can advocate for themselves, have friends or family to vouch for them so that's why it's crucial ALONE does that job for them."

"People don't make time for others in their community, especially the elderly."

"The younger generation in Ireland do not respect their elders as the Asian families do. AL lot of elderly people are often left alone for days without outside contact."

"Major changes in family dynamics, emigration, living further away, relationship breakdowns – all contribute."

"We live in a more disconnected world due to social media and technology. Face to face interactions have been minimised."

Some of those who don't know if loneliness and isolation among older people is on the increase had this to say:

"I'm not sure on the figures or what studies have been done."

"I have not been with the organisation for a sufficient time to make an estimate on the question."

Q: How do you think isolation and loneliness affects older people?
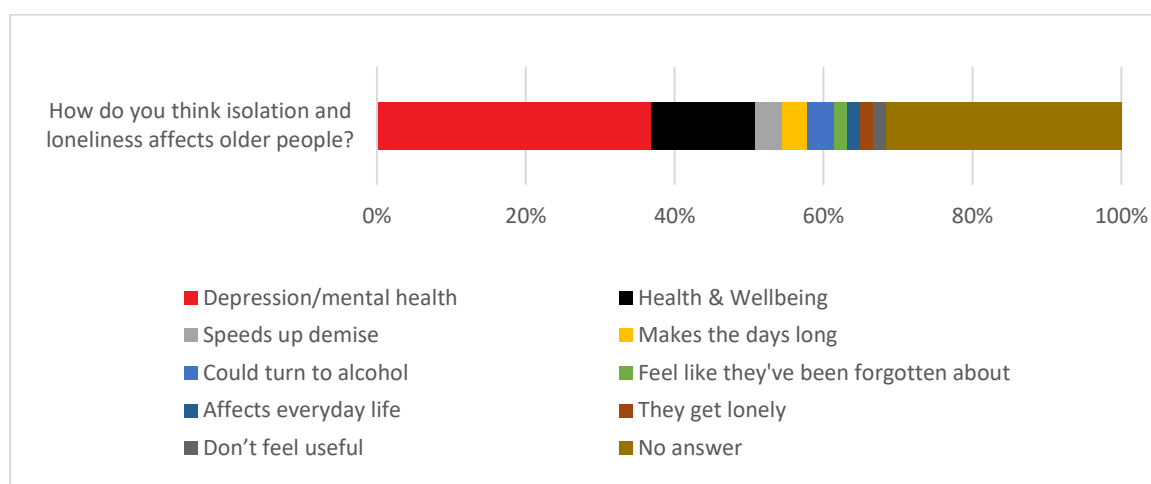
When asked how they think loneliness and isolation affects older people, 47% of respondents mentioned 'depression/mental health'.

Q: Would you recommend the ALONE Befriending Service to a family member, friend or colleague who would like to give some time as a volunteer?
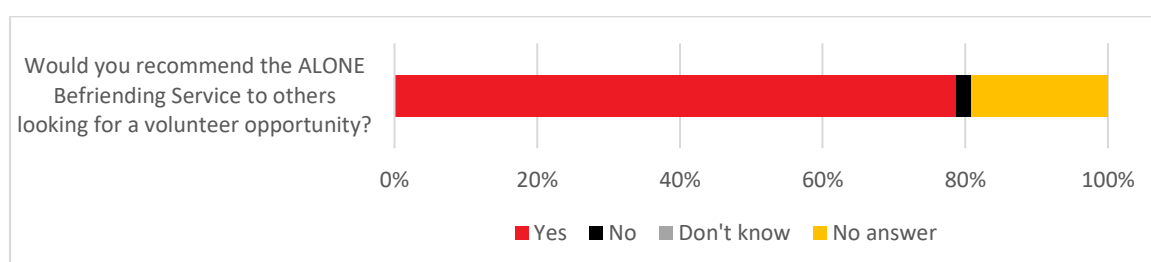
79% of respondents said that they would recommend the ALONE Befriending Service to a family member, friend or colleague who would like to give some time as volunteers. This shows that there are a significant number of 'ambassadors' within the volunteer group and, because of this, an 'encourage a friend' volunteer recruitment campaign should be considered.

Some of those who said that they would recommend the ALONE Befriending Service to others who would like to give some time as a volunteer had this to say:

"It's very rewarding"

"Because I feel I get as much or more pleasure and the feel good factor from it as my lady xxx."

"ALONE is a very supportive organisation and is well structured. I always know I can call someone if I need any help with my volunteering situation."

"Because there is great potential to really make a difference for the good in an older person's life."

"I've really enjoyed my time as a volunteer. The charity has a lovely family vibe and I've always felt welcome and honoured to be a part of it."

"Because I've had such a good experience of the ALONE organisation I would not hesitate to recommend to anyone."

"Unhesitatingly…It is a godsend. I suppose, the best thing I can say about it is, if needs be, I would use it myself."

9. Mentors

Mentors hold an important leadership position within ALONE, one that celebrates experience while, at the same time, releases staff time to concentrate on other tasks.

9.1 The Mentor Role

While a superb concept, the Mentor role is not effective in supporting volunteers or releasing staff members from dealing with volunteers and other tasks so that they can get on with other tasks.

While a superb concept, the Mentor role is not effective in supporting volunteers or releasing staff members from dealing with volunteers and other tasks so that they can get on with other tasks.

Having reviewed the role (Appendix 20), it is recommended that it is modified slightly and the title changed to: 'Area Team Leaders'. With this in mind:

- Mentors should be assigned clearly defined geographic areas and part of their role is to build up a body of knowledge in relation to the particular area which can be used for the benefit of volunteer recruitment, stakeholder engagement, external agency engagement and referral development work. They should also represent ALONE at community events held within that area, where appropriate.
- A clearer line of communication between the 'Area Team Leader' and volunteers needs to be established and implemented. Support Coordinators need to tell volunteers to ring their mentor instead of dealing with general queries themselves.
- One-to-one supervision needs to be robust and where mentors are not having an appropriate level of contact with volunteers, this needs to be addressed.

The implementation of the 'Area Team Leader' model also needs to be robust. If it is not working, the reason why needs to be established and dealt with, even if it means replacing mentors.

9.2 What the mentors had to say…

A link to an electronic questionnaire (Appendix 21) was emailed to all eight mentors, five of which completed the questionnaire. Their thoughts are as follows:

The ALONE Befriending Service

Q: How long have you been an ALONE Volunteer?

As shown below, responses ranged from two to eleven years with the average length of time being 6.8 years. This confirms that they are among the most experienced of ALONE's volunteers and, therefore, are able to bring particular expertise to bear.
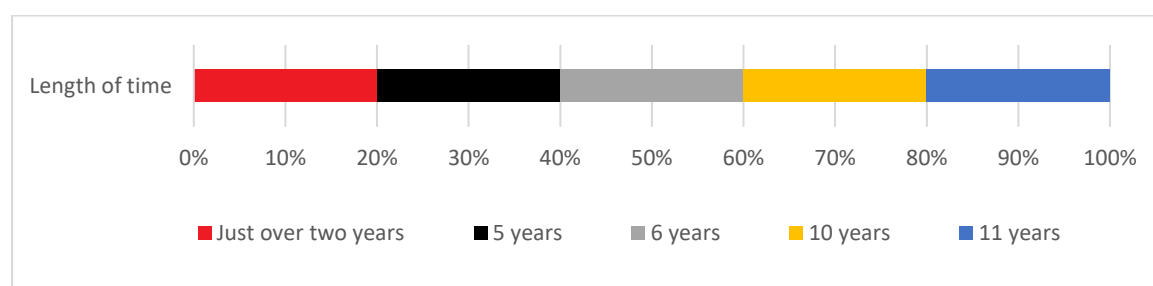
Q: What motivated you to volunteer with ALONE?

Between them, the five mentors gave 11 reasons for volunteering with ALONE as follows:

"I wanted to do some volunteering work and ALONE's work and profile appealed to me."

"I had been a staff member previously and I believe strongly in the values that alone upholds."

"I thought the befriending service was a great service as it provided company to elderly people. I also wanted to give something back."

"About 20 years ago, I saw some sort of Willie Bermingham documentary and that stuck with me. And then years, later, I lived in a cold building. That spurred me to join. I also just like old people and always have some sort of volunteer work on the go."

"Had time to give as I had retired."

As shown above, the reasons are diverse. However, what they have in common is a sense of wanting to give something back and believing in ALONE's work.

Q: How many older people have you befriended since you first became a volunteer at ALONE?

As shown below, response range from none (not applicable to my role) to two.
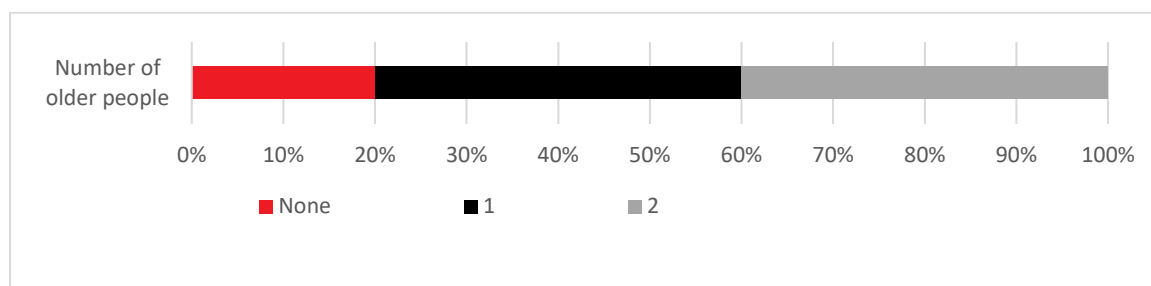
It is of note that one mentor answered with *"3, but 2 officially, I suppose"*. This suggests that he/she is also informally befriending an older person outside the official ALONE channels. While the exact circumstances are not known, it is important to ensure that 'informal befriending' does not compromise their volunteering position at ALONE or, indeed, place ALONE's reputation at risk.

Q: How much time do you give to ALONE each month?

As shown below, responses ranged from four to 20 hours with one mentor stating that it was *"dependant on the month and organisational need anything thing from a few hours to a few days"*.
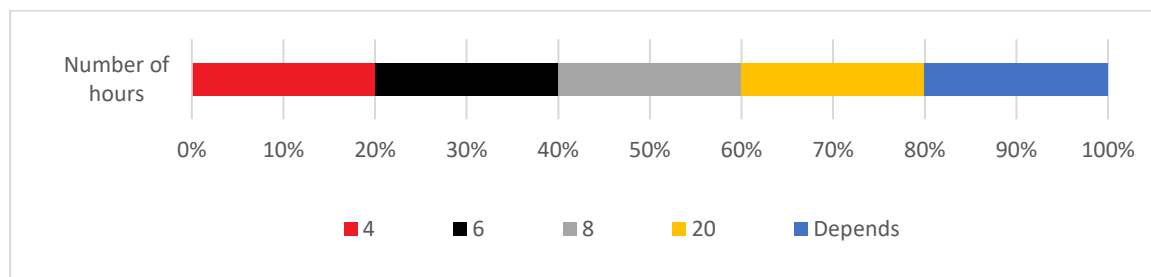
When asked what percentage of time their volunteer time their role as a mentor accounts for, 80% of mentors said that their role accounts for just 10% of their total volunteer time. Just one mentor said that their role accounts for 40% of their total volunteer time.

Q: Do you hold any other volunteer positions at ALONE and, if so, what?

All five mentors said that they held other volunteer positions within ALONE, as shown below. One mentor had one additional volunteer position; two had two additional positions and two had three additional positions.
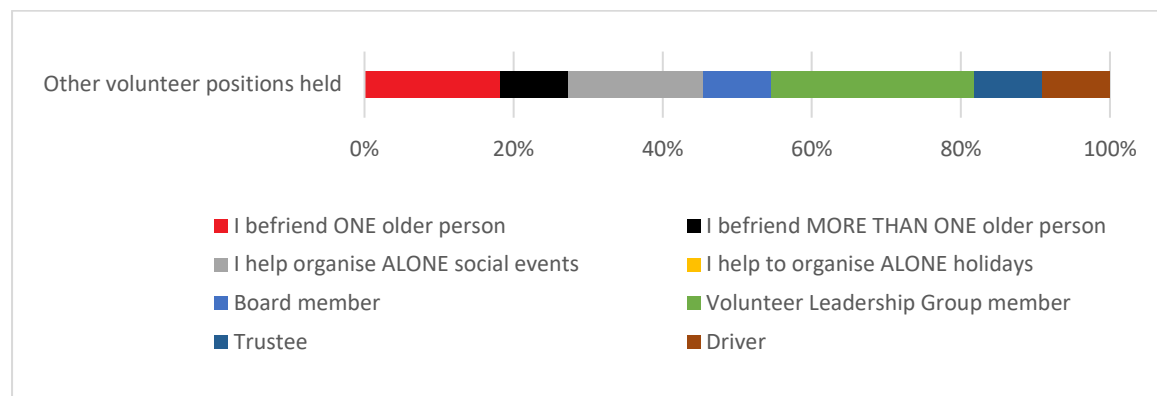
Q: When did you first become a mentor and how did you become a mentor?

All five mentors answered this question. As shown below, 60% of mentors have been in their role for more than four years:
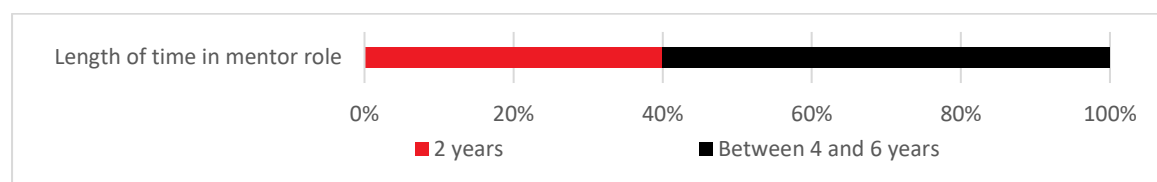
When asked how they became a mentor, four of the five respondents said that they were asked by a member of staff at ALONE, with the fifth respondent stating that they wanted to be more involved in the ALONE Befriending Service.

Q: What does the mentor role involve?

All mentors were able to repeat what their mentor role involves to varying degrees. It is concerning to note that just three of the five mentors think that keeping in touch with volunteers to make sure that all is well is part of their role or that it includes helping volunteers to work through problems they encounter as befrienders. This suggests that they are not as conversant with the requirements of the role as they, and ALONE, would like to think.

Q: How many volunteers do you mentor?
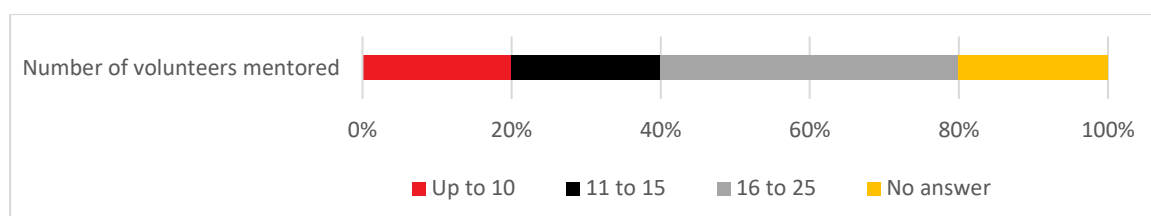
As shown above, mentors reported that they have between up to 10 and 16 – 25 volunteers each to take care of. Each mentor gave a different answer for the frequency with which they contact volunteers ranging from 'Every two months' to 'They contact me' and the mode of contact also varies considerably which will inevitably result in an inconsistent volunteer experience across the board (see below).

Q: How frequently do you make contact with the volunteers you mentor?

Just four of the five respondents answered this question, with each giving a different answer as follows:
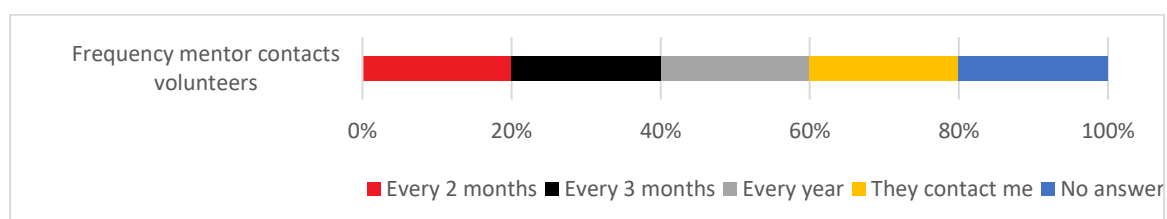
Q: How do you keep in touch with the volunteers you mentor?

Between them, the mentors cited seven different modes of contact, as shown below:
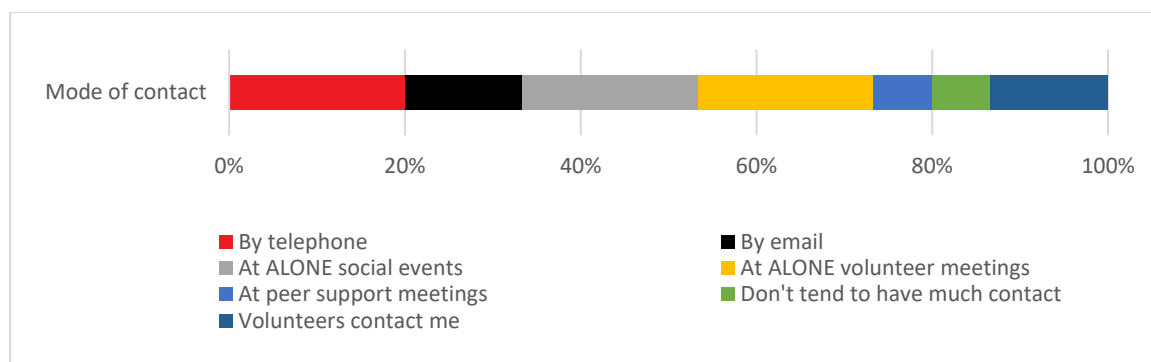
Given the relatively low volunteer turnout at ALONE social events, peer support meetings and volunteer meetings, it is unlikely that these present particularly effective opportunities for mentors to offer support to volunteers. Just three mentors contact their volunteers by telephone and just two by email.

Q: How frequently do the volunteers you mentor contact you, how and why do they contact you?
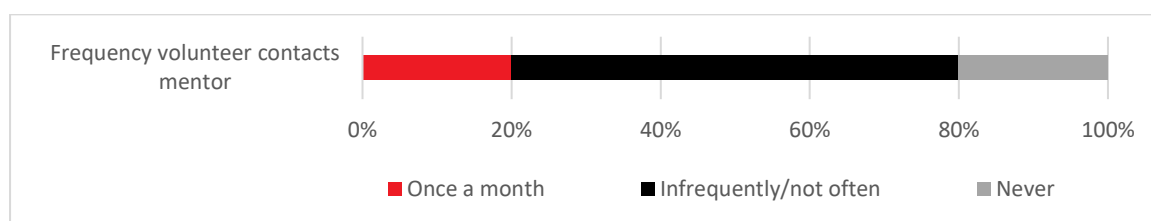
As shown, the responses range from never to once a month, with the vast majority (80%) falling into the infrequently to never category

When asked how volunteers contact them, just four respondents answered. Their responses were divided equally between 'by telephone' and 'by email'. Not one mentor said that a volunteer had contacted them at an ALONE social event, volunteer meeting or other location.

Again, just four respondents gave a reason for their volunteer contacting them. Three (60%) said that it was because they have a problem with the older person they are visiting, two volunteers (40%) said that it was either to look for an extra older person to visit or simply to say hello.

Q: Were you given any special training to become a mentor and how useful was it?
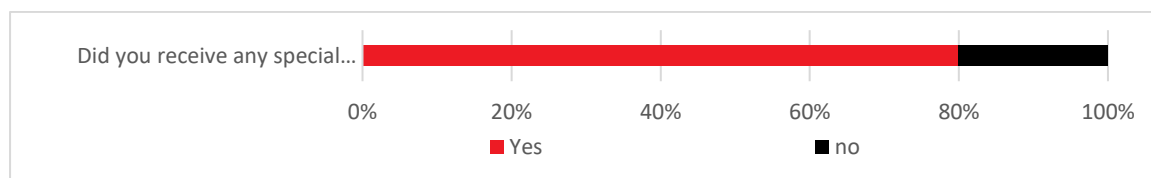
As shown above, just one respondent (20%) said that he/she did not receive any special training to become a mentor - this person has been a mentor for five years – furthermore, he/she said that they did not think that they would benefit from any training.

All of the four respondents who did receive training said that they found it either useful or extremely useful as indicated below:

How useful did you find the training?

■ Extremely useful ■ Useful ■ Not very useful ■ Of no use ■ Don't know ■ Did not receive training
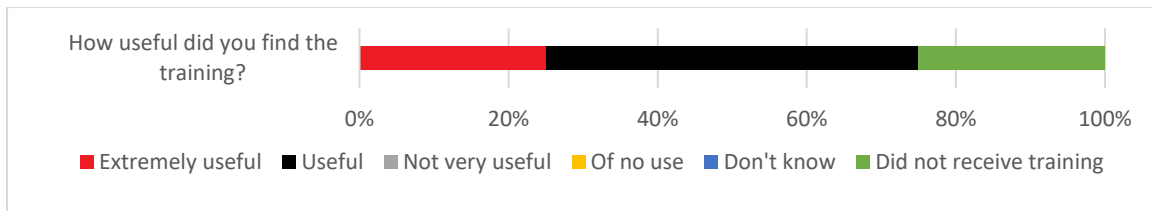
Q: How rewarding would you say your role as a mentor is?

As shown below, 80% stated that they find their role as a mentor rewarding:
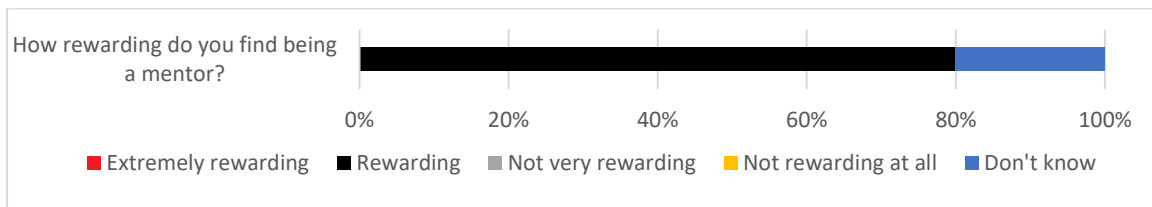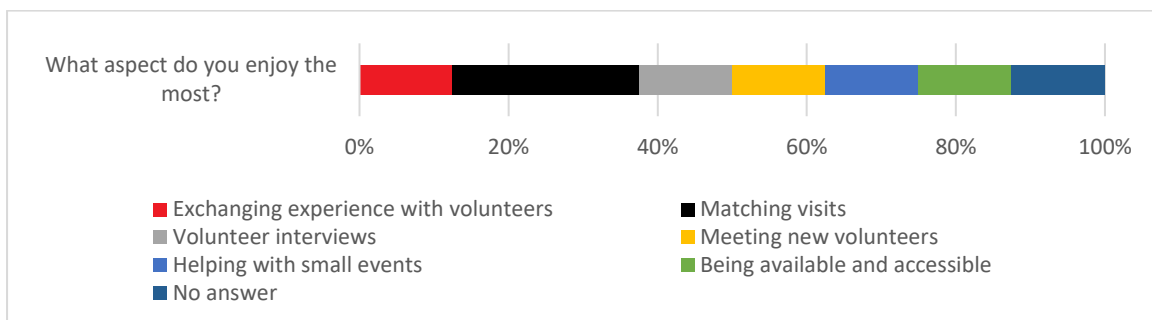
How rewarding do you find being a mentor?

■ Extremely rewarding ■ Rewarding ■ Not very rewarding ■ Not rewarding at all ■ Don't know

Q: What aspect of your role as a mentor do you enjoy most?

What aspect do you enjoy the most?

■ Exchanging experience with volunteers ■ Matching visits
■ Volunteer interviews ■ Meeting new volunteers
■ Helping with small events ■ Being available and accessible
■ No answer

Q: What aspect of your role as a mentor do you enjoy the least?

What aspect do you enjoy the least?

■ Nothing ■ Number of extra meetings ■ Cold calling volunteers ■ No answer
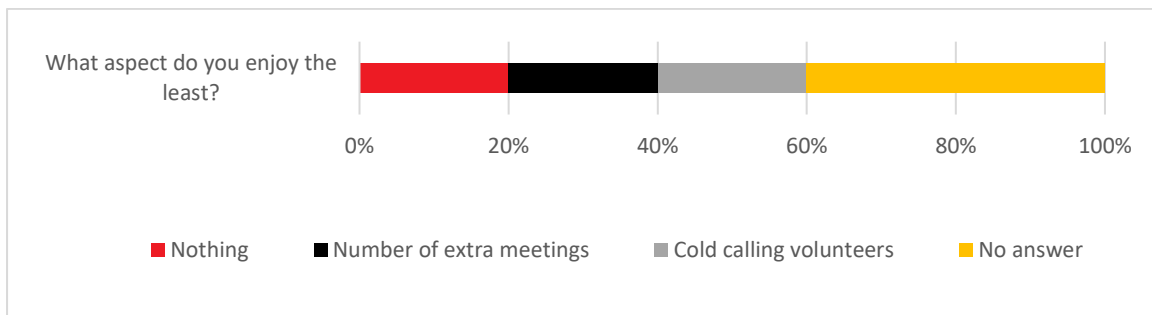
Q: How well do you think ALONE supports you in your role as a mentor?

As shown below, four of the five respondents answered this question. They felt that ALONE had supported them either extremely well or well in their role as a mentor.

How well does ALONE support you?

■ Extremely well ■ Well ■ Quite well ■ Now well at all ■ Don't know ■ No answer
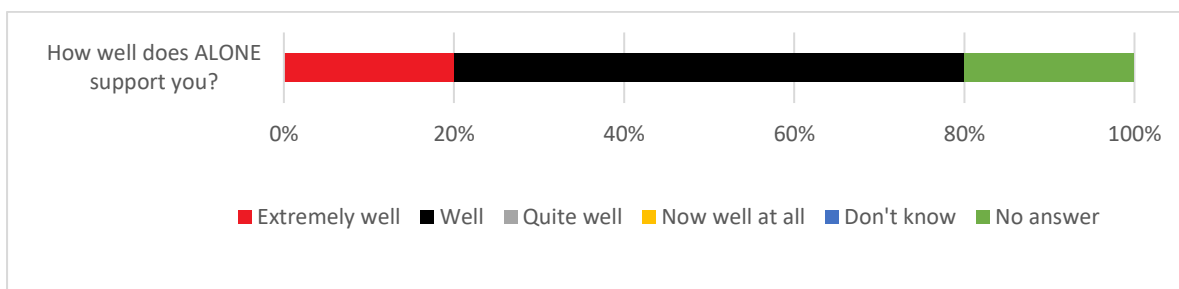
Q: Is there anything you think ALONE could do better when it comes to supporting you in your role as a mentor?

All stated that there was nothing that ALONE could do better when it comes to supporting them in their role as a mentor.
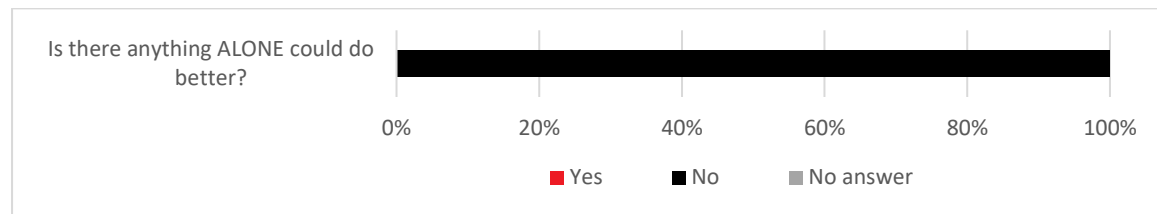
Q: How effective do you think the mentor role is when it comes to supporting volunteers?

As shown below, answers ranged from quite effective to extremely effective, with one person stating that the 'don't know'.
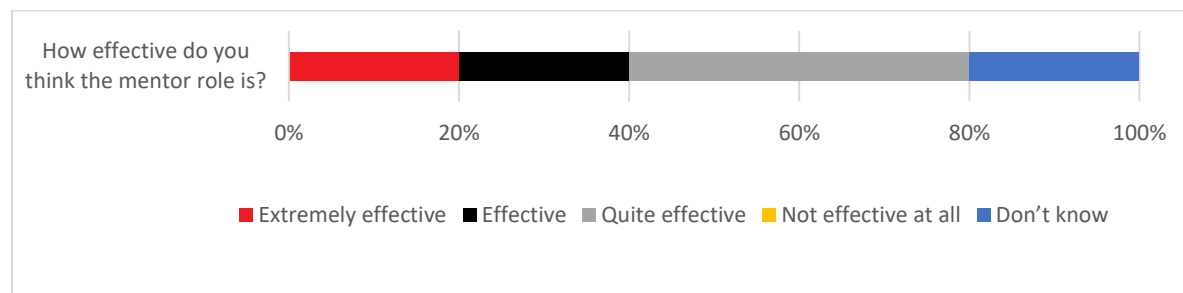
Q: Do you feel that ALONE values the contribution you make as a mentor and why?

As shown below, all respondents feel that ALONE values the contribution they make as a mentor.
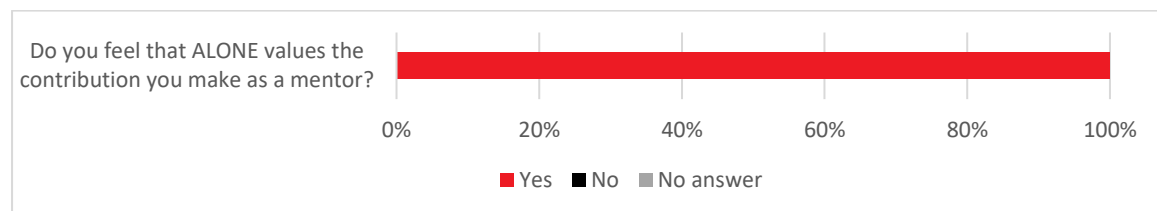
In terms of why they think this, the respondents said:

"Because they say thank you and I feel listened to and appreciated"

"They are always thankful for all support they receive."

"I really don't know"

Q: How frequently does ALONE thank you for your contribution as a mentor and how do they thank you?
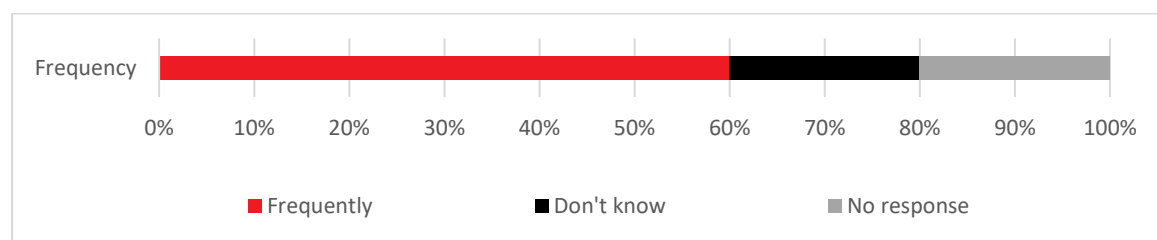
In terms of how ALONE thank the mentors, four respondents cited five separate ways:

- Telephone conversation
- Says Thank You
- Group thanks
- One-to-one conversation
- Through the social events

Q: Do you think there are other areas of the ALONE Befriending Service that mentors could take more responsibility for?

As shown below all respondents said that they did not think that there are other areas of the ALONE Befriending Service that mentors could take more responsibility for.
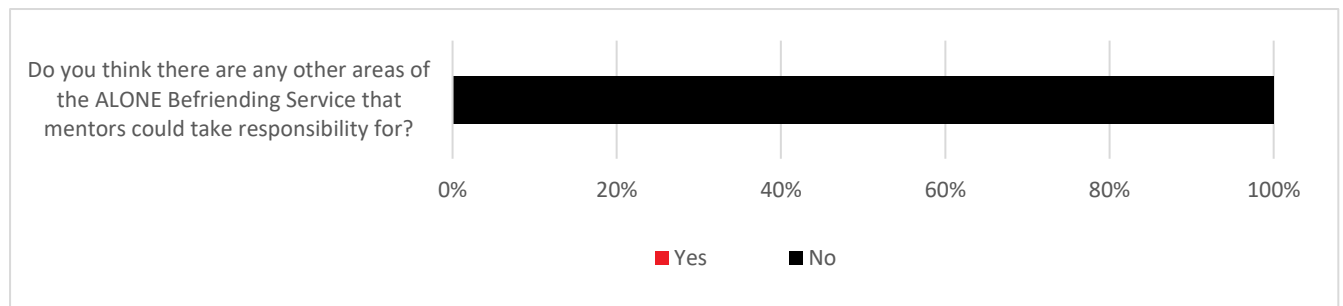
Q: How long have you been a member of the Volunteer Leadership Group?

All five mentors answered this question with responses ranging from two years to since it began.
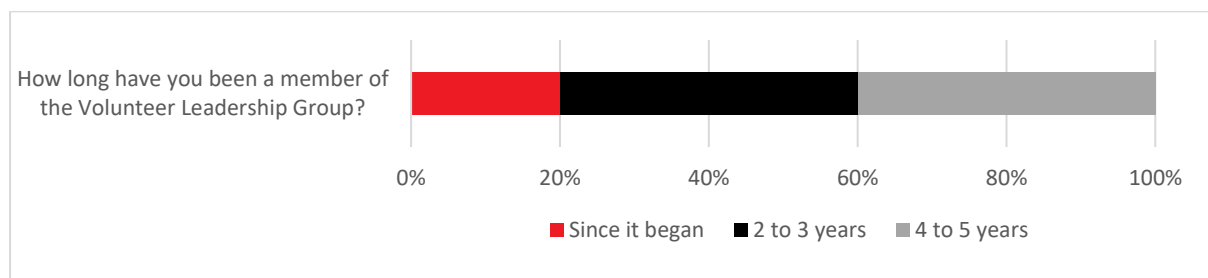
Q: What is the purpose of the Volunteer Leadership Group?

Respondents offered the following thoughts:

"To act as a voice for and advocate on behalf of Volunteers and communicate ideas and problems to CEO Staff and Board."

"To bring to the table the voice of the volunteers."

"To ensure that the voice of the volunteers are heard by both staff and ALONE board members. To work with the staff and Board to help create future strategy for Alone and plan how we can achieve. To support the Staff of ALONE and ensure we provide the best service we can to our guests."

"To provide purpose and direction for the volunteers."

"To help formulate policy & bring volunteers comments to the attention of the board."

It is interesting to note that without exception, the mentors described the purpose of the Volunteer Leadership Group as being about acting for the volunteers or providing a purpose and direction for the volunteers. And yet, based on the mentors' own feedback, as well as that of the volunteers, it does not appear that they are in contact enough with active volunteers to be able to represent them appropriately.

Q: How valuable do you think the Volunteer Leadership Group is in terms of the overall management and development of the ALONE Befriending Service?

This question resulted in mixed views about the value of the Volunteer Leadership Group in terms of the overall management and development of the ALONE Befriending Service, as shown below:
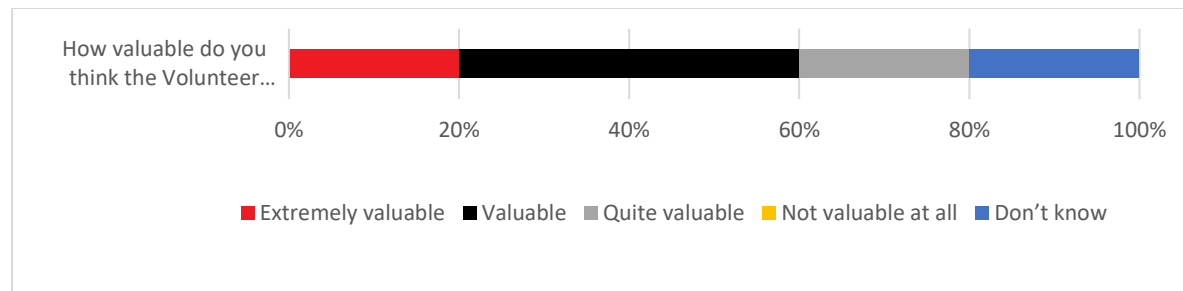
Q: How useful is membership of the Volunteer Leadership Group to you in your role as a mentor?

As with the question above, all respondents gave mixed views.
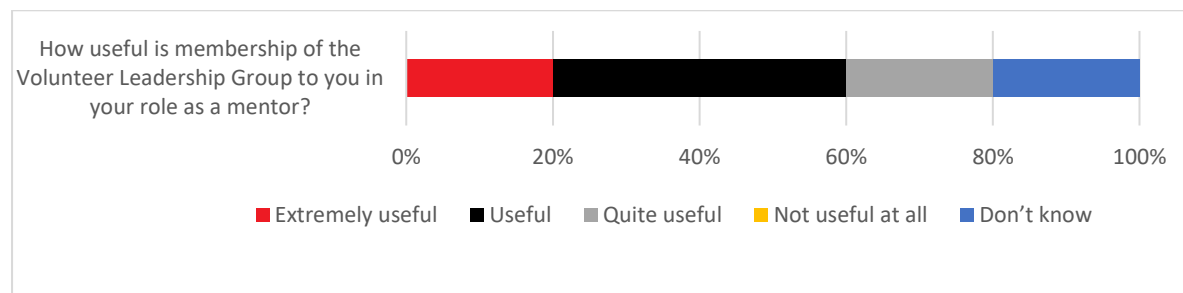
Q: Do you find it beneficial to spend time with other mentors at Volunteer Leadership Group meetings and why?
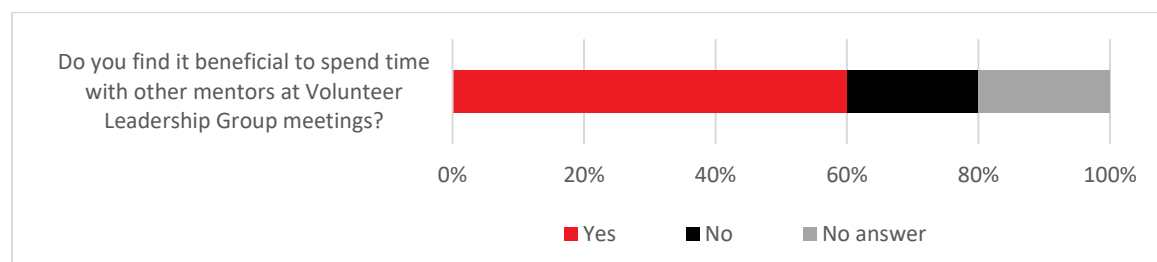
Three of the five respondents said that they find it beneficial to spend time with other mentors at Volunteer Leadership Group meetings because it enables them to:

- Share ideas and experiences
- Express opinions
- Action plan
- Have fun

Q: Do you meet with other mentors outside of Volunteer Leadership Group meetings?
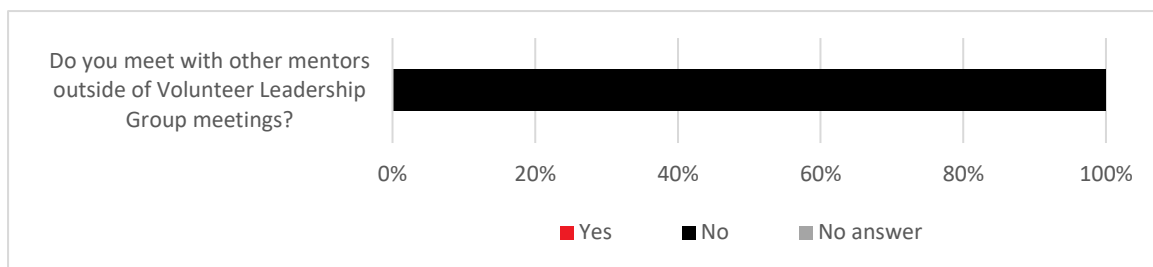
As shown above, not one mentor meets with other mentors outside the Volunteer Leadership Group meetings.

Q: How well do you think the ALONE Befriending Service meets the needs of older people?
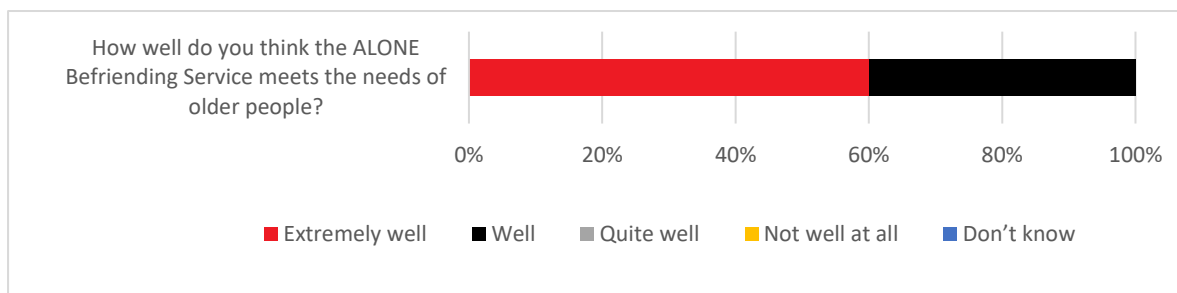
As shown above, all five respondents answered this question, stating that the ALONE Befriending Service meets the needs of older people either well or extremely well. When asked why, this is what they had to say:

"Because of the high quality and number of trained befriending volunteers visiting older people."

"As a service it does what it says on the tin."

"All volunteers are well trained with a strong focus on continuous training with various information sessions throughout the year. This ensures that that the befriending service we provide meets our guests needs and also prepares volunteers with the challenges that sometimes come with the territory."

"Once the backlog of older people awaiting visits is closed, then it meets the needs very well."

"All the older people I have met through ALONE have high praise for the volunteers."

Q: What do you think is the most beneficial aspect of the ALONE Befriending Service?

As shown below, four out of the five respondents mentioned combatting loneliness or isolation in their response:

"Regular visits in time build strong friendships between Volunteer and Older person helping combat loneliness enhance self-esteem, self-confidence and benefit both physical and mental health."

"The company. The friendship. The alleviation of loneliness. The safety aspects. The outings. The events."

"Company, alleviating isolation. A friendly voice to chat to on a regular basis."

"Combatting loneliness."

"Helping to cope with loneliness through the weekly visits."

Q: What aspect of the ALONE Befriending Service for older people do you think could be improved and why?

Three of the five respondents had this to say:

"Possibly allow for groups of befrienders and older people meet in small social clusters."

"Some guests need more volunteer hours but that requires larger organisational growth and larger volumes of volunteers."

"Clear backlog of people waiting to be visited."

Q: Have you ever attended an ALONE social event?
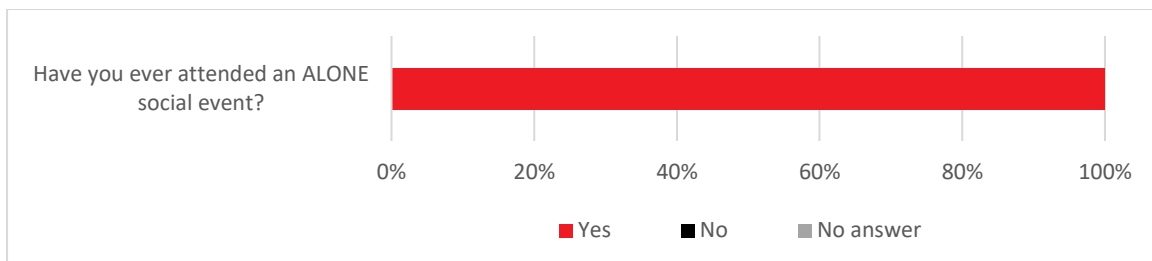
All five respondents said that they had attended an ALONE social event.

Q: Which ALONE social events have you attended and how enjoyable did you find them?
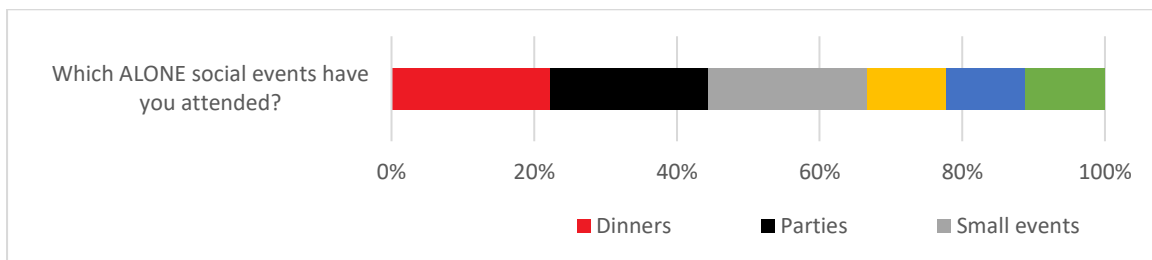
As shown above, the mentors have attended a wide range of ALONE social events. In terms of how enjoyable they found them, as shown below, all found them either enjoyable or extremely enjoyable:
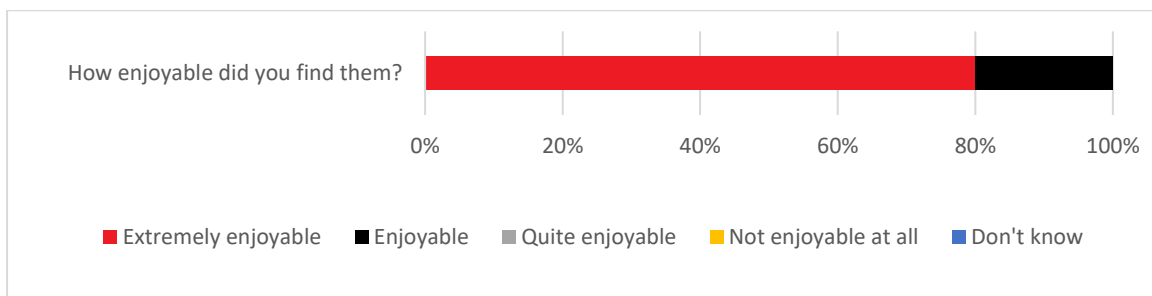
Q: How important do you think these events are for older people?
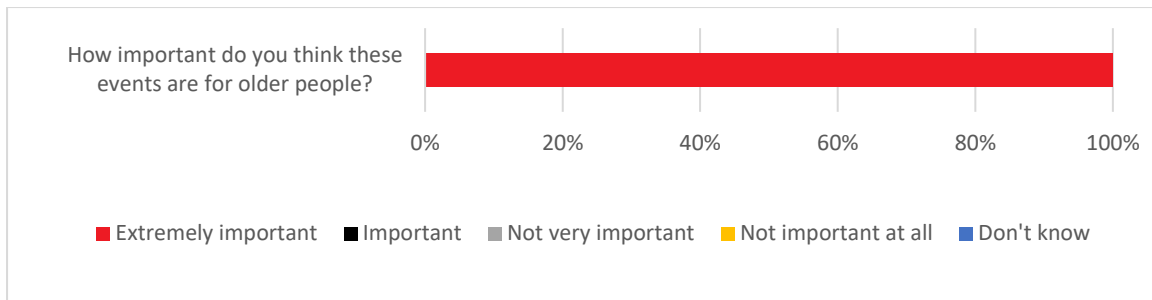
All five respondents answered this question with all stating that these events are extremely important for older people.

Q: Have you ever been on an ALONE holiday?
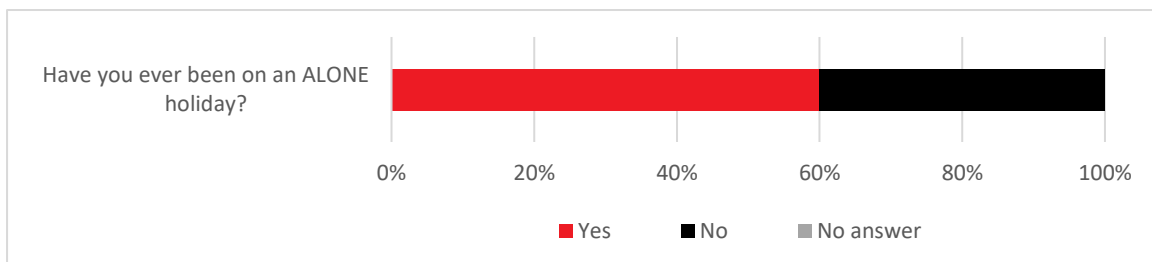
Three of the five respondents said that they have been on an ALONE holiday.

Q: How many ALONE holidays have you gone on?
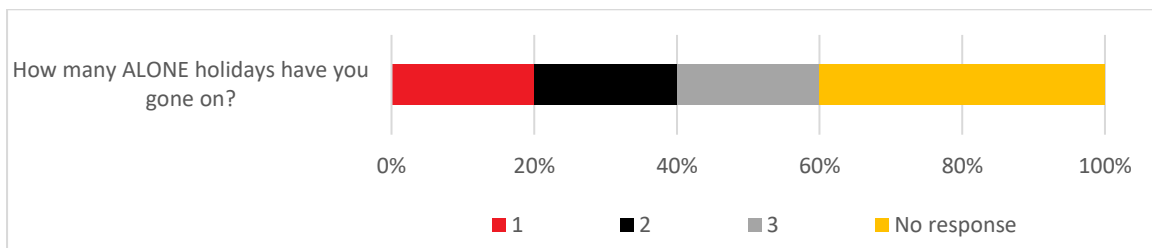
The three respondents who said that they had been on an ALONE holiday have, as shown above, been on between one and three holidays each.

Q: How enjoyable did you find them?

The three respondents who said that they had been on a holiday stated that they found them to be either enjoyable or extremely enjoyable.

Q: How well organised do you think the holiday was?

How well organised do you think the
holiday was?

0%   20%   40%   60%   80%   100%

■ Extremely well organised   ■ Well organised
■ Quite well organised   ■ Not very well organised
■ Haven't been on a holiday
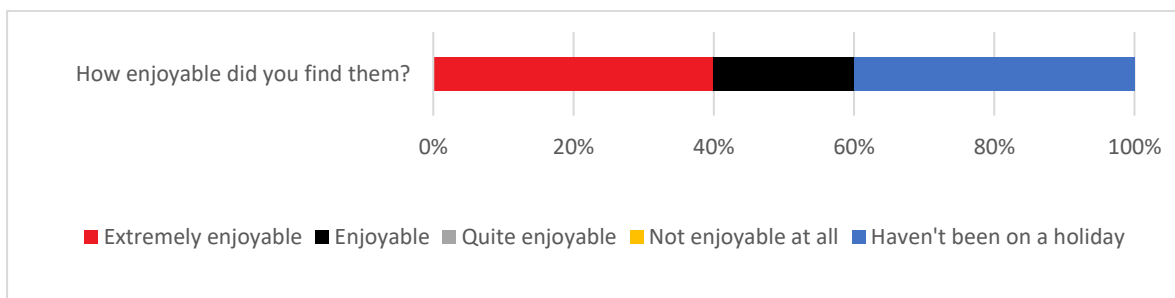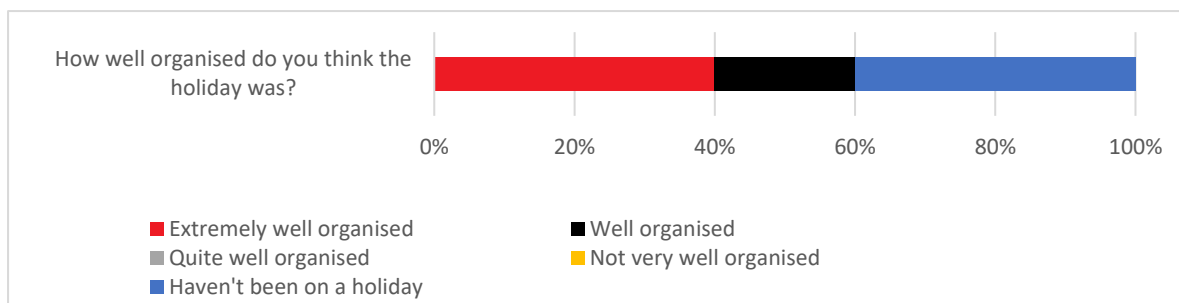
The three respondents also said that the holidays were either well organised or extremely well organised.

Q: How important do you think organised holidays are for older people?

How important do you think organised
holidays are for older people?

0%   20%   40%   60%   80%   100%

■ Extremely important   ■ Important
■ Not very important   ■ Not important at all
■ Haven't been on a holiday
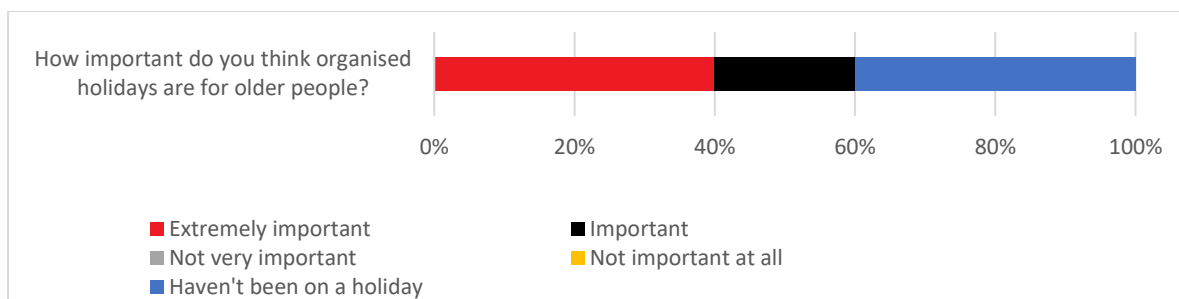
Again, all three respondents who had been on an ALONE holiday all said that organised holidays are either important or extremely important for older people.

Q: Do you think the holidays arranged by ALONE are affordable for older people?

Do you think the holidays arranged
by ALONE are affordable for older
people?

0%   20%   40%   60%   80%   100%

■ Yes   ■ No   ■ Haven't been on a holiday
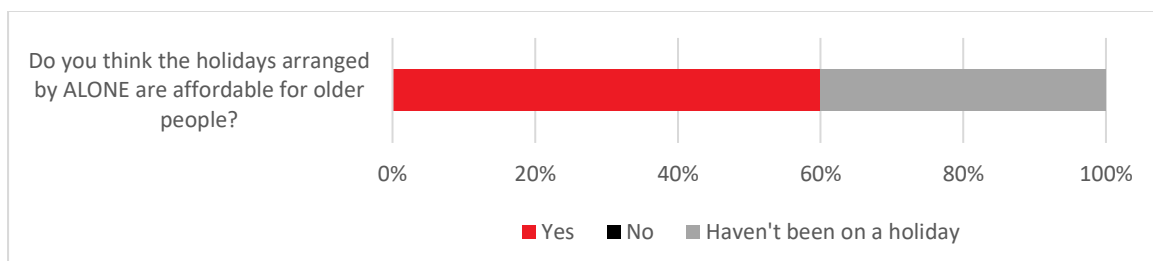
All three respondents who have been on an ALONE holiday said that they think that they are affordable for older people.

Q: What, if anything, has prevented you from going on an ALONE holiday?

In relation to the two mentors who had not yet been on an ALONE holiday, they gave the following reasons:

"Work, family commitments."

"Work commitments."

Q: Do you volunteer with any other organisation?
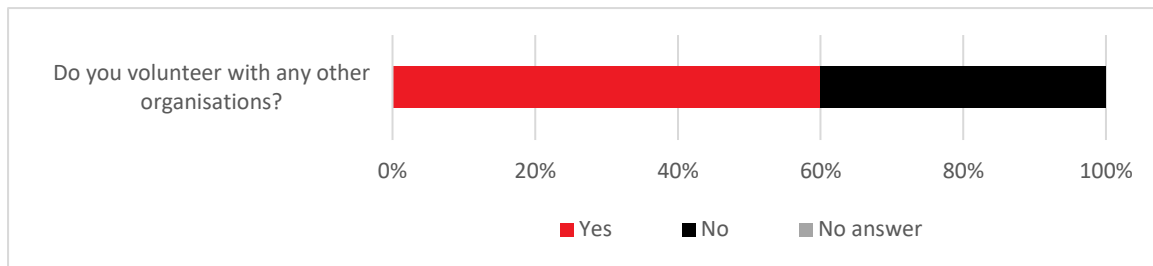
Three of the five respondents said that they volunteer with other organisations.

Q: How many organisations do you volunteer with?
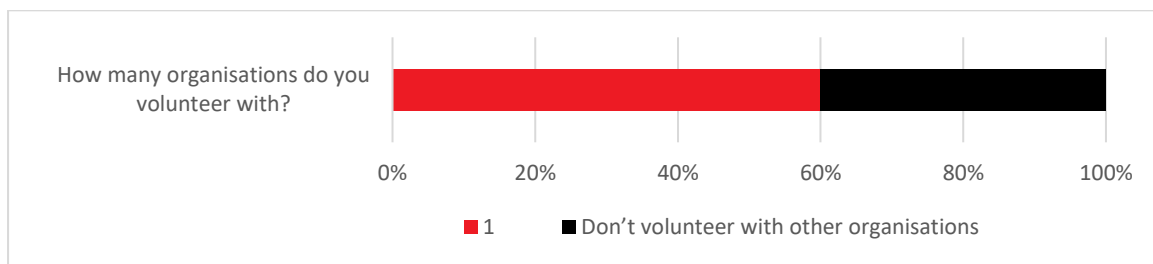
When asked how many organisations they work with, the three respondents each said one other organisation.

Q: How much time do you give to these organisations each month?
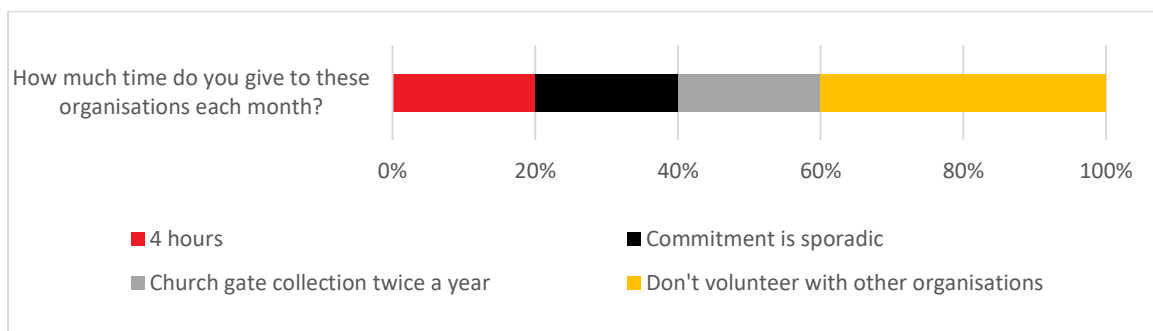
Of the three mentors who said that they volunteer with other organisation, just one has a regular time commitment of four hours per month.

Q: How did you first hear about ALONE?
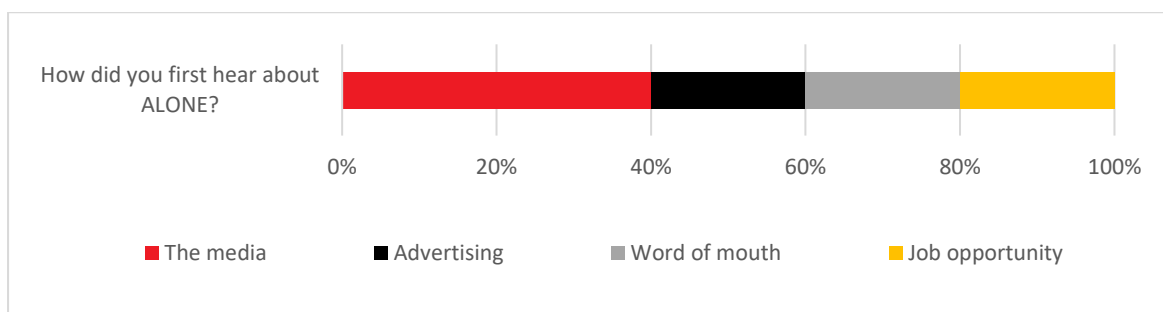
When asked how they first heard about ALONE, two of the mentors said it was through the media, while one each heard through advertising, word of mouth and a job opportunity.

Q: How well known do you think the ALONE Befriending Service is among the general public?
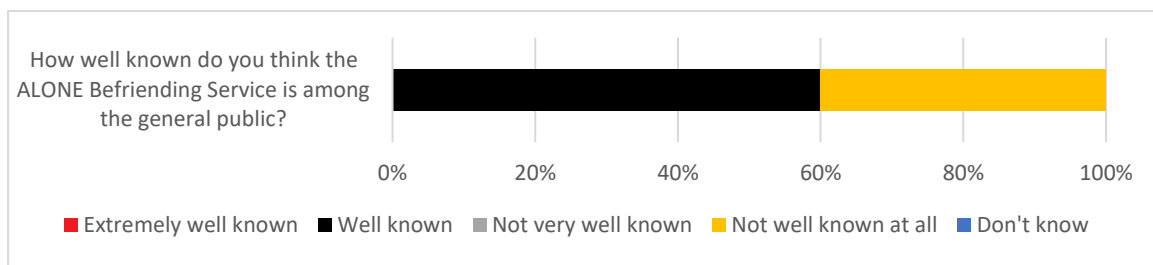
Interestingly, this question resulted in mixed opinion with three of the five mentors believing that the ALONE Befriending Service is well known among the general public, while the other two believing that it is not well known at all.

Q: How well known do you think the ALONE Befriending Service is among older people in general?
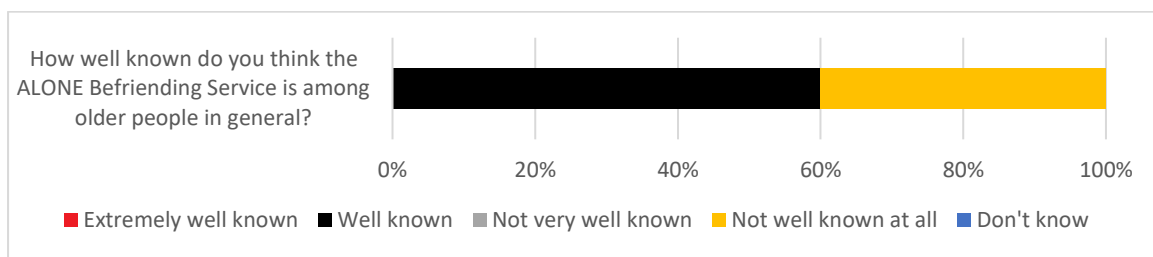
This question resulted in the same opinion as the previous question with three mentors believing that the ALONE Befriending Service is well known among older people in general and two believing that it isn't well known at all.

Q: Are you aware of any other befriending services based in Dublin and, if so, which?
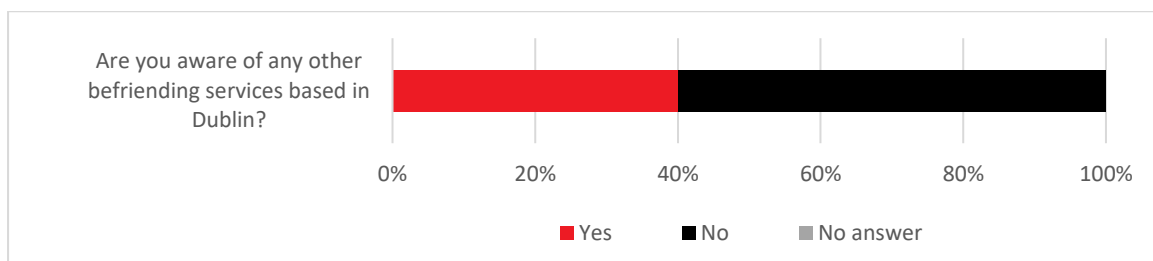
Just two of the five mentors are aware of other befriending services based in Dublin.

When asked which befriending services they are aware of, the two mentors named the following:

- North Dublin Befriending Service
- Making Connections
- Age Action
- Clan at Crosscare
- Active Age

Q: In your opinion, how do the other befriending services compare to the ALONE Befriending Service?

In your opinion, how do the other befriending services compare to the ALONE Befriending Service?

Legend: ■ Others are much better ■ Others are better ■ Others are about the same ■ Others are not as good ■ Don't know
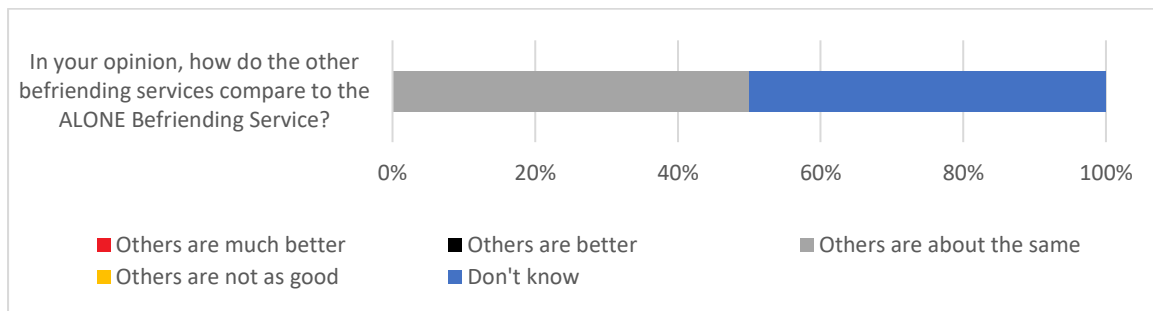
One of the two mentors who are aware of other befriending services said that they thought that the other befriending service was about the same as the ALONE Befriending Service, while the other mentor said that he/she did not know.

Q: Do you think there is a need for a short-term befriending service for older people?
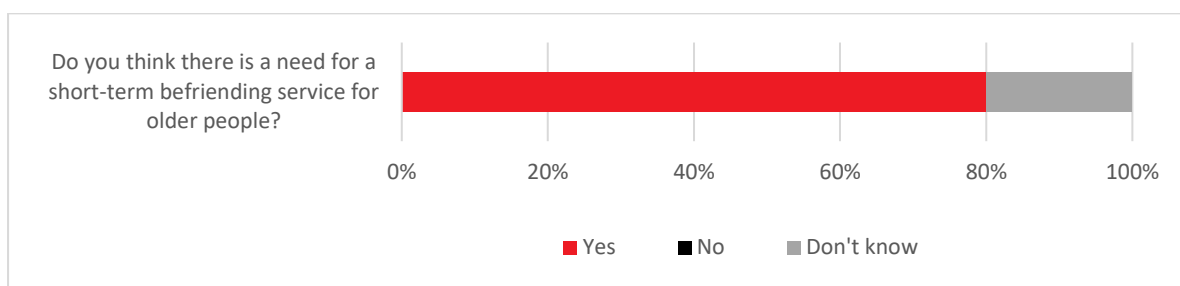
Do you think there is a need for a short-term befriending service for older people?

Legend: ■ Yes ■ No ■ Don't know

Four of the five mentors said that they think there is a need for a short-term befriending service for older people, while the fifth mentor said that he/she did not know.

Those who think that there is a need for a short-term befriending service for older people had this to say:

"Might be useful for some people who for various reason or circumstances find themselves alone."

"Those who just home from hospital and recuperating and can't leave the house. Those that have family away on hols. Those that just need so rebuild their confidence after a loss."

"Sometimes people go through times where they are vulnerable and need some extra support."

"Some people only need volunteer until a troubled time in their life has passed."

Q: Do you think there is a need for a telephone befriending service for older people?

Do you think there is a need for a telephone befriending service for older people?

Legend: ■ Yes ■ No ■ Don't know
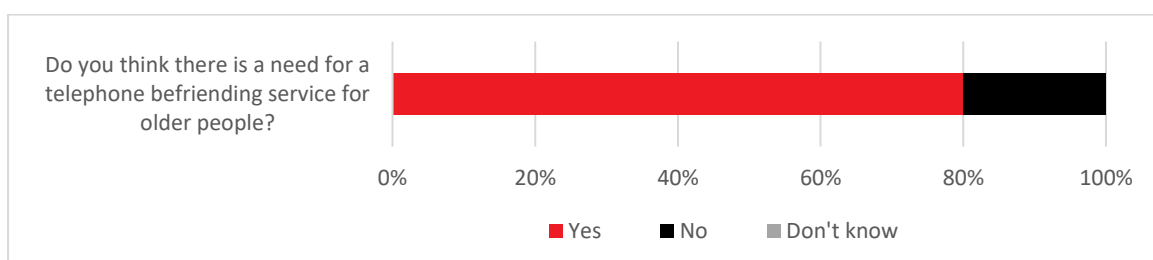
As shown above, four of the five mentors believe that there is a need for a telephone befriending service for older people, based on the following reasons:

"Provides a more immediate contact and might offer advice and companionship when used in conjunction with the normal house visits."

"Some guests only see their volunteer and no one else it would decrease their loneliness and ensure they are well and safe."

"Easier to cover a greater number of people by phone however Face to face always preference."

The mentor who does not think that there is a need for a telephone befriending service for older people had this to say:

"Can't beat personal call."

Q: What do you think are the biggest issues facing older people today?

This is what each of the mentors had to say:

"Secure housing, loneliness, the lack of community supports and the fear of not being in a position to grow old in their own homes."

"Financial restraints for e.g. the cost of their future care and the daily cost of living. Loneliness as they lose peers. Impatience of others and intolerance. Home safety. Feeling part of a community still."

"Isolation, homeliness, health service."

"Loneliness, social isolation and rising rent for those who don't own their own homes."

"The cost of living in general with all the extra taxes."

It is interesting to note that loneliness and isolation was not mentioned by every mentor. As would be expected, financial and health concerns feature prominently.

Q: What are your concerns in relation to the wellbeing of older people in general?

"I would be concerned that the needs of older people will continue to be put at the bottom of Government priorities with a continued lack of investment and erosion of services and benefits."

"Financial restraints for e.g. the cost of their future care and the daily cost of living. Loneliness as they lose peers. Impatience of others and intolerance. Home safety. Feeling part of a community still."

"Safety, loneliness & social isolation leading to mental health problems, huge gaps in our health service in supporting the elderly."

"Loneliness, social isolation and rising rent for those who don't own their own homes."

Q: Do you think loneliness and isolation among older people is on the increase?

Do you think loneliness and isolation among older people is on the increase?

| 0% | 20% | 40% | 60% | 80% | 100% |

■ Yes ■ No ■ Don't know ■ No answer
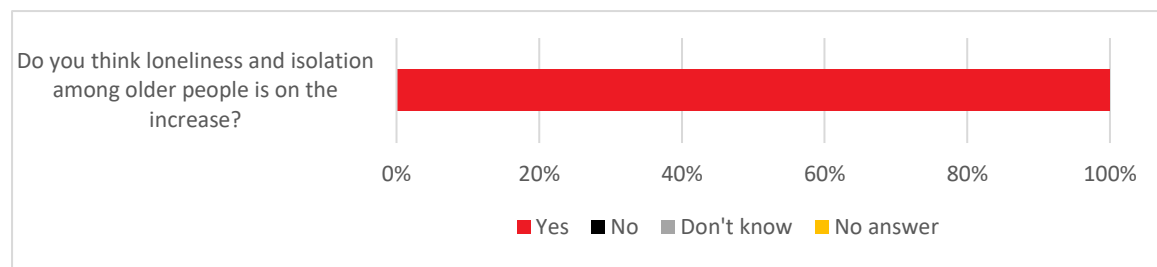
As shown above, all five mentors think that loneliness and isolation among older people is on the increase and had this to say:

> "Families leaving Ireland for work. Children too busy with work bills and their own worries. Dysfunction in families."

> "People don't consider their neighbours as much as they used to. Older people don't live with extended families like they used to."

> "There are a lot of older people living alone in big houses that could do with help but are too proud to ask."

Q: How do you think isolation and loneliness affects older people?

Each of the five mentors had this to say:

> "It affects their mental health, self-esteem, confidence and ultimately makes them feel even less valued member of community/society."

> "It steals their remaining years. It leads to depression. Earlier mortality rates. Leaves them hopeless and unmotivated."

> "It can create anxiety issues which can lead to mental health issues."

> "Causes depression and has a compounding effect. The more you don't see people, the less able you are to see them. You become socially inept. Causes health issues."

> "Cuts them off from society causes anxiety."

The common theme among each of the comments above is that of isolation and loneliness having a negative effect on older people's mental health.

10. Communications

The research carried out among older people, volunteers, external referrers and, indeed, staff have revealed a diversity of opinions on the general levels of awareness of the ALONE Befriending Service.

There is a need to be clearer about who exactly it is the organisation is trying to influence and why. This means being extremely specific about target audiences and the communications channels that will be most effective in reaching them and effecting change.

Clear targets around key messages and tactics need to be set at the beginning of each year as a baseline for measurement.

Where volunteers and referrers heard about the ALONE Befriending Service must be recorded on Salesforce so that the effectiveness of activities can be established.

10.1 ALONE logo

The ALONE logo is remarkably similar to that of Age Action Ireland. Both logos are based on a distinctive red lozenge shape containing the organisation's name with a line of black text underneath, as illustrated below.

While this is a wider organisation issue, it does impact on people's likely recognition of the Befriending Service given the level of potential for confusion in the marketplace. It is likely that Age Action Ireland is benefitting from interest in ALONE and vice versa.

It is recommended that this is reviewed the context of wider organisation strategic thinking.

10.2 Media Relations

During the period 01 July 2014 – 30 June 2015, ALONE issued 35 press releases which resulted in 306 separate pieces of print, broadcast and online coverage, valued at €1,041,105.

Of the 35 press releases issued, just six focused on the ALONE Befriending Service (four of which were in relation to the National Befriending Network). They generated 43 separate pieces of print, broadcast and online coverage (28 of which were in relation to the National Befriending Network), valued at €135,775 (€31,450 relates to the National Befriending Network).

The Befriending Service needs to have an annual media relations sub-plan of its own to ensure that it generates a balance of coverage focusing on general awareness raising, referral and volunteer enquiry generation. Support Coordinators and the HR department need to be specific in terms of where geographically they need to target so that the communications team can be more targeted.

Indeed, the National Befriending Network needs to be used more as a means of highlighting the work that ALONE is carrying out on the ground in Dublin. Network members should also be used a way of

garnering national opinion on issues relating to older people and befriending so that the ALONE CEO can maintain his position of leadership in this sector.

More statistical work also needs to be carried out in order to develop a story around the cost of loneliness and isolation to the state/tax payer. This could be used as the basis of a campaign as well as for media briefings in a manner that will enable ALONE to be viewed as an expert commentator and source of authority by the media.

10.3 ALONE Website

The ALONE website is an important shop window into the organisation and Befriending Service. It is a place that anyone who has access to the internet can visit in order to find out more about any of the services offered by ALONE that might be of interest to them.

However, the website needs to be more than a shop window. It needs to speak directly to those people with whom you need to engage, primarily:

- Older people who may be in need of the Befriending Service and who are not necessarily already engaged in the 'system'. Given that older people are becoming more technologically literate (often out of a need to keep in touch with loved ones who have moved abroad or to another part of Ireland), this will become an increasingly important audience over time.
- Relatives and friends of older people who may be in need of the Befriending Service, particularly those who are living overseas or in another part of Ireland or who need to conduct research out-of-hours.
- External referrers. Professionals working with lonely and isolated older people for whom access to the ALONE Befriending Service might form part of a wider support plan.

Specific observations in relation to the befriending section of the ALONE website

In its current form, the ALONE website has a page dedicated to the Befriending Service which provides a very basic overview of what it is, who it is suitable for, the role of a befriending volunteer and so on. Its style and tone is very 'matter of fact' and lacks the human touch that the Befriending Service is all about. Also, because it is aimed at all audiences, it lacks a targeted call to action which means it is unlikely to be a particularly efficient means of generating referrals and enquiries.
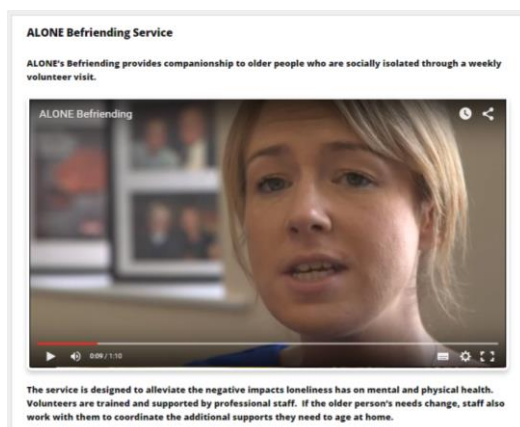
Video content is increasingly important. Indeed, current website best practice advocates an approach which is far more visual, relying on photography and video content to tell the story, supplemented by short bursts of targeted text. This is because international studies show that people remember 10% of what they hear, 20% of what they read and 80% of what they see and do.

The current befriending service video content starts with a young person telling the viewer that *"The Befriending Service is a visitation service for isolated and*
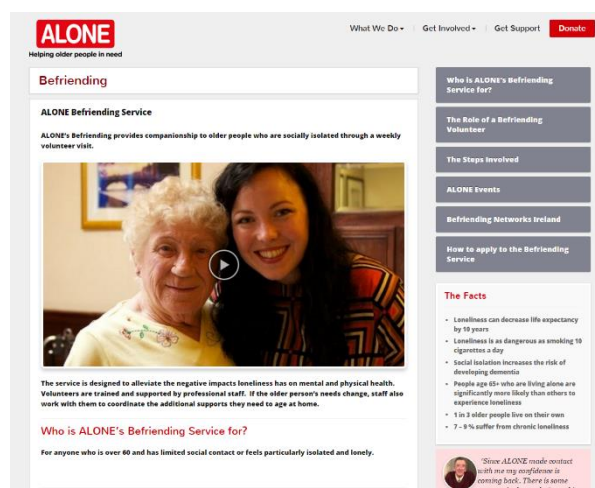
vulnerable older people in the community…". While that message may be appropriate for external referrers, there are many older people who may well be isolated and vulnerable, but who will think that the video speaks of someone else. It is also interesting that the word 'lonely' is not used until the end of the video.

With the above in mind, it is recommended that ALONE reviews the web content relating to Befriending Service with a view to:

- Re-working the written content so that it better conveys the human side of the Befriending Service and also gives people an idea of the numbers of older people who look forward to a weekly visit from a trained, Garda vetted, volunteer, challenging the perception that 'I am alone in being alone'.
- Re-visiting the video content, with a view to telling the story differently. Ideally, the video should be of an older person to introduce viewers to the Befriending Service from their perspective.
- Including resources such as electronic copies of the Befriending Leaflet and Information Sheet that are available within one click.
- Creating a simple online self- referral form.
- Creating an easy to use online client/patient referral form for external agencies which also emails a copy of the form to the referrer when they click 'submit'.
- Re-structuring the 'Befriending' section to create four additional sub-pages as follows:
  - Are you over 60 and in need of some company? A page targeted at lonely and isolated older people which fully explains the Befriending Service using language they can relate to, which enables them to see that they are not alone and to self-refer online/request that an ALONE staff member makes contact with them. Case studies should be included covering a range of people (and ages) who became isolated and lonely for variety of reasons and who are now benefitting from the service.
  - Do you know someone who is over 60 and who needs a friend? A page targeted at relatives and friends of lonely and isolated older people which fully explains the Befriending Service from their perspective. It should allow for easy access to an electronic information leaflet, an online referral form and the ability to request that an ALONE staff member makes contact with them.
  - Do you work with isolated and lonely older people? A page targeted at external referrers which fully explains the Befriending Service and which has access to:
    - An online client/patient referral form.
    - Downloadable client/patient referral form.
    - Electronic versions of Befriending Service information leaflets that they can share with colleagues.
    - The ability to request further information on the ALONE Befriending Service in the form of printed leaflets to give to clients/patients or contact from an ALONE staff member.
  - Find out more about other Befriending Services across Ireland. A page that takes the visitor to information on the National Befriending Network and other befriending services across Ireland.

ALONE website analytics

It is known that between October 2014 and February 2015, there were:

- 43,271 sessions resulting in 102,667 pageviews

- The average visitor spent 00:01:49 on the website, visiting 2.37 pages
- Of the total visitors to the site, 81.9% were new visitors. Ideally, a website should have a solid mix of new and returning visitors
- The site has a bounce rate of 59.00% which means that almost 60% of visitors left the page they landed on, an indication that they did not find what they were looking for, nor felt inclined to look any further

Statistics for the befriending page were not provided. Moving forward, it is recommended that analytical information for the befriending page(s) of the website are used as a means of tracking the effectiveness of the website in terms of a provider of information and a driver of referrals and volunteer enquiries. Specifically, the following should be monitored:

- Number of visitors to the Befriending page (s), along with how many are new visitors vs return visitors
- The typical visitor journey – which pages did they navigate to and in what order?
- The number of people to complete online referral/enquiry forms and who do not submit them
- The number of people to view the video content

Where activity levels spike, a clear reason should be established e.g. a feature article in a newspaper containing a clear call to action. Conversely, when a marketing activity is taking place, its effectiveness in terms of driving traffic to the website should also be pro-actively monitored via the analytics.

10.4 Social Media

The ALONE Ireland Facebook Page is used as a way of engaging with a range of supporters, predominantly from a campaigning perspective.

Few posts relate specifically to the Befriending Service. This needs to be addressed. Posts should include:

- Updates on the numbers of older people visited.
- Picture of a new volunteer being presented with their ID card.
- Calls for volunteers.
- Calls to the public to think if they know someone who is aged over 60 and who is in need of a friend.
- Picture of a support coordinator presenting to an external agency.
- Pictures from volunteer training and information sessions.

10.5 Quarterly Newsletters

The quarterly newsletters are an excellent means of sharing a diversity of news about the organisation and, in particular, the Befriending Service. The Befriending Service is included in each edition and should continue to be so.

10.6 ALONE Billboard Campaign

2015 activity has concentrated on homelessness on a national basis. Outdoor advertising (billboard, bus stop, Luas etc.) would be an excellent means of raising awareness of the Befriending Service, generating public referrals and volunteer enquiries from targeted areas in Dublin.

It is recommended that this is considered for 2016, budget permitting, on a pilot basis in one specific geographic area in order to measure impact.

11. Monitoring and Evaluation

Salesforce is a hugely sophisticated and valuable tool that not only allows you to manage your contacts efficiently and centrally, but also enables you to analyse data so that you are able to monitor performance, identify trends and base strategic and operational decisions on hard facts. There is a significant amount of data relating to referrals, volunteers and befriended older people that is either entered incorrectly or is simply missing.

It is recommended that one person is allocated responsibility for cleaning the database and filling in the blanks from scanned and hard-copy forms.

It is recommended that management reminds every staff member with access to Salesforce that data input accuracy is of critical importance. Information must be entered into the correct field and in a consistent manner.

Response fields such as 'Other' or 'N/A' are meaningless. They must be replaced with alternative terms that have meaning and on which trends can be identified.

This is the first time that the ALONE Befriending Service has been formally evaluated in its 38 year history. In order to measure performance (outputs) and change (outcomes), it is important that ALONE puts in place a more formal ongoing monitoring and evaluation system.

The purpose of ongoing monitoring and evaluation is to inform management and staff on key metrics critical to the successful delivery of the service in a way that delivers higher quality information, facilitating better and faster decision making and ultimately resulting in a more agile organisation. However, monitoring and evaluation will only be of value if the organisation sets out a series of performance indicators – or targets – against which it should be measured.

The key performance indicator that has been exercising everyone involved in the Befriending Service since the beginning of 2015 is the target of having 300 actively befriended older people by 31 December 2015. And, for a variety of reasons, this target will not be met.

Ongoing evaluation and monitoring is an important part of organisational accountability. It measures the 'what' e.g. whether or not a target has been met. It also provides clues as to the 'why'. Because of this, evaluation and monitoring is only of operational value if a range of metrics are monitored and that information used to create an 'early warning system' alerting management and staff to potential performance issues and providing an opportunity to put the necessary steps in place to avert the issue arising in the first place.

Taking the target of 300 actively befriended older people as an example. Having spoken to staff, it is clear that it was widely acknowledged that the target was unlikely to be achieved, but that it gave people a goal to work towards.

The existing convention of monitoring the number of 'matches' that take place each month only delivers a one-dimensional view of how the Befriending Service is actually performing and certainly does not provide any clues as to why things are performing the way they are which makes it almost impossible to identify evidence-based potential risks and opportunities, adapt accordingly, and, ultimately hold people to account.

With this in mind, it is recommended that clear targets are developed on an annual basis to which management and staff are held accountable.

Additionally, an ongoing monitoring system should be established to measure the following (as a minimum) on a monthly basis, and that individuals whose area the information falls are given responsibility for undertaking this and status/trend reporting:

	What	Why
1	**Referrals** a. Number of referrals and their geographic location b. Average age of the person being referred c. Breakdown of source of referral, clearly identifying the number and diversity of external referrers d. Breakdown of primary reason for referral, clearly identifying the source of each referral e. Breakdown of where each person first heard of ALONE f. Cancellation rates, by referral source and primary reason for referral g. Onward referral rates, by referral source and primary reason for referral h. The length of time it takes to arrive at a decision/match	• To identify specific areas of Dublin that the Befriending Service is not reaching e.g. D15, or areas that are outside the formal catchment area e.g. Co. Wicklow. • To monitor trends in the average age of referral e.g. are more younger people being referred or is there a lack of referrals for people aged 80+ • To monitor the success of a targeted external referrer engagement strategy as well as to identify external referrers that should be referring to the Befriending Service and are not. • To identify trends in primary reasons for referrals e.g. is the Befriending Service receiving an increasing number of referrals of people with Alzheimer's disease/Dementia? • To assist with the targeting of marketing, communications and campaigning activities e.g. what are those who self-refer most and least likely to state as their primary reason for referral? • To help better understand why so many referrals do not result in a successful match and identify if there is a particular external referrer, for example, that has an abnormally high cancellation rate and, therefore, requires educating on the service criteria • To help better understand the type of referrals that are being referred on to other befriending services and whether or not there is an opportunity to develop the ability to accommodate them • To geographically target volunteer recruitment more accurately • To help to better establish where there are bottlenecks in the referral/assessment process

2	**Actively befriended** a. The number of actively befriended older people and their geographic area b. The number of new actively befriended older people each month c. The primary reason for befriending d. Rematch rates and reasons e. Cessation rates and reasons f. Number of actively befriended older people who attend ALONE social events g. The number of unmatched older people h. The number of older people who are 'on hold'	• To better understand the number of actively befriended older people and where they are based, along with the number of rematches that have taken place and the number of older people who have withdrawn from the service. • To identify whether or not there are any primary reasons for referral that are more or less likely to result in a match, rematch or withdrawal from the service. • To better understand the percentage of befriended older people who will require rematches so that there is an appropriate number of 'available' volunteers • To better understand why people withdraw from the service and look at ways of preventing withdrawal • To better understand the percentage of actively befriended older people who typically attend social events so that as the cohort grows the number of social events can grow accordingly • To ensure that as few as possible older people are waiting beyond an agreed period to be matched with a volunteer and identify any trends e.g. are there more unmatched older people in the summer than the winter? • To monitor the number of older people who are 'on hold'
3	**Volunteers** a. The number of volunteer enquiries and their geographic location b. The number of volunteer applications and their geographic location c. The average age of people applying to become a volunteer d. Where they heard about ALONE e. The number of new volunteers accepted into the Befriending Programme and their role (befriending, admin etc.) f. The number of active and inactive volunteers and their geographic location g. Cessation rates and reasons h. Volunteer Meeting attendance i. Volunteer Leadership Group attendance	• To better understand the type of person most inspired to become a volunteer with ALONE and where they are most likely to live…or not • To geographically target volunteer recruitment more accurately • To better understand which marketing and communications activities generate volunteer enquiries • To better understand why volunteers choose to withdraw from ALONE • To better understand how engaged volunteers are outside of carrying out their weekly visit

	j.	Attendance at social events	
3	**Google Analytics** a. Analytical information relating to the Befriending Service section of the ALONE website		• To better understand how the website is used as an information tool and a driver of referrals and volunteer enquiries • To ensure that the information contained within the Befriending Service section is optimised to the needs of those who visit the site simply be better understanding the average 'online' journey • To keep abreast of the devices used by visitors to the ALONE website, again in the interests of optimising content e.g. are more people accessing the site from a smart phone than a desk-top computer? If so, you need to consider replacing downloadable forms with forms that can be completed online as people with smartphones are not typically linked up to a printer • Also, where are people accessing the website from? Is there a trend in terms of people living overseas looking at the site? If so, it could indicate that children of older people are carrying out research and therefore the process of making a referral needs to be optimised for them

11.1 Measurement of the impact of the Befriending Service on older people

The Befriending Service referral form generates important information on how lonely and isolated older people referred to the service are and the reasons for that. At present, this information is not recorded on Salesforce which means it is impossible to use it to inform the future work of ALONE or for campaigning purposes.

With this in mind, it is recommended that this information is recorded on Salesforce so that it can be used as a means of informing policy and campaigning in an incredibly targeted way. Given the volume of data captured on Salesforce, it will be possible to analyse this data in a number of ways what will enable ALONE to paint an accurate geographic picture of loneliness and isolation across the city, postal district by postal district.

Having asked the original questions as part of the referral process, those who become actively befriended are not currently how being visited by a volunteer has impacted on their level of loneliness and isolation. This means that ALONE is not able to track change. Because of this, it is recommended that a standard questionnaire is created and that it is posed to a control group of older people on an annual basis. The responses should then be used to paint a picture of transformation and to evidence the claims ALONE makes about the benefits of the Befriending Service.

12. Future provision

Emigration, technology, medical advances and the pressures of life, are but a few of the things that have contributed to a rapid change in society dynamics in Ireland over recent years. The pace of this change is unprecedented. It brings opportunity and enrichment to some, while leaving others vulnerable and at serious risk of isolation.

This, combined with a growing and ageing population, means that the level of need to be met by befriending services in the future will only increase.

12.1 Likely future demand

The Central Statistics Office's future population predictions confirm that Ireland – and Dublin - has an ageing population. In 2011, there were 139,000 people aged 65 or older living in Dublin, accounting for 11% of the total population of Dublin.

As shown in Table 8 below, the number of older people in Dublin is set to grow significantly, both in terms of actual numbers and as a percentage of the total population.

Table 8: Projected population of Dublin, 2011 - 2031

Year	Total population	65+	65+ as percentage of total population
2011	1,262,000	139,000	11.01%
2016	1,297,000	160,000	12.36%
2021	1,373,000	185,000	13.47%
2026	1,448,000	215,000	14.15%
2031	1,519,000	249,000	16.39%

Source: Central Statistics Office (CSO).

Although the ALONE Befriending Service is open to people aged 60 years and older, it should be noted that people are generally not considered to be 'older people' until they reach the age of 65.

Based on CSO census statistics for 2011, we know that there were 55,718 people aged between 60 and 64 which brings the total population for the age group catered for by the ALONE Befriending Service to 194,994 people or 15.45% of the overall Dublin population.

ALONE has publicly stated that almost one in three people live on their own and that 7 – 9% of older people suffer from chronic loneliness. By applying these figures to the 2011 CSO population statistics for Dublin we are able to clearly establish that:

- There were 194,994 older people (60+) living in Dublin in 2011
- Almost 64,998 were living on their own
- Between 13,649 and 17,549 suffered from chronic loneliness.

Therefore, based on the above, the potential future demand for a befriending service in Dublin is as follows:

Table 9: Potential future demand for a befriending service in Dublin, based on ALONE's metric of one in three people live alone and 7-9% of older people suffering from chronic loneliness.

Year	Total population	Number of people aged 60+ (estimate)	60+ as percentage of total population (estimate)	Number of people aged 60+ living alone (estimate)	Number of people aged 60+ suffering from chronic loneliness
2011	1,262,000 (actual)	195,000 (actual, rounded)	15.45% (actual)	65,000	13,650 – 17,550
2014	1,274,000 (CSO estimate)	210,400 (CSO estimate)	16.51% (CSO estimate)	70,133	14,728 – 18,936
2016	1,297,000	218,000	16.80%	72,666	15,260 – 19,620
2021	1,373,000	246,000	17.91%	82,000	17,220 – 22,140
2026	1,448,000	269,000	18.59%	89,666	18,830 – 24,210
2031	1,519,000	316,000	20.83%	105,000	22,120 – 28,440

Looking to the future, a number of questions arise in relation to who the ALONE Befriending Service is suitable for, as outlined below:

Is 60 years, an appropriate start age for eligibility for the ALONE Befriending Service

Two hundred years ago, it was widely accepted that old age began at 40. Today, the international convention is that old age begins at 65. On the 1st January 2014, we saw the State Pension age in Ireland increase from 65 to 66 and, by the time we reach the year 2028, it will have increased to 68. In effect, older people are getting younger.

The current entry age for the ALONE Befriending Service is 60. Undoubtedly, there are people within the 60 – 64 years age group who find themselves lonely and/or isolated. They also find themselves unable to access the vast majority of services available to older people as they are, quite simply, too young.

Given that the ALONE Befriending Service is aimed at the 'forgotten old', is 60 too young an entry point?

Looking to the future, as the number and percentage per population of older people increases, so does the magnitude of need. From a logistics perspective, it may be necessary at some point in the future to reconsider the entry age to the service to ensure that it continues to meet the needs of older people.

With this in mind, it is important that ALONE considers the following on an annual basis:

Is the ALONE Befriending Service exclusively aimed at older people?

AND

If so, is there a need to adjust the entry age as the general population ages and the start point of 'old age' moves.

Is the ALONE Befriending Service about prevention, cure, or both?

Having interviewed nine befriended older people who experienced varying levels of loneliness and isolation and, in some instance, none (but with the potential to become lonely and isolated), it is recommended that ALONE makes a policy decision around the purpose of the Befriending Service, namely:

It is acknowledged that the current volume of referrals and, indeed, number of older people who are actively befriended represents just a small percentage of the total number of older people thought to be lonely or isolated and that this requires attention. However, given the devastating impact of loneliness and isolation on mental and physical health – proven to be as damaging to your health as smoking 15 cigarettes a day [add footnote – Alone press release, 8th February 2015) – there is a legitimate argument for extending the reach of the Befriending Service to older people who are at risk of becoming lonely or isolated. Examples include the newly retired, recent empty-nesters,

Is the ALONE Befriending Service suitable for older people with cognitive impairment?

The ALONE Befriending Service already accepts referrals of older people with cognitive impairment such as Alzheimer's disease and dementia. Indeed, during the period 01 July 2014 - 30 June 2015, they accounted for 2.1% of total referrals made to the ALONE Befriending Service.

According to the Alzheimer's Society of Ireland, Alzheimer's disease alone affects more than 35,000 people in Ireland, with that figure set to reach epidemic proportions as the country's population ages. Indeed, Professor Brian Lawlor, consultant psychiatrist for the elderly at St Patrick's and St James's has said publicly that unless disease modifying treatments are developed by 2050, one in 85 people will have Alzheimer's disease.

It is widely accepted that the prevalence of Alzheimer's is 1% between the ages of 60 and 64, increasing to close to 50% in people aged 85 and over.

Given the predicted population increases, and the fact that Ireland is an ageing population, referrals of older people with Alzheimer's – as well as dementia and other forms of cognitive impairment – are likely to increase significantly over the coming years.

Because of their condition, people with cognitive impairment are at increased risk of isolation and loneliness, both of which are key indicators for the ALONE Befriending Service. However, befriending an older person with Alzheimer's disease, dementia or even mild memory loss requires a volunteer with special attributes and training.

With this in mind, it is recommended that ALONE considers the following:

Is the Befriending Service is suitable for older people with cognitive impairment?

If the answer is 'yes', then it is further recommended that a 'sub-programme' is created within the Befriending Service to cater specifically for this group that comprises experienced volunteers with the required attributes who have been given additional training and support. Furthermore, it should be supported by an awareness raising campaign to attract referrals (to include pro-active engagement with groups like the Alzheimer's Society of Ireland and medical specialists) and volunteer applications and could be packaged in such a way as to attract specific funding or corporate sponsorship. It is also an area that could be utilised as part of ALONE's campaigning work.

Is the ALONE Befriending Service suitable for people with a mental/emotional health condition?

It is a well-documented fact that loneliness and isolation has a detrimental impact on mental and emotional health and, at the very least, puts people at higher risk of depression. For those with a

mental/emotional health diagnoses or a history of mental/emotional health difficulties it has a devastating impact.

During the period 01 July 2014 – 30 June 2015 there were 17 (12% of the total number of referrals) referrals to the ALONE Befriending Service where the primary reason for referral was mental/emotional health, the majority of which (65%) were made by external agencies. Of those, seven (41%) went on to become a successful befriending match with a further one (6%) waiting to be matched and an addition two (12%) being placed on hold.

At least one of the older people who are 'actively befriended' receives a two-volunteer visit. While this decision was made for all of the right reasons and, not least, to minimise the risk to the volunteer befrienders, the fact that such matches require twice the volunteer resources than other matches cannot be overlooked.

Concerns have been raised in relation to befriending older people with mental/emotional health difficulties, particularly around unpredictable behaviour and managing risk. It also requires a particular kind of volunteer, ideally one who has received specialist training and has access to additional support within ALONE.

Social interaction and 'friendship' is an important part of the treatment and management of many mental and emotional health conditions, and yet, because of the condition, social interaction and friendships can be difficult which means those affected are more at risk of loneliness and isolation and when they are lonely and isolated the impact is severe.

With this in mind, it is recommended that ALONE considers the following:

Is the Befriending Service is suitable for older people with a diagnosed mental/emotional health condition?

AND

If it is suitable, what is the cut-off point in terms of the level of severity?

As with cognitive impairment, if the answer is 'yes', then it is further recommended that a 'sub-programme' is created within the Befriending Service to cater specifically for this group that comprises experienced volunteers with the required attributes who have been given additional training and support. Furthermore, it should be supported by an awareness raising campaign to attract referrals (to include pro-active engagement with mental health groups and medical specialists) and volunteer applications and could be packaged in such a way as to attract specific funding or corporate sponsorship. It is also an area that could be utilised as part of ALONE's campaigning work.

Is the ALONE Befriending Service suitable for someone who has been bereaved?

As people live longer, they are more likely to experience the loss of loved ones and friends resulting in varying degrees of short-term and long-term loneliness and isolation, particularly if that person has been a carer for an extended period of time.

During the period 01 July 2014 – 30 June 2015 there were three people whose primary befriending need was identified as being bereavement were referred to the ALONE Befriending Service. While this only accounts for a very marginal number of referrals, it is something that needs to be considered in the context of the greater programme, particularly given Ireland's ageing population.

It is entirely appropriate to provide a befriending service to older people who are bereaved and who find themselves lonely and/or isolated. However, that service must be about supporting each older

person to build a new life for themselves and not, as is the risk, be perceived to be – or used as - a form of bereavement counselling.

And, while acknowledging that the grieving process is different for each person, it is recommended that ALONE considers the following:

> *In order to maximise the benefits of befriending for an older person whose primary need is due to bereavement, is it necessary and appropriate to state, as a matter of policy, that the bereavement must have occurred more than 6 months prior to referral?*

13. Alternative models of befriending

There are numerous examples of befriending services or programmes in action right across the world, all of which are designed to offer 'human-to-human' support, typically to alleviate loneliness or isolation, either on a short-term or long-term basis.

In addition to the weekly visit model on which the ALONE Befriending Service is based, there are a number of other models which, depending on local circumstances, are deemed to be effective ways of helping vulnerable members of our communities. They are as follows (each assumes that the target audience is older people):

13.1 Short-term one-to-one befriending: regular visits on a fixed – or short-term basis.

Suitable for:	Advantages:	Challenges:	Suitability:
- People with a short-term need e.g.: - The bereaved - New to an area - Hospital discharge - Recent retirement	- Preventative measure - Short-term way of improving quality of life of older person - Empowering - Time-limited which might suit some volunteers - New target audience - Means of increasing demand - ALONE structures already in place to facilitate this type of befriending	- Time consuming as requires higher volume of referrals and, therefore, matches - Also requires more volunteers with ability to adapt to new situations on a regular basis - Temporary in nature, so not a long-term solution - Limited time prevents the development of trust and friendship	- While there is an argument for 'prevention is better than cure', the purpose of the ALONE Befriending Service has not, to date, been about preventing loneliness or isolation but alleviating it through the development of stable, long-term befriending relationships - Some short-term befriending is already taking place, but it is the exception rather than the rule - It is not a solution for the long-term lonely or isolated, or those with a limited ability to develop a network of friends for themselves - Attracting sufficient referrals for the existing service has been a challenge, introducing a new offering would most likely only serve as a distraction

13.2 Telephone befriending: regular telephone calls to an older person at a fixed time each week.

Suitable for:	Advantages:	Challenges:	Suitability:
▪ People would prefer not to have someone visiting them in their home ▪ Those content with a chat rather than a visit ▪ Smokers ▪ People with complicated living arrangements not conducive to a visit from a volunteer ▪ Those who are befriended but who would benefit from additional contact during the week	▪ Volunteers do not need to travel to older person's home ▪ Potential for one volunteer to befriend more than one older person ▪ Could be used to supplement in-home befriending visits in order to provide additional contact ▪ Could remove the need for an in-home assessment as a volunteer would not be visiting the older person at home ▪ Could help to increase the number of referrals to the ALONE Befriending Service	▪ Lack of human contact on a regular basis – inability to put a face to a name, unless the volunteer and older person meet at social events ▪ More 'contact' than 'friendship' ▪ Hard for a volunteer to really develop a relationship with the older person, or to be aware of other challenges they might be facing e.g. elder abuse, financial worries or health difficulties ▪ Other telephone befriending services exist ▪ Completely new service for ALONE that would require the development of new procedures and volunteer training ▪ Cost of telephone calls ▪ Logistics around where the volunteer makes the telephone call from – if the ALONE office, evening calls would require a staff presence which might be difficult ▪ The development of a new dimension to the existing ALONE Befriending Service would divert resources away from the work required to optimise the existing model	▪ Given the importance placed on the value of face-to-face human contact, telephone befriending would be a departure from the 'gold-standard' model of regular in-home visits ▪ Operating two models will not necessarily result in an immediate increase in the number of referrals. However, it would require an immediate increase in resources ▪ Having to develop an entirely new service, procedures and drive awareness has the potential to negatively impact on the optimisation of the existing model

13.3 Telephone befriending: regular check-in and reminder calls.

Suitable for:	Advantages:	Challenges:	Conclusion
▪ People who have been identified as having a cognitive impairment or who are finding it difficult to cope at home ▪ Those who would like to hear another voice on a frequent e.g. daily basis ▪ People who would like a weekly visit to be supplemented by more frequent contact ▪ People who do not require an in-home visit, but who need the comfort of knowing that someone will telephone to make sure that they are okay on a regular basis	▪ Potential to cater for a high volume of older people ▪ Provides a level of confidence around the older person's welfare ▪ Volunteers are able to make multiple calls per volunteer session	▪ The frequency of such calls ▪ More 'contact' than 'friendship' ▪ Limited opportunity to develop a friendship or a real understanding of the older person ▪ Other telephone befriending services exist ▪ Completely new service for ALONE that would require the development of new procedures and volunteer training to include 'emergency response' in the event that an older person does not answer the telephone when called ▪ Cost of telephone calls ▪ Logistics around where the volunteer makes the telephone call from – if the ALONE office, evening calls would require a staff presence which might be difficult ▪ The development of a new dimension to the existing ALONE Befriending Service would divert resources away from the work required to optimise the existing model	▪ While useful in establishing that an older person is okay and reminding them about appointments, this model does not provide an opportunity for friendships to be developed. Therefore, there is limited scope for the alleviation of loneliness and isolation ▪ It would represent a significant departure from the original model that was based on the development of meaningful relationships

13.4 Virtual befriending: regular contact via email, Skype or FaceTime

Suitable for: ⬇	Advantages: ⬇	Challenges: ⬇	Conclusion ⬇
▪ Technologically savvy older people who are happy not to have someone visit them in their own home or who live in areas where there are limited volunteer numbers	▪ Volunteers do not need to travel to older person's home ▪ Potential for one volunteer to befriend more than one older person ▪ Could be used to supplement in-home befriending visits in order to provide additional contact ▪ Could remove the need for an in-home assessment as a volunteer would not be visiting the older person at home	▪ Technology, especially lack of broadband connectivity in some areas ▪ While this model provides the opportunity to see the other person, it still does not facilitate face-to-face human contact ▪ Requires a new set of policies and procedures ▪ Volunteers also need to be technology savvy and have access to broadband and the appropriate equipment ▪ Potential cost implications if not on unlimited broadband package	▪ While this might be an innovative way of visiting an older person in their own home without having to make a physical journey, it still lacks real human contact ▪ The number of technologically savvy older people who are lonely or isolated is likely to be limited at this point in time. It is more likely to be something that will be of interest and help to the next generation of older person

13.5 Peer befriending: older people befriending older people in a facilitated manner (one-on-one)

Suitable for: ⬇	Advantages: ⬇	Challenges: ⬇	Conclusion ⬇
▪ People who would like to meet likeminded people in a way that allows genuine peer friendships to flourish	▪ Facilitates the development of friendships without the need for ongoing formal ALONE involvement ▪ Older people lead the process	▪ Completely new model to ALONE which would require a new set of policies, procedures and volunteer training ▪ Responsibility for the friendship lies firmly with the older people ▪ As the friendships are not directly under ALONE's scope of responsibility, conflict identification and	▪ While this model of befriending has its advantages, it is likely that those who will benefit the most are those who are have the best social skills are the least likely to find themselves lonely or isolated

| | | resolution is difficult to manage
■ Hard to monitor 'friendships' where neither party has a 'contract' to keep in touch with ALONE
■ Unsuitable for older people lacking the social skills required to form friendships | |

13.6 Peer befriending: group setting that facilitates social interaction and the development of friendships

Suitable for: ⬇	Advantages: ⬇	Challenges: ⬇	Conclusion ⬇
■ Older people who are happy to meet other older people at a location other than in their own home	■ Creates an environment that encourages older people to spend time together and nurtures friendships outside of the 'formal' meeting	■ Older person has to be able to travel to a venue and have the social skills to proactively talk to others	■ In many respects the social events are a form of peer befriending

13.7 Appointment buddy befriending: accompanying older person to key appointments

Suitable for: ⬇	Advantages: ⬇	Challenges: ⬇	Conclusion ⬇
■ Older people who find it difficult to attend appointments e.g. medical appointments alone	■ Helps older people with something they find challenging	■ Sporadic in nature, unless integrated into wider befriending programme ■ Requires volunteers with transport ■ May have insurance implications for volunteer e.g. public liability insurance ■ Practical in nature, limited scope to develop 'friendship'	■ This is already being delivered informally as part of the existing model – volunteers already accompany older people to appointments

While external referrers, volunteers and mentors have all expressed a view that there is a need for a short-term and telephone befriending service, it must be recognised that this would require new befriending models to be developed, to include volunteer training.

Staff need to be able to concentrate their efforts on the existing Befriending Service and the introduction of new models of befriending would only serve as a distraction and would inevitably have a detrimental impact across the board.

Given the level of work required to optimise the current ALONE Befriending Service, not least in the area of improving awareness and understanding and increasing the number of referrals and the quality of those referrals, it is recommended that the idea of potentially introducing alternative models of befriending is placed on hold for at least the next two years.

Ends.