VOLUNTEER BEFRIENDING

An Evaluation of the

Derry City and Belfast

Befriending Schemes

June 1994

Praxis is committed to the evaluation and monitoring of all its services. This report is one of a series of evaluations of Praxis services.

Praxis currently provides a range of services, including:

(i) Volunteer Befriending Schemes

(ii) A range of Accommodation and Support Schemes

(iii) Home Response Schemes.

The Praxis Volunteer Befriending Schemes are designed to enable the development of social networks by encouraging the development of personal interests and social activities, providing companionship and assisting with specific therapeutic tasks.

This study examines the effectiveness of the Praxis Volunteer Befriending Schemes based in Derry City and Belfast in addition to service-user and volunteer satisfaction with the schemes.

AUTHORS

Miss Helen Doherty B.Sc.   Research & Information Officer
                                            (until September 1993)

Miss Carol Graham B.S.Sc., MSW   Deputy Director

Dr. Catriona Mc Daid B.S.Sc., Ph.D.*   Senior Research & Information Officer
                                            (from January 1994)

Mrs Sonia Mawhinney B.A.   Research Assistant
                                            (from March 1994)

Mrs Gloria Dignan B.Sc., M.Sc. Clin. Psychol.

                                            Placement Trainee Clinical Psychologist
                                            (from May to Sept 1992)

* For further information, contact at the following address:

Praxis, 29-31 Lisburn Road, Belfast, N. Ireland, BT9 7AA

Telephone,   0232-234555   Fax,   0232-245535

ACKNOWLEDGMENTS

CONTENTS

CHAPTER ONE

INTRODUCTION

1.1. Rationale of the Praxis Befriending Scheme.

"Man is generally deemed to be a social creature, actively seeking

out and appearing to need the company of others." (Bruhn, 1991).

Research investigating the relationship between social support and health, both physical and psychological, can be traced back to Durkheim's classic 1951 study on suicide, where individuals lacking integration into the fabric of society were deemed more likely to experience social isolation and loneliness. Since then, considerable efforts have been directed towards examining the contribution of social support to the maintenance of physical and psychological health (Hays & Oxley, 1986). The findings have generally concluded that a lack of social support contributes to physical illness and psychopathology (Schaefer et al.,1981), whereas, feelings of being loved and cared for are related to lower levels of distress and improved adaptation to particularly stressful circumstances (Bloom, 1984).

Despite the influx of empirical studies assessing the relationship between social support and health, uncertainty surrounds the process through which it exerts beneficial effects. This could be attributed to the fact that most studies have been 'demonstration projects' (Heller et al.,1986), simply documenting a correlation between support and mental and physical health, without determining the process involved. The controversy centers on whether social support exerts a 'main' or a 'buffering' effect. The 'main' model postulates that social support provides generalized beneficial effects for individuals, with or without life stress, by fostering a sense of belongingness, providing an aura of predictability and instilling the importance of self-worth. The alternative 'buffering' hypothesis proposes that social support interacts with life stress, so that the relationship between stress and pathological outcome is stronger for individuals who report a low level of social support, in comparison to those who report a high level of support. Although some researchers have reported evidence for a buffering effect (Etzion,1984; Russell et al,1987), others have not (Shinn et al.,1984; Ross et al.,1989).

Regardless of the precise relationship between social support and mental and physical health, there is general agreement that certain sub-groups of the population tend to be more socially isolated than others. One such sub-group is made up of those individuals who are experiencing, or have experienced psychiatric disorders (Henderson et al.,1978; Cresswell et al.,1992).

The nature of social support has been conceptualised in a number of different ways. An individual's support group is often divided into the primary and secondary networks. Whereas the primary network is made up of people with whom the individual has a personal relationship and maintains personal contact, namely family and friends; the secondary network is made up of formal , less personal contacts. It is the primary group which principally fulfills social support functions as it represents the major social bonds an individual has to others (Mueller, 1980).

Leavy (1980) proposed that general population groups have more support available to them than clinical groups, with the level of psychopathology being inversely related to the size of an individual's network. This is exemplified in research assessing the quantitative nature of social relationships within various populations. The average primary network consists of approximately 25-40 people seen regularly by the individual, of whom 6-10 are known intimately (Cresswell et al.,1992). In contrast, individuals suffering from schizophrenia have a shrunken primary network of 4-5 persons, consisting primarily of family members. Pattison et al (1979), [see Mueller, 1980], provided further evidence of a reduced network for individuals experiencing mental-ill health. Differentiating between individuals with psychotic and non-psychotic illness, Pattison reported primary networks comprising of 4-5 and 10-12 persons respectively. Similar findings have been reported by Henderson et al. (1978) who concluded that individuals with non-psychotic illness had a deficient primary network in terms of both size and affective quality.

Although there has been a shift of care away from the hospital ward into the community, individuals suffering from mental-ill health are still open to the experience of social isolation and loneliness. Results from a study by Tassler et al. (1982), incorporating 1,400 mentally ill clients involved in various community

support programs, concluded that 12% had no or few friends and that 25% engaged in no regular activity outside the home. Consequently they concluded that :

> "without encouragement and support, social vegetation can occur
> as regularly in the community as it does in institutions".

The move from hospital to community poses two kinds of problems for individuals, that of losing contact with existing social supports, while simultaneously trying to establish new social links (Atkinson, 1986). Unfortunately, success in the latter has often been minimal. This is evident from the results of a study conducted by Prior (1991), which concluded that ex-patients tended to live in a world populated by psychiatric professionals, ex-patients and members of other disabled groups, resulting in contacts with "mainstream society" often being brief and superficial. Previous research by Praxis (Doherty et al 1991; Doherty & Graham 1991; Doherty et al 1994) has also found mental health service-users' social networks to have a large proportion of mental health professionals. This corresponded to previous work e.g. Thompson (1989).

One practical approach taken to help alleviate this problem of social isolation is 'volunteer linking' (Mitchell,1986) or befriending, a process whereby an individual experiencing mental-ill health is matched to a volunteer, with the aim of establishing an informal social relationship. Such relationships, Mitchell argues, involving reciprocal and spontaneous interactions, provide a type of intimacy, authenticity and freedom from threat that cannot be accomplished by the professional. The volunteer can help the individual to cope with the general stresses of day-to-day living, provide companionship and practical assistance. Gloag (1985) also suggests that deployment of a suitably prepared, motivated and supported volunteer may assist an individual who is experiencing an impoverished social network. According to Birley & Hudson (1983), "truly successful reintegration into the community must include entry into a friendship group". However, much depends on motivating other people in the community to offer their time and resources. Volunteers are a possible way of providing this.

The volunteer may play an important role in facilitating the establishment of social relationships within the community by acting as a link between the individual and the outside world (Mitchell, 1986; Gay & Pitkeathley 1982). However, the beneficial effects of befriending do not solely rest with the well-being of the individual. As Brook et al.(1989) propose, the use of volunteers can act as a valuable resource for community programs where funding is scarce. Additionally, the use of volunteers may facilitate the promotion of increased community awareness of mental health.

To date, the number of evaluations of befriending schemes have been limited, though a number of studies have shown extremely encouraging results. For example Skirball & Pavelsky (1984) reported that 78% of clients involved in a volunteer befriending scheme were reported by the referring therapists as having done extremely or fairly well. A review by Carkhuff (1968) concluded that the use of volunteers could facilitate constructive client change within a relatively short period of time. Carkhuff also suggested that such positive effects were only evident when volunteers were subject to a training period. Similar findings were also reported by Brook et al. (1989), concluding that an intensive training period for volunteers enhanced the quality of care provided and also helped volunteers maintain an interest in their role. Additionally, O'Loughlin et al. (1989) suggested that the establishment of frequent and stable contacts between the volunteer and client were important components for a befriending scheme.

1.2.   The Praxis Volunteer Befriending Scheme.

Praxis was established in 1981 with the aim *"to initiate and carry on projects and research programmes for the prevention of all forms of mental illness..."*. Based on the research on social and environmental variables as risk factors for psychological and physical health, one of the initial projects set up was a befriending scheme in Belfast. This befriending scheme was designed to provide companionship, stimulate and encourage the development of personal interests and social activities, help with development of social networks, assist with specific therapeutic tasks and aid with practical tasks.

The aims of the scheme are to:

(1)   Help alleviate mental illness in those at risk by provision of both practical and emotional support.

(2)   Provide a regular focus and friendship for those who are socially isolated.

(3)   Encourage the development of personal interests and social activities for clients in the community.

(4)   Provide social stimulation for long stay psychiatric patients.

(5)   Act as a link between the individual and the statutory services.

The main elements of befriending are regarded as:

(1)   Friendship / companionship and emotional support.

(2)   Practical Help - the volunteer acting as a companion for social events, encouraging self-care, assisting in the development of household skills etc.

(3)   Monitoring - the referring agent receiving regular reports from Praxis detailing the general progress of the relationship/placement..

The objectives are met by both hospital and community befriending, whereby volunteers maintain regular contact with service-users and, where appropriate, attempts are made to establish or re-establish personal interests and social contacts within the community.   Potential service-users either suffer from mental ill health, or are at risk of developing mental ill health, and are usually referred by social workers, CPN's and other mental health professionals. Regular contact between the service-user and volunteer is then maintained until such time as the client or the referral agent, feels it is no longer necessary, or, the volunteer and service-user have formed a friendship which no longer requires structured support from Praxis (the latter issue is normally addressed after a period of approximately 2 years).

Volunteers are recruited through advertising, and, after panel interviews (an interview team made up of Praxis staff and a representative from statutory services), undergo professionally organised preparation.   The volunteer agrees to a minimum commitment to the scheme for at least six months. After the initial preparation sessions, volunteers are encouraged to attend monthly support and development

meetings which contain elements of skill training, mental health awareness, and personal development.

Subsequent to its inception within a catchment area of a single Belfast psychiatric hospital, Knockbracken Health Care Centre (previously named Purdysburn), the scheme has expanded to Greater Belfast, Lisburn, Newtownabbey, Derry City and the surrounding areas of Limavady and Strabane, Antrim, Lurgan, Lisnaskea, North Down and Ards and Cookstown/Magherafelt.   There are proposals for the Newry and Portadown areas.

This study is an evaluation of two of the larger schemes, Belfast[1] and Derry City[2].

1.3.   Aims of the research project

The research project had three main aims:

(1)   Evaluating the schemes in terms of levels of satisfaction of service-users and volunteers.

(2)   Examining how aspects of the service-user's life has changed since joining the scheme.

(3)   Determining the nature of the social networks of service-users and volunteers.

(4)   Examining the availability and adequacy of the service-users social relationships.

---

[1] including Greater Belfast areas
[2] including surrounding areas of Limavady and Strabane

CHAPTER TWO

METHOD

2.1.   Sample

Service-users and volunteers were recruited from all currently matched pairs in the Belfast and Derry Befriending schemes in July/August 1992 and their views were elicited over the next year.

2.2.   Procedure

All service-users and volunteers were sent a letter informing them of the study and its purposes.   Those who were not interested in taking part were asked to fill in a slip and return it.   Only those matches where both service-user and volunteer consented to take part were approached to arrange for participation in the study.   For service-users the measures were completed by interview; for the volunteer they were self-report.

2.3.   Measures

Two semi-structured consumer satisfaction questionnaires were drawn up, one for the volunteers (see Appendix A) and the other for the service-users (see Appendix B). These questionnaires were used to elicit the opinions of these two groups about the befriending scheme in terms of the positive and less positive aspects of the scheme and any suggestions they had for its improvement.

Service-users were asked to rate the extent of any changes they had experienced in 19 areas of their lives, since participating in the befriending scheme, using a 5-point Likert scale (see Appendix C).   The 5 points on the scale were "a lot of deterioration", "some deterioration", "same", "some improvement" and "a lot of improvement".   Using the same scale volunteers were also asked to rate how they felt their Praxis friend[3] had changed.   The purpose of using this questionnaire was to examine how aspects of the client's life had changed since joining the scheme.

A device similar to the repertory grid (see Appendix D) was used to (i) obtain a snapshot of the role their Praxis friend plays in the lives of service-users and volunteers, (ii) obtain a snapshot of the role other social network members play in the lives of service-users and volunteers and (iii) compare the role of their Praxis friend to

---

[3] Praxis friend is a generic term referring to both service-users and volunteers i.e. the other person in the relationship.

other members of their social network.   Participants were asked to write down a list of people they are in regular contact with and the relationship of that person to them (e.g. family member, friend).   A list of roles an individual may play, was drawn up (e.g. "have fun with", "would talk to about a personal worry") and participants were asked who in their social network fulfilled those functions.

The Interview Schedule for Social Interaction - Short Form (ISSI) was administered to service-users (Unden et al 1984).   The original full length interview from which this self-report questionnaire is adapted (Henderson et al 1980) is based on the theory that social relations are based on attachment, social integration, nurturance, reassurance of personal worth and a sense of reliability, help and guidance (Bowling 1992).   The ISSI-Short Form describes both the quantity and quality of social support.   Four measurements are obtained from this instrument:

AVAT   the availability of affectionate close relationships

ADAT   the perceived adequacy of what comprises these close relationships

AVSI   the availability of more diffuse relationships, as with friends, work associates and acquaintances (social integration)

ADSI   the perceived adequacy of these more diffuse relationships.

(Bowling 1992)

This project received ethical approval from QUB Faculty of Medicine Research Ethical Committee (Application No. 127/92).

CHAPTER THREE

RESULTS

3.1.　The participants

In total, 41 interviews were carried out with service-users and questionnaires were returned from 30 volunteers.　At the time the study was beginning, Belfast Befriending had 28 matches of more than 6 months duration.　Data was obtained from 15 of these 28 matches. One of the volunteers was matched with two service users.　This was counted as two matches (therefore from Belfast Befriending there were 14 volunteers and 15 service-users).　In addition, interviews were carried out with 10 service-users though their friends did not return their questionnaires.　These individuals were only included in the analysis of the service-user satisfaction questionnaire, the social network grid and the Interview Schedule for Social Interaction.　Derry Befriending had 22 matches at the time the study was beginning.　Data was obtained from 16 of these matches.

3.1.1　Age and Gender

Table 1 gives the age and gender breakdown of the service users and volunteers for Belfast and Derry.

Table 1 :　Age and gender of service users and volunteers by location

Age	BELFAST		DERRY		WHOLE GROUP	
	Service User	Volunteer	Service User	Volunteer	Service User	Volunteer
<25yr	7% (1)*	36% (5)	12% (2)	12% (2)	10% (3)	23% (7)
25-30yr	20% (3)	14% (2)	0%	25% (4)	10% (3)	20% (6)
31-39yr	27% (4)	21% (3)	44% (7)	19% (3)	35% (11)	20% (6)
40-49yr	27% (4)	14% (2)	6% (1)	31% (5)	16% (5)	23% (7)
50-59yr	7% (1)	5% (1)	19% (3)	6% (1)	13% (4)	6% (2)
60+yr	13% (2)	5% (1)	19% (3)	6% (1)	16% (5)	6% (2)
Gender						
Male	40% (6)	36% (5)	12% (1)	12% (1)	23% (7)	20% (6)
Female	60% (9)	64% (9)	88% (15)	88% (15)	77% (24)	80% (24)

*Figure in brackets is the number of individuals in that group.

Across the whole group there was a greater proportion of female matched pairs than male matched pairs.　This was particularly pronounced in Derry Befriending.　All of those interviewed in Derry, except for one matched pair were female.　There were also more females than males in the Belfast sample, though there was a slightly more even distribution.

The age distribution for the service-users was slightly different for Belfast and Derry Befriending.　There was a similar proportion of service-users in the 31-49 age group but Derry had more service-users in the 50+ age range and fewer in the under 30 age range than

Belfast. For both locations, there were more volunteers than service-users in the under 30 age group.   In the 31-49 age group volunteers and service-users in Belfast were fairly closely matched.   In Derry, there were more service-users than volunteers in the 31-39 years group and fewer service users than volunteers in the 40-49 years group.   Also, in the 50+ age group there were more service users than volunteers.

3.1.2. Marital status

The marital status of both the service-users and volunteers is detailed in Table 2.   Overall, the volunteer group had a greater proportion of married individuals and a smaller proportion of separated or divorced individuals than the service-user group.

Table 2 : Marital status of service users and volunteers

	BELFAST		DERRY		WHOLE GROUP	
	Service User	Volunteer	Service User	Volunteer	Service User	Volunteer
Single	71% (10)*	60% (8)	38% (6)	31% (5)	53% (16)	43% (13)
Married	21% (3)	43% (6)	19% (3)	44% (7)	20% (6)	43% (13)
Separated	0%	0%	12% (2)	6% (1)	7% (2)	3% (1)
Divorced	7% (1)	0%	12% (2)	0%	10% (3)	0%
Other	0%	0%	19% (3)	19% (3)	10% (3)	10% (3)

missing data for 1 Belfast service-user
*figure in brackets is the number of individuals in that group

3.1.3. Residential status

Overall, 52% of the service-users were living with their family and almost 29% were living alone.   6% were living in hostel accommodation and 3% were living in shared housing (Table 3).

Table 3 : Residential status of service users by location

	Belfast	Derry	Whole Group
Living alone	27% (4)*	31% (5)	29% (9)
Living with family	47% (7)	56% (9)	52% (16)
Hostel	7% (1)	6% (1)	6% (2)
Shared Accomodation	7% (1)	0%	3% (1)
Living with friends	0%	0%	0%
Other	13% (2)	6% (1)	10% (3)

*Figure in brackets is the number of individuals in that group

3.1.4. Occupation

50% of the volunteers were in either full-time or part-time employment whereas only 6% of the service-users were in full or part-time employment (Table 4).   Only a tiny percentage of

service-users were in ITO or other sheltered employment, and all of these individuals were users of Derry Befriending.   (There was no I.T.O. in Belfast at the time of the study). Service users in Derry and Belfast had roughly similar patterns of occupational status apart from the much higher attendance at Day Centre facilities in the Belfast group.

Table 4 : Occupational status of service users and volunteers by location

	BELFAST		DERRY		WHOLE GROUP	
	Service User	Volunteer	Service User	Volunteer	Service User	Volunteer
In employment (full/part-time)	7% (1)	71% (10)	6% (1)	34% (5)	6% (2)	50% (15)
Unemployed	27% (4)	0%	38% (6)	7% (1)	32% (10)	3% (1)
Student	0%	7% (1)	6% (1)	13% (2)	3% (1)	10% (3)
Housewife	13% (2)	7% (1)	19% (3)	40% (6)	16% (5)	23% (7)
Retired	0%	7% (1)	0%	7% (1)	0%	7% (2)
Day Centre	53% (8)	-	12% (2)	-	32% (10)	-
ITO/Sheltered Employment	0%	-	19% (3)	-	10% (3)	-

*missing data for 1 Belfast volunteer and 1 Derry volunteer

The occupational status of volunteers in the two different locations showed quite different patterns (Table 4).   In Belfast, the highest proportion of volunteers (71%) were in full or part-time employment whereas in Derry, the highest proportion of volunteers (40%) were housewives.

3.1.5. Time in scheme and wait for introduction

Overall, the mean duration service-users participating in the study had been using the Praxis Befriending service was 2 years and 2 months (Table 5).   There was no statistically significant difference between the Derry and Belfast service-users in terms of the length of time they had been partcipating in the scheme (t= -1; df=29, p>.05), although, the mean number of months participation was slightly higher in Belfast (Table 5).

Table 5 : Mean (s.d.) length of time (months) as service-user and
mean (s.d.) waiting time (months) before introduction to first Praxis friend

	Length of time service user	Length of wait before introduction
Belfast (n=11)	28 (20)	4 (5)
Derry (n=16)	23 (20)	3 (2)
Whole group (n=27)	26 (20)	3 (4)

missing data for 4 Belfast service-users
*figure in brackets is the standard deviation

In the whole group the average length of wait from getting a place on the scheme to first introduction to a matched volunteer was 3 months. There was no significant difference between the two locations (t= -1; df = 25, p>.05) in the length of time service users had to wait before being introduced to their first Praxis friend (Table 5). The minimum and maximum waiting times for Belfast were 1 and 18 months respectively and for Derry were 1 and 8 months respectively. Only one Belfast service-user had to wait as long as 18 months. When this individual is excluded the maximum waiting time for Belfast Befriending was 8 months.

3.1.6. Number of Praxis friends

The majority of service-users had had one Praxis friend since joining the scheme, with 19% having had 2 or more Praxis friends (see Table 6).

Table 6 : Number of Praxis friends during time in scheme

	Belfast	Derry	Total
1 friend	73% (11)	81% (13)	77% (24)
2 friends	27% (4)	12% (2)	19% (6)
3 friends	0%	6% (1)	3% (1)

3.1.7. Length of time as befriender

Half of the volunteers had been befrienders for more than 2 years and about three quarters had been befrienders for more than one year (Table 7). There was no difference between the two locations in the length of time the volunteers had been befrienders (x2 = 3; df=3, p>.05).

Table 7 : Length of time as befriender by location

	Belfast	Derry	Whole Group
< 6 months	0%	19% (3)	10% (3)
6 months - 1 year	14% (2)	12% (2)	13% (4)
1 - 2 years	29% (4)	25% (4)	27% (8)
> 2 years	57% (8)	44% (7)	50% (15)

3.2.   Service user satisfaction with Befriending scheme

All 41 questionnaires returned from service-users were included in the data analysis of the service-user satisfaction questionnaire. Where respondents have given a number of

comments in answer to the questions, total number of responses to any particular question may be greater than 41.   Some of the partcipants did not respond to all of the questions, therefore, for some of the questions, responses will not total 41.

3.2.1. *What has been the best thing for you about having a Praxis friend?*
Responses to this question fell into 5 main categories.   The least common response was that their friend could help them with practical tasks - only 3 individuals mentioned this.   The other 4 responses were equally popular; these were getting out and about, having someone to talk to, the value of having company and having a friend.

Getting out and about
15 individuals decribed this as the best thing about having a Praxis friend.
"I get experience of going to places."
"...being able to go out places."

Someone to talk to
11 individuals mentioned the value of having someone to talk to.
"...having someone to talk over problems with."
"Someone to talk to and relate to."

Having company
11 individuals mentioned the value of having company and how it helps relieve loneliness..
"I enjoy the company - times I'm on my own to much."
"Prevents loneliness, relieves stress, someone to lean on."

Having a friend
11 individuals described the best thing as simply having a friend.
"Friendship, having someone who cares and provides practical help."
"She's my best friend and is there when I need her."

3.2.2. *Have there been any disadvantages for you, and, if so, what have they been?*
33 service-users reported no disadvantages.   The disadvantages of the scheme as expressed by the other 8 service users are very varied (see Table 8).

Table 8 : Disadvantages of scheme for service-users

"Praxis friend works a lot therefore it is sometimes difficult to see her."

"The friend I was matched with wasn't really socially compatible"

"It's sad when a befriender has to stop coming to see me."

"I don't like being in public too much and I'm out more in public with the scheme."

"Just the long wait for a friend.   Only disadvantage is the living distance apart, if we were closer we could go outside of the house."

"No.   Although at times I would like to see my befriender more often.   Only see her every 2-3 weeks.   I'd rather have a set day so we know exactly when we see each other."

"No.   Although sometimes you feel you must go and do something but its okay."

"If they break an arrangement finds it annoying."

3.2.3. *How do you think the scheme could be improved?*

23 of the service-users gave no suggestions as to how the scheme could be improved.   Of those who made a suggestion, the most common comment was that they would like to see their friend more.   7 service-users wanted to see their friend more often and 1 wanted a set day for seeing his/her Praxis friend.   3 individuals wanted more group functions for all those involved with the Befriending Scheme, 2 individuals felt the scheme could be more widely publicised and 2 felt they could be better matched with a Praxis friend.   One of these individuals felt that he/she would have liked to be more closely age matched and the other that it would be better to have a friend with more similar interests.   Three service-users raised issues about organisational aspects of the scheme.   These are detailed in Table 9.

Table 9 : Suggested organisational improvements

"Can't phone Praxis friend until you get to know them well.   Should be allowed to."

"Should be told if befriender isn't coming back." (Befriender has not turned up for over 6 months).

"Should be stressed that arrangements must be kept."

3.2.4. *Has having a Praxis friend lived up to your expectations and in what way?*

Two individuals said the scheme had not lived up to their expectations.   One said "I expected the match to have been better".   The other said the scheme had lived up to expectations "but I would like to have done more things together".   Five individuals said they did not know what to expect from the scheme therefore they could not say whether it had live up to their expectations.   For 27 individuals, the scheme had lived up to their expectations and for 6 the

scheme was much better than they had hoped for.   15 gave explanations as to why the scheme had lived up to or went beyond their expectations.   These reasons fell into 3 main categories.

Their friend

Positive personal characteristics of their friend was the most common reason put forward with 6 individuals mentioning these and 2 mentioning having many interests in common with their friend.

"I like her as a person so everything has been fine. Maybe if you were matched with a person you didn't like it would be more difficult."

"He is a good communicator and he understands my problems well."

Having a friend

Simply the experience of having a friendship was put forward by 4 individuals.

"...I've no friends here except my Praxis friend."

"It's a good help having the friendship."

Other reasons

3 individuals mentioned more general reasons.

"Getting out around the countryside enjoying myself."

3.2.5. *What types of things do you do now and what types of places would you now go to that you would not have before meeting you Praxis friend?*

A breakdown of responses to this question are given in Table 10 together with the number of individuals falling into each category.   In general, service-users were much more likely to be out and about than they were before they met their Praxis friend.   Service users mentioned a wide variety of social venues such as cafes, pubs, cinemas as well as going shopping more often.

Table 10 : Doing new things

Response category	n
Going more often to a variety of social venues and shopping	19
Now attending group meetings	3
Now visiting other friends on their own more regularly	3
Now have someone to have a good chat with	2
Now enjoying having a regular visitor	3
Nothing different about where they go and what they do	4
Mentioned their befriendees were working so they did not go out much	2
Did not reply to this question	4

3.2.6. *How does your befriending relationship compare with the other relationships in your life?*

16 service-users said that their relationship with their Praxis friend was similar to other friendships in their lives.   Only 3 of these went on to expand how the relationship was similar. These similarities are datailed in Table 11.

Table 11 : Similarities with other friendships

"Similar to relationship with cousins"
"Like a good friendship I have with a number of staff at the day centre."
"It is similar to one other very close friendship."

3 individuals did not answer the question.   4 individuals felt they could not answer the question as they did not have any other friendships to enable them to make a comparison. For the 15 who said their relationship with their Praxis friend was different from other relationships in their lives, Table 12 gives a breakdown of the reasons why.   The majority of differences identified indicate a paucity of close friendships in the service users lives.

Table 12 : Different from other friendships

Response category	n
Felt they could be more open with their Praxis friend	4
Felt it was more successful than their other relationships	4
Said they saw more of their Praxis friend	2
Said their was an element of their Praxis friend helping them which was unlike their other relationships	3
Mentioned positive personal characteristics of their Praxis friend	3
Said it was not a particularly close relationship	1

3.3.   Volunteer satisfaction with Befriending scheme

The total number of responses to any particular question may total to more than 30 as many volunteers made more than one reponse to questions.   Some of the volunteers did not answer all of the questions, therefore, for some of the questions, responses will not total to 30.

3.3.1. *How did you hear about the Praxis Befriending scheme?*

The volunteers heard about the Befriending scheme through a variety of sources as detailed in Table 13.   The most common source was through newspaper advertisements.

Table 13 : How volunteers heard about Befriending Scheme

Source	n
Newspaper	12
Library	5
Church Newsletter/Noticeboard	5
Voluntary Services Bureau	3
Other	6

3.3.2. *Had you been thinking about voluntary work before finding out about this scheme, and if so, what type had you thought of?*

26 individuals said that they had been thinking about doing voluntary work before becoming aware of the Praxis Befriending scheme. 4 said they had not been considering it and 1 individual had been feeling unsure about taking on more voluntary work due to other ongoing voluntary work. Of those who had been thinking about doing some kind of voluntary work, only 8 had specifically wanted to do work in the mental health field. Some (n=9) had been thinking about doing some caring work in the general sense without having some prior group in mind and others (n=7) had been considering areas outside the specific mental health area such as working with groups dealing with poverty and visiting the sick. 2 individuals said they simply wanted the challenge of taking on something new.

3.3.3. *What appealed to you about the voluntary work involved in this scheme?*

Responses to this question fell into 4 main categories. These are detailed below with examples.

Mental ill health

For various reasons, working within the mental health field appealed to 13 volunteers. Therefore they were specifically attracted by the client group Praxis serves. 2 individuals indicated that they knew someone with mental health problems and wanted to be involved because of what they knew of their friends experiences.

"Curious about mental illness. Previous experience with mental illness and got on well with them"

"I feel that the mentally ill or those who have a history of mental illness can be marginalised, often have low self-esteem and are lonely people."

Nature of Praxis scheme

12 individuals were specifically attracted by the nature of the Praxis scheme. Having a one-to-one relationship appealed to 4 of these individuals and 5 found the time commitment one that they could easily cope with.

"Actually having the opportunity to form a one-to-one relationship rather than trying to spread myself around"

"It is flexible"

"...The fact that I could visit my friend in my own time appealed to me greatly"

"The good back-up that we get. Also the local office is very helpful and we can call in for a chat"

Being a friend

Simply being a friend to someone who needed a friendship appealed most to 6 of the volunteers.

"The way you were just asked to befriend so you could still be yourself and enjoy hobbies with someone who needs a little support and friendship."

"The fact that I was helping people with a mental illness and I liked the simple idea of being a friend to someone"

Personal satisfaction

6 volunteers indicated that they were personally getting something from participating in the scheme.

"Because of the degree work I am participating in at the moment, it is useful as well as interesting."

"I realised I needed to be a good listener as well as a good friend. I felt this was very fulfilling work.:

3.3.4. *Have you seen any changes in your Praxis friend over the period of time you have known them, and if so, what are these changes?*

2 volunteers indicated that there had been negative changes in their friend due to traumatic events in their friends life. For 6 there had not been much change in their friend and 5 said that although there had been some improvement, there was considerable variability over time. 28 volunteers felt there had been a positive change in their friend. These changes fell into 4 main areas. These are detailed in Table 14.

Table 14 : Positive changes in friend

Changes in friend	n
Friend getting out and about more and socialising more	8
Friend more open and trusting within the relationship	7
Friend has more confidence	8
Mood is better and/or coping better with things	5

3.3.5. *What have you personally got out of being a befriender?*
Responses to this question fell into 4 main categories.

Personal satisfaction

For some individuals (n=13), helping someone and/or more specifically seeing their friend improve and benefit from the friendship gave them personal satisfaction.

"The satisfaction of seeing her become more confident and a bit happier."

"Self-satisfaction and very happy from within in helping others."

"Sense of doing something positive."

Knowledge

Others (n=5), felt that their knowlege or understanding about mental ill health and all the surrounding issues had increased.

"Raises your awareness of life in general..."

"...Deeper understanding of human nature..."

"It has made me more aware of some of the difficulties a person with mental illness has to face."

Having a friendship

11 volunteers felt that they had gained a friendship.

"I personally have a friend in her and her family"

"Satisfaction of friendship..."

"I have a friend who puts all her trust in me. The experience and also being there for someone to give help, love and support."

Personal development

An increase in their own confidence and/or skills was experienced by 4 volunteers.

"The realisation of being able to listen."

"Made me more confident and outgoing."

3.3.6 *Has being involved with the scheme lived up to your expectations, and in what ways has it done/not done so?*

Most of the volunteers (n=20) said that the scheme had lived up to their expectations though some (n=5) did not explain why. Most of the explanations as to why the scheme lived up to expectations fell into the following 2 main categories.

Support from Praxis staff

"Yes it has lived up to expectation through good organisation within the scheme also good back-up support especially when needed."

"...Praxis is very supportive and I always get a welcome at the office."

"Yes the scheme is very interesting and very helpful when having problems with friend..."

"Being involved with the scheme has lived up to my expectations as the team at the office are very helpful and interested in all we do."

"There is always the good back-up service. Also this scheme is getting bigger and better known. More people are now aware of mental health problems."

The experience of being a befriender

"Yes, I see progress in my friend and hope it continues."

"It has. My friend has few visitors...and I think I fill a need."

"It has lived up to my expectations in that my friend and I have developed as friends and it isn't just a case of me doing something out of obligation."

"Was able to give someone a feeling of worth - so this made me happy."

3 individuals said they did not enter with expectations about the scheme and 3 did not reply to the question. Five individuals felt the scheme had not really lived up to their expectations, though some of the replies given had a "yes and no" quality to them.

Not living up to expectations

"No (down to me) - expected to make a significant impact on client. Yes for Praxis- - happy of concept of Praxis"

"Not live up to my expectations in that I felt unable to continue befriending due to changes in the health of friend."

"Yes most of the time. I sometimes wish there were a befriendees (service-users) support group as well as a volunteer support group."

"Have found it more demanding in terms of time and was not prepared for involvement with whole family"

"Yes and no. Thought I would have been matched with several people over the years - but its difficult to finish a match once the friendship has become strong"

3.3.7. *What difficulties have you encountered?*

For 11 of the volunteers, there had been no difficulties, though 3 of these had had problems in a previous match. For the 20 who had encountered difficulties, the difficulties fell into 5 main categories.

Time commitment

A small number of volunteers (n=3) had encountered this problem.

"Having a busy schedule and not being able to spend more time with my friend."

Dependency

4 volunteers encountered this problem.

"At one stage client was making too many demands on me and I felt I didn't want to let her down."

Compatability

4 volunteers encountered this problem.

"Topics to talk about - difficult - differing interests although the same age."

Coping with aspects of mental illness.

Only 2 volunteers had encountered difficulties specifically related to their friend's illness.

"Coping when client has really bad down days and knowing what is the best way to cope with it."

Problems specific to particular relationships

7 volunteers had encountered very specific problems due to for example their friend's family situation and other relationship problems in their friend's life. Specific problems of this kind encountered by volunteers will not be detailed to prevent identification of individuals.

3.3.8. *How does your befriending relationship compare with other relationships in your life?*

Only a minority (n=3) made a definite statement that their befriending relationship was no different from any other relationship in their lives. 3 volunteers said they did not see it as work. This is summed up by one volunteer who said that, "My relationship with my befriendee is not only a client but she has become very much part of the family." However these 3 individuals did not make a definite statment that the befriending relationship was the same as their other relationships.

3 volunteers felt their befriending relationshp was different but did not express why. The most common difference identified by volunteers was that their relationship was one way in terms of giving (n=9). One volunteer commented that "It is quite different in the sense that I feel that the onus is more on me to give to the friendship rather than receive." 3 volunteers expressed that they viewed it as a helping relationship and 2 felt it was different in terms of more limited conversation.

3.3.9. *Has your knowledge of mental ill health been improved through being involved in the scheme, and if so, in what way?*

Only a minority (n=5) felt that their knowledge had not been improved. 4 volunteers said that the experience of being involved in the scheme had made them keen to get more information and read more about the whole area of mental illness. The majority of volunteers (n=21) explicitly stated that they felt they were better informed due to their participation in the scheme (no reply from 1 volunteer). 4 volunteers felt that this improved knowledge had come directly from of having a friendship with someone with mental health problems. 3 volunteers felt that they had improved knowledge in a more formal way, through the Support Group Meetings (SGM's) and 4 volunteers felt they had improved their knowledge through both these channels."

3.3.10. *Are you happy with the amount of support that you receive from Praxis, and if no, what have you been unhappy with?*

This question received a very positive reponse from most volunteers. Table 15 details some of these positive responses. Three volunteers were less positive about the support received from Praxis. They all found the SGMs to be at an inconvenient time for them, so they could not use this form of support and one volunteer also felt that staff turnover had had a negative effect on support.

Table 15 : Support received from Praxis

"I know there is always help at hand at the Praxis office if I need it. The staff have made this very clear and I would ask if I needed support."
"As well as the group support meetings, Praxis staff encourage an open door policy - 5 star"
"Staff are most approachable and helpful at all times"
"The staff in the office are more than helpful, always there for all of us. Always concerned and interested in how everyones visits are going and always have time to talk to me and they always make us welcome."

3.3.11. *In what ways could this support be improved?*

Only 6 suggestions were put forward as to how the support could be improved. These are detailed in Table 16. Interestingly, two volunteers emphasized the importance of volunteers making more use of the support already there.

Table 16 : Improving support for volunteers

"I feel support was adequate if people will avail of it."
"Only by more of the volunteers calling into the office."
"Possibly by introducing us to a mental institution for a day for further understanding of problems related to mental health."
"Permanent staff.   Could make more use of information bank."
"Case study of successful relationship...Change time of SGM."
"By having your meetings on different nights from time to time."

3.3.12. *Were you happy with the initial training offered, and if no, what were you unhappy with?*

Most of the volunteers (n=26) were happy with the initial training offered.   Four volunteers identified areas of the training they were unhappy with.   These are detailed in Table 17.

Table 17 : Negative aspects of initial training

"It was very very short and then there was a long gap before a match was made resulting in one forgetting a bit of the information.   Even if 4 days were allowed it is still short but would be an improvement."
"Perhaps a bit on the short side, maybe could be geared to specific client once matching was done."
"Room of strangers - can be off-putting but atmosphere was good. Don't like crowds, too many in group."
"I already had counselling qualification but feel that I would have had difficulty if this had not been the case."

3.3.13. *Would you be interested in a refresher training session, probably to be implemented about a year after initial training?*

24 volunteers said they would be interested in a refresher training session about a year after initial training and 4 said that they would not (2 did not reply).

3.3.14. *In what ways could initial training be improved?*

Nine individuals made suggestions for improving the initial training.   The suggestions were very varied and did not really group together in categories.   They are therefore all detailed in Table 18.

Table 18 : Suggestions for improving initial training

"There could be a follow-up at the monthly meeting with emphasis on 'retraining' older members."

"By meeting people who have already had friends"

"More courses on a higher scale."

"By lengthening it and including some role-play by the volunteers."

"Would like knowledge of the clients illness."

"...allow the volunteers to have Q&A session."

"More counselling type training."

"Perhaps there could have been more information on mental illness in terms of handouts or mental-health services."

"Perhaps more literature on different types of mental health could help as a back-up."

3.3.15. *Have you any suggestions for improving the scheme in general?*

There were no suggestions as to how the scheme could be improved from 9 volunteers and 7 volunteers did not reply to the question.   3 felt the scheme could be improved by more training in the form of refresher courses or more advanced training.   2 volunteers felt that they would have liked more information on their befriendees mental health problems and one felt that more communication with the CPN would have been valuable in the early days of their relationship.   4 felt that more social activities for those participating in the scheme would have been valuable.   The other 4 suggestions were more related to organisational matters and these are detailed in Table 19.

Table 19 : Suggested organisational improvements to scheme

"There could be a follow-up at the monthly meeting with emphasis on retraining older members."

"Perhaps more interviews in the local paper."

"By having the client informing Praxis on a monthly basis, how she feels, how things are going, and then by the Praxis office informing the befriender of any problems that can be resolved at an early stage."

"That that referral/matching were quicker although I appreciate that it does take time."

3.3.16. *Have you any suggestions on how the recruitment of new befrienders could be improved.*

Suggestions were put forward by 17 volunteers as to how recruitment of new befrienders could be improved.   The majority of these (n=14) were concerned with advertising and publicity.   5 volunteers felt that in general there could be more advertising, for example in local areas or through newspaper advertisements.   2 volunteers felt that the present level of advertising should continue.   More specific suggestions were made by 7 volunteers as to how advertising and publicity could be improved.   These are detailed in Table 20.

Table 20 : Suggested improvements to advertising and publicity

"Open days in areas that draw crowds."

"...there is not enough information on the posters, although they are improved from a years or so ago. I think if clergy could be given a few words in a short letter to explain a bit about this work and the whole scheme, people would know a bit more about it by finding out this way."

"...Target schools...Stunts, sports groups, organise events, could team up with sports bodies."

"Ask volunteers to advertise Praxis on notice boards at work/university.   Arrange a joint mailshot with other similar charity to raise money."

"Targetting students."

"Perhaps by advertising in community groups, doctors surgeries."

"Better advertsing, perhaps involving befrienders who have been involved in the scheme in an advisory capacity, public talks in schools universities clubs."

The other 3 suggestions made were more specifically related to recruitment and training. One volunteer felt there would be value in identifying the background of specific volunteers to enable more specific targetting and another felt it would be useful if a potential new recruit could 'shadow' and existing befriender if the client agreed.   The third volunteer felt that a shorter time span between recruitment and training would prevent a fall-off in new recruits.

3.4.   Changes in service-user

Using a 5-point Likert scale, service-users rated how much they felt they had changed, on 19 variables, since participating in the befriending scheme.   In addition, volunteers rated the extent to which they felt their friend had changed.   For each of the 19 variables, the extent of change as perceived by the service-user and volunteer are reported and illustrated in graphical format.   The graphs illustrate the percentage of service-users and volunteers falling into each rating category.   Only matched pairs were used for the analysis of this data.

Cohen's Kappa was used to measure the extent of agreement between service-user and volunteer regarding the extent of change in the service-user.   This analysis is reported in Appendix E so as not to distract from the main focus of the results.   Appendix E also contains the cross-tabulations for each of the 19 variables showing the number of pairs of service-users and volunteers agreeing on each ordinal rating.

3.4.1   *Confidence* (Figure 1)

Neither service-users nor volunteers felt there had been any deterioration in confidence. More than half of service-users (56%) thought there had been some or vast improvement in their confidence.   Volunteers were slightly more optimistic about this with three quarters reporting some or vast improvement in their friend's confidence.
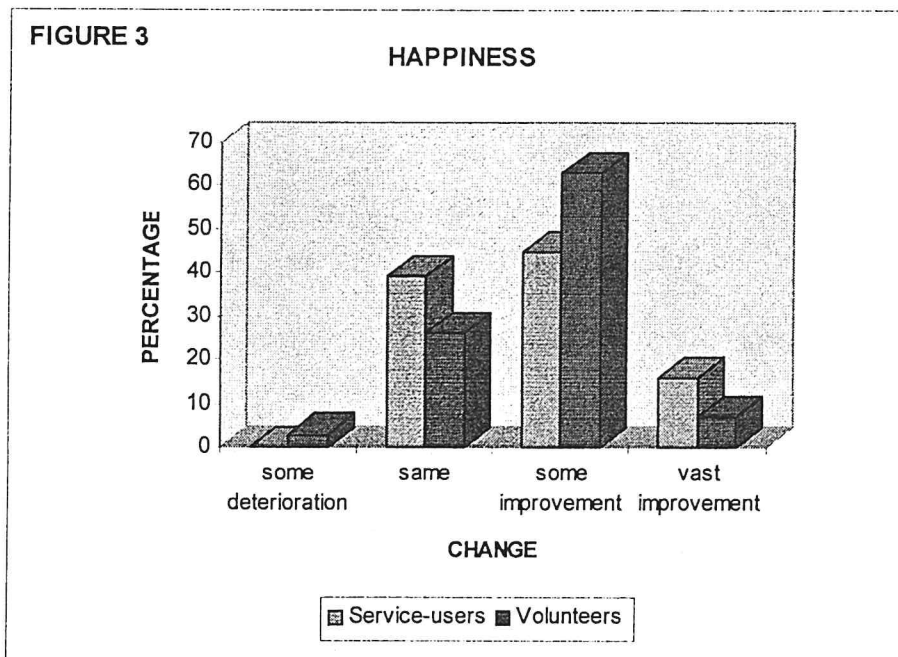

FIGURE 1

CONFIDENCE
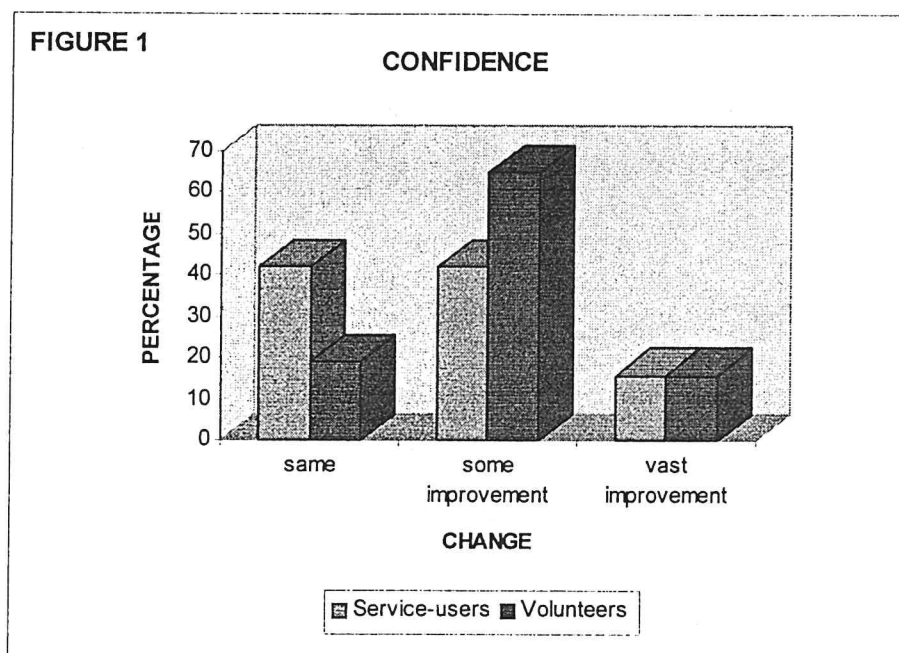
3.4.2.   *Self-esteem* (Figure 2)

No respondent felt there had been any deterioration in self-esteem.   Just over half of the service-users felt there had been some or vast improvement in their self-esteem.   Volunteers were slightly more optimistic about this with three quarters reporting that there had been some or vast improvment in their friend's self-esteem.

FIGURE 2

**SELF-ESTEEM**
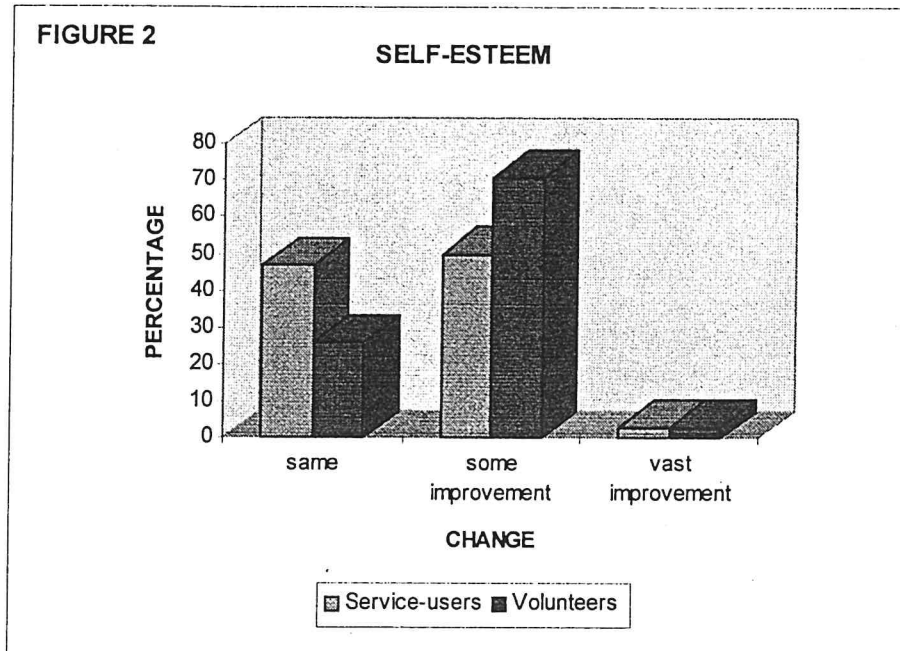
3.4.3. *Happiness* (Figure 3)

Well over half of service-users (57%) felt there had been some or vast improvements in their level of happiness. Volunteers were slightly more optimistic about this with almost three quarters reporting that there had been some or vast improvement on this variable. A single volunteer (3%) felt that there had been some deterioration in their friend's happiness.

FIGURE 3

HAPPINESS

**3.4.4.** *Ability to deal with stress* (Figure 4)

Just over half of service-users thought there had been some or vast improvement in their ability to deal with stress and 43% of volunteers felt that their friend had shown some or vast

improvement on this variable. Only 2 (7%) of the service-users felt there had been some deterioration in their ability to deal with stress.

FIGURE 4

ABILITY TO DEAL WITH STRESS
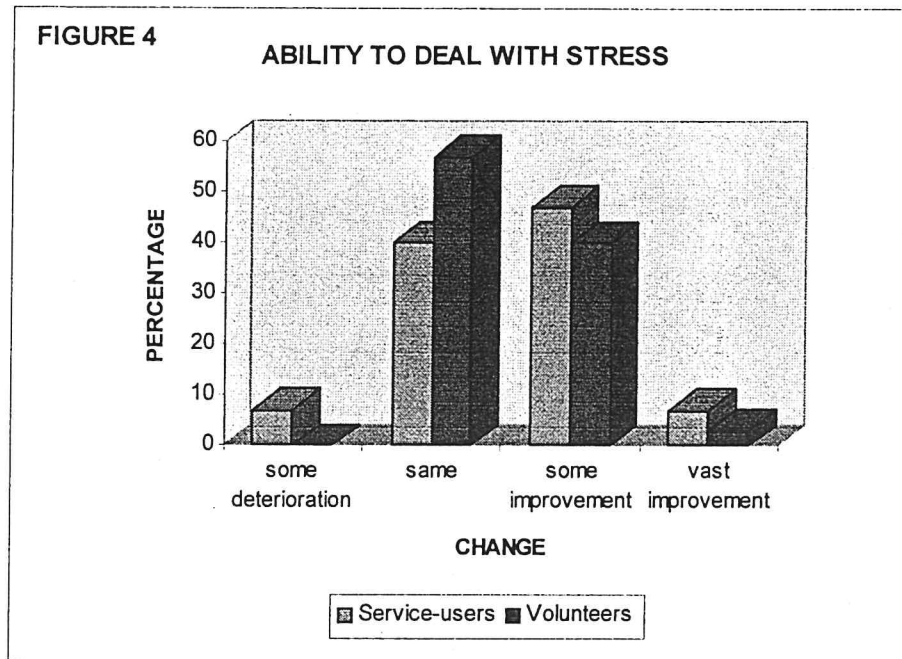
3.4.5. *Feelings of loneliness* (Figure 5)

Over two thirds of service-users and volunteers felt there had been some or vast improvements in the service-users feelings of loneliness. 3 volunteers (10%) felt there had been some deterioration in their friend's feelings of loneliness.

FIGURE 5

FEELINGS OF LONELINESS
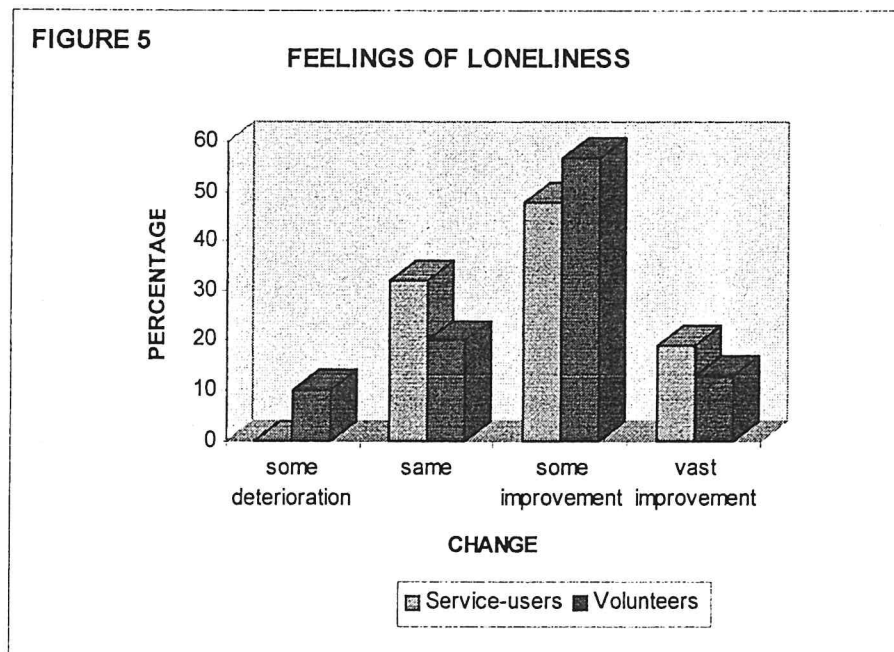
3.4.6. *Ability to mix with others* (Figure 6)

Over half the volunteers (53%) felt there had been some or a vast improvement in their friends ability to mix with others. The service-users were slightly less positive about this

with over one third (40%) reporting an improvement.   A single service-user and 2 volunteers felt there had been some deterioration in ability to mix with others.

FIGURE 6   ABILITY TO MIX WITH OTHERS
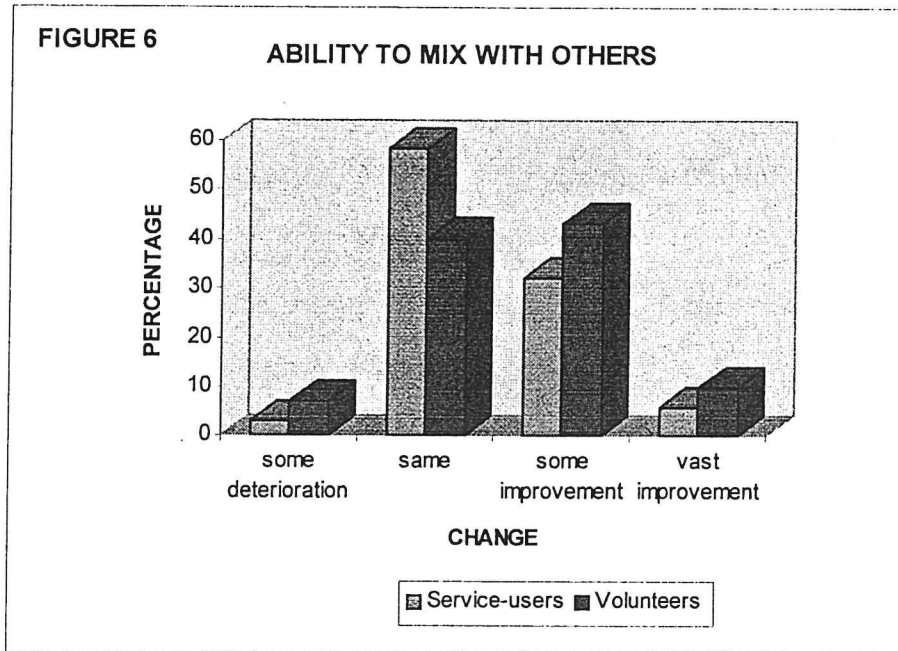
**3.4.7.** *Ability to deal with problems* (Figure 7)

42% of the volunteers felt that there friend had shown some improvement in ability to deal with problems.   On the other hand, of the service-users themself, about one third felt they had improved.   Only 1 service-user (3%) and 1 volunteer (3%) felt there had been a deterioration.   These were not a matched pair.

FIGURE 7   ABILITY TO DEAL WITH PROBLEMS
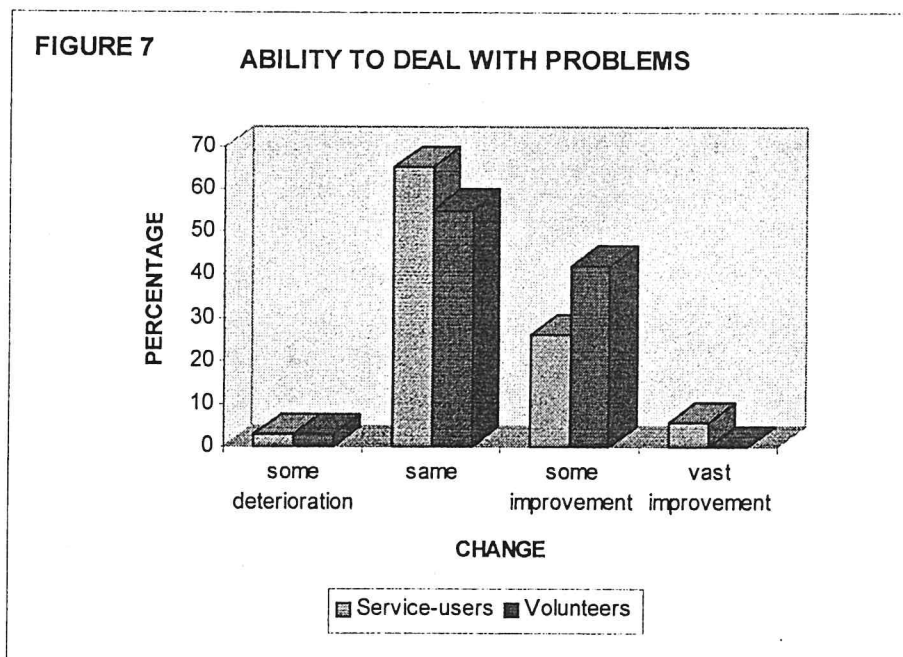
3.4.8. *Knowledge of facilities and services available* (Figure 8)

Approximately half of the volunteers (52%) felt that their friend had shown some or vast improvement in their knowledge of services and facilities available. Service-users were slightly less positive than this with 27% reporting an improvement. Only 2 volunteers (7%) felt there had been some deterioration in their friend's knowledge of facilities and services available.

FIGURE 8   KNOWLEDGE OF SERVICES AVAILABLE
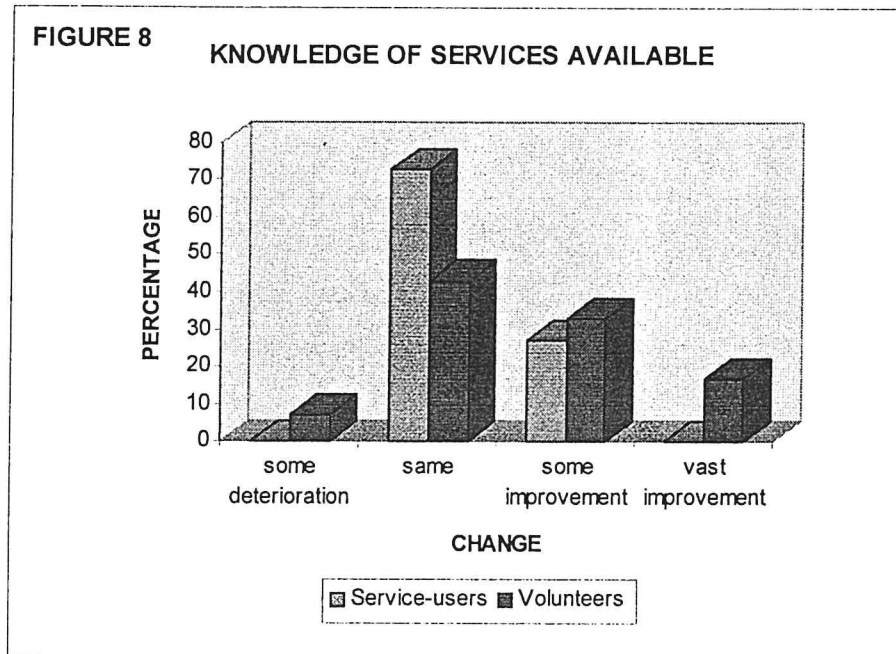
3.4.9. *Ability to use available services and facilities* (Figure 9)

20% of service-users felt that there had been some improvement in their ability to use services. Volunteers were more positive with 42% reporting improvement in their friend. Only 2 volunteers (6%) felt their had been some deterioration in the ability of their friend to use available services and facilities.

FIGURE 9   **ABILITY TO USE AVAILABLE SERVICES**
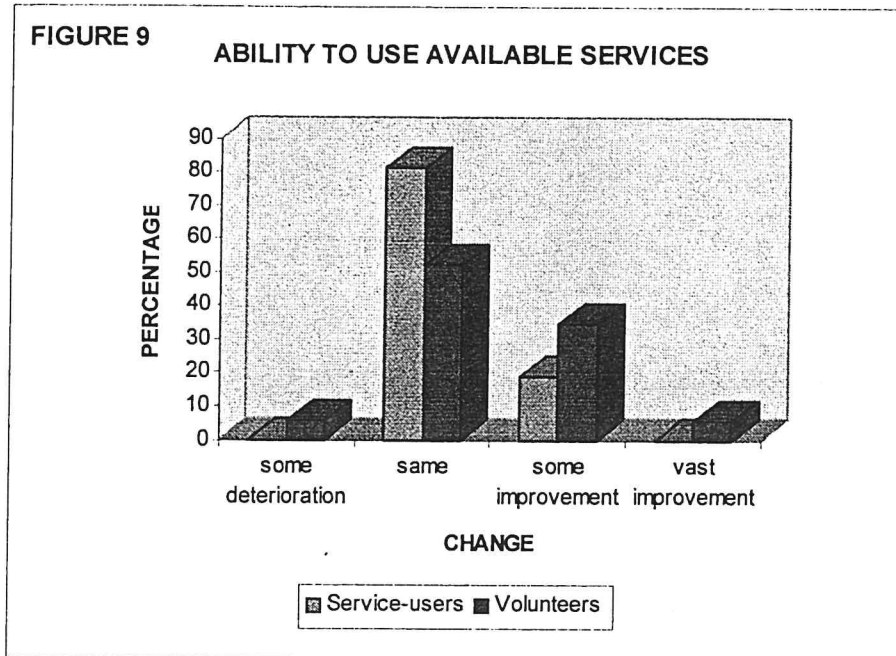
3.4.10. *Ability to do things for self* (Figure 10)

Over one half of the volunteers (58%) reported some or vast improvement in the ability of their friend to do things for him/herself. Service-users were slightly less positive with over one third (35%) reporting improvement. A single volunteer (3%) felt there had been some deterioration in their friend.

FIGURE 10   **ABILITY TO DO THINGS FOR SELF**
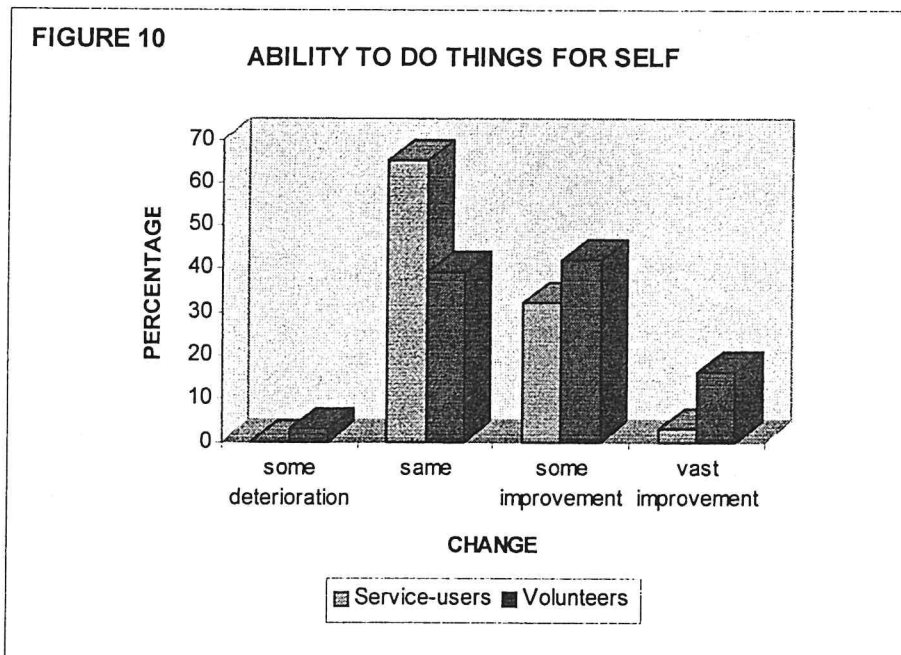
3.4.11. *Size of circle of friends* (Figure 11)

Although 2 service-users (6%) felt that there had been some deterioration in the size of their circle of friends, just under one half (48%) felt there had been at least some improvement. A

similar proportion of volunteers (45%) felt there had been improvement in their friend's size of circle of friends.

FIGURE 11   SIZE OF CIRCLE OF FRIENDS
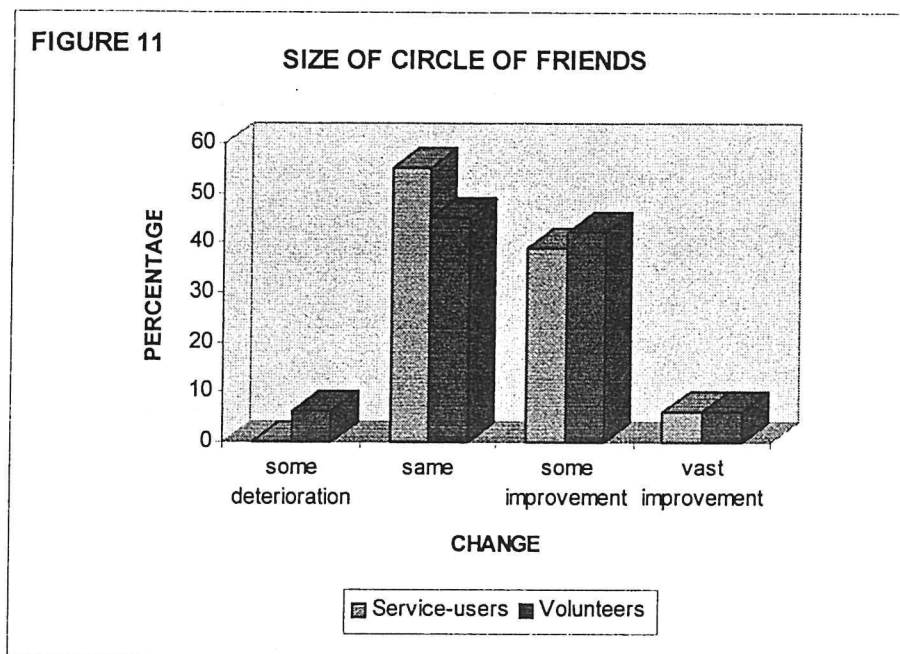
3.4.12. *Frequency of down feelings* (Figure 12)

Almost two thirds (65%) two thirds of volunteers felt there had been some or vast improvement in the frequency of down feelings experienced by their friend. The service-users were slightly less positive about this with 38% reporting improvement. Two service-users (6%) and a single volunteer reported some deterioration in the frequency of down feelings experienced.

FIGURE 12   FREQUENCY OF DOWN FEELINGS
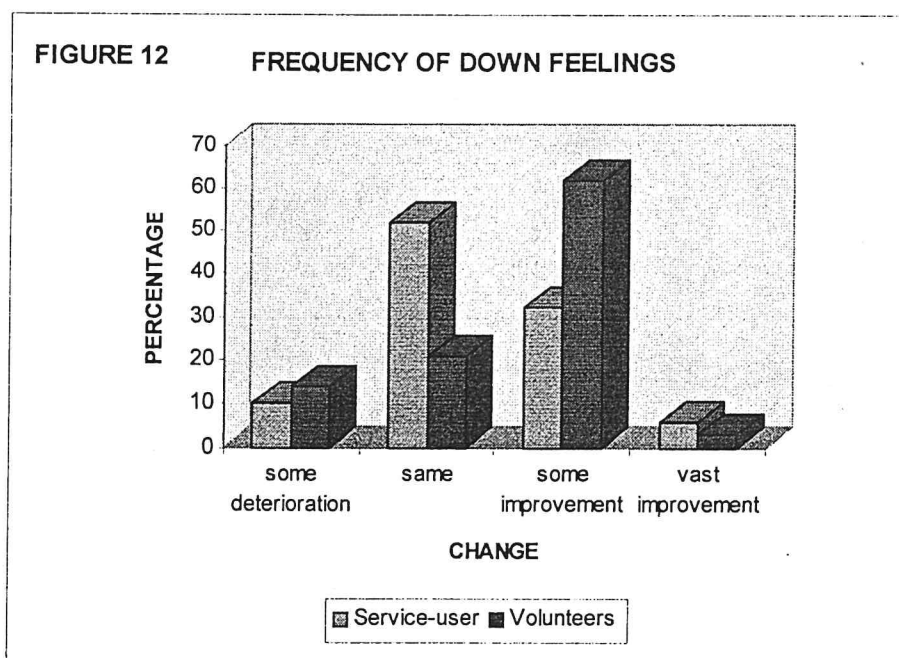
3.4.13. *Range of hobbies/social activities involved in* (Figure 13)

One third of service-users felt there had been some or vast improvement in the range of activities they were involved with. Volunteers were slightly more optimistic with half of them reporting improvement. A single service-user (3%) and a single volunteer (3%) felt there had been some deterioration in the range of hobbies/social activities the service-user was involved in. These were not a matched pair.

FIGURE 13 RANGE OF SOCIAL ACTIVITIES INVOLVED IN
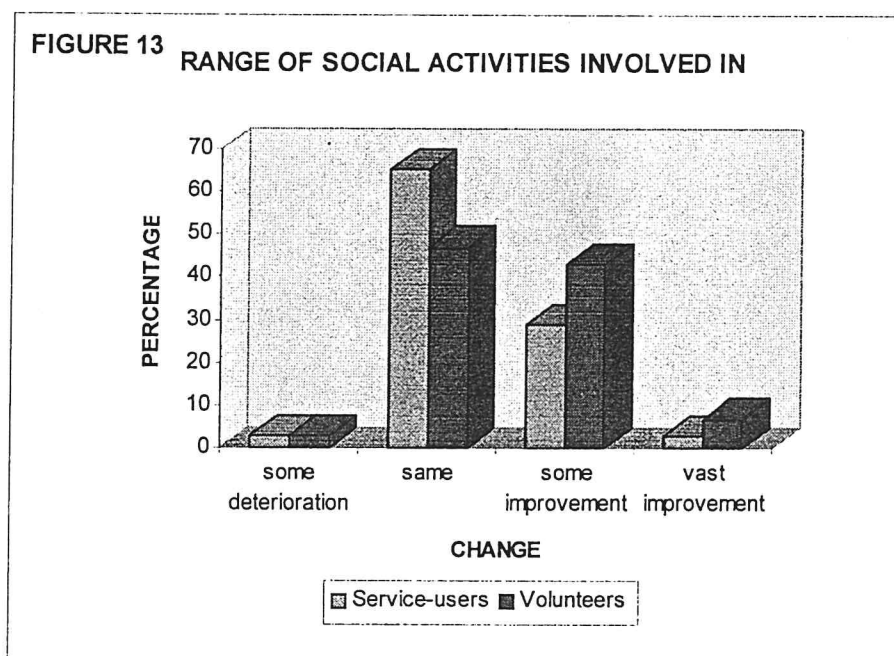
3.4.14. *Opportunities to turn to others for help with problems* (Figure 14)

Almost two thirds of volunteers (64%) felt there had been some or vast improvement in the opportunities their friend had to turn to others for help. On the other hand, service-users were less positive about this with 39% reporting improvement. A single service-user (3%) and 2 volunteers (6%) felt there had been some deterioration in opportunities to turn to others for help.

FIGURE 14 OPPORTUNITIES TO TURN TO OTHERS
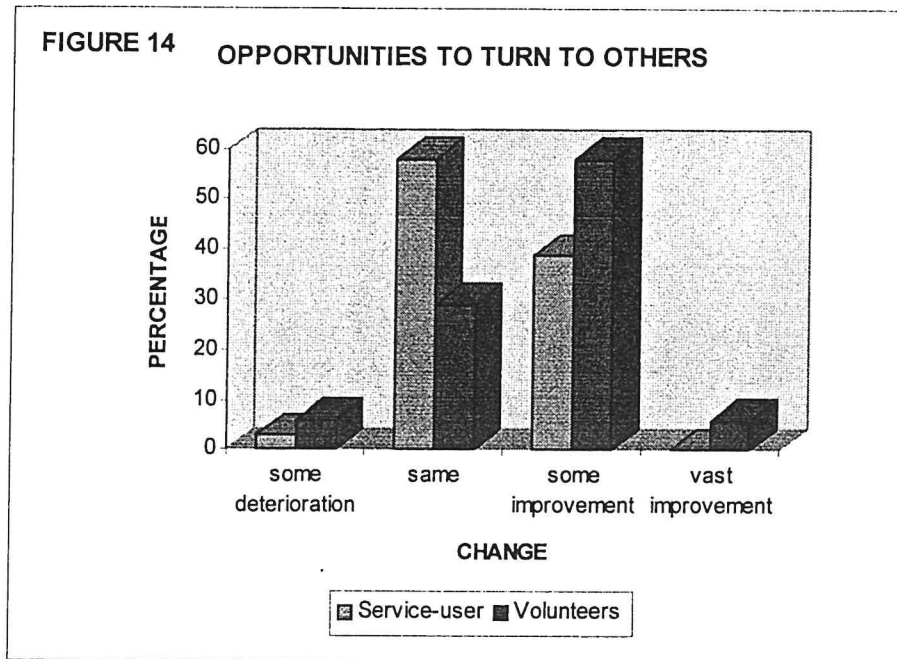
3.4.15. *Practical help available* (Figure 15)

Although one volunteer (3%) felt there had been some deterioration in the practical help available to his/her friend, over half of the volunteers (53%) felt there had been some or vast improvement in the practical help available to their friend. Service-users were less positive with 27% reporting improvement.

FIGURE 15 PRACTICAL HELP AVAILABLE
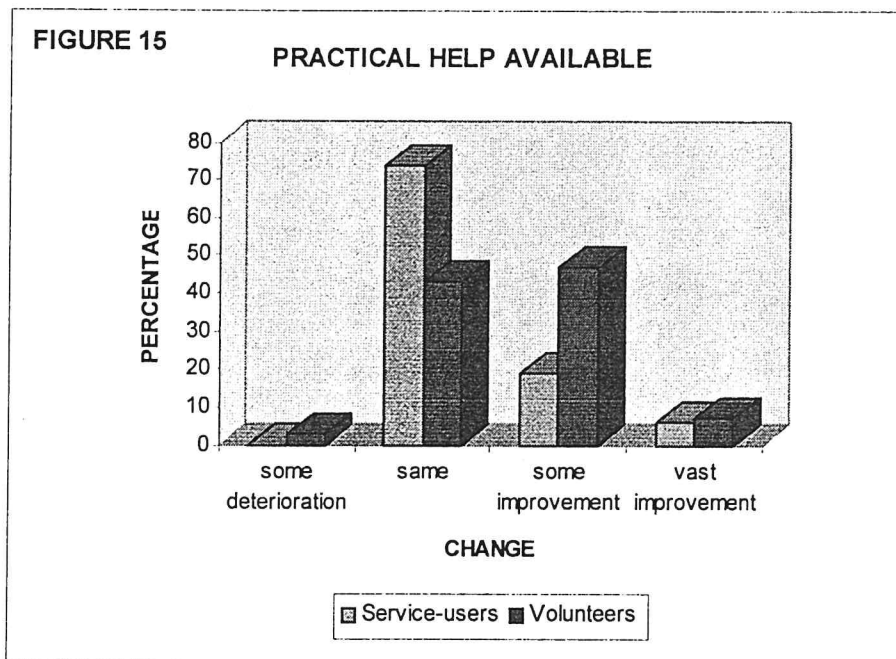
3.4.16. *Feelings of being respected* (Figure 16)

Although 1 (3%) service-user felt there had been some deterioration in how respected they felt, 40% of the service-users felt there had been improvement in how respected they felt. The volunteers were slightly more positive with 65% reporting improvement in their friend.

FIGURE 16   **FEELINGS OF BEING RESPECTED**
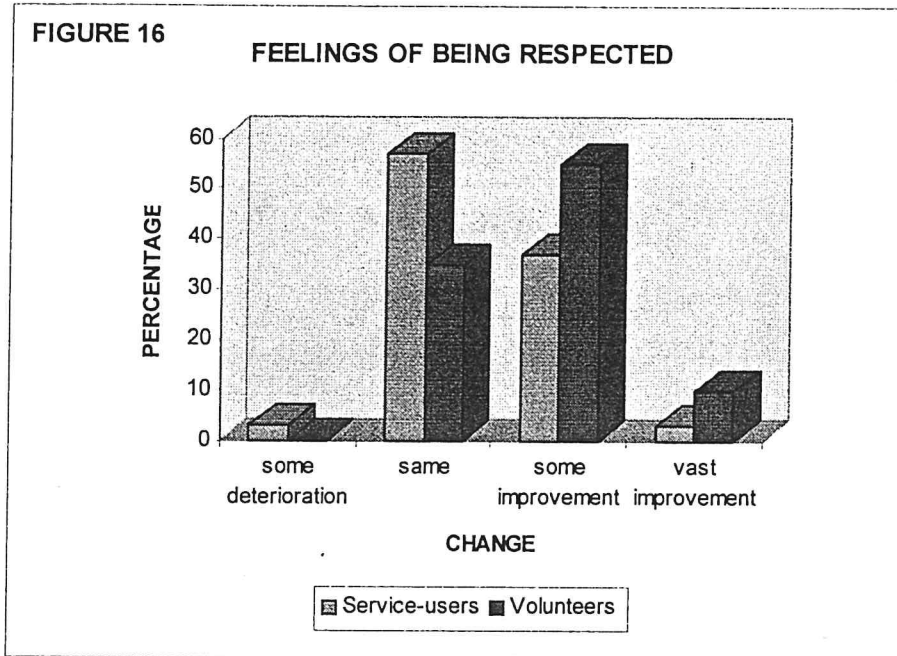
3.4.17. *General health* (Figure 17)

Well over three quarters of the service-users felt that their general health had not changed (71%) or improved (10%), while 2 service-users (6%) reported that their health had deteriorated.   42% of volunteers reported that their friend's general health had improved whereas 39% of volunteers felt that their friend's health was unchanged and 20% thought it had deteriorated.

FIGURE 17   **GENERAL HEALTH**
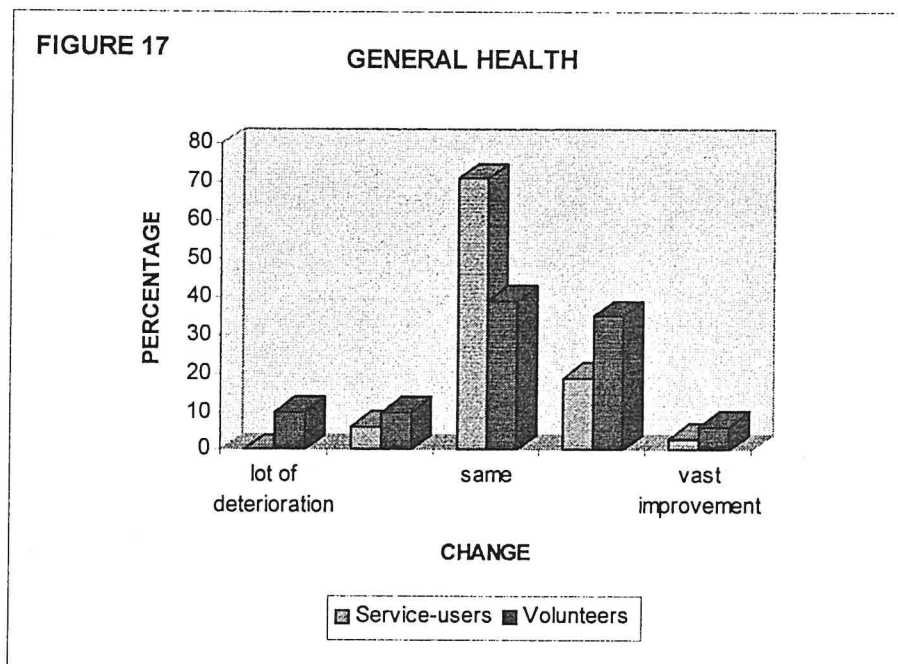
3.4.18. *Satisfaction with lifestyle* (Figure 18)

None of the service-users felt there had been any deterioration in their satisfaction with their lifestyle.   However, 19% (n=6) of volunteers felt there had been some deterioration in their

friend's satisfaction with their lifestyle. Approximately one third of service-users (32%) and volunteers (36%) felt there had been some or vast improvement in the service-users satisfaction with their lifestyle.

FIGURE 18

SATISFACTION WITH LIFESTYLE
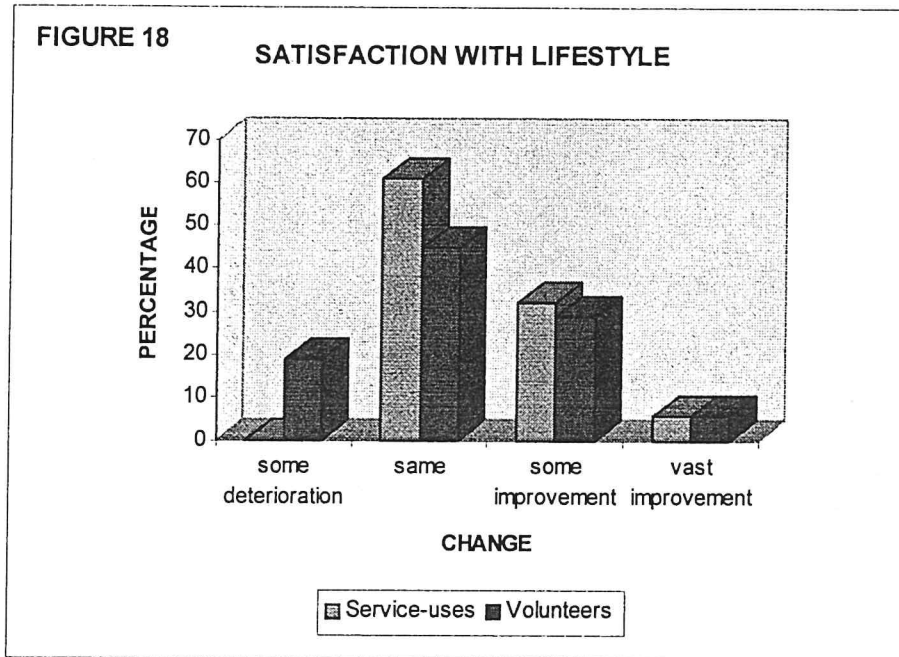
3.4.19. *Opportunity to get out and about* (Figure 19)

68% of service-users felt there had been some or vast improvement in the opportunities they had to get out and about. Volunteers were slightly more positive with 78% reporting that their friend had more opportunities to get out and about. A single volunteer (3%) and 2 service-users (6%) felt that there were fewer opportunities to get out and about.

FIGURE 19

GETTING OUT AND ABOUT
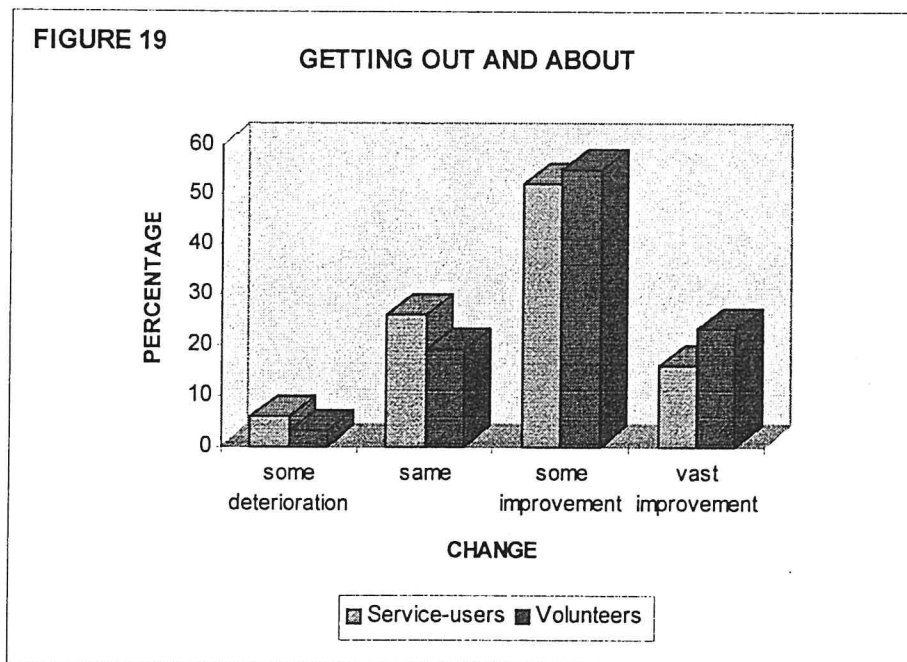
3.5.   Social Network Grid

The social network grid was completed by 98% of service-users (n=40) and 90% of volunteers (n=27).   The list of people respondents said they were in regular contact with, were grouped according to their relationship to respondents.   Service-users listed their set of relationships and volunteers listed theirs.   The groupings were Praxis friend, other friends, family, partner (including those described as boyfriend/girlfriend), services (e.g. social worker, G.P., project workers) and "other".   The "other" category was mainly made up of neighbours and colleagues.   Table 21 details the number of service-users and volunteers who mentioned at least one relationship falling into the above categories.   A higher proportion of volunteers than service-users listed a friend other than their Praxis friend (90% v 68%), a partner and "other" individuals they had regular contact with.   However a similar proportion of service-users and volunteers listed a family member.   In the category of service providers there was a much higher proportion of service-users than volunteers listing an individual from that category.

Table 21 : Social network grid members

	Service-users	Volunteers
Praxis friend	98% (n=40)	90% (n=27)
Other friends	68% (n=27)	90% (n=27)
Family	90% (n=36)	90% (n=27)
Partner	32% (n=13)	47% (n=14)
Services	48% (n=19)	10% (n=3)
Other	38% (n=15)	87% (n=26)

Table 22 : The role Praxis friend plays in the lives of service-users and volunteers

Role of Praxis friend	Service-users (n=40)	Volunteers (n=27)
Consider as a friend	70%	78% (1)
Spends time in my home	60%	37% (4)
Would talk to about a health worry	57%	18% (6)
Trust	52%	56% (2)
Has similar interests	40%	30% (5)
Would talk to about personal worry	37%	7% (9)
Close to	30%	15% (7)
Among first to know if something good happened	30%	37% (4)
Want to be like	27%	4% (10)
If feeling down would want to see	27%	11% (8)
Can lean on	27%	4% (10)
Spend time in their home	25%	41% (3)
Would ask if I needed a big favour	22%	4% (10)
Go out with socially on a weekly basis	20%	18% (6)
Have fun with	17%	56% (2)
See myself as being like	17%	4% (10)
Share most private feelings with	15%	0% (11)
Would ask for careers advice	12%	4% (10)
Would borrow money from	5%	4% (10)

Table 22 rank orders the roles volunteers play in the lives of service-users and gives the percentage of service-users who chose each role. This table also shows, for each role, the percentage of volunteers who said their Praxis friend fell into that role and in brackets, the ranking of each role.

Service-users and volunteers ranked 3 of the same roles in the top 4. As would be expected, overall, the roles their Praxis friend played were different for service-users and volunteers. Approximately three-quarters of service-users and volunteers viewed their Praxis friend as a friend. Also similar proportions of service-users and volunteers said they trusted their Praxis friend, that they went out with them on a weekly basis and that they would be among the first to know if something good happened to them.

For the service-users, their Praxis friend played multiple roles, whereas, for the volunteers, their Praxis friend filled a narrower range of roles. There were only 5 roles where less than 20% of the service-users said their Praxis friend filled that role. In contrast, there were 12 roles where less than 20% of volunteers said their Praxis friend filled that role. The main difference between the two groups was that volunteers were less likely to share personal things with their friend. For example a much smaller proportion of volunteers than service-users said that they would talk to their Praxis friend about a health or personal worry. Confirming this was the fact that only 4% of volunteers compared to 27% of service-users said that they felt they could lean on their friend. As can be seen from the top ranking roles, volunteers appear to share primarily positive things with their friend. Over half the volunteers said that they have fun with their Praxis friend and over one third said that they would be among the first to know if something good happened to them.

Table 23 rank orders the roles that other friends (i.e. non-Praxis friends) play in service-users lives and gives, for each role, the percentage of service-users who had a friend who filled this role. Also shown, for each role, is the percentage of volunteers who had a friend falling into that role and in brackets, the ranking of each role. Comparing the roles of their Praxis friend to other friends, only 47% of service users had a relationship with another individual they considered a friend whereas 70% considered their Praxis friend as a friend (Table 22). Similarly, a smaller proportion said that they had a friend they could lean on or trust or who they were close to. Only 15% of service-users had said they could share their most private feelings with their Praxis friend and similarly only 17% had another friend who filled this role. This role was was also ranked low by volunteers, though, many more of them had a friend filling this role (41%).

Table 23 : The role other friends play in the lives of service-users and volunteers

Role of other friends	Service-users (n=40)	Volunteers (n=27)
Consider as a friend	47%	67% (4)
Trust	37%	74% (2)
Has similar interests	37%	70% (3)
Spends time in your home	35%	78% (1)
Have fun with	27%	74% (2)
Spend time in their home	27%	70% (3)
Go out with socially on a weekly basis	25%	63% (5)
Would talk to about a health worry	20%	59% (6)
Would talk to about a personal worry	20%	52% (7)
Can lean on	17%	67% (4)
Among first to know if something good happened	17%	59% (6)
Share most private feelings with	17%	41% (9)
Close to	15%	59% (6)
If feeling down would want to see	15%	48% (8)
Would ask if I needed a big favour	12%	52% (7)
Would borrow money from	5%	26% (11)
Would ask for careers advice	2%	30% (10)

Almost three-quarters of the volunteers had a friend that they could trust compared to 37% of service-users. Both service-users and volunteers ranked the same roles in the top four. This indicated that on the main roles the nature of their friendships were similar. For volunteers, however, their other friends played a wider range of roles that their Praxis friend. For all the roles, at least one quarter of volunteers had a friend fulfilling that role.

Table 24 rank orders the roles that family members play in service-users lives and gives, for each role, the percentage of service-users who had a family member who filled this role. Also shown, for each role, is the percentage of volunteers who had a family member falling into that role and in brackets, the ranking of each role.

Table 24 : The role family members play in the lives of service-users and volunteers

Role of other friends	Service-users (n=40)	Volunteers (n=27)
Spends time in your home	65%	78% (2)
Among first to know if something good happened	57%	74% (3)
Close to	55%	78% (2)
Spend time in their home	52%	81% (1)
Consider as a friend	50%	67% (6)
Trust	47%	67% (6)
Can lean on	35%	70% (5)
Would ask if I needed a big favour	35%	63% (7)
Want to be like	35%	30% (11)
Have fun with	32%	71% (4)
Would talk to about a health worry	27%	44% (9)
Has similar interests	27%	48% (8)
Would borrow money from	27%	74% (3)
If feeling down would want to see	25%	41% (10)
See yourself as being like	25%	30% (11)
Would talk to about a personal worry	20%	48% (8)
Share most private feelings with	20%	30% (11)

Both service-users and volunteers ranked the same roles in the top three indicating a similarity between the two groups in the main roles their families play. For all the roles, over 20% of service-users and volunteers had a family member fulfilling that role. For the service-users, this was the relationship group fulfilling the widest range of functions. However despite this, for many of the roles, a higher proportion of volunteers tended to have a family member fulfilling that role.

3.6.0. Social support

Scores on the Interview Schedule for Social Interaction (ISSI) were obtained for 40 of the service users. Comparison between the service users in Derry and Belfast showed no significant differences between the two groups on any of the component scores of the ISSI. For comparative purposes the Praxis service-users were compared to a group of individuals from a general population sample (Table 25). The ISSI scores for this group were obtained for different purposes in another study (supplied by Dr. B. Johnston and Prof. S.A. Lewis, personal communication 1994).

Table 25 : Mean (s.d.) ISSI scores for Praxis service-users and general population sample

	AVSI*	ADSI*	AVAT	ADAT*
Praxis service-users (n=40)	1.9 (1.6)	4.4 (2.9)	4.1 (1.5)	5.0 (3.2)
General population group (n=82)	4.1 (1.4)	6.6 (1.6)	4.6 (1.2)	6.8 (2.4)

* p<.01

Analysis (using t-test) showed a significant difference between the two groups on 3 of the component measures. For the Praxis service-users there was a much lower availability of more diffuse relationships such as friends (AVSI) compared to the comparison group (t=7.33; df=121, p<.01) and the perceived adequacy of these more diffuse relationships was much lower amongst the Praxis service users than the comparison group (t=4.48; df=121, p<.01).

In terms of the availability of affectionally close relationships or attachments (AVAT) there was no significant difference between the two groups (t=1.85; df=121, p>.05). The Praxis service-users were as likely as the general population group to feel that affectionally close relationships were available to them. However, despite the similar perception of availability of attachments, the Praxis service-users were less likely to find the nature of these close relationships adequate (t=3.11; df=121, p>.01). Therefore, while it is positive that close attachments are available to this group of individuals with mental health problems, there is an inadequacy about these relationships for the individuals concerned.

CHAPTER FOUR

DISCUSSION

4.0.   Overview

This research project looked at a variety of aspects of the Derry and Belfast Befriending schemes.   It provided information about three aspects of the schemes in particular.   Firstly, it provided an opportunity to elicit both service-user and volunteers views about the scheme and establish their level of satisfaction with the service provided.   The areas focused on ranged from any problems or disadvantages of the scheme as experienced by service-users, to training as experienced by the volunteers.

Secondly, the research project provided information on outcome as perceived by the service-user and volunteer.   Both service-user and volunteer rated how they felt the service-user had changed since participating in the scheme.

The research project enabled an examination of the social networks of service-users and volunteers and the roles that various individuals play in their lives.   This also provided valuable information on how the service user and volunteers perceived the role of their Praxis friend in their lives.   Finally, it also enabled a comparison of the availability and adequacy of attachment and social integration experienced by the service-users and a general population group.

4.1.   Service-user and volunteer satisfaction

Overall levels of satisfaction among service-users were high with many service-users mentioning the benefits of being enabled to get out and about and having a friend to talk to.   A common suggestion for improvement of the scheme was more frequent contact with their Praxis friend.   The need of the service-users to have such a relationship is made clear in comments such as "I enjoy the company - times on my own too much" and "she's my best friend and is there when I need her".

There was a high overall level of satisfaction amongst volunteers with their training and the subsequent levels of support they received from Praxis Befriending staff. Nevertheless, volunteers provided some useful information about the negative aspects of their initial training and suggestions for improving initial training.

Although the relationship between the service-user and volunteer at the beginning is more structured than that of other friendships, many service-users felt that their relationship was similar to other friendships.   Also, many volunteers as well as service-users benefited from the relationship.   From the range of different responses, it was clear that how individuals benefited from the relationship and the actual nature of the relationship varied considerably between matches.

4.2.   Changes in service-user

On almost all of the 19 areas, service-users felt that they had at least maintained their level of functioning.   Although there was no comparison group of similar individuals who were not involved in a befriending scheme, the extent of change experienced by many of the service-users is very positive.   In relation to feelings of loneliness and opportunities to get out and about, approximately two thirds of service-users felt there had been improvement in those aspects of their lives.   In relation to confidence, self-esteem, happiness, the size of their circle of friends and ability to deal with stress, approximately half of the service-users felt that there had been improvement. However, the volunteers more positive view of changes in their Praxis friend, compared to the service-users view of changes in themselves, was very striking.   This may indicate that the service-users had a tendency not to view themselves in a positive way.

4.3.   Social networks and social support

As measured by the social network grid, the service-users had smaller social networks than the volunteers.   Apart from the similar proportion of service-users and volunteers mentioning family members and partners, service-users were less likely to mention friends apart from their Praxis friend and "other" relationships such as neighbours and work colleagues.   The smaller social networks experienced by the service-users is simialr to the findings of previous studies (e.g. Cresswell et al., 1992; Henderson et al., 1978).

Approximately three-quarters of service-users and volunteers considered their Praxis friend "as a friend", indicating a positive view of their relationship.   The comments of

some volunteers about the one-sided nature of their relationship with their friend in response to the question in the interview schedule of "how does your befriending relationship compare with other relationships in your life?" is borne out in the analysis of the social network grid.   A much smaller proportion of volunteers than service-users tended to share with their Praxis friend personal worries and generally lean on them.   Therefore, the lack of strain from their relationship with their Praxis friend may be one of the reasons service-users have high levels of satisfaction with the scheme.

Despite the Praxis friend being seen as a friend, it was notable that few of the service-users would share their private feelings with the volunteer (and none of the volunteers would share their private feelings with the service-user highlighting the non-reciprocal nature of the relationship).   However, this must be put in the context of the finding that no greater a proportion of the service-users would share their private feelings with other non-Praxis friends.   Perhaps this is a reflection of past experiences of revealing feelings to others or, perhaps it is a reflection of the effects of chronic mental ill-health.

Sullivan and Poertner (1989) report a number of studies showing that the individuals with mental health problems tend to have a greater proportion of relationships where they are the recipients of support rather than the provider of support.   They also raise the issue that this may actually have negative outcomes for the individual.   They suggest that offering support and being helpful to others may be important in the development of self-esteem and a sense of purpose and well-being.   The whole issue of reciprocity within befriending relationships requires further investigation before such statements can be confirmed.

The importance of family relationships to individuals with mental health problems was emphasized by the fact that it was family members of the network grid who performed the widest range of roles in service-users lives.   This is in contrast to relationships with friends.   For volunteers, friends played a much wider variety of roles compared to the friendships experienced by service-users.

In terms of the availability of close attachments, service-users reported having the same level of availability as a general population group. The service-users felt they had significant others, though the adequacy of these attachments for the service-users is much less. Compared to a general population group, the availability and adequacy of more diffuse relationships was much less. It would appear that it is much easier for a volunteer to alleviate loneliness and provide support on a personal level than it is for them to make an impact on the extent and adequacy of a service-users general social integration.

The difficulties in extending the social networks of an individual with mental health problems can be enormous and is likely to be a very lengthy process. The extent of an individual's networks may depend on factors such as being employed, which are outside the direct control of a befriending service. The low availability and adequacy of service-users more diffuse relationships makes the befriending relationship very important in alleviating loneliness and social isolation. It also puts a renewed focus on the necessity of enabling the individual to create other links in the community.

It would appear from this project that the befriending relationship can play a pivotal role in this process of alleviating loneliness and social isolation. When service-users were asked about the types of things they would do now that they did not do before meeting their Praxis friend, they were in general much more likely to be out and about. This is only a starting point, however, for the development of links with other individuals.

CHAPTER FIVE

RECOMMENDATIONS

This evaluation raised a number of issues. Overall the feedback from both service-users and volunteers was positive. However there is always room for improvement and consequently the following recommendations are made.

5.1. Most of the volunteers tended to be younger and female. The small number of male and older volunteers has always been an ongoing issue that the befriending scheme has faced, however, we need to continue to address the issue of how to recruit more males and older individuals. **(Para. 3.1.1.)**

In light of the fact that volunteers tended to be younger and female, there needs to be a review of the age and gender make-up of the waiting list to examine whether the predominance of younger and female volunteers results in males and older people being on the service-user waiting list for a longer period of time than others. Should this be the case, we need to continue to address the issue of how to recruit more males and older volunteers. **(Para. 3.1.1.)**

Regarding age, a strict age matching is not applied. If a volunteer is available who shares interests in common with the potential service-user but is not of a similar age, the service-user is given the option of going ahead with the match despite the age difference or, waiting to be matched with a volunteer of similar age and similar interests. The evaluation did not raise this as a problematic issue for most service-users and volunteers. Therefore, this option should continue to be given to service-users.

5.2. Although the average waiting time to be matched with a volunteer was within reasonable limits, the maximum waiting time was very long and ways of reducing this should be explored. However it should be recognized that this is a problematic area as staff do not have control over a suitable volunteer turning up. In addition to looking at ways of reducing waiting times, the use of pre-match meetings between the potential service-user, the referral agent and a member of befriending staff should be further developed. This may assist in two ways: (i) it may assist Praxis staff in getting a better feel for the needs and interests of the individual and so make an appropriate match more quickly and (ii) it will provide the service-users with a

tangible contact with Praxis which may make the waiting time easier to cope with. Belfast Befriending has in the past, investigated the possibility of providing group activities for individuals on the waiting list. However the feedback from the referral agents was that this would be too challenging for their client at that point and what they needed first was a one-to-one relationship to develop their confidence and skills. **(Para. 3.1.5.)**

5.3. This evaluation provided an opportunity for service-users to give feed-back about the service. Many of the service-users used this opportunity to express how they felt. At present, the routine way in which service-users provide feedback about the service is by filtering the information through the referral agent. However this may not be necessarily be the most accessible way for the service-user. The process for feedback and complaints in the befriending service should therefore be re-examined. Whatever the method for feedback, it is the responsibility of Praxis to make it clear to the service-user how they can comment on the service. **(Para. 3.2.2.)**

5.4. Some service-users said they would like the befriending scheme to run more group functions. Currently there are 3 social gatherings a year for service-users and volunteers in Belfast. There is one joint get-together in Derry and there are plans to increase this to at least two a year. The Praxis Befriending service is about facilitating one-to-one relationships. However, gradually coming into more group situations may be a natural development of the one-to-one relationships. It may also facilitate the development of social integration which was found to be very low in this group of service-users. The problem of organizing a large number of functions within the Befriending scheme is that there is a danger of the service-user only socialising in a mental health setting. Keeping this issue in mind the demand for group activities and how this could be met, should be examined. **(Para. 3.2.3. and 3.6.0.)**

5.5. Two service-users who took part had experienced their friend not turning up. The training of the volunteers must continue to emphasize the importance of keeping arrangements with the service-user. Also, it would be useful to re-examine the communication processes within the service. **(Para. 3.2.3.)**

5.6. Both the service-users and volunteers gave positive and revealing feedback about what it is like to be involved in the befriending scheme. Publicity of the befriending scheme should reflect this. **(Para. 3.2.1. and 3.3.5.)**

5.7. The volunteers provided some valuable information about what attracted them to the befriending scheme. It is interesting that many of them had not been thinking about working in the mental health field before hearing about the Praxis Befriending scheme. This would indicate that current publicity and recruitment is successful in bringing across the essence of the scheme to individuals and creating that initial interest. As has been raised above, this whole process is less successful with older and male groups and a re-examination of recruitment tailored to these two groups would be useful. **(Para. 3.3.2. and Para 3.3.3.)**

5.8. The feedback from volunteers about how the scheme had not lived up to their expectations should be used as material for training sessions in the context of getting new volunteers to examine their expectations of the scheme. In a more general sense it raises issues such as, how well volunteers have thought through how they can fulfill the time commitments involved. This would be facilitated by a focus on more open-ended questions at the interview stage regarding issues such as time commitment. **(Para. 3.3.6.)**

5.9. The set evening for the monthly Support Group Meetings was problematic for some of the volunteers. Derry City befriending successfully arranges Support Group Meetings on different evenings. Belfast Befriending should also consider implementation of this. **(Para 3.3.11.)**

5.10. The staff turnover was raised as a problem by one of the volunteers. This has particularly been problematic in Belfast as the Assistant Project Officer has until recently been supported by an A.C.E. post. A permanent part-time Assistant Project Officer has recently been appointed which will remove the problem of very rapid turnover which A.C.E. posts bring. **(Para. 3.3.11.)**

5.11. Volunteers expressed a need for more specific information about mental illness. As part of its ethos the Befriending scheme in the past has focused on the individual and tried to avoid looking in detail at specific types of mental illness and creating or reinforcing labels.   However in response to the feedback from the volunteers, the schemes should look at how they can appropriately spend some time during volunteer training or, as part of the volunteers introduction to their friend, putting the needs of the individual in the wider context of behaviours/experiences typical of particular kinds of illness. **(Para. 3.3.13.)**

5.12. Where possible, experienced volunteers and service-users should be involved in the training of new volunteers. **(Para 3.3.13)**

5.13. Many volunteers expressed interest in a refresher training course.   Work has recently been done on a refresher training package and will be ready for use by November 1994. **(Para. 3.3.13. and 3.3.14.)**

5.14. Because of the need to rationalize resources and have a reasonable number of volunteers in the preparation sessions there is sometimes a large gap between recruitment and training.   In Belfast, recruitment and training has recently been put on a quarterly cycle to make this gap a predictable one so that volunteers know at the recruitment stage exactly when the next training session is.   It is important that volunteers are made aware of what this time gap will be.   Patch training, where befriending schemes in close proximity get together to make up numbers for volunteer preparation should continue both as a way of maximizing resources and shortening the gap between recruitment and training. **(Para. 3.3.16.)**

5.15. The Information Bank should be made more accessible to volunteers in the Befriending schemes and thereby facilitate a demand for more written material and handouts on mental illness. **(Para. 3.3.11. and 3.3.13.)**

5.16. There is a confusion around for one volunteer about the appropriateness of borrowing money from their Praxis friend.   This is an understandable confusion as

many individuals borrow from their friends. However within a structured friendship as exists in the Befriending scheme, this is not an accepted practice. This issue has been included in the new Staff and Volunteer Code of Practice and will be brought to the attention of volunteers.

5.17. The issue of reciprocity within structured friendships that came through from the research project is a very complex one. There may be a stage where individuals with a mental ill-health problem want to move on from a warm nurturing relationship and expand their experience as social beings and give as well as receive support. Not moving on with the individual raises the whole issue of creating dependency. This issue requires further research before any specific recommendations can be made. **(Para 4.3.)**

5.18. While close attachments were available to the service-users there was an inadequacy about these relationships for the individuals concerned. The reasons for this require further exploration via research. **(Para. 3.6.0.)**

5.19. This evaluation provided a useful "snapshot" of the views and opinions of service-users and volunteers. Future evaluations should develop this further by looking at the progression of friendship over time and its benefits over time for the individual using a longitudinal design.

REFERENCES

Atkinson, D. (1986). Engaging competent others: A study of the support networks of people with mental handicap. *The British Association of Social Workers, 16, 83-101.*

Bloom, J.R. (1990). The relationship of social support and health. *Social Science and Medicine, 30 (5), 635-637.*

Bowling, A. (1991). *Measuring health - A review of quality of life measurement scales.* Buckingham: Open University Press.

Brook, S., Fantopoulos, I., Johnston, F. & Goering, P. (1989). Training volunteers to work with the chronically mentally ill in the community. *Hospital and Community Psychology, 40 (8), 853-855.*

Carkhuff, R.R. (1968). Differential functioning of lay and professional helpers. *Journal of Counseling Psychology, 13, 117-126.*

Cresswell, C. M., Kuipers, L. & Power, M. J. (1992). Social networks and support in long-term psychiatric patients. *Psychological Medicine, 22, 1091-1026.*

Doherty, H. & Graham, C. (1991). *A place of my own with the support I need - An evaluation of the first D.I.S.H. scheme in N. Ireland.* Belfast: Praxis Mental Health

Doherty, H., Graham, C., McCrum, B., Manktellow, & Rauch, R. (1991). *Antrim one year on - An evaluation of the first year of operation of the flat cluster accommodation and support scheme in Antrim.* Belfast: Praxis Mental Health

Doherty, H., Graham, C. & Mc Daid, C. (1994). *An evaluation of the residential flat cluster scheme at Lisnaskea.* Belfast: Praxis Mental Health.

Etzion, D. (1984). Moderating effects of social support on the stress-burnout relationship. *Journal of Applied Psychology, 69 (4), 615-622.*

Gloag, D. (1985). Rehabilitation in psychiatric conditions: Two psychological approaches to support, the family and activities. *British Medical Journal, 290, 1059-1062).*

Hays, R. B. & Oxley, D. (1986). Social network development and functioning during a life transition. *Journal of Personality and Social Psychology, 50, 305-313.*

Heller, K., Swindle, R. W. & Dunsenbury, L. (1986). Component social support processes: Comments and integration. *Journal of Counselling and Clinical Psychology, 54, 466-470.*

Henderson, S., Duncan-Jones, P. & Byrne, D.G. (1980). Measuring social relationships: the Interview Schedule for Social Interaction. *Psychological Medicine, 10, 723-34.*

Henderson, S., Duncan-Jones, P., McAuley, H. & Ritchie, K. (1978). The patient's primary group. *British Journal of Psychiatry, 132, 74-86.*

Leavy, R. (1983). Social support and psychological disorder. A review. *Journal of Community Psychology, 1983, 11 (1), 3-21.*

Mitchell, M. (1986). Utilizing volunteers to enhance informal social networks. *The Journal of Contemporary Social Work, May, 290-298*

Mueller, D. P. (1980). Social network: A promising direction for research on the relationship of social environment to psychiatric disorder. *Social Science and Medicine, 14A, 147-161.*

O'Loughlin, J., Laurendeau, M. & Gagnon, G. (1989). An evaluation of a volunteer visitor program for socially isolated adults with chronic mental health problems. *Canadian Journal of Community Mental Health, 8 (1), 31-52.*

Prior, L. (1991). The social worlds of psychiatric in-patients and ex-patients. *Social Care Research Findings, 13.*

Ross, R. R., Altmaier, E. M. & Russell, D. W. (1989). Job stress, social support and burnout among counselling centre staff. *Journal of Counselling Psychology, 36 (4), 464-470.*

Russell, D. W., Altmaier, E. M. & Velzen, D. V. (1987). Job related stress, social support and burnout among classroom teachers. *Journal of Applied Psychology, 72 (2), 269-274.*

Schaefer, C., Coyne, C. J. & Lazarus, R. S. (1981). The health related functions of social support. *Journal of Behavioural Medicine, 4, 381-406.*

Shinn, M., Rosario, M., Morch, H. & Chestnut, D. E. (1984). Coping with job stress and burnout in the human services. *Journal of Personality and Social Psychology, 46 (4), 864-876.*

Skirball, B.W. & Pavelsky, P.K. (1984). The Compeer Program: Volunteers as friends of the mentally-ill. *Hospital and Community Psychiatry, 35 (9), 938-939.*

Sullivan, W.P. & Poertner, J. (1989). Social support and life stress: A mental health consumers perspective. *Community Mental Health Journal, 25, 21-31.*

Tessler, R., Bernstein, A., Rosen, B. & Goldman, H. (1982). The chronically mentally ill in community support systems. *Hospital and Community Psychiatry, 33 (3), 202-211.*

Thompson, E.H. (1989). Recovery networks and patient interpretations of mental illness. *Journal of Community Psychology, 17, 5-15.*

APPENDICES

APPENDIX A

<u>VOLUNTEER QUESTIONNAIRE.</u>

1. How did you hear about the Praxis Befriending Scheme ?

2. Had you been thinking about doing voluntary work before finding out about this scheme, and if so, what type had you thought of ?

3. What appealed to you about the voluntary work involved in this scheme ?

4. Have you seen any changes in your Praxis friend over the period of time that you have known them, and if so, what are these changes ?

5. What have you personally got out of being a befriender ?

6. Has being involved with the scheme lived up to your expectations and in what way/s has it done so/not done so ?

7. What difficulties have you encountered ?

8. How does your befriending relationship compare with other relationships in your life ?

9. Has your knowledge of mental ill health been improved through being involved in the scheme and, if so, in what way ?

10. Are you happy with the amount of support that you receive from Praxis, and if no, what have you been unhappy with ?

11. What ways could the support be improved ?

12. Were you happy with the initial training offered and, if no, what were you unhappy with ?

13. What ways could the initial training be improved ?

14. Would you be interested in a refresher training session, probably to be implemented about a year after initial training ?

15. Have you any suggestions for improving the scheme in general ?

16. Have you any suggestions on how the recruitment of new befrienders could be improved ?

APPENDIX B

BEFRIENDING QUESTIONNAIRE.

1. How long did you have to wait before being introduced to your first Praxis friend ?

2. How many Praxis friends have you had ?

3. What has been the best thing for you about having a Praxis friend ?

4. Have there been any disadvantages for you, and if so, what have they been ?

5. How do you think the scheme could be improved ?

6. Has having a Praxis friend lived up to your expectations, and in what way ?

7. What type of things do you do now, and what places would you now go to, that you would not have been before meeting your Praxis friend ?

8. How does your befriending relationship compare with the other relationships in your life ?

APPENDIX C

Can you rate the following factors in terms of how they may have changed for your Praxis friend since becoming part of the Befriending Scheme. For example, if you feel that he/she has vastly improved in terms of confidence, circle that point on the scale.

	A lot of deterioration	Some deterioration	Same	Some improvement	A vast improvement
1. Confidence.	•	•	•	•	•
2. Self-esteem.	•	•	•	•	•
3. Happiness.	•	•	•	•	•
4. Ability to deal with stress.	•	•	•	•	•
5. Feelings of loneliness.	•	•	•	•	•
6. Ability to mix with other people.	•	•	•	•	•
7. Ability to deal with problems.	•	•	•	•	•
8. Knowledge of services and facilities available.	•	•	•	•	•
9. Ability to use available services and facilities.	•	•	•	•	•
10. Ability to do things for self.	•	•	•	•	•
11. Size of circle of friends.	•	•	•	•	•
12. Frequency of 'down' feelings.	•	•	•	•	•
13. Range of hobbies/social activities involved in.	•	•	•	•	•
14. Opportunities to turn to others for help with problems.	•	•	•	•	•
15. Practical help available.	•	•	•	•	•
16. Feelings of being respected.	•	•	•	•	•
17. General health.	•	•	•	•	•
18. Satisfaction with lifestyle.	•	•	•	•	•
19. Opportunity to get out and about.	•	•	•	•	•

APPENDIX D

In the spaces to the right, write down a list of people that you are regularly in contact with (for example, this can be friends, relatives, family, neighbours, partner, colleagues etc.). Then read the questions below and put a tick in each persons space if the question applies to them.				
Who have you been in telephone contact with in the past week ?				
Who have you seen in the past week ?				
Who would you go out with socially on a weekly basis ?				
If you had a health worry who would you talk about it with ?				
If you had a very personal worry, who would you talk about it with ?				
If you needed some careers advice, who would you ask ?				
Who has similar interests to yourself ?				
Who would spend time in your home ? .				
Whose homes would you spend time in ?				
Who do you feel you could lean on ?				
Who are you very close to ?				
If something good happened for you, who would be among the first to know ?				
Who do you share your most private feelings with ?				
If you were feeling really down, who would you want to see ?				
If you needed a big favour (which would put the person out) who would you ask ?				
If you needed to borrow money, who would you ask ?				
Who do you consider is a friend ?				
Who would you see yourself as being like ?				
Who would you want to be like ?				
Who do you have fun with ?				
Who do you trust ?				

APPENDIX E

Cohen's Kappa was used to measure the extent of agreement between service-user and volunteer regarding the extent of change in the service-user. If there is complete agreement between service-users and volunteers, the, k=1; whereas, if there is no agreement (other than the agreement that would be expected by chance), the, k=0. Kappa measures agreement between two raters, therefore, the ratings used by the two groups must have the same range of values/categories. For some of the 19 change variables, service-users and volunteers used a different range of values/categories. For example, when estimating the change in size in the service-users circle of friend, volunteers replies ranged from "same" to "a vast improvement", whereas, service-users replies ranged from "some deterioration" to " a vast improvement". In cases such as these, response categories were collapsed to create the same range of values/categories for the two groups. Where possible, "a vast deterioration" and "some deterioration" were collapsed together with "same" remaining as an individual category. (This will be referred to as method 1 when reporting the results.) Where this still did not create the same range of categories for the two groups, "same" was also collapsed with "a vast deterioration" and "some deterioration". (This will be referred to as method 2 when reporting the results.

Table 1:   Confidence.

		VOLUNTEERS		
		Same	Some Improvement	A Vast Improvement
SERVICE USERS	Same	1 3.2	10 32.3	2 6.5
	Some Improvement	5 16.1	6 19.4	2 6.5
	A Vast Improvement	0	4 12.9	1 3.2

The response categories for this variable did not require collapsing. The association between service-users and volunteers estimates of change in the service-user was a small one (K=.19). Just over one quarter of the pairs (n=8) agreed about the extent of the change in service-users' confidence.

Table 2: Self-esteem.

		VOLUNTEERS		
		Same	Some Improvement	A Vast Improvement
SERVICE USERS	Same	5 16.7	9 30.0	0
	Some Improvement	3 20.0	12 40.0	0
	A Vast Improvement	0	0	1 3.3

The response categories for this variable did not require collapsing. The association between service-users and volunteers estimates of change in the service-user was a small one (K=.24), though, 60% of the pairs (n=18) agreed about the extent of change in the service-users' self-esteem.

Table 3: Happiness.

		VOLUNTEERS			
		Some Deterioration	Same	Some Improvement	A Vast Improvement
SERVICE USERS	Same	0	4 13.3	8 26.7	0
	Some Improvement	1 3.3	3 10.0	8 26.7	2 6.7
	A Vast Improvement	0	1 3.3	3 10.0	0

Categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was negligible (k=.05). 40% of pairs (n=12) agreed about the extent of change in happiness for the service-user.

Table 4: Ability to deal with stress.

		VOLUNTEERS		
		Same	Some Improvement	A Vast Improvement
SERVICE USERS	Some Deterioration	1 50.0	1 3.4	0
	Same	7 24.1	5 17.2	0
	Some Improvement	8 27.6	5 17.2	1 3.4
	A Vast Improvement	0	1 3.4	0

Categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was negligible (k=.04). 41% of pairs (n=12) agreed about the extent of change in the ability of the service-user to deal with stress.

Table 5: Feelings of loneliness.

		VOLUNTEERS			
		Some Deterioration	Same	Some Improvement	A Vast Improvement
SERVICE USERS	Same	3 10.0	1 3.3	5 16.7	1 3.3
	Some Improvement	0	5 16.7	7 23.3	2 6.7
	A Vast Improvement	0	0	5 16.7	1 3.3

Categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was small (k=.15). 30% of pairs (n=9) agreed about the extent of change in the feelings of loneliness experienced by the service-user.

Table 6: Ability to mix with other people.

		VOLUNTEER			
		Some Deterioration	Same	Some Improvement	A vast Improvement
SERVICE USERS	Some Deterioration	0	1 3.3	0	0
	Same	1 3.3	6 20.0	7 23.3	3 10.0
	Some Improvement	1 3.3	5 16.7	4 13.3	0
	A Vast Improvement	0	0	2 6.7	0

The response categories for this variable did not require collapsing. The association between service-users and volunteers estimates of change in the service-user was negligible (K=.07). One third of the pairs (n=10) agreed about the extent of change in the ability of the service-user to mix with others.

Table 7:   Ability to deal with problems.

		VOLUNTEERS		
		Some Deterioration	Same	Some Improvement
SERVICE USERS	Some Deterioration	0	0	1 3.2
	Same	1 3.2	12 38.7	7 22.6
	Some Improvement	0	4 12.9	4 12.9
	A Vast Improvement	0	1 3.2	1 3.2

Categories were collapsed by method 1. The association between service-users and volunteers estimates of change in the service-user was small (k=.11). Approximately half of the pairs (n=16) agreed about the extent of change in the ability of the service-user to deal with problems.

Table 8:   Knowledge of services and facilities available.

		VOLUNTEERS			
		Some Deterioration	Same	Some Improvement	A Vast Improvement
SERVICE USERS	Same	1 3.4	9 31.0	6 20.7	5 17.2
	Some Improvement	1 3.4	3 10.3	4 13.8	0

Categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was negligible (k=.02). 45% of the pairs (n=13) agreed about the extent of change in the service-users' knowledge of services and facilities available.

Table 9:   Ability to use available services and facilities.

		VOLUNTEERS			
		Some Deterioration	Same	Some Improvement	A Vast Improvement
SERVICE USERS	Same	1 3.2	11 35.5	11 35.5	2 6.5
	Some Improvement	0	5 16.1	0	0

Categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was a moderate one (k=.36). 35% of the pairs (n=11) agreed about the extent of change in the service-users' ability to use services.

Table 10:   Ability to do things for self

		VOLUNTEERS			
		Some Deterioration	Same	Some Improvement	A Vast Improvement
SERVICE USERS	Same	1 3.2	7 22.6	9 29.0	3 9.7
	Some Improvement	0	5 16.1	4 12.9	1 3.2
	A Vast Improvement	0	0	0	1 3.2

Categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was negligible (k=.05). 39% of the pairs (n=12) agreed about the extent of change in the service-users' ability to do things for self.

Table 11:   Size of circle of friends.

		VOLUNTEER		
		Same	Some Improvement	A Vast Improvement
SERVICE USER	Some Deterioration	1 3.2	0	1 3.2
	Same	10 32.3	4 12.9	0
	Some Improvement	6 19.4	7 22.6	0
	A Vast Improvement	0	1 3.2	1 3.2

Categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was small to moderate (k=.29). 58% of the pairs (n=18) agreed about the extent of change in the size of the service-users' circle of friends.

Table 12: Frequency of 'down' feelings.

		VOLUNTEER			
		Some Deterioration	Same	Some Improvement	A vast Improvement
SERVICE USERS	Some Deterioration	1 3.4	0	2 6.9	0
	Same	2 6.9	4 13.8	9 31.0	0
	Some Improvement	1 3.4	2 6.9	6 20.7	0
	A Vast Improvement	0	0	1 3.4	1 3.4

The response categories did not require collapsing. The association between service-users and volunteers estimates of change in the service-user was small (k=.14). 41% (n=12) agreed on the extent of change in the frequency of down feelings experience by the service-user.

Table 13: Range of hobbies / social activities involved in.

		VOLUNTEER			
		Some Deterioration	Same	Some Improvement	A vast Improvement
SERVICE USERS	Some Deterioration	0	1 3.3	0	0
	Same	1 3.3	9 30.0	8 26.7	1 3.3
	Some Improvement	0	4 13.3	4 13.3	1 3.3
	A Vast Improvement	0		1 3.3	0

The response categories did not require collapsing. The association between service-users and volunteers estimates of change in the service-user was negligible (k=.008). 43% (n=13) agreed on the extent of change in the range of hobbies/social activities involved in by the service-user.

Table 14: Opportunities to turn to others for help with problems.

		VOLUNTEER			
		Some Deterioration	Same	Some Improvement	A vast Improvement
SERVICE USERS	Some Deterioration	0	1 3.2	0	0
	Same	1 3.2	7 22.6	9 29.0	1 3.2
	Some Improvement	1 3.2	1 3.2	9 29.0	1 3.2

The response categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was small (k=.22). 52% (n=16) agreed on the extent of change in opportunities for the service-user to turn to others for help.

Table 15: Practical help available.

		VOLUNTEER			
		Some Deterioration	Same	Some Improvement	A vast Improvement
SERVICE USERS	Same	1 3.3	8 26.7	11 36.7	2 6.7
	Some Improvement	0	4 13.3	2 6.7	0
	A Vast Improvement	0	1 3.3	1 3.3	0

Categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was small (k=.16). 33% of the pairs (n=10) agreed about the extent of change in the practical help available to the service-user.

Table 16: Feelings of being respected.

		VOLUNTEER		
		Same	Some Improvement	A Vast Improvement
SERVICE USERS	Some Deterioration	1 3.3	0	0
	Same	6 20.0	10 33.3	1 3.3
	Some Improvement	3 10.0	7 23.3	1 3.3
	A Vast Improvement	0	0	1 3.3

Categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was small (k=.12). 47% of the pairs (n=14) agreed about the extent of change in the service-users feelings of being respected.

Table 17: General Health.

		VOLUNTEERS				
		A Lot of Deterioration	Some Deterioration	Same	Some Improvement	A Vast Improvement
SERVICE USERS	Some Deterioration	1 3.2	0	1 3.2	0	0
	Same	2 6.5	3 9.7	7 22.6	9 29.0	1 3.2
	Some Improvement	0	0	3 9.7	2 6.5	1 3.2
	A Vast Improvement	0	0	1 3.2	0	0

Categories were collapsed by method 1. The association between service-users and volunteers estimates of change in the service-user was negligible (k=.04). 29% of the pairs (n=9) agreed about the extent of change in the general health of the service-user.

Table 18: Satisfaction with lifestyle.

		VOLUNTEER			
		Some Deterioration	Same	Some Improvement	A vast Improvement
SERVICE USERS	Same	4 12.9	8 25.8	7 22.6	0
	Some Improvement	2 6.5	5 16.1	2 6.5	1 3.2
	A Vast Improvement	0	1 3.2	0	1 3.2

Categories were collapsed by method 2. The association between service-users and volunteers estimates of change in the service-user was negligible (k=.04). 35% of the pairs (n=11) agreed about the extent of change in the service-users satisfaction with their lifestyle.

Table 19: Opportunity to get out and about.

		VOLUNTEER			
		Some Deterioration	Same	Some Improvement	A Vast Improvement
SERVICE USER	Some Deterioration	1 3.2	1 3.2	0	0
	Same	0	2 6.5	4 12.9	2 6.5
	Some Improvement	0	3 9.7	11 35.5	2 6.5
	A Vast Improvement	0	0	2 6.5	3 9.7