



The Bridge Project

Together Talks Pilot Project Review Summary

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Section 1

Introduction

In August 2021 Durham University was commissioned by The Bridge Project, Bradford to undertake an independent review of a pilot project entitled Together Talks.

This pilot was initially devised as a response to the emerging Covid-19 crisis, aiming to provide a '*generic*' telephone befriending and wellbeing service to those experiencing loneliness and social isolation. Following agreement with teams from Early Help and Adult Social Care, as well as Staying Put - a local Domestic Violence and Abuse charity - Together Talks expanded its service to incorporate individuals exiting from these three service areas.

Through this arrangement Together Talks agreed to match individuals to volunteer befrienders for an initial 12-week programme of telephone befriending and wellbeing support. Such step-down support would allow individuals to adjust to life without service intervention, whilst continuing to feel supported, encouraged and cared for. It was also anticipated that the availability of such support would free up capacity to deal with new cases and prevent re-entry by individuals back into the statutory system.

This review considers the outputs, outcomes and impacts achieved by Together Talks and reflects upon whether the project has achieved the desired objective of reducing social isolation and loneliness and providing a targeted wellbeing and befriending service in Early Help, Adult Social Care and Domestic Violence and Abuse services.

The review also reflects upon the following seven questions:

- Are Together Talks service users and volunteers feeling supported, empowered, and experiencing positive outcomes in a range of domains?
- Is a telephone-based befriending and wellbeing service a suitable model for integrating volunteering with specialist services and offering a step-down service to support clients' improvements?
- Is the Together Talks befriending service suitable for all three specialist services as a concurrent intervention service to support their service users in improving their wellbeing and desire to meet other people and reduce their sense of loneliness?
- Has Together Talks established new models of care and best practice?
- Can the befriending service reduce visits to the GP/other services by service users from all three specialist services and the generic service?
- Does Together Talks offer cost savings to commissioners for Adult Social Care, Early Help, Domestic Violence and Abuse service providers?
- Is the digital platform being used cost effective for both the service user pathway and the volunteer pathway in delivering a befriending service as compared to a traditional befriending service?

Section 2

Strategic Context

Befriending is a commonly used approach to help individuals deal with challenges that they find hard to tackle on their own. Befriending services can generally be categorised into three models of delivery:

- **Face-to-face befriending** – involving a befriender and befriended meeting for a couple of hours on a regular basis either at the befriended's home or out in the community.
- **Distance or remote befriending** – involving a befriender phoning a befriended at a prearranged time on a regular basis, although this can involve email, instant messaging, or letters.
- **Group befriending** – where several befriendeds and befrienders are brought together in a group - with groups set up to meet the specific and common needs and interests of individuals.

Many befriending programmes are oriented towards tackling loneliness or isolation due to the negative impacts such issues have on quality of life (including impaired physical and mental health as well as conditions ranging from sleep disorders, cardiovascular disease, low self-esteem, depression, and dementia). Furthermore, loneliness and isolation can accentuate or precipitate other problems such as increased usage of medication and alcohol abuse which in turn require interventions from statutory services, the emergency services and public health. Loneliness and isolation can also have negative knock-on effects on others, including families, friends and neighbours.

The enforced isolation and limits on social contact that have been experienced because of the Covid-19 pandemic have increased awareness of instances of isolation and loneliness. Recent analysis during the Covid-19 pandemic by the Office for National Statistics has identified that levels of loneliness in Britain have increased from 5% of the population (about 2.6 million adults) in spring 2020 to 7.2% of the population by February 2021 (about 3.7 million adults).

Telephone befriending services have been widely adopted during the pandemic. But the delivery of such services can be costly, even when they involve volunteers, due to the expense of training and supervision, and the often-challenging process of coordinating programmes involving beneficiaries with complex lives.

Although costs can be high, the benefits gained are substantial. In a recent study undertaken in Bradford, a Social Return on Investment (SROI) exercise estimated that £6.3m worth of value was being delivered through the network of befriending services at a cost of £427,000. This produced a return on investment of £14.86 for every £1 invested. This equates to an average impact value of £3,891 per person at an average cost of £262.

Section 3

Review Methodology

The following stages of work were completed between September and December 2021.

Stage 1: 'Check and challenge' (September 2021)

The review interrogated the availability and quality of the data collected since the project began. The intention of this 'check and challenge' was to ensure that final data would allow for a thorough investigation of the review questions.

Stage 2: Desk based research (October 2021)

Recent academic papers and policy documents on befriending and its associated impacts were reviewed alongside a web-based analysis of schemes delivered by charities and other community associations in the VCSE sector.

Stage 3: Data analysis (October to December 21)

Data reviewed included:

- Demographic data (such as age, gender, ethnicity, language)
- Baseline Surveys, Mid Service Interviews and Follow-up Surveys (with pre-determined, scaled questions)
- Training records
- Numbers of befriendees, volunteer befrienders and 'matches'
- Application and referral forms, including Action Plans (specialist strands only)
- Volunteer feedback update forms

Stage 4: Befriender journeys (October to December 2021)

The review tracked the 'personal journeys' of three cohorts of befriendees to assess outcomes and impacts. A total of 28 befriendees (11% of total) were considered representing the following percentage response rates:

- 54% receiving support as part of the Generic strand
- 14% receiving support as part of the Adult Social Care strand
- 7% receiving support as part of the Early Help strand
- 25% receiving support as part of the Domestic Violence and Abuse strand

Stage 5: Interviews and consultation feedback sessions (November 2021)

Interviews and Consultation Feedback Sessions were conducted as part of this review. These activities included:

- Volunteer befriender interviews
- Management and staff consultation feedback sessions
- Interviews with Together Talks team staff

Section 4

Volunteer Befriender Findings

Volunteer befrienders are the critical delivery mechanism in any befriending scheme. They are the ones who give their time freely to not only support individual befriendees, but also to attend training and development opportunities, complete safeguarding and risk assessment activities and act as ambassadors for the organisations that they represent.

Summary data obtained during interview and data analysis indicates that:

- 179 individual volunteer befrienders have been recruited against an original target of 110. The targets of 20 volunteer befrienders per specialist strand and 50 in the Generic strand have also been met. At the time of writing there was an available volunteer capacity of 82.
- The 179 volunteer befrienders have delivered 2432 calls equating to 810.5 hours of support. This figure is based on an estimated minimum call length of 20 minutes but excludes the time given to application and interview processes, update forms and signposting research. It is suggested that 40 minutes per call would be a more appropriate estimate and if included, total hours of support would rise to 1621.
- Interrogation of the currently active volunteer befrienders reveals a good spread of volunteers across age ranges and ethnicities. 45% applied using Bradford postcodes, with 55% using postcodes from outside of Bradford. There is a clear weighting towards females acting as volunteer befrienders.
- Awareness of volunteering opportunities came through a variety of channels, notably advertisements on university websites, social media and Volunteer Action Leeds.
- 75% of volunteers suggested they got involved to enhance current job performance or increase the potential for accessing future employment. Of note, was the chance to gain a 'taster experience' - either as an entry point into a general career within the third sector or as a specific stepping-stone into mental health or social work. 25% of this cohort stated that engagement had helped with the development of transferable skills, such as communication and confidence.
- Volunteers stated that they felt valued and engaged in community life, with involvement in Together Talks being important in addressing their own loneliness and social isolation during Covid-19.
- All volunteers confirmed a solid understanding of project purpose - that of addressing loneliness and social isolation by providing confidential listening and conversational support. In doing so volunteers were also clear as *'to what the project is not'* and referenced the parameters of their individual interventions as volunteer befrienders and not as paid support workers.
- Most recalled undertaking and applying the training received, with just over half requesting additional training on an ongoing basis particularly on mental health and low-level depression. Furthermore, calls were made for training delivery to happen in person or in group sessions to gain additional insight, share experiences and tactics. Chat rooms, what's app groups and zoom meetings were all identified as mechanisms to facilitate such interaction.

- The most controversial response across all volunteers related to meeting face-to-face with befriendees. There was a clear divide between those that thought this would be useful and appropriate, and those that thought that this would be impractical, less convenient and could blur boundaries leading to dependency and increased demands from the befriended.
- The Together Talks team were found to be highly supportive, friendly and approachable. Practical suggestions for improvement included extending the call window into early evening sessions and increasing the use of technology to facilitate information exchange and contact.
- Volunteers acknowledged that they felt they were reducing isolation and loneliness by encouraging a feel-good factor amongst befriendees, and by generating practical outcomes that led befriendees to connect with the 'outside' world. The practical outcomes referenced included signposting advice relating to benefits, education and other charitable services; adopting healthy eating practices; increasing physical movement in outdoor environments; and being better able to conduct relationships with third parties such as tradespeople and landlords. Volunteers felt that their ability to listen (rather than talk) had been key in allowing befriendees to let their feelings out - which in turn prevented additional problems arising.
- Volunteers reported that the challenges discussed with befriendees extended well beyond isolation and loneliness. Issues raised included suicidal thoughts, anxiety, depression, long term health conditions and disabilities, parenting concerns, financial issues, poor mobility / being housebound and bereavement.
- A recurring outcome related to the growing levels of trust between volunteer befrienders and befriendees, particularly for the specialist strands. Over time the telephone befriending service was understood to be something separate from formal service support and befriendees were secure that their conversations would be entirely private and have no adverse consequences. Volunteers also felt that once trust had been established befriendees have opened up and been more receptive to accepting other views or alternative ways of looking at scenarios - particularly when these views are not put forward as recommendations that must be followed and subsequently tracked.
- Volunteers self-reported both positive and negative outcomes and impacts for themselves. Positive impacts included increased sense of wellbeing, happiness and satisfaction; increased skills and expertise; new experiences as a result of meeting new people; positive support and feedback from the befriended; gaining work or personal references; increased personal confidence and empathy. Some volunteers recognised that there were times when they felt less helpful - particularly where they are unable to provide a fix for the situation faced by the befriended, or where befriended expectations fell outside of the parameters of the volunteer befriender's role. This in turn led to feelings of helplessness, impotence and anxiety, a feature that seems to be aligned with the severity of some of the issues faced by befriendees, notably from the specialist strands.

Section 5

Staff and Management Findings

This review incorporated opportunities for staff and management involved in Together Talks to feedback about their experiences. These sessions were important as they allowed staff and management to add additional insight to the themes identified by volunteer befrienders and befriendees, particularly on matters concerning operating practicalities and financial viability. Staff and management were also able to comment upon internal matters that were understandably not on the radar of the volunteer befrienders and befriendees.

Summary data obtained during interview and data analysis indicates that:

- Staff and management confirmed that isolation and loneliness remain the focus for Together Talks but agreed that these issues are often underpinned by multiple, interrelated issues, including anxiety and low-level depression, disability, bereavement and suicide.
- Three inter-related elements were identified as contributing to positive befriendees outcomes. Firstly, there is a perception that a befriender's personal confidence and motivation has increased. Once achieved, there is an increased likelihood that individuals will make other connections that extend beyond the befriender – befriender relationship, demonstrating improved socialisation and mixing. Secondly, improved confidence and motivation reflect an increase in trust amongst befriendees which in turn is also helping to build connections to the right support. Thirdly, it is suggested that trust develops because the telephone befriending offered is neutral and delivered in a non-judgemental manner leading to befriendees feeling safe and able to open up. This is perhaps the most important achievement of the project, a change of perspective and increasing independence for people who have so often relied on the support of other services to solve their issues.
- All befriendees across all three specialist strands are perceived to be making improvements and as such, the majority of project outcomes for befriendees are being achieved. Staff and management, suggest befriendees seem less isolated and lonely and through the contact with befrienders are becoming more supported and empowered - a key impact for the pilot project.
- Improved risk and safeguarding are dependent on volunteer befrienders recognising that an issue presents itself, with early recognition believed to be a consequence of the training received. The specialist strand where this is most evident is within Domestic Violence and Abuse where additional training, robust safeguarding plans and monthly reviews meetings have been put in place - features that may be useful for the other specialist strands to adopt.
- Cost effectiveness is aligned primarily to the time savings incurred by staff employed by the commissioning services - firstly, filling a gap that paid staff members would be unable to fill due to time constraints. Secondly, it was acknowledged that the nature of the support provided by Together Talks is *additional* to the support provided by paid professionals. This 'top up' allows professional staff to divert their time to other individuals in need, including those where support is critical

and/or time sensitive. This freeing up of time to deal with additional cases plus the ability to prioritise the most urgent cases is the key finding relating to the cost effectiveness of Together Talks.

- Meeting face to face remains contentious. As well as practical difficulties on issues such as risk and safeguarding, concerns were articulated about whether face to face contact could lead to conflict either between the volunteer befriender and befriended or with other family or domestic contacts. Agreement remains that the service should remain telephone based with only very discrete opportunities made available for befrienders who have demonstrable skills and previous experience. The fact that the service is telephone based is identified as a unique selling point, as often befriended also have very real concerns regarding personal safety and anonymity.
- Befriending support is currently available across all strands for a period of 12-weeks, albeit with some flexibility on a case-by-case basis. This was felt to be an important feature and crucial to manage befriended expectations about the parameters of the support available, particularly amongst befriended that are prone to demonstrate compulsive behaviours. The arrangement also reduced any potential for over-reliance on the support available or with the volunteer befriender.
- There was acknowledgement that more befriended and volunteer befrienders may access the service if call timelines could be extended until the early evening. Such a move would have practical consequences which whilst not completely insurmountable, would require staff buy in and changes to current operational procedures.
- Where an identified contact within the specialist service existed, a more positive working relationship was observed as in the Domestic Violence and Abuse strand. Where dedicated contacts have not been available - namely in Adult Social Care and Early Help the referral relationship is seen to be less straightforward with referrals coming from a range of staff members who refer befriended with difficulties that are too complex for a telephone befriending service. In these instances, befriended misunderstand the nature of the service and ask for advice on matters that volunteer befrienders are unable to deal with such as financial planning or medication needs. But pilot projects do take time to gain momentum, and it is noted that staff buy in and relationships are improving considerably with Early Help and Adult Social Care.
- Communication and awareness raising could be enhanced by the delivery of joint training from staff in the specialist services to the Together Talks team. Such training would also allow the project team - and possibly the volunteer befrienders - to support befriended more effectively and would overcome any feeling of inadequacy when compared with a highly trained or specialist professional worker.
- There was positive acknowledgement of the role of the volunteer befrienders. A volunteer workforce provides a greater number of people offering hands on support and brings a wider range of practical skills and experience. Providing a different perspective was seen as an important contribution made by volunteer befrienders. But as Covid-19 restrictions ease the project may reach a point where volunteer befriender capacity is over extended and insufficient.
- Whilst a small number of volunteer befriending schemes elsewhere are charging for services this is not thought to be feasible for Together Talks with most befriended already in a state of financial hardship.

Section 6

Befriender Findings

Volunteer befrienders, staff and management provide important insights, but their views are external ones, looking into someone else's life momentarily and only for a fixed 12-week period. It is the befriended who must continue to live their lives, after the telephone befriending support is received, and deal daily with complex challenges, and feelings of social isolation and loneliness.

Summary data obtained during interview and data analysis indicates that:

- 256 individual befriended have participated in Together Talks. Whilst this has exceeded the original target of 220, the intended breakdowns per strand have not been met in Early Help and Adult Social Care. This does not present significant concerns and had this review occurred three months later, with referral relationships continuing to improve these befriended outputs would have been achieved.
- Befriended have received 810.5 hours of support equating to an approximate half day of support and an average of just under 10 calls to each befriended. But these are estimates and it would be helpful if improved data could be collated regarding call times per strand to gain a more accurate understanding.
- Interrogation of befriended age ranges indicates a strong take up of opportunities in the 40-59 and the 60-79 brackets, with good take up in the 25-39 and 80+ categories. There is wide representation across ethnicities but there is a clear weighting towards female engagement. 100% of befriended live within a Bradford postcode area.
- For the purposes of **headline analysis**, survey data has been categorised against five headings: Loneliness, Family, Friendships, General Wellbeing and Health Wellbeing. The greatest overall *average improvement* is in General Wellbeing. Health Wellbeing and Family recorded a higher percentage of responses that indicated *no or little change*. The greatest average percentage *decline* when compared to other headline areas was Friendships.
- The highest percentage of responses indicating improvement are as follows: Feeling more optimistic about the future (71%); Feeling relaxed and feeling close to people (64%); Thinking clearly (55%); Dealing with problems well (50%) and Sharing private matters with friends (50%).
- When considering areas of decline between post service and pre-service status the following is observed:
 - Contact with friends - 27% indicated that the number of friends with which they engaged at least once a month had decreased.
 - Trips to the GP – 27% indicated that the number of trips made to the GP had increased therefore indicating a decline in this measure.
 - Friends when needed – 24% indicated a decrease in the perception of their ability to call on friends when needed.
 - Contact with family – 23% indicated that the number of family members with which a befriended engaged at least once a month had decreased.
 - Asking friends for help – 18% of responses recorded a decline in number of friends befriended felt they could call on for help.

- Qualitative data emerging from mid-service interviews adds further insight regarding the areas showing both overall improvement and decline. Befriendedees report feeling more optimistic, motivated and more actively engaged in social and community activities. They suggest that they feel more relaxed, can think more clearly and are dealing better with their problems. Befriendedees are also self-aware that their situations are complicated, and they do not expect the telephone befriending service to solve all their problems.
- In those areas that indicate a perceived decline, there is a common thread concerning deteriorating relationships with family and friends and an ongoing lack of trust. Evidence collected through mid-service interviews suggests that these answers refer to their existing family and friends and not the contacts made through Together Talks.
- Particularly across the three specialist strands the calls are welcomed for being non-judgemental and are seen as being separate from formal service support. Befriendedees understand that volunteer befrienders do not have a statutory connection, and this appears to reassure the befriendedee that he or she is not being '*marked up or down*' for achieving any pre-set targets or milestones. This appears to be leading to an improvement in self-worth and befriendedees feeling more respected.
- Little reference was made during the mid-service interviews that befriendedees were visiting their GPs less (which in turn may represent a negative outcome for Together Talks). Indeed, the findings from the Baseline and Follow Up surveys regarding increased visits to GPs may actually be a consequence of additional signposting by volunteer befrienders ensuring that befriendedees receive the right care at the right time. But this view at the present time cannot be evidenced as the possible reasoning for an increase in GP visits.
- Befriendedees welcomed the fact that Together Talks was easy to contact and liked the fact that the calls could cover a range of subjects that interested them - from gardening to the arts, through to travel, horseracing and animals. Particularly for elderly befriendedees, the calls were perceived as being genuine friendships, particularly for those that had lost loved ones.
- It is of note that some befriendedees expressed feeling a degree of guilt that the volunteer befriender is finding the contact boring or that the befriendedee is wasting a befriender's time when they miss a call. This is an important message for the Together Talks team and the volunteer befrienders to consider when their frustrations arise as to why calls are missed, or they feel that time is wasted trying to re-arrange appointments.

Section 7

Key findings and next stage development

For the purposes of drawing useful conclusions, it is useful to explore the original questions posed for this review.

1. Are Together Talks service users and volunteers feeling supported, empowered, and experiencing positive outcomes in a range of domains?

For 256 befriendees there have been self-reported improvements in levels of optimism about the future, in feeling more relaxed and closer to people, in thinking more clearly, in dealing with problems well and in sharing private matters with friends. These improvements, based on increased levels of trust, motivation and self-worth are leading to positive outcomes relating to social mixing, personal confidence, mental health and socialisation.

Feeling supported and empowered are however outcomes that do not happen overnight and certainly cannot be fully achieved within the confines of a short pilot project. Befriendees lead very complicated lives and challenges are still to be found notably in relation to ongoing influences from family and friends which continue to affect perceptions and approaches to personal difficulties.

Amongst the 179 volunteer befrienders there has been a good, representative balance secured to meet demand, although this may become more challenging as Covid-19 releases its hold on society. Volunteer befrienders feel well supported by the Together Talks team and there are early indications that some are using the experience to increase their own knowledge, skills and employability. Volunteer befrienders have made useful suggestions regarding how they could be further supported including ongoing training opportunities in conjunction with the specialist strands, plus opportunities to meet and share stories and experiences with other befrienders.

Other suggestions regarding meeting face to face and extending call hours, pose different operational challenges, although these are not insurmountable. The implementation of recommendations will depend on capacity within the Together Talks team and the resources they have at their disposal. But whichever recommendations are followed up, the ability to remain flexible will be key in ensuring that Together Talks continues to recruit volunteers who simply want to do the right thing and help others.

2. Is a telephone-based befriending and wellbeing service a suitable model for integrating volunteering with specialist services and offering a step-down service to support clients' improvements?

Positive outcomes and impacts can only be achieved if a right match is secured between the volunteer befriender and the befriendees. For Early Help and Adult Social Care in particular, there have been some early challenges and the commissioning services should intensify promotion within their respective departments to ensure increased buy in from staff and more efficient and appropriate referrals. Much can be learned from the approach taken by the Domestic Violence and Abuse strand, where a dedicated officer acts as a bridge, understanding the requirements, nuances and language of both parties, which ensures that befriendees are 'stepping forward'.

Telephone befriending should remain the delivery mechanism for Together Talks. It is the cheapest option, with no practical expenses and requires less safeguarding and risk arrangements. It also retains a 'degree of separation' between the client [the befriended] and the service [the befrienders and Together Talks staff], a feature that is particularly important in breaking their cycles of dependency and increasing their resilience. Over the long term this should also generate positive change, allowing befriendeds to solve their own problems - with just a little bit of the right support at the right time, rather than being dependent on intensive support which is costly and time consuming. A telephone-based service also widens the potential catchment area from which potential volunteer befrienders can be recruited.

Evidence suggests that issues of safety and the identification of risk and safeguarding are improving and reassuringly will continue to do so as volunteer befriender and team experiences further embed.

3. Can the befriending service reduce the visits to the GP/other services by service users from all three specialist services and the generic service?

There is a clear link between loneliness, social isolation and mental health. This review, using only data gathered from a single question suggests that visits to GPs have actually increased and have done so across all strands.

But this perceived 'deterioration' may not be all it seems. GP visits may have increased because befriendeds have accessed medical advice in a more appropriate and timely fashion. This would be a positive outcome, resulting in longer term savings. Similarly, if befriendeds are no longer requiring support from 'other services' then this too would be positive leading not only to cost savings, but also improving efficiencies and reducing the ever-increasing pressures felt by the commissioning services.

4. Is the Together Talks befriending service suitable for all three specialist services as a concurrent intervention service to support their service users in improving their wellbeing and desire to meet other people and reduce their sense of loneliness?

One of the strengths observed in this review is the cohesive relationship between staff and management involved in Together Talks. Whilst there have been some early challenges in generating appropriate referrals and ensuring mutually productive matches, such challenges are inevitable when a new service begins involving multiple partners, and over time they will resolve.

An ongoing challenge will be ensuring that Together Talks continues to be a concurrent service with efficient and constructive communication between parties, each of which will provide slightly different, but not identical roles. Befriendeds have, after all, complex individual problems that cross boundaries of support and journeys towards independence are never going to be straight forward. But as the evidence from this project indicates, working together in flexible and exploratory ways has resulted in demonstrable, positive self-reported benefits for the majority of befriendeds.

5. Does Together Talks offer cost savings to commissioners for Adult Social Care, Early Help, Domestic Violence and Abuse service providers?

Evidence for cost savings is starting to emerge with service providers acknowledging that by stepping clients down to Together Talks, staff have

additional time free to deal with other clients waiting in the system, some of whom have more acute problems to deal with or are in a more immediate state of crisis. Similarly, when befriendees are referred back for further service provider support, there is reassurance that the issue being referred requires sufficient attention for it to come back in, which in turn saves valuable time.

So, Together Talks appears to have the capacity to generate cost savings but for these to become visible and capable of articulation in purely financial terms the project needs more time to deliver. If this is possible and if proper measurement systems are in place within the commissioning services, then this review concludes that these financial savings will be compelling.

Most befriending schemes are dependent on sources of external funding with only a handful being able to generate income via paid services. Initiating a charge for Together Talks services is impossible from the point of view of the befriendees due to limited finances and it would be extremely difficult to sell the service to any third-party body such as a college or university.

With most befriending schemes, funding is typically handed over from a grant giver or service provider and whilst there are certain targets and financial profiles to be achieved, the befriending delivery body is largely 'left alone' to devise strategies and deliver activities. This review suggests that Together Talks appears to be very different, working in very close partnership with the funders, to deliver a service that meets the operational requirements of the funder, over and above the financial funding package agreed.

6. Is the digital platform being used cost effective for both the service user pathway and the volunteer pathway in delivering a befriending service as compared to a traditional befriending service?

The digital platform has served its initial purpose of helping Together Talks get up and running by attracting befrienders and befriendees. It has allowed the project team to make matches and track some information relating to the befriender and befriender demographic. But the platform is not fully supporting the potential to achieve wider outcomes, particularly related to empowering and supporting volunteers and does not appear to offer any visible benefits for the specialist strands such as sourcing real time data about befriendees and the progress being made. Whilst it is recognised that cost implications may be prohibitive at this stage, these may be built into future funding bids to streamline the system and improve functionality.

7. Has Together Talks established new models of care and best practice?

Together Talks is distinct from the majority of schemes researched in three important ways. Firstly, the scheme is being organised and delivered in a very professional way with Together Talks taking time to provide a tailored service in areas such as training, matching and follow up. Secondly, the pilot project has really focused in on its core objectives. Whilst some of the anticipated outcomes could do with further refinement, the project is fit for purpose, with clear boundaries and has broken down the conventional spatial link that has so often limited other befriending schemes. Finally, the distinctiveness of Together Talks derives from the presence of a shared outcome - agreed with input from three specialist strands. This makes Together Talks a highly tailored scheme, focusing in on the need of an individual, whilst at the same time actively committing to a more collective need.

Policy&Practice

St Chad's College, Durham University

Policy&Practice is a multidisciplinary research group based at St Chad's College, Durham University. Our staff, research associates and fellows are committed to the promotion of social justice in the United Kingdom and beyond.

Policy&Practice is the banner under which this work is communicated to a wider community of interest. The College is committed to undertaking research, policy analysis and evaluation that makes a difference to the way policy makers and practitioners carry out their work, aimed ultimately at increasing the benefit gained by the people for whom they work. We do this through applied research and evaluation for a wide range of private sector organisations, independent charitable foundations, national and local government, charities and other non-profit organisations.

Our work is heavily embedded in the North of England, but we do not confine our work to this area. Several national and international studies have been undertaken over the years in continental Europe, the United States, South Africa and Japan. What we hope to do is to use our learning to help increase our scope for understanding complex social, economic and political issues and our ability to help people tackle challenges in a positive, pragmatic and effective way in new contexts.

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