

# Understanding the implementation of a befriending service to support the needs of isolated vulnerable adults in the community: A rapid analysis

Fiona Riordan<sup>1\*</sup>, Tanya van de Water<sup>1</sup>, Sheena M. McHugh<sup>1</sup> <sup>1</sup>School of Public Health, University College Cork, Cork

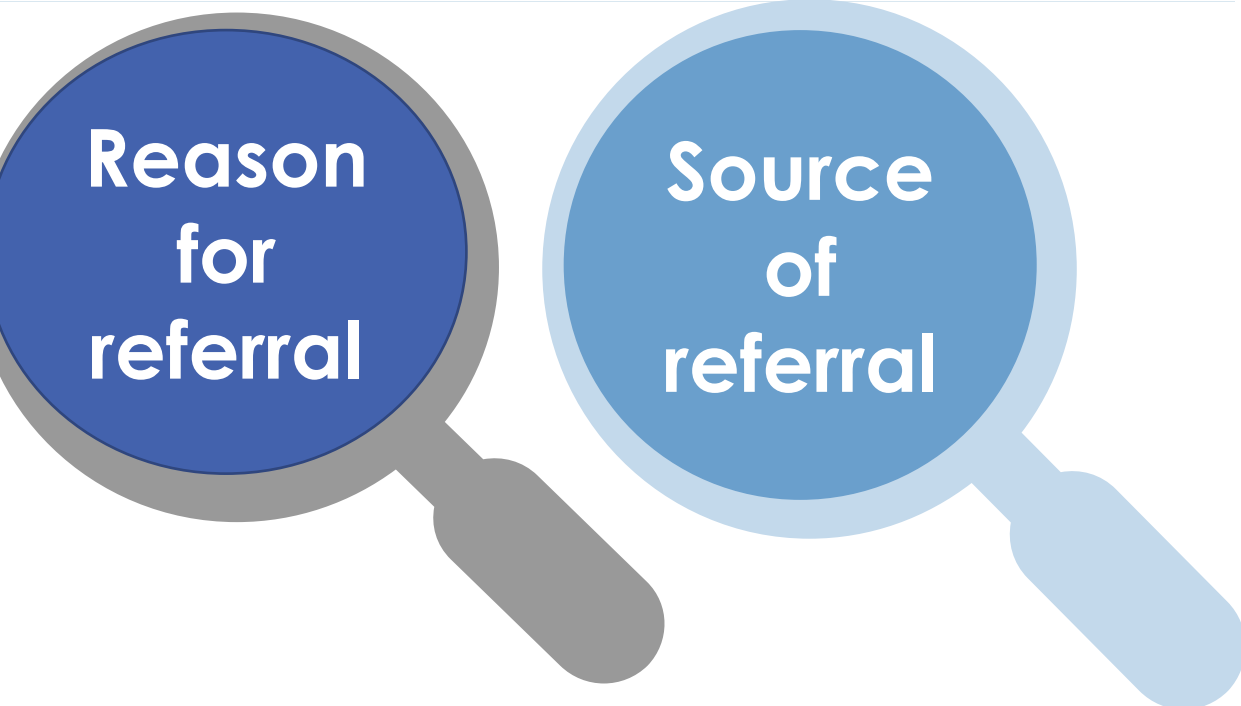


## Introduction

COVID-19 has increased the focus on befriending services to support and connect vulnerable people. Given the dearth of research on these services in Ireland, we aimed to understand the implementation of a local befriending service from the perspectives of service co-ordinators, volunteers and health care professionals.

## Methods

### Analyse service data



### Conduct semi-structured interviews and focus groups (July-Sept. 2021)

- Coordinators (n=3)
- Health care professionals (n=10)
- Volunteers (n=9)

### Online workshop (Nov. 2021)



### Analysis

- Rapidly summarize audio recordings on RAP (Rapid Assessment Procedure) sheets
- Synthesize across study objectives

## Findings

### Referrals

- Most referrals from public health nursing and community health workers (**Figure 1**)
- Main reasons were mental health (n=63/279, 23%), isolation/loneliness (n=60/279, 22%), or mobility/disability (n=55/279, 20%).

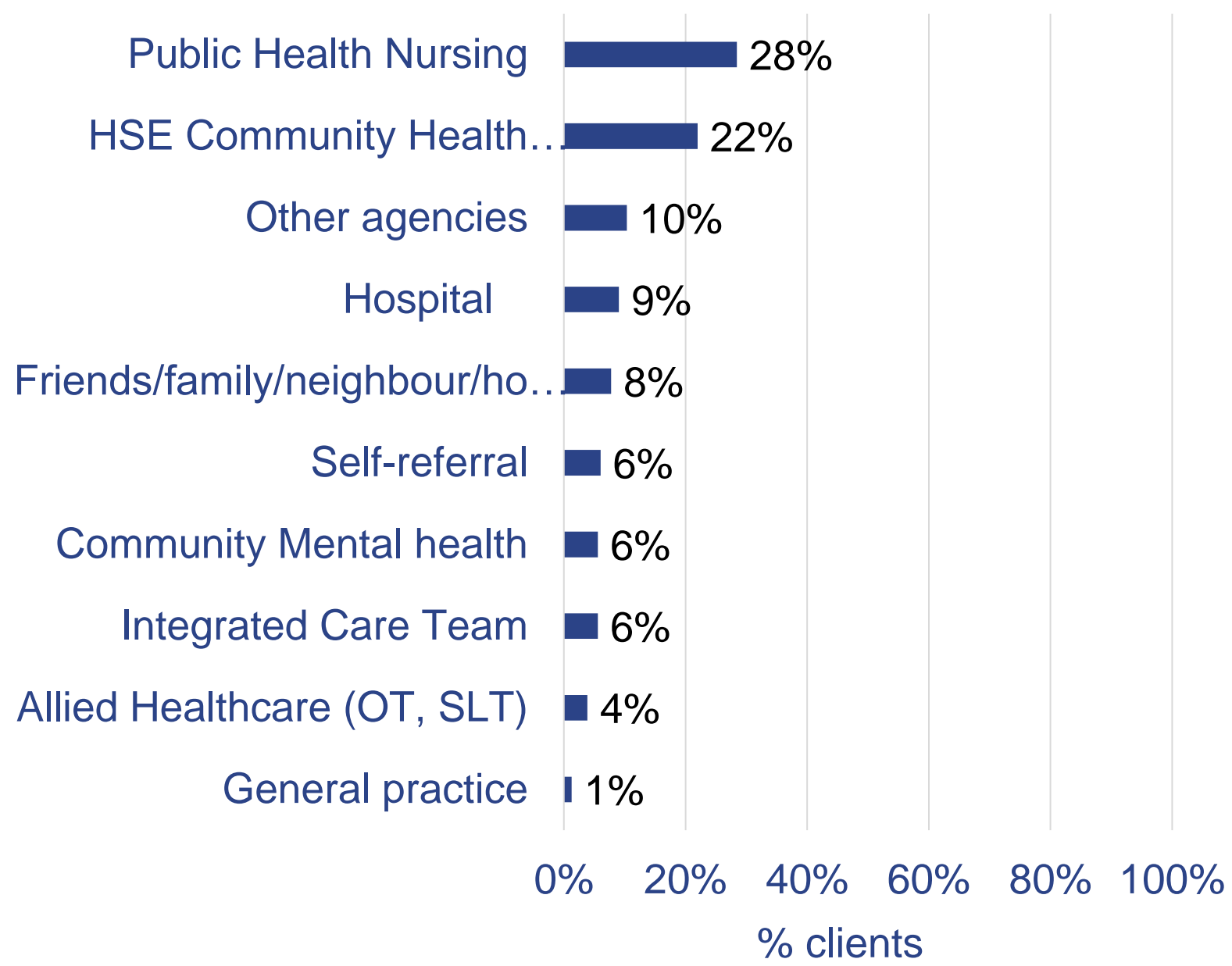


Figure 1: Referral sources among 232 clients

### Barriers (-) and facilitators (+) of service implementation

#### Resources

- Limited resources compounded by often ad hoc and tenuous funding (-).

#### Knowledge

- Lead coordinator's tacit knowledge of supports (+) and clients promoted continuity and timeliness of action on client's behalf (+)

#### Networking & communication

- Long-standing trusted relationships with other agencies and health care providers (+).
- 'Concise' referral form and central coordinator facilitated HCP referrals (+), but service lacked visibility and clear definition for new referrers (-).
- Volunteers 'buoyed' by the role, but newer volunteers lacked peer support due to remote working (-). Some found it challenging to manage the boundaries of their relationship with clients (-).

## Conclusion

Service is strengthened by a central committed coordinator, along with long-standing links and trusted relationships with other agencies and health care providers. However, the service faces key challenges in terms of funding and resources. Under key societal challenges such as the global pandemic, it is important to consider what supports and adaptations befriending services require to ensure sustainable delivery.