

*“Sometimes I shout out loud just to know  
I’m alive, just to hear my own voice”*

Planning for Local Befriending  
Oban, Lorn and the Isles

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# 1. Report Summary

There is an identified need for the provision of a service to reduce loneliness and isolation, improve quality of life and support older people - particularly the more frail and those living with dementia - to live active and independent lives in the community. This supports the aims of Reshaping Care for Older People and 2 of 5 pillars of Post Diagnostic Support (Alzheimer Scotland pilot – Scotland’s National Dementia Strategy)

Befriending has been shown to reduce perceived loneliness and isolation and increase feelings of wellbeing and independence by up to 42% after 6-12 months of service (Cowal Elderly Befrienders, Outcome Evaluation Scores 2012 appendix 2). Adopting a more flexible model in addition to the traditional 1-2-1 Befriending, can put older people at the heart of delivering the service; creating new support networks that enhance self esteem and resilience. Befriending supports work on enablement and re-ablement and would augment the new services offered by the statutory and voluntary sectors under RCOP

Interviews with older people themselves expressed the need most clearly;-

- ***“Sometimes I just cry, but nobody knows”***
- ***“..being alive is not the same as living..”***
- ***“I talk out loud to myself, to hear if my thoughts make sense; there’s no one else to talk to and it worries me”***
- ***“I wish I had something to look forward to, just now and then”***
- ***“Everything kicks in when you are ill in hospital, but now I’m better, I’m still old and can’t get out as much, they forget about you once you’re better”***

***“Older people would rather be ill than lonely”*** (Community Nurse, Lorn Medical Centre) Loneliness has been proven to have serious effects on both mental and physical health, leading older people to need (and continue to want) additional health and care services.

There are many excellent groups and services in the area, but in many cases, no clear referral pathway for staff to access them for clients, or enough appropriate support to help *frail* older people attend. The impact of RCOP is evident with new groups and services set up and supported through A.V.A. Community Resilience, (Soup Group, Grey Matters, Elderly Forum etc) and Alzheimer’s Scotland.

The need appeared to be greatest in Oban itself; some rural areas and islands felt they ‘looked after’ their older people well, with others identifying individuals or smaller areas of need. Rural communities would want input to and ownership of, any service working in their area. Obvious resource implications of delivering services to island communities but support could be offered to develop befriending through existing services where requested (south of Mull)

Lack of accessible transport is a significant issue across the whole area for older people who cannot access services without support - this would need to be addressed in the provision of any new service.

Statutory agencies estimate the numbers of people who might benefit from a befriending service could be 100+. It is unlikely that this level of need could be supported by a solely volunteer based service. A service with both Outreach Staff and volunteers would be more consistent, flexible and effective, reaching greater numbers and guaranteeing service in the most rural areas.

Services identified as having most impact; ‘Out and About’ (keeping people active in the community and developing peer support), 1-2-1 Befriending (developing supportive relationships, including extra support to fully include people living with dementia), Shopping Service.

## **Recommendation**

Setting up of a pilot project, initially offering Befriending in the wider Oban area, developing initial outreach services in response to referrals and identified need in Community Council areas of;- Glenorchy and Innishail, Ardchatten.

## **Resources Required**

Initially, 1 Development Worker (full time) – to establish service and seek further resources.  
Accessible Vehicle, ideally, small 6-8 seat mini-bus, + running costs.

Office Base (shared if possible) + core set-up and running expenses (telephone, stationery, IT, travel, etc)  
Project Management and support through existing relevant project.

## **2.1 Research Methods**

The purpose of the research was to map and assess the potential need, resources both existing and required, and best options for delivering a Befriending Service in the Oban, Lorn and the Isles area. The emerging need and consequent problems caused by loneliness and isolation have already been identified by a number of frontline staff and raised as an issue through RCOP.

Research was carried out by staff from Cowal Elderly Befrienders, supported by the Community Resilience Worker from Argyll Voluntary Action. Cowal Elderly Befrienders have almost 17 years experience of developing, running, monitoring and evaluating a range of befriending services across the whole of the Cowal peninsula, offering over 15,000 hours service - to approximately 150 older people each year. We have drawn on this experience to inform some areas of this report - particularly on options for future service delivery and resources required.

The main population centre is in Oban with numerous villages and settlements and inhabited islands making up the rest of the area. Opinions were sought and research carried out across as many areas as possible including several island communities, though it was impossible to speak to every local community group, attempt were made to gain information from every area.

Background demographic statistics are included as Appendix 1, however it will be well known by all on the RCOP Board that in the latest projections for Argyll and Bute, the population aged over 75 is set to increase by 73.6% between 2010 – 2035 with continuing implication for the way services are planned and delivered.

Research has been carried out over a 5 month period, using a variety of methods. The emphasis was on *listening* to people and communities, using 1-2-1 and small group interviews wherever possible, to gain the best qualitative information, as the concept of loneliness is subjective (though its effects are not). We focussed on older people themselves, those who work most closely with them and people active in supporting local community activity.

## **2.2 Interviews**

### **Individual Interviews with 12 older people**

Age range 65 to 94, range of health issues from sensory impairment and mobility issues to dementia and long term illness. Geographically spread to include the opinion of people living in the town of Oban, some living on the outskirts and some in the more remote rural part of the area. People interviewed had a range of different support structures;-

3 lived with family/immediate support  
3 lived in sheltered housing  
6 lived alone

### **Interviews with carers**

3 carers supporting a family member with dementia  
1 carer with family member in sheltered housing  
1 carer with family member living alone in the community

### **Interviews**

Oban Home Care Organiser  
Duty Social Worker  
Integrated Care Team Lead  
Dementia Team Social Worker  
Carers Centre

Alzheimer Scotland, Oban  
Community Nurses, Lorne Medical Centre  
Community Nurses, Connel Medical Practice  
Argyll Voluntary Action, Community Resilience Worker  
Councillor Elaine Robertson  
Musical Memories (Singing for the Brain), Friendship Group – Elizabeth Little  
Care and Repair Officer  
Oban Community Council

**Staff members/managers**

Lynnside Day Centre  
Dunmar Court  
Torosay Court

**Residents**

Dunmar Court  
Lynn Court

**Research Visit to Tiree (Appendix 3)**

Tiree Resource Centre  
Retired Policeman – 40 years on the island  
Community members

**Research Visit to Mull (Appendix 4)**

Home Care Manager  
Bunessan Community Café and Ross of Mull Community Transport  
Tobermory Lunch Club and Committee  
Glen Iosal Sheltered Housing Manager

**Telephone Interviews**

North Argyll Volunteer Car Scheme  
Argyll and Bute Council – Transport Manager;  
Argyll and Bute Council - Community Development Officer  
Alzheimer's Scotland Post Diagnostic Support Manager  
Connel Community Council  
Avich and Kilchrenan Community Council  
Arduaine, Kilmelford and Kilninver Community Council  
Kilmelford and Kilninver Church of Scotland Elder  
Dalmally and Loch Awe Lunch Club  
Seil Island Lunch Club  
Pam Gibson – volunteer driver (rtd health professional covering Dalmally/Portsonachen/Eredine/Dalavich Inveraray )

**On-line Survey**

Appin Community Council  
Ardchattan Community Council  
Glenorchy and Innishail Community Council  
Taynuilt Community Council  
Lismore Community Council

Questions looked at 5 main topics;-

- What effect does loneliness and isolation have on older people in this area?
- Why is this a problem now - short or long term?
- What other services and resources are there?
- Where and for whom is the problem most acute?
- What service or services would make most difference to the problem?

Further research was then carried out to look at the most appropriate response to the identified need and possible service models compared.

### 3. Effects of loneliness and isolation

Most Health, Social Care, Voluntary Sector staff and community members spoken to confirm they have been aware of this issue for some time, expressed the need to deal with the debilitating effects that loneliness can have and were pleased that this initiative to look at a possible solution was taking place.

Effects identified include;

- **Self neglect**
- **Lack of motivation, nothing to get up for**
- **Feeling worthless**
- **Increased confusion when days are all the same**
- **Loss of confidence – stops them accessing support**
- **Increasing depression, persistent low mood**
- **Give up too soon - want to have formal care**
- **Focussing on the negative, on what they *can't* do**
- **Makes the common illnesses of older age feel much worse**
- **People feel shut off from community life**
- **Lose the ability to communicate**
- **Can become withdrawn, frightened and anxious**
- **Physically damaging – no exercise reduces mobility, can lead to falls**

And perhaps most significantly

- **“Older people would rather be ill than lonely”** (Community Nurse, Lorn Medical Centre)

This stark comment and the effects noted above, highlight the need, and the possible consequence of not dealing with this issue. Community Nurses at Connel Medical Centre said

“ **(some) older people want something wrong because it brings people in**” If they only way that you know you will see people, have some interaction and someone to care, to listen to how you feel, is by being ill, then it may feel like the only option. Another nurse commented “**they are reluctant to get better because they know the visits will stop**” With demographic patterns putting extreme pressure on resources for health and care we must try to keep older people as healthy, active and independent as possible; expensive medical resources may be called on where one of the underlying problem may be loneliness.

This is not to imply that *feeling* lonely or isolated is not directly linked to ill health. Experiencing loneliness and isolation has been proven in many studies to have serious effects on both physical and mental health;

*Lonely older adults were found to have a higher risk of hypertension and greater increases in systolic blood pressure over time.* (Hawkley LC, Thisted RA, Masi CM, Cacioppo JT – **Loneliness predicts increased blood pressure - 2010**)

*Loneliness also increases the likelihood of developing depression. This in itself affects the ability to fight illness.* (Cacioppo JT, Hughes ME, Waite LJ, Hawkley LC, Thisted RA – **Loneliness as a specific risk factor for depressive symptoms – 2006**).

*Loneliness is associated with a more rapid decline in cognitive function in people with Alzheimer’s* (Wilson RS, Krueger KR Arnold SE, Schneider JA, Kelly JF, Barnes LL – **Loneliness and risk of Alzheimer disease – 2007**).

*Having weak social connections carries a health risk*

- *Equivalent to smoking 15 cigarettes a day*
- *Equivalent to being an alcoholic*
- *More harmful than not exercising*
- *Twice as harmful as obesity*

(Holt-Lundstad J, Smith TB, Layton JB - **Social relationships and mortality risk: a meta-analytic review – 2010**).

Another negative impact of loneliness is that it can make older people more vulnerable to scams, door step callers and telephone sales cold calling. Cowal Befrienders has evidence of older people giving their bank details and agreeing to services they do not want or need just because a friendly person called.

Given the projected rise in the numbers of people over 75 and the fact the problems of loneliness and isolation already exist and are identified in this area, it would seem to be both responsive and cost effective to set up a service to reduce the impact this can have; a service that would develop to meet the differing needs of individuals and communities as part of the longer term reshaping of care for older people.

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#### **4. Why has this happened - will it continue to be a growing problem?**

Interestingly, although Oban has grown significantly in the last 20 years, the population for Oban and Lorn has only increased slightly, indicating perhaps more single person households and holiday homes (20% of homes on Tiree are holiday homes). Families are more scattered and over the last 20 years there has been an increase of women working full time, particularly when children have left home, meaning the traditional family support model is rare. All the older people spoken too who had family in the area mentioned how busy they were; how little time they had to spare: the faster pace of modern life can leave older people behind.

Oban and its surrounding villages and settlements has long been an attractive retirement community but that poses problems when one person is left alone with no local support networks. Even those who have lived in the area all their lives, who still have friends and acquaintances here, can find it difficult to keep in touch without some support, "**We used to meet every Saturday, but since she fell she won't come out alone, I can't help her now, my sight is not good**" Some people who rarely come to the attention of statutory services; who have always been thought of as independent and coping, who are not ill but just becoming old and growing frail, or those who are known to have family in the area, may be overlooked for formal support to be included in local events.

People are living longer and there have had to be changes to the way services are provided – loss of the old 'Home-Help' system, increasing use of Telecare, which provides valuable monitoring and security but reduces personal contact "**they keep taking the people away**". Charging policy for day care, limited transport, different agencies providing care with loss of familiar faces. Reduced services and warden cover in sheltered housing, people feel abandoned and anxious "**They shouldn't be making things harder for us**" Our need to reduce dependency on services creates another issue - who do older people, who do not have close family support, depend on? We highlight the need to keep older people independent but without support that allows inter-dependence, our new policies and strategies may force older people into a very lonely life.

One of the initial findings from Reshaping Care engagement events was that "*people want to **stay in their own homes** for as long as possible. Of all the questions raised at events, this one received a near unanimous response, but was tempered with "for as long as people feel safe"; or "for as long as a person doesn't feel too cut off". For some people staying at home alone, with "different*

**carer's just flying in and out**", little meaningful social interaction or peer support, offers little quality of life. Would any of us opt for this?

It was mentioned several times that older people are reluctant to pay for services - they may have all the benefits they are entitled to but will not spend the money on support. We should remember that this is generation who saw the inception of the NHS, promising care from 'cradle to grave'. It will have been their experience, when arranging care for *their* older relatives that wrap around care was provided free and it must seem unjust that now it is their turn they are expected to pay for everything other than basic personal care.

The long term aims of Reshaping Care is to change the way we regard older age, that people will live longer healthier lives and be more able to take care of themselves and remain independent. Services put in place, e.g. the support for encouraging volunteering and mutual support through Timebanking will have a growing effect in the longer term. The generation approaching, or in early retirement now, are much more aware of the need to plan for the future. The Facebook, Facetime and Skype generations have a different attitude to social interaction and it is likely that the need to assist with on-going social support will reduce in decades to come.

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## 5.1 Existing Services

Across the area there are many excellent services, notably (but not exclusively):-

- North Argyll Volunteer Car Scheme
- Argyll Voluntary Action, Community Resilience, Soup Group and Grey Matters groups
- Argyll Voluntary Action, TimeBanking
- Musical Memories (Singing for the Brain)
- Bunnssan Community Café
- Friendship Club
- Fitness and Laughter group
- Alzheimers Scotland support for activities
- Lismore Community Transport 'Granny Bus'
- Linnside Outreach (Ford Spence Court)
- O.L.D.S. Oban and Lorn District Seniors
- Carer's Centre and Crossroads groups and activities

Plus numerous rural lunch clubs, friendship groups, craft classes etc.

Although every effort is made to include as many people as possible, in some cases, there is often no clear referral pathway for statutory and other services to access them and a lack of consistent accessible transport and support. Some services are by invitation rather than referral, some have been created (though not exclusively) for people living with dementia. With the exception of Linnside Outreach, none are dedicated to reducing loneliness, developing individual or peer support on a frequent and regular basis for the *most frail or isolated*. A new, small scale Befriending service is being set up within one of the Churches - they felt they had to address the need - but this is only for their parishioners and will be by internal referral only.

Befriending – with the implied creation of trusted and supportive relationships - can be offered to the most frail and vulnerable members of our community so must offer the same levels of protection and support for clients and staff (both paid and unpaid) as many of the statutory health and care services. Most groups run with a core of dedicated volunteers but few (other than Crossroads) are set up to provide the level of support necessary for Befriending the most



vulnerable frail or elderly people, i.e. volunteer recruitment, PVG checks, induction training (inc Protection of Vulnerable Adults), support and supervision, ongoing training, monitoring and evaluation.

## 5.2 Transport

Unsurprisingly, lack of accessible transport was highlighted as one of the biggest issues for many older people in the area; in a recent Age Scotland article, one Argyll resident commented **"...a lot of discussion these days is about keeping older people 'interested in things' We are interested in things – we just can't get to them!"**

It is particularly difficult for those who cannot access normal bus or taxi services without support. Most voluntary groups rely on people arranging their own transport or using a pool of volunteers to pick others up in their cars. Other than using NAVCS - see below - this is a free and informal service. There is just one wheelchair accessible taxi in Oban, local private mini-bus hire is available but not accessible, and there is no clear route for using/hiring accessible buses owned by other agencies. Use of Argyll and Bute Council buses (Education and Social Care) is obviously limited to the very few times when they are not needed for their primary purpose and recently; access has reduced for voluntary and community groups to mostly evenings and weekends. Local knowledge and contacts helps, with some groups able to use a mini-bus owned by a Shinty Club but this is not fully accessible; the recent closure of Soroba House Hotel and the services offered there, meant the loss of the most frequently used, available and accessible bus.

North Argyll Volunteer Car Scheme runs an excellent and well known service in many of the more rural areas. The scheme organises volunteers to use their own cars to provide transport for people who would otherwise be unable to make local journeys for health appointments, to access essential services or onward transport. It covers the Community Council areas of Seil, Luing, Kilninver and Kilmelford, Glenorchy, Innishail, Taynuilt, Kilchrenan and Dalavich. Passengers must register with the part-time, paid coordinator and are asked to make a contribution to journey costs, 30p per mile up to a maximum of £7.50 for journeys from Arduaine/Kilmelford or £8.50 from Dalmally/Loch Awe. Drivers are paid 35p per mile with the difference coming from grant funding. The Scheme is set up to provide transport rather than social interaction and could be expensive to use for social occasions unless the driver is going to attend the same event i.e. Seil Lunch Club, as 2 fares might be required. Due to volunteer scheduling, passengers cannot choose or request specific drivers. Passengers are usually relatively mobile as the level of physical support offered is up to individual volunteers. Physical support is not generally offered for activities e.g. shopping. Unfortunately it is not available in Oban and immediate surrounding areas.

There are community transport scheme on both Lismore (volunteer drivers) Tiree (ring and ride bus service) and the Ross of Mull (community mini-bus) with a small volunteer car scheme starting around Tobermory. Many people on the islands mentioned the loss of the Council's Better Neighbourhood 'Stay Put' services which helped older people keep active by providing accessible vehicles and support.

Red Cross transport - currently based in Lochgilphead could be made available in the Oban area if requested in advance; this does incur a charge. The Red Cross are aware that they do not have a current presence or formal role in the Oban area - other than a small transport service based on Mull - but would be keen to develop a service if an appropriate need was to emerge.

We found that, in town, most people interviewed had heard of *some* of the available services, depending on their area of interest, but were less sure of where and when they operated or who to contact to find out more or make a referral. In the rural areas the names of one or two active local people were generally given as a way of accessing anything that was going on. For the older people interviewed, some were using or had used services but were unclear of how this had been organised.

A Befriending service, which would have clear referral criteria and structures, could support the more frail or isolated to attend some of the other activities and services provided, maximising the benefit offered, without placing additional demands on the groups or volunteers. **"More people would really enjoy it (Dalmally and Loch Awe Lunch club) if we could just get them to it"**

## **6. Where, and for whom, are services most needed?**

Opinions varied across the area on where the need is greatest and the numbers of people who might be affected. The most reliable estimate of numbers of people in need is from Social Care and Health services where the Duty Social Workers stated that she takes **at least** one call each week from someone who is asking for help or being referred where loneliness or isolation is the underlying cause; added to this, an estimate from the Dementia Team Social Worker of 30+ clients who would benefit from increased social interaction, plus the individuals identified by Community Nurses in the most remote rural areas and it suggests that a new Befriending Service might receive up to **100 referrals** in the first year.

Some rural areas felt that there was already strong community support for older people in the area, with a pool of local people volunteering informally; though most admitted there were no structures to make sure everyone in need was included, word of mouth was generally felt to be effective. In Appin, Taynuilt, Connel, Kilninver, Kilmelford, Tobermory and Tiree, people felt there was good support, that most older people were identified and looked out for. In one remote area the local postman 'keeps an eye' on all the older people, calling in regularly to check they are feeling well. In Lismore, local older people were thought to have enough support but perhaps not those who had moved to the island for retirement and were less well known to the community. South west of Oban everyone speaks very highly of the services provided by Easdale Medical Practice and think that no older person would be missed out if thought to be in need. This does contrast slightly with information from Health and Social Care professionals who could identify individuals in most areas who could be considered lonely and/or isolated.

Other rural areas - South of Mull, Glenorchy, Loch Awe, Dalmally, Ardchatten, Benderloch and Barcaldine all identified a need for extra support; and in some cases, support for existing organisations struggling to raise funds and volunteers to keep services going. Areas where the population is most scattered tend to have less cohesive community support simply due to geography. A Church of Scotland Elder from the area Kilninver to Arduaine, where there already is good support and a real attempt to include everyone, told us that the need to have a more formal approach to identifying those who may be lonely or isolated how they might address this, is to be discussed at their next Kirk Session meeting

In Oban and immediate surrounding area, people were **certain** that a service was needed. Older people spoken to, highlighted transport problems and the difficulties of remaining independent, some knew of local groups but had no idea how to access them and little expectation that they might be supported to do so, some cited friends or acquaintances that could no longer get out. Some older people in sheltered housing, initially feeling they all had a good social life, quickly identified others who did not or could not join in with activities in the residents lounge or get out into the community unassisted. Agencies know of clients who would benefit from increased social support and interaction, particularly in the wider Oban area but feel there is little available, some groups already struggle to get enough volunteers to support service users.

Who might benefit from a Befriending Service was again the subject of very different opinions. The expected profile of a frail old person, living alone in a remote house in a rural area, was suggested but front line staff also identified wider causes and life circumstances that lead to feelings of loneliness and isolation. The lady is her 60's with early onset dementia who is unable to continue with normal social activities and 'trapped' at home to be safe; the elderly man, with mobility problems, with numerous carer and neighbour visits but who never sets foot outside his door; the frail but active older 'in-comer' in sheltered housing who doesn't know her neighbours; all can

experience degrees of loneliness or isolation that can lead to the problems outlined earlier. We must also be aware that even when it appears that people are well supported there can be unexpected need; the realities of living with family means that people are often alone for the greater part of the day if family members are working, but may be regarded as unlikely to be lonely as they are in the family household; or, that if the family wanted them to take part in local events this would be arranged for them. If living with family present in the house all day, problems can arise with feelings of loss of independence, being a 'nuisance' or a 'burden', having no life out-with the family routine. Some have little or no peer support or social interaction out-with the immediate family circle. Older people, even those with memory problems, can be aware of tensions in the household, which they may feel partly responsible for.

**“they need a break – I didn’t ever think I’d end up like this”**

**“I just go to my room after tea, they need time to talk”**

**“the grandchildren are great but I need to watch what I say to them”**

Some older people interviewed, who had good local support, mentioned that they did not want to rely too much on family. They felt that the more independent they could be, the better the relationship with their families would be,

**“I hate to think they would sigh if they see me coming up the path”**

**“My daughter has her own problems and I don’t want to be one of them, if I can’t help her at least I don’t need to add to her worries”**

**“When I wasn’t well my daughter took over, but now I think she thinks I’m stupid and can’t manage, we argue all the time about what I should be doing”**

It would therefore be unwise to restrict referral criteria to those who live alone - but to look at individual circumstances. For health and care professionals and other agencies to identify and refer for service anyone they consider to be affected by loneliness and/or isolation, whatever their home situation should be. An indirect outcome and benefit for carers is that befriending provides what has been called 'guilt free' respite. The service is offered to the cared for person, meaning they will be out enjoying themselves or have someone visit just for them, the same service that is offered to those without carers. This additional support is often appreciated in the most rural areas where services are limited.

The Charter of Rights for people with dementia and their carers in Scotland states their equal right 'to live as independently as possible with access to recreational, leisure and cultural life in their community'. We asked if a Befriending service might be needed for people with dementia - perhaps there were sufficient opportunities or services through other new initiatives. A carer told us

**“Segregated services focus on \*\*\*\*\*’s disability, makes her more aware of it”**. The Post Diagnostic Support Manager for Argyll and Clyde commented that they would like to see the model currently operating in Cowal offered across this area as it fully includes people living with dementia with their peers in all activities. Sound equality principles built into any new service may mean that extra resources are required to be fully inclusive but this must be taken account when planning.

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## **7. 1 What service or services would make the most difference?**

When looking at the type of service that might be provided, we must remember that loneliness and isolation are subtly different - Isolation can be seen as lack of social contact, community involvement, or access to services. Loneliness, by contrast, is a feeling or emotion, a subjective sense of not having as much social interaction or contact as is wanted or needed. It is therefore possible to be isolated without being lonely, and to be lonely without being isolated. Different approaches and service options will be needed for different people and the individual circumstances they experience.

**'Older people experiencing isolation require practical help. Older people experiencing loneliness require social support and extended social networks'**. [Cattan M (2001) – *Supporting older people to overcome social isolation and loneliness*].

Most of the older people spoken too expressed the same wishes – they wanted to be active, to feel useful and part of local life. They did not want to be a 'burden' on family or friends, did not want simply to be recipients of care, most missed any form of peer interaction, having carers come in several times a day is not the same as feeling *cared about or valued*. 1-2-1 befriending, though ideal for and much appreciated by some, can further isolate people if what they want is to play an active part in the community again.

Professional and carers wanted a flexible, inclusive service that would respond to different and changing needs across a wide age range (60+ upwards) and could work **with** the different rural communities.

The main services requested were;

- Support to get out of the house, getting people out of 'these 4 walls'; with most older people themselves expressing a preference to get out into the community if possible, to do 'normal' things again, developing new peer support networks.
- Traditional 1-2-1 befriending with home visiting providing companionship and building confidence...that could lead to more involvement in community life.
- Support for people with early onset dementia to pursue personal interests
- Shopping Service, support to keep doing this independently or Food Train model.

It is important that the service should be able to respond to changing need with minimal interruption. The aim is to have a service that can provide social interaction and show a sustained level of interest in someone's wellbeing as they go through the inevitable ageing process, come through periods of ill health or changing abilities. To be part of a service that suddenly stops if, for instance, a fall seriously restricts mobility, will only highlight and exacerbate the potential difficulties of getting older. The barriers to normal life for even the frailest older person are often surprisingly small;- by allowing time, going at their pace, showing an interest by frequent, regular contact and offering appropriate support and accessible transport, we can set up a project where no-one feels they are a 'burden' or a 'bother'. That's what it's there for!

## **7.2 Promoting Independence**

One of the main aims of RCOP is to promote independence and develop services that help older people to help themselves and their peers.

In a recent study carried out by Cowal Befrienders looking at whether Befriending can promote independence, the results were surprising. Older people said that, of course, the practical support from the project and the peer support from other clients helped, but equally important was the way participating in our services lifted their mood, helped them *feel* better. Knowing that support was there if required and that **"I just have to lift the phone if I feel low"** relieved anxiety, that feeling happier, more confident and with something to look forward to made them feel more positive, capable and wanting to cope. **"When I'm down I just sit in my chair, but if I've been out with Befrienders I feel good and try to do the dishes"** Befriending would therefore support enablement and re-ablement work being carried out by other agencies.

## 8. Service delivery

### Recommendation

Establishment of a Befriending project that would offer a range of different services across the area, with services as identified above. Service should be;-

- Flexible
- Responsive
- Consistent (same faces)
- Frequent, regular and reliable
- Safe

Project should adhere to Befriending Networks guidelines for 1-2-1 service based on their Vital Skills in Befriending Training. Minimum recruitment, training and support requirement for staff and volunteers;

- Application, references, Interview, PVG check
- Induction Training – Protection of Vulnerable Adults, Confidentiality, Boundaries, Risk Assessment, Dementia Awareness, First Aid
- Regular programme of support and supervision
- Ongoing training

Project should have robust monitoring and evaluation procedures to measure impact and outcomes to inform future development and attract external funding.

Prioritisation framework will be required to allow those most in need to access service more quickly rather than waiting list. e.g. after hospital discharge or major illness or accident.

Initially focusing on Oban and immediate surroundings (Kilmore to Dunbeg). First outreach services in the Loch Awe, Dalmally, Glenorchy area and Ardchatten, Benderloch, Baracaldine. Support for befriending service model perhaps through existing projects in the south of Mull/

Ability to provide accessible transport would be necessary to get most frail people involved in the community and help them access other groups and services.

Project should work closely with other agencies and RCOP projects to avoid any duplication of service but drawing on each other's resources and maximising opportunities for social interaction and service provision e.g. develop cross referral systems, links to Time-bank for additional practical services, use NAVCS to support rural group outreach etc.

One important factor to be considered is whether a charge is to be made for the service, or for some parts i.e. travel element or shopping service, and what level this should be set at. It would defeat the purpose of the initiative if older people could not afford to use it, or breach equality guidelines if only accessible to those with sufficient income.

### Delivery Method – Volunteer service or Outreach Staff + volunteers

Volunteering promotes citizenship, it develops skills and confidence, builds social capital, helps integration of older people with younger generations and crucially for this initiative provides opportunities for support and self-help to come from the community, which will be needed for the

foreseeable future. However, experience of running a Befriending Service in an area with both similar population profiles and geography, suggests that need for the service will outstrip the potential supply of volunteers. Numbers indicated by this research would require a pool of 60-70 volunteers, most having available transport, some happy to work with 2 or more clients, with a core of 50 offering *at least* a weekly service to cover for those not available. Local information from Argyll Voluntary Action suggests that the likely pool of volunteers may be 20 – 30 after 6 - 12 months; given that not all will have transport or want a regular weekly, year round, commitment, we might offer a service to 20 - 30 people, leading to an inevitable waiting list and difficulties in prioritising those most in need.

Befriending requires a significant commitment, more than many other volunteering roles, it is a more formal and supervised role; it can involve supporting people at the end of their lives and lead to feelings of bereavement, or can be challenging if Befriending someone with dementia. In our experience of volunteer recruitment less than half of potential volunteers recruited, complete all the training and elements required and **go on to offer 1-2-1 support long term**. Having a range of possible volunteering options can increase numbers and volunteer retention so helping with group work, escorting on transport, being on a fundraising committee all offer opportunities for people to be involved without the initial commitment of 1-2-1. Being involved with clients on a regular basis can lead to natural 1-2-1 matches that are often the most successful.

We find most volunteers are willing to offer 2 to 3 hours a week, with a few giving a full day - it depends on individual and changing circumstances. Using a mix of both staff and volunteers means a service can be guaranteed, it provides consistency, better risk management and more accurate monitoring of clients. Some services would be less successful if offered on a short time basis e.g. to create successful peer befriending an Outreach Worker with volunteer support can get to know up to 50 clients per week; allowing for better peer matching; bringing people with similar interests together in small groups to create new peer support networks.

Service provision is not necessarily less expensive if offered by volunteers. To manage/support volunteers, offering 1-2-1 support to frail older people or those living with dementia, Befriending Networks recommended ratio for a full time volunteer coordinator *who has no other responsibilities*, would be 25 volunteers. Additional staff would be required for all other aspects of project work. Using an Outreach worker with volunteer escort in a small mini bus would be less expensive than using individual vehicles to cover the area and paying volunteer travel and expense, with the additional environmental impact of more vehicle/journeys.

## 9. Suggested Project Implementation

Year 1 - Employment of a full time Development Worker to set up a Befriending Project (RCOP funding?)\* Moving from initial project set-up period to 3 days client focussed work, 2 days project development. Maximising existing or potential resources, begin to recruit volunteers; seek additional funding. (Job description/skills required available from Cowal Elderly Befrienders)

The project will require an accessible vehicle as client numbers increase.

Further staff and volunteer support employed as client numbers increase (6 - 12 month stage)

Project management initially through suitably experienced or qualified project but with local 'ownership' by establishing local committee/advisors.

**\*(Budgets for salaries, running costs, office base, expenses etc will depend on levels set by project tendering for, or creating new service )**

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**It has been impossible to record in this report all evidence gathered in the course of the research. For further details or clarification of any points please contact;-**

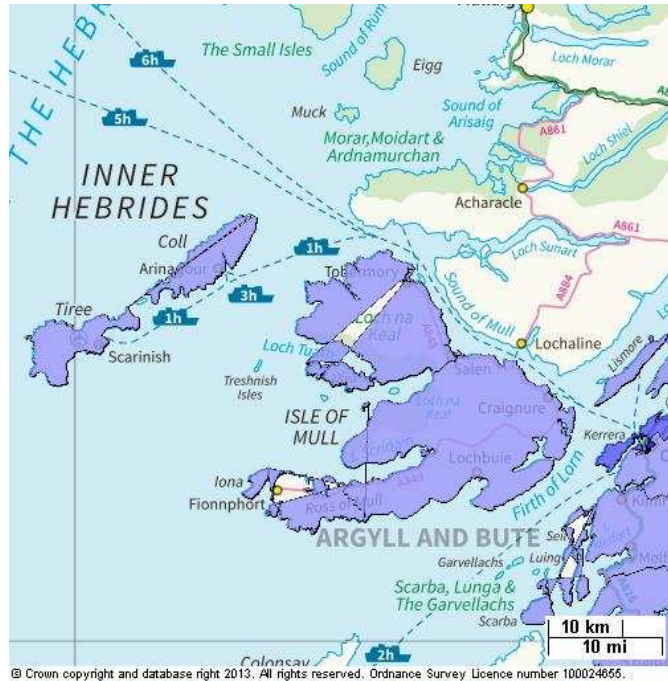
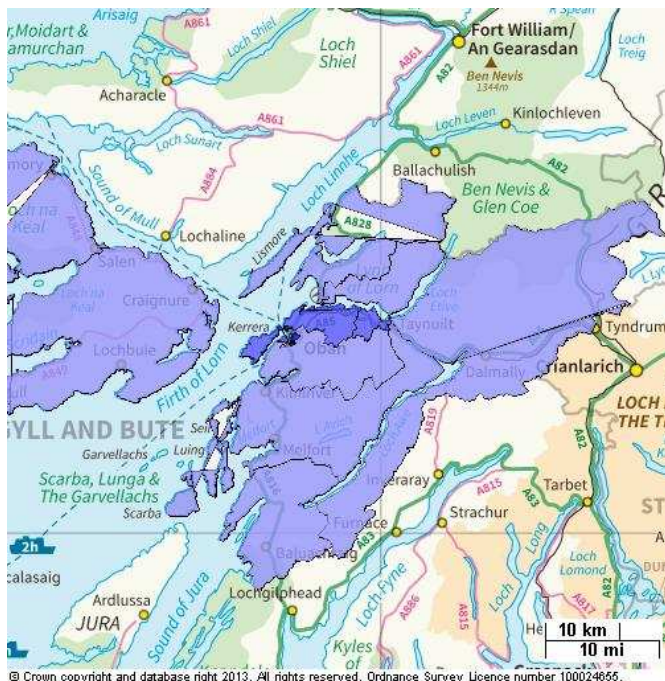
## Appendix 1. Statistical Data

### Datzone Background

Area of research covers 19 datzones:

S01000803; S01000806; S01000808; S01000809; S01000810; S01000811; S01000813;  
S01000814; S01000817; S01000819; S01000820; S01000823; S01000824; S01000825;  
S01000827; S01000828; S01000829; S01000830; S01000831

Datzones are clusters of approximately 250 households/dwellings. For this reason there are often large numbers of Datzones in towns/cities and occasions where a huge geographic area is covered by just one Datzone in rural areas. The area in which the research was taken has several of these vast rural Datzones.



### Drive-time to Services

For those who rely on public transport to access local services the travel times are often long and the services infrequent.

The average public transport time in minutes to a GP in 2012 for the Datzones is 42. This compares to Scotland as a whole where 98% of households are less than 15 minutes drive-time from a GP, with Argyll and Bute as a whole having an average drive time of 20 minutes. 12 of the Datzones have a public transport time of more than 25 minutes (63%) and 3 have travel times of greater than an hour.

Public transport travel times within the area are similar for accessing other essential services such as a Post Office and Shopping Facilities. Almost half of the Datzones have a public transport



travel time to shopping facilities of over an hour, with 20% of zones having a travel time of over 2 hours. This compares to the Argyll average of just 25 minutes. The journey time to a Post Office within the Datazones is almost double that of the Argyll average (25 minutes versus 13 minutes Argyll wide).

Within the immediate vicinity of Oban public transport is of a useable standard, but outwith these areas it is simply not a viable option for frail older people (particularly in the areas of Coll/Tiree; Appin & Lismore; Mull and Taynuilt). This poses a problem for older people who would like to access community facilities and groups but are simply unable to overcome the transport logistics. Not wanting to be a 'burden' on neighbours and other members of the community, there is the danger that frail older people will simply stop trying to access services in the area.

## Second Homes / Vacant Property

One factor contributing to isolation of communities (especially in rural areas) is the number of properties purchased as holiday homes. In this regard Argyll & Bute has a higher than average number of unoccupied dwellings at 10% versus the figure in Scotland as a whole of just 4%. The Datazones at the centre of our research have a figure even higher – the area has an average of 13% of dwellings classified as unoccupied, with nearly half of the Datazones (9) having over 15% of dwellings unoccupied. In one area, Coll & Tiree, 33% of dwellings are either second homes or vacant.

## SIMD Rankings

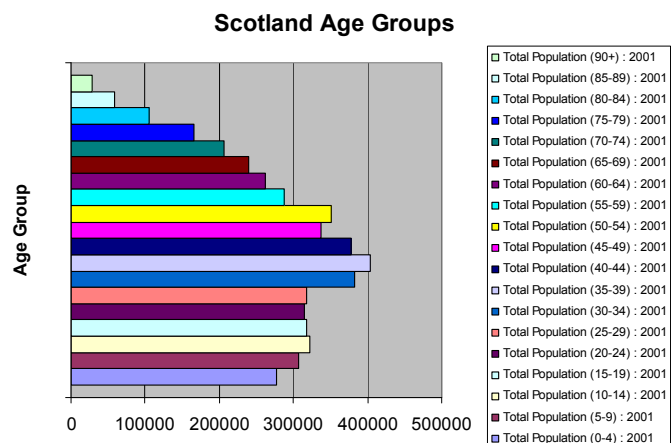
The Scottish Index of Multiple Deprivation ranks Datazones according to their score on 7 categories reflecting deprivation (Income; Employment; Health; Education; Geographic Access; Housing and Crime). Rankings are from 1 (most deprived) to 6505 (least deprived).

Although all of the Datazones in the area scored reasonably well in the overall 2012 SIMD Rank (with the exception of one Datazone with ranks consistent with the effects of socio-economic deprivation), they are all ranked very poorly in the Geographic Access to Services domain. 12 out of our 19 Datazones are ranked in the bottom 5% of this domain, and 10 (53% of the Datazones) are ranked in the lowest 2% nationally. One of our

Datazones (Coll & Tiree) is ranked as the most deprived in Scotland in the Geographic Access domain. Another (Mull) is ranked at number 3.

## Age Demographics

Census data for 2001 show that the Datazones contain a total of 2422 people aged over 65. This accounts for 17% of the total population and compares to 18.4% in Argyll and Bute as a whole and 16% across the whole of Scotland. Statistics from 2011 show that 24.5% of the population in Datazones are of pensionable age, versus 26% in Argyll and Bute and 19.8% for Scotland.



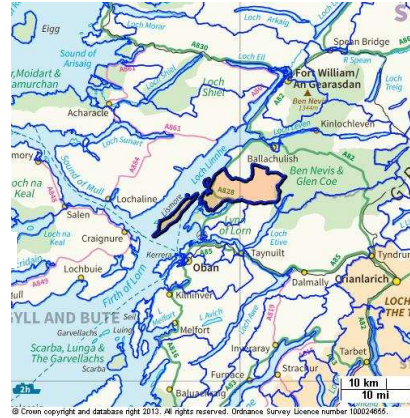
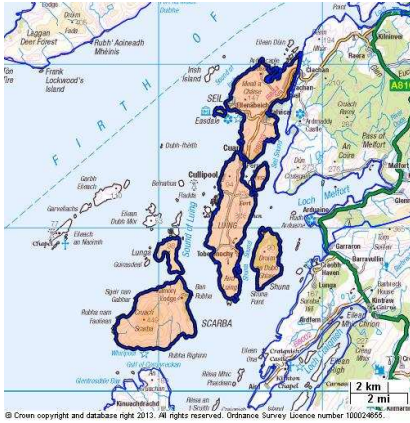
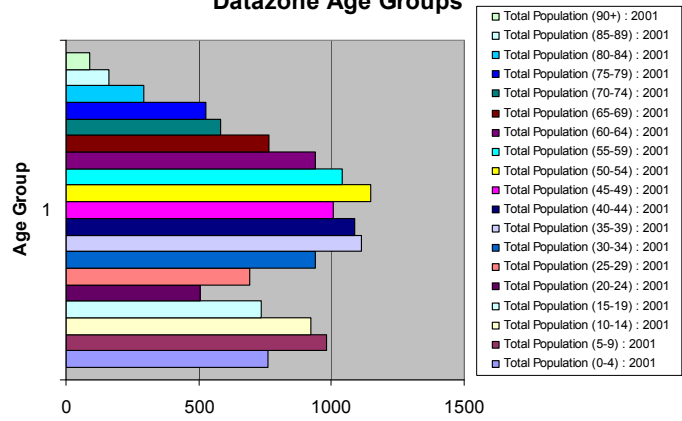
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The most vulnerable older people (those aged 80 and over) account for 3.8% of the population in the area (this is 22% of people of pensionable age).



The two Datasone zones pictured below contain the highest percentage of individuals of pensionable age at 34% in each area. With male Life Expectancy in Scotland having increased 2.5 years in the last decade and female Life Expectancy having increased by 3.5 years, the number of areas in Argyll and Bute with high numbers of older people is likely to increase.

### Datasone Age Groups



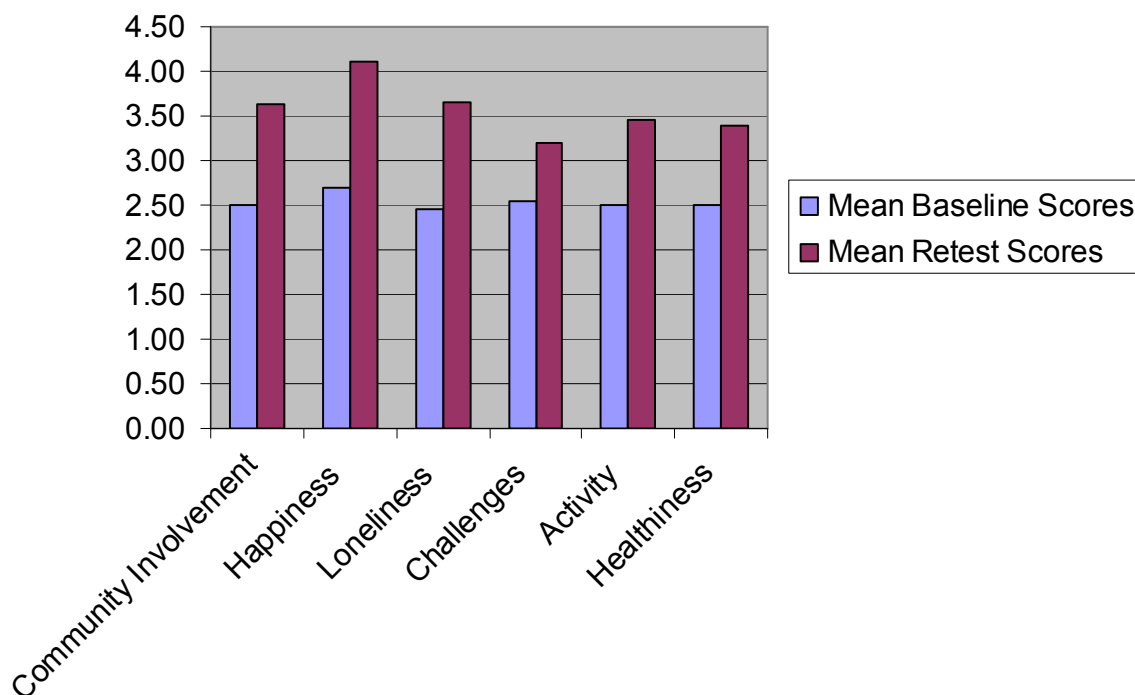
The National Records for Scotland's population projections for Argyll and Bute over the period 2010 – 2035 are that the population aged over 75 is set to increase by 73.6%, whilst at the same time the total population is likely to fall, as is that of the general working age population. The total number of people of pensionable age in Argyll and Bute will increase by nearly 10% by 2035.

# Does Befriending Improve health and Wellbeing

## Evaluation Overview

132 clients took part in our evaluation which measures aspects of potential improvement in overall feelings of Health and Wellbeing. All clients are evaluated when they first commence a service with the Befrienders (or soon afterwards), and then again after 6 months. The Smiley Face Chart consists of 6 bars of faces to record aspects of how the client feels about their relationships, quality of life, community involvement, mental and physical activity, their ability to deal with challenges and live independently at home. Each category of evaluation has a scale of satisfaction or ability levels for the client to choose from. These levels are represented by face symbols in varying states of 'happiness'. The results can be transferred into a statistical score for each category **The average overall improvement in scores of clients is 41%**. The chart below shows the average scores for each category:

### Evaluation Scores by Category



The scores show a significant contrast in the scores of clients from rural and non-rural areas. Rural clients showed an average improvement of 26.5% between tests whilst non-rural clients show an improvement of 48.6%. There is also a slight difference between male and female scores, with males showing an overall increase in scores of 49% and females showing an increase of just 39%. The table below shows the mean scores and percentage change for each category of the evaluation:

	<b>Mean Baseline</b>	<b>Mean Retest</b>	<b>% Change</b>
<b>Community Involvement</b>	2.51	3.64	45%
<b>Happiness</b>	2.7	4.11	52%
<b>Loneliness</b>	2.46	3.66	48%
<b>Challenges</b>	2.54	3.2	26%
<b>Activity</b>	2.49	3.45	29%
<b>Healthiness</b>	2.51	3.39	35%

The following tables show a breakdown of average scores across our client group.

<b>Male Scores</b>							
	Community Involvement	Happiness	Loneliness	Challenges	Activity	Healthiness	<b>Mean Avg.</b>
Mean Baseline Scores	2.11	2.63	2.42	2.42	2.26	2.26	2.35
Mean Retest Scores	3.53	4.00	3.53	3.26	3.42	3.26	3.50

<b>Female Scores</b>							
	Community Involvement	Happiness	Loneliness	Challenges	Activity	Healthiness	<b>Mean Avg.</b>
Mean Baseline Scores	2.65	2.73	2.47	2.58	2.56	2.6	2.60
Mean Retest Scores	3.67	4.15	3.71	3.18	3.45	3.44	3.60

<b>Rural Scores</b>							
	Community Involvement	Happiness	Loneliness	Challenges	Activity	Healthiness	<b>Mean Avg.</b>
Mean Baseline Scores	2.71	2.92	2.71	2.63	2.79	2.54	2.72
Mean Retest Scores	3.75	3.96	3.75	2.88	3.13	3.17	3.44

<b>Dunoon Scores</b>							
	Community Involvement	Happiness	Loneliness	Challenges	Activity	Healthiness	<b>Mean Avg.</b>
Mean Baseline Scores	2.42	2.6	2.34	2.5	2.34	2.5	2.45
Mean Retest Scores	3.58	4.18	3.62	3.36	3.6	3.5	3.64

## **Appendix 3**

### **Research Visit – Tiree**

#### **Background**

Tiree is an island with a rapidly declining population. The 2001 census recorded over 800 inhabitants on the island, with the current estimate (as at January 2013) being only 600. The reasons behind this are complex but include young families moving away to the mainland to raise their children in communities with better facilities and job opportunities. With the population falling through natural attrition and an increase in families moving away, the island is primarily made up of crofting families, with approximately 20% of houses on the island being holiday homes – only occupied during the Summer months.

The percentage of islanders of Tiree over the age of 65 is 24.8%, slightly less than the 25.6% average for Argyll and Bute as a whole, but considerably more than the 19.8% average for Scotland. Anecdotal evidence suggests that people tend to work until they are much older on Tiree (crofting is seen more as a way of life than simply an occupation) although no statistics are readily available to support this view.

I was well received by all the islanders that I spoke to and it was appreciated that I had made the effort to conduct research on the island. One person commented to me that residents on Tiree are rarely asked for their opinion during consultations and it was refreshing to see a more involved approach to research.

#### **Housing**

There is a good range of housing options for older people on Tiree. Most people live in their own homes for as long as they are able with the support of formal and informal carers and other community services (see next section). Many older people choose to stay with their family for as long as their health allows, but there is also the choice of moving in to the Ruadha Cottages Sheltered Housing complex. Ruadha Cottages contains 6 bungalows with on-site care staff and a community alarm service. It is operated by Argyll Community Housing Association and is located close to the island shop and Post Office.

For those with greater care needs there is the Tigh-a-Rhuda Residential Home – accommodating up to 12 residents, including those requiring short stays and respite. The staff in Tigh-a-Rhuda are all well-known local members of the community which provides a sense of security for both residents and their families. The people that I spoke to spoke very highly of the quality of care in both the sheltered housing complex and Tigh-a-Rhuda.

#### **Medical Care**

The G.P on Tiree, Dr. John Holliday is extremely well respected. The island has a small medical practice which provides all care to the residents and everyone that I spoke to felt that, if anything, living on Tiree gives them a better standard of medical care than they could expect on the mainland. Dr Holliday provides Home Visits to elderly and infirm members of the Community and it was commented to me that nobody feels that they are being a nuisance by calling on Dr Holliday's expertise.

Any patients requiring hospital care or investigations are referred to Glasgow by air.

## **Transport**

There are no regular bus services or taxis on the Isle of Tiree. For locals who are not able to drive there is an unspoken expectation that you are able to ask someone else for a lift. All drivers are expected to make room for an extra passenger at short notice, and during my visit I was approached on two separate occasions by complete strangers asking for a lift!

There is an on-demand “Ring n Ride” bus which is funded by Argyll and Bute Council. This service operates 7 days a week across the island and is able to take a wheelchair. It is free for those with a Concessionary Travel Pass and heavily subsidised for everyone else. The driver will wait whilst older people do their shopping (and even help if asked).

## **Carers / Home Helps**

Many older people requiring care and/or help around the home receive it through informal family carers. I learned about many incidences of several generations of the same family living together in the same house and all helping to care for an elderly relative.

The council provides a Home Care service for those being formally assessed as needing it on the island. There are currently no plans to contract out Home Care services on Tiree, and no private Care agencies see this as a viable business option. I did hear of instances where older people are paying neighbours or friends informally to clean for them or carry out other domestic chores. Such arrangements on the island appear to be “self-regulated” – with other islanders being aware of such arrangements and ensuring that elderly people are not taken advantage of financially.

## **Shopping**

There are two shops on Tiree – a Cooperative convenience store in Scarinish where most people buy the bulk of their groceries – and a smaller shop in Crossapol selling newspapers and ‘essentials’.

Most older people who are unable to drive ask family and neighbours to do their shopping. For the few that feel unable to ask anyone to do this, they can use the “Ring n Ride” service which will take them shopping. The driver will even pick up a shopping list from older people unable to leave their homes and drop the goods off to them (this is not an official service however).

## **Social Groups/ Entertainment**

Older people on Tiree have the opportunity to take part in a range of social groups and activities. The Resource Centre organises a weekly Lunch Club every Thursday which is well attended by about 30 people a week. Transport for the Lunch Club is provided by the “Ring n Ride” service as well as a community mini-bus which has been bought with the aid of a £72,000 Big Lottery Scotland Grant. This Lottery grant has also enabled the recruitment of a Resource Centre Coordinator which has resulted in Tiree Resource Centre being able to offer an Information Service for older people, as well as a regular programme of exercise classes, social activities and talks tailored to the interests of older people. The work of the Resource Centre is supported by an informal team of over 20 volunteers who help with everything from transport to baking and gathering information resources.

The Hotel on Tiree also offers a weekly ‘Pensioners Lunch’ at a very reasonable price – transport is again provided by the Resource Centre and the Ring n Ride service.

The Tiree SWRi holds regular events on the island and is well known to visit former members when they become unable to attend meetings due to health problems.

## **Conclusion**

The strong sense of community on Tiree has resulted in a generation of older people who are well looked after by those that they have lived alongside for most of their lives. What is lacking in official service provision is adequately made up for in the willingness of local people to help friends, family and neighbours. There are good opportunities for social activity within the community and a good pool of volunteers to help at local events.

There is perhaps a lack of proper coordination of volunteers and certainly more could be offered and achieved with a structured approach to volunteering. However, introducing such a structure would, in my opinion, offend those many local people who offer their time as part of a long island tradition of helping those in need and not because they see themselves as 'volunteers'. For that reason I would not recommend any changes to the approach of voluntary groups on Tiree.

## Appendix 4

### Mull Research Visit

#### Background

The 2001 census recorded 2,821 residents on Mull, with mid-year estimates for 2011 standing at 3,215 (a 14% increase). Over a third of people in Mull live in the main town, Tobermory. Just under 25% of those on Mull are of pensionable age.

Many homes on the island are now holiday homes, with 10% of homes in Tobermory and 19% of homes on the rest of the island being classed as either 'vacant' or 'holiday homes' in 2011.

Older people on Mull have a relatively wide range of housing options with a total of 30 sheltered homes across Mull (in Tobermory, Dervaig and Bunessan), provided by Trust Housing and Argyll Community Housing Association.

A new Progressive Care Centre and Community Hospital has recently been opened in Craignue. This include 3 beds for in-patients, a 2 bay community casualty unit and facilities for outpatients. All rooms are single person with en-suite toilets and showers. Attached are 12 individual supported living flats (WHHA) called Bowman Court which. Each flat has a double bedroom and is suitable for couples or single occupancy. Residents who need care will have a tailored care package which will meet their needs during the day and night. This new centre replaces Dunaros Residential Care Centre and Community Hospital in Salen.

Medical care is provided by 3 GP surgeries on the island at Bunessan, Tobermory and Salen. The travel time for anyone on the island to their closest GP surgery is no more than 25 minutes by car.

There is a well-stocked supermarket in Tobermory where islanders buy the bulk of their groceries. There are several smaller convenience shops across Mull where essential items can be bought. There is currently no shopping delivery service on Mull.

#### Interviews

##### Home Care Manager/Telecare Officer

Loneliness is identified as a significant issue, home care staff report that they are reluctant to leave older people when they know they feel so lonely. The problem is greater for people who have moved to the island, possibly on retirement and have not built up support in the local community. In this rural area where access to wider services is more limited the home care organiser felt that the debilitating effects of loneliness can lead to hospital admission as a result of self-neglect due to depression. There are good services locally and emerging – Salen Lunch Club, Red Cross Transport, Musical Minds, activities at Dervaig Hall, Grey Matters. There was no one area highlighted, rather individuals and very geographically isolated settlements.

##### Ross of Mull Community Café and Community Transport

There is an active pool of volunteers who run a monthly lunch club at Bunessan in order to part fund their community transport project. There are two vehicles (one is the Balamory Bus!) driven by volunteers when available. This has been set up in response to a lack of transport and access to services. It can be used to bring people to connect with the ferries at Craignure or for appointments at the new Community Hospital but this does require significant volunteer time if people have to wait. There is excellent community support in the area for the Community Café. M.I.C.T has been supporting the group to seek additional funding. Volunteers were aware that there is great pressure on statutory services to get enough trained staff to provide home care in the most remote areas. They would be interested in having help to set up a small befriending project as one of the services they could offer.

### **Tobermory Lunch Club, Members and Committee**

The group felt that every effort was being made to include as many people as possible. The Committee run an informal car service to pick up anyone who wants to come and also run occasional outings or day trips for those who can manage. New members come by word of mouth or local knowledge. The Committee has a wide knowledge of the local area and felt there were local services in the Tobermory area that did support older people – the new Home Angels service, see below. They felt that there may be small pockets of need in the more remote areas like Torloisk and that there would be individuals in most remote areas who would benefit from more companionship. The type service that might be most appreciated would be small instances of practical support around the home

Some of the volunteers at the Lunch Club were also involved in a Community Car Scheme (initiated by MICT?) set up very much like NAVCS where drivers are paid a mileage rate to transport people to essential services.

### **Glen Iosal Sheltered Housing. (Trust Housing)**

The manager felt that some of the residents would benefit from more opportunities to socialise or get out into the community but that they did try to involve most people in any events they had on; AVA Community Resilience were hoping to start a Grey Matters Group in the complex. Again there was felt to be a difference for those who had local support and those who had moved to the area. For those who are still active and mobile the local bus service runs nearby. The housing association have started a new service called Home Angels which provides a full range of (chargeable) support services for older people, so some could if they wished, use this for social support. This has been welcomed and is spoken of highly in the area. It uses local staff and tries to provide 'same face' support wherever possible.

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In general, the response from members of the community on Mull was that although there may inevitably be some people who were lonely or isolated, local groups did exist that were trying to offer support. It is obviously difficult, due to confidentiality, for service providers to give any details of those who may be in need, and a referral system would help to include those who may be missed by local knowledge. In villages with good community spirit and sufficient numbers there is usually an attempt to 'keep an eye' on and involve older people where possible. There is a lack of accessible transport and support for the most frail, particularly for individuals in the most remote areas with scattered houses. The loss of the Better Neighbourhood vehicles and support was mentioned several times as this was seen as a successful solution to this problem.

There was a request for some practical support to help the community include befriending in the services offered in the south of Mull.