

REPORT

of

ROUNDTABLE MEETING WITH BEFRIENDING NETWORKS MEMBERS

on

**Key issues and impacts identified and/or experienced by
Befriending Networks members, and the individuals and
communities they support, as a result of the COVID-19 pandemic
and the Scottish Government's response**

held on

8 May 2024

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Introduction

Following initial engagement with Befriending Networks, the Scottish COVID-19 Inquiry (“**the Inquiry**”) extended an invitation, via Befriending Networks, to member organisations in Scotland to attend a roundtable meeting to discuss the issues and impacts of the COVID-19 pandemic, and the Scottish Government’s strategic response thereto, that were identified and/or experienced by the organisations and the individuals and communities they support.

This is a report of the relevant roundtable meeting. It was held on 8 May 2024 and was attended by representatives of Befriending Networks and 13 other organisations. The agenda is included as **Appendix 1**, the list of attendees as **Appendix 2** and further information about Befriending Networks and its members as **Appendix 3**.

This report provides a summary of the key issues and impacts discussed during the meeting under **items 4, 5 and 6** of the agenda. It is approved as a common report by all identified attendees.

Summary of key issues and impacts on individuals and communities

1. Personal finances

1.1 Poverty

- (a) Some people supported by befriending organisations were already living in poverty before the pandemic.

2. Food

2.1 Physical restrictions

- (a) Some people did not have transport to get them to an organisation in the community providing food, so deliveries of food packages had to be arranged.
- (b) Some people did not leave home to purchase food in case they caught COVID-19 (for example, in island communities).
- (c) Some people felt that other people needed food more than they did, or that they were not entitled to it and someone else should get it.
- (d) Organisations did not have the resources to provide food support to those people who chose to start isolating before the official lockdown in March 2020 as Scottish Government funding was not yet available.
- (e) It took a while for supermarkets and larger organisations to organise deliveries, so smaller organisations needed to try and assist people quickly.

2.2 Lack of coordination of response

- (a) Some people who did not require food support had food delivered to them whether they wanted it or not, which left people with an excess of food that they did not need.
- (b) One participant stating that assisting with food shopping for some people would have been more helpful, rather than just providing them with free food to their door.

2.3 Cold calls

- (a) Some people received telephone calls from people that they did not know offering to help shop for them, which they were wary of.

2.4 Dependence on support

- (a) Some people became dependent on the food support that they received during the pandemic and changed their lifestyle, so it was hard for them to go back when the support stopped.

3. Housing

3.1 Anti-social behaviour

- (a) With children and young people not attending school and everyone being at home together for an extended length of time, this was a cause of tension and there was an increase in neighbourhood harassment.

4. Health and wellbeing

4.1 Social or community isolation

- (a) People supported by befriending organisations are some of the most vulnerable people in societies (including children and young people and older people). They were already lonely and isolated before the pandemic.
- (b) People living at home with a dementia diagnosis (who were unable to make sense of what was happening and were vulnerable to the effects of loneliness and isolation) were poorly served during the pandemic; a number of larger organisations did not let their staff do anything other than telephone calls, even long after you were allowed to provide support in person.
- (c) People living with dementia died during the pandemic, not from COVID-19, but their lives were shortened because they did not understand what was going on and they gave up.
- (d) The number of requests for support for people with dementia increased dramatically and the level of support needs they had was more critical than the usual client group of befriending organisations.
- (e) Some children and young people were isolated with nowhere to escape to, dealing with parents with drug and alcohol problems or domestic violence in the home. Children were also taking on caring roles for parents or siblings.
- (f) Eating disorders thrive in isolation and there have been increased referrals for people with eating disorders since the start of the pandemic (and waiting lists are long).

- (g) Some older people have not gone outside again following the pandemic, due to fear.
- (h) One participant explained that they are aware of research that shows that isolation decreases people's response to vaccines and increases the risk of respiratory illness.

4.2 Prescriptions

- (a) There were challenges around people receiving medication. These are ongoing now for people who are isolated or are not able to get out to collect prescriptions. Some carers are still having to collect medication for people, but while they are doing this they are out of the house and away from the vulnerable person they are caring for.

4.3 Services

- (a) Befriending organisations saw an increase in requests for support from vulnerable adults whose usual support mechanisms had been stopped suddenly. This has had lasting emotional impacts.
- (b) Some children and young people were on compulsory supervision orders or on the child protection register. However, there were no services going into the family homes to check on these children.
- (c) Some older people are still reluctant to contact their GP because they think that they are overwhelmed and busy.

4.4 Domestic abuse

- (a) There was an increase in instances of domestic abuse and coercive control, with people living together and having no work or employment.

4.5 Education

- (a) Children and young people having been out of school during the pandemic is still having a “huge impact”, with some children still not attending school.

4.6 Pandemic information

- (a) Some people were getting information about the pandemic only from the television (particularly in rural areas). People assumed that if they left their house they were going to die.
- (b) It was very difficult to access information about the pandemic if you lacked access to the internet and the Scottish Government website. This meant that some older people did not have access to this information.

5. Digital exclusion

5.1 Digital poverty

- (a) There was significant digital poverty during the pandemic (for example in island communities). A number of people who were already in isolation could not access online services.

5.2 Ability to use digital devices

- (a) Digital devices (such as iPads) were given out by organisations. However, people did not have the skills to use them (or did not have Wi-Fi access) and they were unable to sit next to someone to learn (and it was very difficult to give instructions over the telephone).
- (b) Older people had previously and repeatedly been warned not to go online, but now they were being told the opposite. They

were being “bombarded” with information and it overloaded them.

5.3 Education

- (a) One participant stated that a number of families have only one smartphone. This had a major impact when there was a family of four children trying to access online learning, for example. This also had a detrimental effect on learning and transitioning back to school or an early year setting.

6. Welfare assistance programmes

6.1 Implementation of welfare assistance programmes

- (a) Befriending organisations provided a variety of welfare assistance programmes during the pandemic, including:
 - (i) telephone befriending and support;
 - (ii) helping people with shopping;
 - (iii) delivering food packages, or food vouchers;
 - (iv) supporting people to access fuel vouchers;
 - (v) delivering support packages (containing cleaning products, toiletries, arts and crafts for children, pyjamas);
 - (vi) delivering educational packs, or activity packs;
 - (vii) delivering prescriptions;
 - (viii) signposting people to access the correct resources;

- (ix) helping people to understand the rules and regulations;
 - (x) helping people to reintegrate back into society; and
 - (xi) providing support to carers who were struggling.
- (b) Some befriending organisations provided welfare phone calls to all of their customers or service users. Some staff members visited people in their gardens when there were difficulties being heard on the telephone, or to speak to people who had dementia.

6.2 Partnership working

- (a) Organisations worked together to assist each other with projects (for example, staff members assisting with projects such as the Food Train).
- (b) Some local authorities eventually brought together organisations in partnership to be in regular contact with each other and to identify which organisations might be struggling with staffing, so that others could provide support.
- (c) There was an increase in partnership working with local authorities.

6.3 Financial support to implement welfare assistance programmes

- (a) Some befriending organisations received digital devices (such as tablets or iPads) from Connecting Scotland to distribute to people.

- (b) Some befriending organisations received funding from the Scottish Government to assist people with shopping.
- (c) Some befriending organisations received extra funding to offer a telephone service during lockdown.
- (d) Some local authorities were very good at identifying and helping organisations to access funds.
- (e) Some befriending organisations accessed different funds from other charitable organisations or trusts to provide welfare assistance.
- (f) A number of funders removed the usual lengthy processes to obtain funding, which was very helpful.

Summary of key issues and impacts on organisations

7. Economic

7.1 Financial pressures

- (a) Some organisations were “haemorrhaging money” at the beginning of the pandemic. There was so much uncertainty for employers and staff, who did not know whether they would still have wages coming in in two or three months’ time.
- (b) Some befriending organisations “burned through” their reserves to carry on providing services during the early stages of the pandemic.
- (c) A number of funders used “huge amounts” of money during the pandemic and they do not have as much money now.

- (d) Some befriending organisations are still struggling financially as a result of what they did to provide support in the early stages of the pandemic and have no reserves.

8. Staffing

8.1 Workload

- (a) A number of staff had to shield for their own health and wellbeing. This reduced staffing significantly and put the remaining staff under “incredible stress and pressure” (to the extent that some people became extremely ill).
- (b) A participant stated that staff were burnt out. This was the challenge of being a service built on relationships. It was “exhausting having to have all the answers”.
- (c) Organisations have a much bigger workload now, but less money to deliver their services.

8.2 Welfare and wellbeing

- (a) It was difficult for third sector staff who were unsure if they were doing the right thing, particularly during the early stages of the pandemic, while feeling that the people that they were supporting desperately needed in person support if possible.
- (b) There was so much pressure on the work that staff and volunteers were doing. They worked in challenging and extreme circumstances, but they just kept on going because that is what they had to do.
- (c) Staff were themselves concerned about their young children (or family members with young children) and (for example) whether or not they would go to school.

- (d) Staff were also trying to educate their children doing schoolwork online during lockdown, which was horrendously difficult.
- (e) It was awful for staff who had to turn people away (who were vulnerable and needed help, but who did not meet the criteria that the organisation is funded for).
- (f) Volunteers and staff needed more support meetings for their emotional wellbeing.
- (g) When staff returned to work there was a level of residual fear. Staff were in tears in a trauma response to the pandemic.

8.3 Ways of working

- (a) Organisations were not used to working from home.
- (b) There was a lack of social interaction between staff who were used to working together in an office on a regular basis.

8.4 Volunteers

- (a) Some befriending organisations had large waiting lists before the pandemic, so needed to take on volunteers to help with providing additional welfare assistance to communities.
- (b) Some befriending organisations had additional people wanting to volunteer during the pandemic. Conversely, they now have the opposite challenge of a reduction in the number of people available to offer support.
- (c) Many volunteers are themselves vulnerable or elderly.

9. Operational matters

9.1 Processes

- (a) A participant stated that the ever-changing guidance meant that organisations had to change procedures (for example, lone working procedures, safety procedures, risk assessments). This had a “huge effect” on the ability of organisations to carry out their work given these safety precautions and this increased anxiety and stress.
- (b) Some organisations felt vulnerable conducting risk assessments (weighing up, for example, the risk of people with dementia, or children and families, not being supported in person versus the risk of contracting COVID-19) and trying to find the best way that they could still support people.

9.2 Service delivery

- (a) Befriending organisations saw increases in referrals.
- (b) Befriending organisations switched to telephone befriending, which became challenging as the conversation could dry up quickly having run out of things to talk about.
- (c) Having different local authority areas in different levels of lockdown presented challenges., Third sector staff who lived in one local authority area but worked in another could not visit their clients or volunteers and were restricted by geographical boundaries from doing their jobs properly.
- (d) One participant suggested that the levels system would have been easier to work with if it was done by NHS Health Board areas (which are bigger geographical areas than local authority areas).

9.3 Statutory services and mission creep

- (a) Befriending organisations often felt that they were the only ones supporting families because social work and health colleagues were strictly following guidance. There was inflexibility with statutory organisations who were not taking the same risks with their own staff or reputationally.
- (b) There was a “massive rise” in inappropriate referrals to befriending organisations, because they were the only ones answering the telephone, so they took on more roles that they normally would have done.
- (c) The pandemic showed that the third sector (and smaller organisations) can organise itself quickly and flexibly and can respond to events far more quickly than statutory services (or larger organisations).
- (d) However, some smaller organisations did not initially have the capacity or the links to join together in a network to find out if they were duplicating welfare assistance or if there were any gaps in provision of support.
- (e) Some local authorities were good at bringing smaller organisations together with local pandemic response groups.

9.4 Technology

- (a) Not everyone in organisations had laptops or phones to be able to work from home.
- (b) Some organisations were able to access grants to pay for new laptops, which doubled in price due to the increased demand.

- (c) Organisations had to set up systems to talk to each other on a daily basis. Some smaller charities did not have the financial support to do that at the very start.

9.5 Personal protective equipment (“PPE”)

- (a) Third sector organisations were at the very bottom of the list in trying to obtain any PPE. This was difficult and some organisations couldn’t get access.
- (b) Some organisations had to order PPE from China on Amazon. It was a long time before they received any PPE supplied by the local authority.
- (c) Other organisations were provided with PPE through their funders.
- (d) Some voluntary befriending services were able to access PPE (as well as early vaccinations and testing for volunteers) as they were part of wider organisations delivering clinical care.

10. Financial support for business, administration and operations

- (a) Some organisations had access to funds to help with working from home during the pandemic, but these funds have all gone now.
- (b) Some organisations were able to access rates rebates, which allowed them to meet their increased information technology (IT) costs.

11. Keyworkers

11.1 Categorisation of keyworkers

- (a) There was no recognition of third sector organisations and their staff (and volunteers) as keyworkers. Staff were worried that they were going to be stopped by the police.
- (b) Some organisations had to ensure that staff and volunteers had something to identify that they were doing essential work (for example badges) in case they were challenged.
- (c) Other third sector organisations were approached by their local authority to ask if they could provide welfare assistance (for example, helping people with shopping), and were provided with identification from the local authority.
- (d) About three or four months into the lockdown, some third sector organisations were provided with headed letters from their local authority to say that they were out doing official business. This was not a recognition of keyworker status, but was provided in case they were stopped or challenged.
- (e) There was a lack of clarity over who was regarded as a keyworker. For example, someone who worked for the railway was considered a keyworker, even if working from home on a computer. By contrast third sector staff were working in the community and were not considered to be keyworkers.

11.2 Support for keyworkers and their families

- (a) Third sector organisations were not eligible for priority vaccinations. However, some organisations managed to telephone hospitals to get their staff vaccinated at the same

time as social workers (when their staff were doing much more in-person work than social workers), or to obtain PPE in the initial stages of the pandemic.

- (b) Some third sector organisation staff did not have access to childcare, whereas others, in other local authority areas, were able to access schools so that they could continue their work.
- (c) Generally, if one parent was a keyworker and the other was not, the parent who was not a keyworker would have to provide the childcare and would essentially be unable to do their job.
- (d) NHS workers were offered discounts (from, for example, supermarkets), whereas the third sector staff and volunteers who were shopping for other people were not being offered any discounts.
- (e) Some participants felt that it was wrong to (for example) single out and clap for the NHS when there were other groups of people helping during the pandemic too.

12. Guidance

12.1 Clarity of rules, regulations and guidance

- (a) There was a lack of clarity about what befriending organisations were allowed to do (when they were not classed as health or social care).
- (b) There were lots of grey areas for the third sector, which did not fall under any guidance.
- (c) Organisations were generally exhausted from the changes to the guidance, which sometimes happened very quickly.

- (d) A participant described the guidance on the Scottish Government website as confusing. Organisations had to make sure that they were reading the most up to date guidance and sometimes it was not well structured.
- (e) However, another participant reflected that the guidance was well written and that organisations could, most of the time, work out what they were meant to be doing once they read the full guidance.
- (f) Participants had a difference of opinion as to the usefulness of statistics about COVID-19. Some organisations considered that statistics were helpful initially when weighing up the risks to staff and clients. Others considered that the statistics scared people at the beginning, rather than being helpful.

12.2 Method of communication of rules, regulations and guidance

- (a) The guidance was not particularly well communicated, unless you were looking at the Scottish Government website itself.
- (b) Some organisations found the daily Scottish Government press conferences to be helpful.
- (c) There was no health advice from GP surgeries that befriending organisations could give out.
- (d) Befriending Networks provided advice to organisations and liaised with the Scottish Government on their behalf.

Potential lessons to be learned

13. Financial support

13.1 Quicker response

- (a) The Scottish Government needed to act far more quickly in providing financial support: charities do not have considerable financial resources and it is expensive to set up welfare assistance programmes. A participant also stated that not all organisations were equipped for remote working prior to the pandemic (for example, not all of their staff possessed a laptop). Organisations would have been in a better position to set themselves up for remote working at the beginning of the pandemic had the Scottish Government made financial resources available more quickly.
- (b) Organisations need to be able to access funds quickly. There needs to be processes put in place for even short-term smaller funds.

13.2 Flexibility

- (a) Funders, including the Scottish Government and private grants and trusts, should have collectively discussed what guidelines and flexibility could have helped organisations on the ground.
- (b) Smaller pots of money can be helpful for organisations, but not if that means more reporting and more time taken away from organisations in the actual delivery of services.

14. Positive impacts should be carried forward beyond the pandemic

14.1 Partnership working

- (a) Lockdown proved that bureaucracy is unnecessary. There was a lot of great partnership working during the pandemic. However, this bureaucracy is slowly creeping back in (particularly when dealing with local authorities, which are working in isolation to the third sector on some subjects).

15. Health and wellbeing

15.1 Freedom of choice

- (a) A participant remarked that older people felt that they were robbed of their final few years. The decisions made for them during the pandemic impacted their agency. People should have been given an informed choice about whether to isolate, knowing the risks.
- (b) Another participant stated that the totality of people's health and wellbeing is not just derived from the physical element: it is also comprised of the social, emotional and psychological elements.

15.2 Lockdown warning

- (a) People should be given advance notice of any impending lockdown so that they could choose to spend that lockdown with family members.

16. Third sector

16.1 Recognition of the third sector

- (a) The Scottish Government failed to consider the third sector on so many fronts.
- (b) The third sector is still not recognised in the same way that statutory services are. That is despite having provided an immediate response to the pandemic.
- (c) *"Not because we wanted praise or [...] to be made heroes. We just wanted to be treated the same as other organisations and statutory partners".*
- (d) Without the support given by the third sector, the impact of the pandemic would have been magnified beyond measure.
- (e) Third sector staff should be recognised as keyworkers and be provided with things like PPE and funding.
- (f) Third sector organisations should be included in any guidance.
- (g) There should be recognition that third sector organisations can quickly identify vulnerable people.

17. Geographical disparities

17.1 Lack of uniformity

- (a) There were quite big differences in the response between different local authority areas.

Appendix 1: Agenda

1. Welcome and introductions by Inquiry members and Befriending Networks member organisation delegates.

10 minutes.

2. Explanation of the structure of the Inquiry and its investigations.

5 minutes.

3. Explanation of the purpose and format of the roundtable discussion.

5 minutes.

4. Discussion of the key issues and impacts experienced by individuals supported or represented by member organisations as a result of the COVID-19 pandemic in Scotland and the response by the Scottish Government or other public agencies, in relation to the following:

- Support for social or community inclusion, or isolation;
- Welfare benefits and other forms of financial welfare assistance;
- Food support;
- Emergency essentials (clothes, prescriptions, essentials for children etc.);
- Fuel poverty;
- Housing, tenancies, and homelessness, including protections from eviction;
- Digital inclusion;
- Debt enforcement suspension;
- Availability and accessibility of pandemic information;
- Help and advice; and
- Disproportionate or unequal impacts on particular groups or communities.

40 minute group discussion.

5. Discussion of key issues and impacts experienced by member organisations and staff as a result of the COVID-19 pandemic in Scotland and the response by the Scottish Government or other public agencies, in relation to the following:

- Financial support for welfare assistance programmes to be delivered by member organisations;
- Financial support for the business, administration, and operations of member organisations;
- Guidance in relation to the identification of key workers;
- Any other pandemic guidance received by member organisations; and
- Impacts on member organisation staff.

40 minute group discussion.

6. Discussion of the lessons to be learned from the COVID-19 pandemic in Scotland and the response by the Scottish Government or other public agencies.

15 minute group discussion.

7. Next steps and closing comments.

5 minutes.

Appendix 2: Attendees

1. Angus Maclean – Befriending Networks
2. Jo Sinclair - Caraidean Uibhist
3. Jean Gordon – Befriend a Child
4. Alison Campbell – Befrienders Highland
5. Susan Smith – Highland Hospice
6. Kerry Hague – Berwickshire Housing
7. Tanya Wood – Orkney Blide Trust
8. Paula Swanson – Home Link Family Support
9. Cybele Haim – SupportED, The Community Eating Disorder Charity
10. Robin Miller – Cowal Elderly Befrienders SCIO
11. Jayne Burnett – Visiting Friends SCIO
12. Helen Jilks – LEAP Project
13. Anna Gibb – STAR Project
14. Mairi Jamieson – Shetland Befriending Scheme

Appendix 3: Befriending Networks and Members

Befriending Networks

Befriending Networks offers support, training, and guidance to hundreds of befriending projects across the UK and beyond, and raises awareness about the ways befriending reduces social isolation and loneliness by improving wellbeing.

Befriend a Child

Befriend a Child supports school-aged children in Aberdeen and Aberdeenshire who are growing up in difficult life circumstances. Befriend a Child matches children with a trained volunteer, or “befrienders” or “mentors”, who act as positive role models to help children develop resilience, self-confidence, and self-esteem.

Befrienders Highland

Befrienders Highland works to improve the lives of people who are experiencing mental ill health, memory loss or dementia, as well as carers. Befrienders Highland works with adults (aged 18 and over) who are lonely and isolated, and live within the Highland Region of Scotland.

Berwickshire Housing

Berwickshire Housing Association owns, manages and builds homes to rent, to suit a range of lifestyles, personal needs and family sizes, that people can afford. BeFriend is a project of Berwickshire Housing Association, which provides one-to-one befriending and group activities for people who are 65 and over, living in Berwickshire or Kelso.

Caraidean Uibhist

Caraidean Uibhist is a befriending organisation tackling loneliness and social isolation across five island communities of Eriskay, South Uist, Benbecula, North Uist and Berneray.

Cowal Elderly Befrienders SCIO

Cowal Elderly Befrienders provides a range of Befriending Services designed to improve quality of life, reduce isolation and loneliness and keep older people independent and active for as long as possible.

Highland Hospice

Highland Hospice provides specialist palliative care in the Highlands. Highland Hospice additionally provide befriending and support services throughout the Highlands.

Home Link Family Support

Home Link Family Support supports families with pre-school children in Edinburgh and Midlothian through the delivery of at home family support and therapeutic services.

LEAP Project

LEAP Project aims to enhance the lives of older people in South Lanarkshire, including through a befriending service (which also extends to people living with dementia and their carers in Cambuslang and East Kilbride) and friendship groups.

Orkney Blide Trust

Orkney Blide Trust promotes mental well-being in Orkney, and provides support for those who have, or have had, experience of mental ill health, through active personalised support with a focus on recovery. The Befriending Service provides companionship for those affected by mental ill

health who, whilst not requiring the services of a support worker, would benefit from the activity and company of a befriender.

Shetland Befriending Scheme

Shetland Befriending Scheme offers a one-to-one support service to young people and young adults aged between 7 and 15, adults aged 16+, and adults aged 60+ who are affected by dementia, in Shetland.

STAR Project

STAR Project delivers a programme of creative group, community, and individual supports to adults and families across Renfrewshire. STAR Project focuses on tackling the impacts of poverty, deprivation, and associated stigma, including through volunteer befrienders offering support and friendship.

SupportedED, The Community Eating Disorder Charity

SupportedED, The Community Eating Disorder Charity works in communities across Scotland to support people with an eating disorder, their families and carers. SupportedED provides befriending for anyone who is affected by an eating disorder and would like support in their recovery, as well as providing support for carers, families and friends.

Visiting Friends SCIO

Visiting Friends provides volunteer befrienders for any adult in Helensburgh and Lomond who might be socially isolated or lonely.