

Summary of the findings from the Pilot Befriending trial:

A pilot randomised controlled trial of one to one befriending by volunteers, compared to usual care, in reducing symptoms of depression in people with intellectual disability



This report summarises the methods and findings from the study and the plans to disseminate the findings.

Background

People with learning disability (also known as intellectual disability) often have few friends and limited access to social support, which can lead to feelings of loneliness and isolation. This can have a detrimental effect on their self-esteem and lead to depression. Befriending could help individuals with learning disability to access more community activities and emotional support, which could lead to improved wellbeing but there have been no trials evaluating befriending in this population.

The aims of the study

The main aim of this pilot study was to investigate whether it would be possible to recruit participants with learning disability and volunteers over a six-month period and if we could retain participants and volunteers in the study. We were therefore interested in the recruitment and drop-out rate.

We also wanted to explore if the befriending intervention was acceptable and if it was delivered as it was intended and whether there were improvements in the following outcome measures in people with learning disability: depression, self-esteem, loneliness, social support, community participation and health related quality of life. We also wanted to explore if befriending had an impact on volunteers on their wellbeing, loneliness and attitudes towards people with learning disability.

Methods

Study design

We carried out a pilot trial of one to one befriending by volunteers in people with learning disability who had symptoms of depression. Our aim was to recruit at least 40 participants over six months and to randomise them to either the befriending arm or a control group. The outcome measures were recorded at baseline and at 6 months.

We also interviewed 12 participants with learning disability, 5 volunteers, 5 carers of people with learning disability and 3 volunteer coordinators about their experiences of the befriending intervention and study, and what they thought worked well or needed to be improved.

Both groups had access to their usual care, such as appointments with health and social care professionals, medication, and day activities. They also received a booklet of local activities.

Participants

We recruited participants with learning disabilities from the North East London Foundation Trust and referrals to two befriending schemes (Outward, based in Hackney “the befriending scheme” based in Suffolk. The participants were aged 18 or over, had mild or moderate learning disability and had to have some symptoms of depression (a score of 5 or more on the Glasgow Depression Scale for People with Learning Disability). They also could not attend a day centre of college for three or more days a week because we were attempting to target individuals who were socially isolated.

The volunteers were aged 18 and over and had to have a Disclosure and Barring Service check (DBS) and suitable references. They did not have to have previous experience working with people with learning disability.

All the participants (volunteers and individuals with learning disability) were provided with an information sheet and had to consent to taking part in the study.

Befriending intervention

The befriending intervention (recruitment, training, matching and supervision of volunteers) was managed by the community befriending services. Volunteers were interviewed informally about the role and received training, which included online learning as well as face to face teaching, which included information about the role, safeguarding and learning disability awareness. They also received a training manual.

Volunteers were matched to participants based on their shared interests and availability. They were introduced to each other by the volunteer coordinator and if they were satisfied with the matching, they agreed to meet each other once a week for at least 1 hour, over a six month period. Volunteers recorded their activities and experiences in a log book. The pair were encouraged to spend at least 50% of time engaging in activities outside the home.

Volunteers had access to monthly supervision, which was provided by the volunteer coordinator. Participants were also contacted regularly and met with the volunteer coordinator to discuss their progress.

Results

Recruitment and drop-out rate

We experienced challenges in recruitment and only managed to recruit 16 participants with learning disability and 10 volunteers. All the participants completed follow up at six-months but two volunteers dropped out of the study and one participant was re-matched.

Characteristics of the participants and volunteers

The 16 participants who took part in the study had a mean age of 42; nine were female, eight were of white ethnicity and nine were living in supported living accommodation. Most of the participants had a mild learning disability (81%). Ten participants had a diagnosis of depression and five had a diagnosis of anxiety disorder. Nine were taking an antidepressant.

The mean age of the 10 volunteers was 33; seven were female and seven were of white ethnicity. Seven volunteers were in paid work and 2 were students. Only four volunteers had previous experience working with people with learning disability.

Delivery of the intervention

Eight participants with learning disability were randomised to the befriending group and 6 were matched to a volunteer but only 4 received 6 months of befriending. The average number of meetings between the volunteer and participant was 12, which was above the minimum number of 20 meetings and each meeting lasted longer (118 minutes, expected was 60 minutes). The majority of activities were outside the home (63.8%) and comprised visits to cafes, restaurants and going for walks. Four of the pairs decided to continue meeting each other after the six-month intervention period was complete.

Acceptability of the befriending intervention

In the interviews, volunteers reported that they were satisfied with the trial processes, although some participants with learning disability had difficulty understanding relevant information about the study such as randomisation.

Participants, volunteers and carers reported positive experiences of the intervention and there were mutual benefits for everyone:

"he has built my confidence, he has made me feel (I can) improve myself, become forward, ask him anything that I wanted" (Participant 8, befriendedee).

"because my mum had been very ill during the period of time and actually (name of befriendedee) was a lovely support for me as well during that period" (Participant 18, volunteer)

" I think for the befriender to come over it has really helped us a lot....it gives me the opportunity to carry on with the paper work, gives me the opportunity to you know spend time with people that live here ...so of course yeah I benefit from it" (participant 10, carer)

There were reports of occasions when there had been a lack of communication between the befriending services, carers and volunteers and that this caused some tension and misunderstandings. Unfortunately, this led to one volunteer dropping out of the study. Some carers also had unrealistic expectations about the role of befrienders and thought that they had similar responsibilities to that of support workers.

Volunteers wanted more flexibility in the frequency of visits (once a week was too frequent) and thought that other types of contacts should be encouraged more such as through social media. Volunteers also thought that the training should be more practical:

"I guess like, in terms of decision making, it would be better if we could know more about the difficulties, they face like decision making" (Participant 11, volunteer)

Outcome measures

Because of the small sample size, we limited our analysis to the main outcome measure of interest, which was symptoms of depression. We found that people who

were in the befriending group had reduced symptoms of depression compared to the control group, by four points on the Glasgow Depression Scale for People with Learning Disability, after taking into account the baseline scores. Therefore the results show some promise but the sample size was too small to draw any firm conclusions.

Discussion and Conclusion

We had difficulty recruiting enough participants and volunteers over a six month period and therefore it would not be feasible to carry out a larger trial, which would be needed if we wanted to establish whether befriending is an effective intervention for improving depression and the other outcomes. We under-estimated the number of people who would be recruited through the befriending services. During the study, one of the befriending services experienced funding cuts, which had implications on staffing and may have impacted on the recruitment of both volunteers and participants with learning disability.

Befriending was found to be acceptable to participants with learning disability and volunteers, and the intervention was delivered reasonably well.

Based on our limited data, we found that depressive symptoms in people in the befriending group was four points lower at six months compared to the control arm, which suggests befriending may lead to meaningful change in depressive symptoms.

It is therefore important that the impact of befriending in people with learning disability continues to be evaluated, but other study designs should be considered.

Acknowledgements

We would like to thank the two participating befriending services (Outward and The Befriending Scheme (Suffolk) for their support and commitment to the study. We would also like to thank the volunteers who took part in the study, as the study would not have been possible without their hard work and dedication. We are also grateful to all the participants with learning disability who took part in the study.

The funding for this study was provided by the Public Health Research programme of the National Institute for Health Research.

Plans for dissemination

We have published a paper on the proposed methods for the trial, which is available to access free: <https://bmjopen.bmj.com/content/10/6/e033989>

The results of the study will be published in the National Institute of Health Research Journal. It is currently being reviewed and should be available by early 2021. A copy of this paper will be uploaded on the study website

<https://www.ucl.ac.uk/psychiatry/research/epidemiology-and-applied-clinical-research-depa/projects/bid-project>

We will be holding a webinar on **Friday 11th of December 2020 from 10-11 am** to discuss the study and its findings. If you would like to attend, please contact Afia Ali at the email address below and she will send you the link.

If you would like any more information or would like to get in touch, please send queries to: afia.ali@ucl.ac.uk