

REVIEW ARTICLE

To befriend or to be a friend: a systematic review of the meaning and practice of “befriending” in mental health care

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Abstract

Background: “Befriending” involves pairing a volunteer with a person with a mental illness in the community to spend social time together. The term can have very different connotations.

Aims: To review how “befriending” was used in mental health care.

Method: A systematic review with a narrative synthesis was used to explore how befriending is conceptualised and practiced. We extracted descriptions of “befriending” from efficacy studies, befriending manuals, and reports from the gray literature and explored the practical implications of the different concepts of “befriending”.

Results: The lay understanding of the phrase “to befriend” is “to be a friend to”. This contrasts to codes of practice used by befriending organisations, which describes a relationship distinct from friendship. The literature (12 relevant papers total) suggests a spectrum of practices; at one end is a relationship that is professional or therapeutic in nature, while at the other end, the relationship is conceptualised as much closer to a naturally occurring friendship.

Conclusion: The different concepts determine distinct practices, which may lead to confusion when the term befriending is used. The term “befriending”, may be understood to concern friendship, which may be inappropriate where the organisation offers a professional style relationship.

Keywords

befriending, friendship, mental illness, social isolation

History

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Background

Friendship is commonly held to be one of the key relationships in life that gives it richness, value and meaning. It is widely established that people with serious mental illness often have few friends and struggle to make new friendships (Wan-Yuk Harley et al., 2012). As social isolation is known to be associated with poor illness outcomes (Giacco et al., 2012), efforts are often made by health care providers and voluntary organisations to address this through providing group activities, day centers and other social activities. One type of scheme of particular interest seems to be “befriending”, which in a mental health context describes the practice of matching an unpaid volunteer, normally someone who is well, with someone who is mentally ill with the purpose of them spending regular social time together over an extended period of time. These schemes have become relatively popular. In England alone, we have found approximately 50 such schemes run by the National Health Service or voluntary organisations in the community for people with mental illness

(e.g. <http://www.do-it.org.uk>). The assumption underpinning befriending schemes is that providing one-to-one support to someone in the community may help them to develop a social network and gain new sources of social support. This may in turn lead them into the path of re-integrating with the community, and promote a stable recovery (Davidson et al., 2004).

While these schemes are now popular, there is little theory on which these practices are based, or evidence for their effectiveness. A review by Hallett et al. (2012) on volunteer input into mental health care found that similar volunteering schemes most frequently cited ‘patient social and community enhancement’ as their main aim. Further, a clutch of research studies has suggested that befriending type interventions can be effective in improving social and psychological function among people with mental illness (Davidson et al., 2004; Harris et al., 1999). The New Oxford Dictionary of English defines the word “Befriend” as to *act as or become a friend to (someone), especially when they are in need of help or support* (Pearsall, 1998, p. 156). Consistent with this definition, befriending studies often begin with a description of friendship and its benefits for people, strongly suggesting that befriending, at least in a research context, is about facilitating friendship (e.g. McGowan & Jowett, 2003). There are many understandings of friendship, but when one draws widely from the literature, there is agreement on a cluster of key characteristics (McGowan & Jowett, 2003). Friendships are

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voluntary, private, relationships in which people choose to spend time together and will make an effort to do so. Friends are external to the immediate family. People may have lots in common with friends with respect to attitudes or interests, and enjoy their company. The friendship relationship is said to involve respect and reciprocity, mutual obligation, be symmetrical and have some level of equality.

While the assumption in research studies is that befriending as an intervention relates to friendship, there appears to be little theoretical exploration of how befriending works, or whether it matches the type of relationship described above. Against this background, we did not aim to look at the effectiveness of befriending as an intervention, but rather to review how the term befriending is understood in mental health care, and what the implications of different understandings are for practice. We conducted a systematic search of the literature with a narrative synthesis of the concepts of befriending and explored how these different concepts impact on schemes in practice.

Methods

A systematic literature review with a narrative synthesis using the principles outlined by Popay et al. (2006) was conducted to gain an understanding of how the meaning of befriending in mental health care has been conceptualised and how that term is used in practice.

The search

At the outset, we conducted an electronic search of academic electronic databases and other sources known to the researchers were explored for their usefulness including the websites of organisations known to provide befriending services or to provide guidance and training to organisations who do. Searches of PubMed, PsychINFO, Web of Science and SCOPUS were conducted using the search terms ‘‘Befriend*’’ and ‘‘Volunt*’’ and ‘‘Mental’’. This was supplemented by the inclusion of known reports in the gray literature and training manuals sourced from a number of organisations that offer training for potential befrienders. Papers were included if they fulfilled the following inclusion criteria; research (qualitative or quantitative) papers or review papers that discuss community befriending schemes for people with mental illness operating in the community; explicitly addressed the practice of befriending; and authors provide a clear description of what they consider ‘‘befriending’’ to mean, or how they instructed volunteers to behave as a befriender. Papers were excluded if they described research on telephone or inpatient befriending, or peer support initiatives as these interventions appear to have different aims with regard to promoting social inclusion, and thus were considered to be different in nature from the community befriending we sought to conceptualise. Equally, research that centered on befriending with groups who had dementia, or who were undergoing palliative treatment for terminal illnesses were excluded, as were papers on ‘‘mentoring’’ for socially marginalised groups such as minority ethnic groups or ex-offender groups as the needs of these populations were considered to differ from those of people with mental illness in the community.

Procedure

Titles and abstracts of all identified papers were reviewed for their relevance, and the reference lists of relevant papers were hand-searched for further useful references. Papers were read in full where their eligibility was unclear, and those that yielded no further useful conceptual information were excluded. The first phase of data extraction was conducted by independently by two researchers (R. T. and J. S.), who read the included documents in full and identified the sections in which ‘‘befriending’’ was described (see Table 1). R. T. and J. S. independently extracted quotes from the full documents that they believed described the befriending relationship. They extracted the same text excerpts in all but two cases, and were able to reach agreement on the definition to be used in the remaining cases. Following discussions concerning the conceptual meaning of befriending and how it is implemented (please see synthesis below), a second phase of data extraction involved the same approach during a content analysis in which they examined the full texts for references to key aspects of the befriending relationship as follows; clear boundaries guide the sharing of personal details, money etc.; goals and plans are to be set between befrienders and befriender; time limits on the relationship; relationships were equal with regard to power; relationships were reciprocal with regard to sharing personal information; relationships were progress monitored; and listening and talking through emotional situations is a key role of the befriender. There was disagreement on the subject of the presence or absence of these features in no more than two cases for each category. All were resolved through discussion (Table 2).

The synthesis

The synthesis was achieved in stages following guidance suggested by Popay et al. (2006). The stages include developing a theoretical model and a preliminary synthesis; exploring relationships within and between studies; and assessing the robustness of the synthesis.

The multidisciplinary study team included an academic bioethicist (E. V.), an academic/clinical psychiatrist (S. P., who is also a psychologist) and two research psychologists (R. T. & J. S.). Through this process, a preliminary conceptual model of what ‘‘befriending’’ involved and how it was understood was developed. The team then identified key structural features of befriending relationships that they expected to be associated with the different conceptual meanings of ‘‘befriending’’. Data confirming the presence or absence of these key features within the befriending relationships described were extracted from the included documents (see Table 2), and further synthesis was conducted through regular discussions within our core research team. As our research aim was to look at how the term befriending was understood, and to theorise on how that understanding may influence the delivery of a befriending scheme, the early stages of this synthesis, (following guidance by Popay et al. [2006, p. 18] on possible analytic tools), were a combination of thematic and content analysis in approach. We explored the descriptions of befriending with specific attention to the way in which befriending was discussed as relating to friendship.

The emerging findings were regularly discussed in a team of about 20 researchers and clinicians in the Unit

Table 1. Descriptions of befriending.

Authors	Country	Document type	Quote
Bendall et al. (2003)	Australia	Training manual	<i>Befriending therapy is a series of conversations with a client that are similar to conversations with a social acquaintance. It involves an ongoing discussion of everyday topics and events in a friendly way without problem solving or exploration of emotions. pp.10</i>
Dean & Goodlad, (1998)	UK	Gray literature Report	<i>A relationship between two or more individuals which is initiated, supported and monitored by an agency that has defined one or more parties as likely to benefit. Ideally the relationship is non-judgmental, mutual, purposeful and there is commitment over time pp.5</i>
Harris et al. (1999)	UK	Randomised controlled trial	<i>...meeting and talking with the woman for a minimum of one hour each week, acting as a 'friend' to her, listening and 'being there' for her. pp.220</i>
Lester-Cribb (2009)	UK	Training manual	<i>a relationship between a volunteer befriender and a client (usually 1:1) which is initiated, supported and monitored by a voluntary or statutory agency [...] It is also important to distinguish between the meaning of the word 'befriending' as it might occur in everyday usage ('making friends with') and its meaning in relation to the provision of a professional support service of 'friend-like' relationships. pp.9</i>
McCorkle et al. (2009)	US	Qualitative research	<i>intentional friendships pp.293</i>
McGowan and Jowett (2003)	UK	Observational study	<i>A befriending relationship can offer some but not all aspects of friendships. A befriending relationship is not private – the support organisation continues to play a role. The relationship is not completely mutual; while the voluntary service recipient and the volunteer may both gain from the relationship, they are not in a relationship of equal power. pp. 15</i>
McGowan et al. (2009)	UK	Conceptual review	<i>...a unique supportive one-to-one attachment relationship pp.621</i>
Mead et al. (2010)	UK	Systematic review	<i>an intervention that introduces the client to one or more individuals whose main aim is to provide the client with additional social support through the development of an affirming, emotion-focused relationship over time. pp. 96</i>
Mentoring and Befriending Foundation (2011)	UK	Training manual	<i>A voluntary, mutually beneficial and purposeful relationship in which an individual gives time to support another to enable them to make changes in their life pp. 2</i>
Mitchell & Pistrang (2010)	UK	Qualitative research	<i>a supportive relationship in which one-to-one companionship is provided on a regular basis pp.152</i>
Montclair (2011)	Australia	Gray literature report	<i>intentional companionships pp.1</i>
Varah (1980)	UK	Monograph	<i>...what is offered in the first instance is simply a fellow human being who will listen and sympathise and accept as a friend pp.43</i>

Table 2. Features of described befriending relationships.

Authors	Boundaries	Goals	Time limits	Equal	Reciprocal	Progress monitoring	Talking about/ listening to personal issues
Bendall et al. (2003)	Yes	No	Yes	No	Yes	No data	No
Dean & Goodlad, (1998)	Yes	No data	Yes	No	No	No data	Yes
Harris et al. (1999)	No data	No data	Yes	No data	No data	No data	Yes
Lester-Cribb (2009)	Yes	Yes	Yes	No data	No data	Yes	No data
McCorkle et al. (2009)	Yes	No data	No	Yes	Yes	No data	Yes
McGowan and Jowett (2003)	No data	No data	Yes	No	No	No data	Yes
McGowan et al. (2009)	Yes	Yes	No	No	No data	Yes	Yes
Mead (2010)	No data	No	Yes	No data	No data	No data	Yes
Mentoring and Befriending Foundation (2011)	Yes	Yes	No	No	Yes	No data	Yes
Mitchell & Pistrang (2010)	Yes	No data	Yes	No	Yes	No data	Yes
Montclair (2011)	Yes	No	No	Yes	Yes	Yes	Yes
Varah (1980)	No	No	No	Yes	No data	No data	Yes

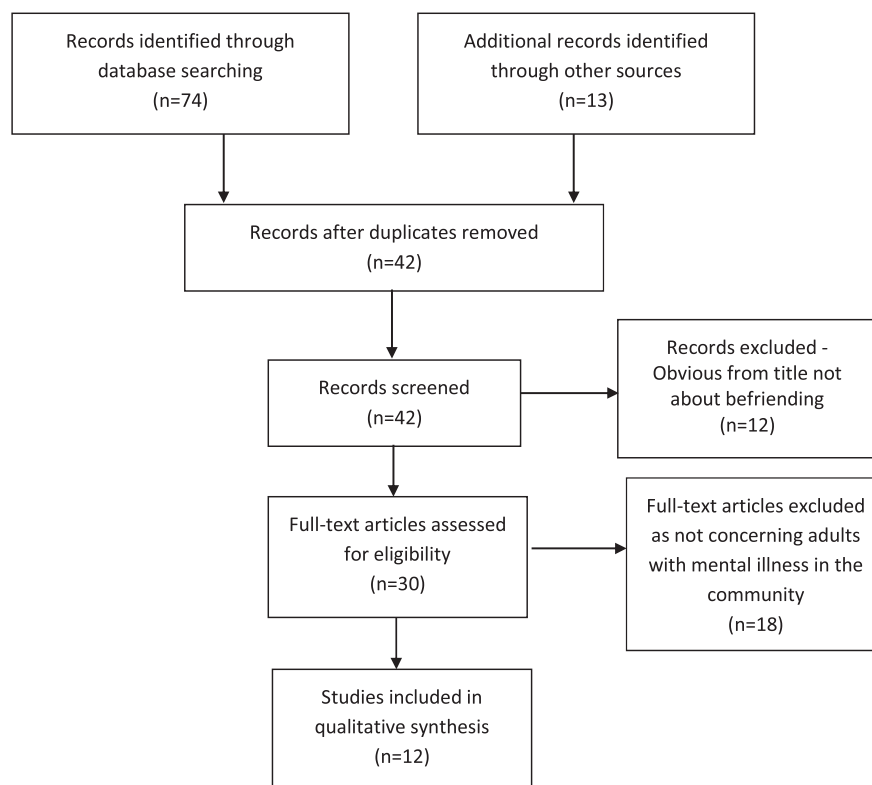
for Community and Social Psychiatry (World Health Organisation Collaborating Centre for Mental Health Service Development) at Queen Mary University of London. The discussion led to further analyses of the literature and of the different concepts of befriending before the final synthesis was produced that is described in the

findings and discussion below. This iterative process took 15 months to complete.

Results

Initial searches revealed 74 references on befriending in total (PsycInfo (Washington, DC) 18, Scopus (Amsterdam,

Figure 1. Flow diagram of literature search.



Netherlands) 23, Pubmed (Bethesda, MD) 14, Web of Science (New York, NY), 19). After removal of duplications and papers not fulfilling the inclusion criteria, there were seven research or review papers. Two reports from the gray literature and three training manuals were also included, resulting in a total of 12 relevant papers (Figure 1).

Befriending

Research papers looking at the efficacy of befriending often open with a description of friendship and frequently go on to imply that befriending is about facilitating friendship (e.g. McGowan & Jowett, 2003). However, it was clear that befriending as a practice and friendship could not be the same thing, due to the presence of a third party, the befriending organisation, within the relationship. Further, while these relationships are voluntary, they cannot be considered fully private as the rules and boundaries that characterise the relationship are set not only by the individuals involved in the relationship, but by this third party that has the power to end the befriending relationship. The third party should also feel that aspects of the relationship are appropriate. Descriptions of how befriending was understood by the authors of the different sources clustered around two distinct themes; befriending as close to friendship, and befriending as a professional or therapeutic relationship, but there was clearly a spectrum of practice spanning these conceptualisations when we looked at features of the relationships described.

The term befriending has been defined and used in different ways. Table 1 summarises the descriptions of befriending used in the analysis.

Aspects common to all befriending programmes

Training, supervision and on-going support are common features in the majority of the schemes described. With the exception of Mitchell & Pistrang (2010), all papers mentioned training and on-going support of volunteers. It is possible that this did not feature in the results reported by Mitchell & Pistrang as their focus was solely on the nature of the befriending relationship and not on the wider structure of the befriending scheme from where their interviewees were recruited. The majority of papers also mentioned personal boundaries, and gave room for a discussion of what appropriate boundaries would be within a befriending relationship. However, there was variation in what this would mean, from not sharing personal contact details or information through to sharing personal information and introducing the befriender to friends or family members.

Friendship end of the spectrum

The Compeer model of befriending as described by McCorkle et al. (2009) and Montclair (2011) is the model that fits most comfortably at the friendship end of the spectrum. These ‘‘intentional friendships’’ are not time limited, the volunteers are not involved in setting goals or milestones for their befriendees, and the progress of the relationship is not monitored. In this model, befrienders and befriendees are encouraged to split the cost of outings equally. As the relationships are open ended, they can develop over time from something that is, in the first instance an artificial pairing of two people previously unknown to each other, into a relationship that is characterised as being reciprocal and equal, and in which both parties are comfortable in sharing

personal information. The compeer model echoes the model described by Varah (1980), who founded the first befriending programme for people in suicidal crisis, which eventually became known as The Samaritans. This model was founded on the assumption that the role of volunteers was to listen, and to act as a non-judgemental friend to someone in need for as long as necessary.

Mid-spectrum

The majority of documents included in this review could best be described as occupying positions towards the middle of the spectrum. Harris et al. (1999) in their study of a befriending scheme for women with depression, while not providing as detailed an account as other papers, describe a relationship where the focus is on listening and emotional support. The relationship was limited to 1 year for the trial, but there appears to be little prescription in relation to personal boundaries or sharing personal information, which is consistent with more naturally occurring friendships.

The model prescribed by Bendall et al. (2003) features elements of both types of relationship, and thus belongs in a more central position on the spectrum. Here, there is an acknowledgement that there should be some personal reciprocal disclosure, and that participants may enjoy participating in joint activities. However, this model retains key elements of a more professional style of relationship. The relationship is not equal in power, as evidenced by the befriender's role actively steering conversation away from negative or highly emotive topics and being prescriptive about the timing and length of appointments.

The relationships described by Dean & Goodlad (1998) and Mitchell & Pistrang (2010) also have features of both a naturally occurring friendship and a more professional styles of relationship. In particular, both these papers highlighted that there was variability within individual relationships that may be as much about the personalities involved as the organisations monitoring them. While some relationships may feel very equal and develop eventually into friendships, in others there was a disparity in the relationship which altered the extent to which it could be seen as truly equal or reciprocal. Mitchell & Pistrang in particular found examples where the befriended considered the relationship as a friendship, while the volunteer described a more professional relationship, sometimes like that of a carer.

Professional relationship end of spectrum

Befriending schemes at this end of the spectrum may be goal-focused enterprises, in which the relationship is seen as facilitating the achievement of personal goals through one-to-one support. Manuals such as those written by the Mentoring and Befriending Foundation (2011) or the Befriending Network Scotland (Lester-Cribb, 2009) give advice on a range of aspects of managing the relationship such as giving training on personal boundaries, setting of goals and action plans, use of time and ending relationships. This may include limits on the amount of time the partners spend with each other, and the duration of the relationship in total. Befrienders are often expected not to give out their phone numbers, buy or accept gifts, or lend money or accept loans from their

befriended (Lester-Cribb, 2009). Befrienders may be advised on what they should discuss with their befriendeds, such as avoiding talk about their personal lives or straying into negative emotional territory (Lester-Cribb, 2009). Both manuals suggest that befriending sits on a continuum with mentoring, and that the closer to the mentoring end of the continuum the relationships gets, the more specifically it becomes about helping the befriended achieve certain goals or aspirations. While mentoring is a term commonly used within business or school contexts, befriending appears to be more commonly used in a mental health context, although in practice the relationships may be very similar. Indeed, McGowan et al. (2009) considers "befriending" as being used synonymously with "mentoring" in the UK. In the context of mental health, this may result in a focus on mental health recovery and thus the befriender could be considered, in this context, as yet another member of the care team, rather than someone who offers something different (Lester-Cribb, 2009, p. 9). Perhaps, the key difference here between these professional style relationships and more friendship style relationships is the one-sidedness of the relationship and the clearly demarcated imbalance in power between befriender and befriended. The role of the organisation in managing the relationship is much more prominent here, and the befriender may be required to report back to the organisation on the progress of both the relationship and the befriended. As such, there is a clear intention to distinguish the befriending relationship from a friendship, as a spontaneously occurring friendship does not comply to the limitations of, and is not monitored by or subject to the decisions of a third party.

Discussion

Main findings

In a research context, befriending is commonly understood to be related to friendship. However, within organisations that provide befriending services for people with mental illnesses in the community, this appears not to be how the term is used.

We identified a spectrum of concepts of befriending that corresponds with the type of relationship sought. At one end, the relationship is very much like a natural friendship and at the other it is much closer to a structured professional therapeutic relationship. The way the desired relationship is conceptualised by the organisation along this continuum may influence the way they practice.

Implications for practice – possible benefits, disadvantages and risks

As summarised in Table 3, there are different potential benefits and risks as you move along the continuum of possible befriending relationships. At the friendship end of the spectrum, the befriender's primary role is to act as a friend to the befriended, to talk with them, listen to them, and to encourage them, rather than to spend time setting specific "therapeutic" goals and working towards them. They gain a new social contact, a new source of interest and entertainment, and someone who will listen to their concerns and celebrate their successes. The relationship here may feel rather mutual, and the befriended may feel valued for

Table 3. Risks and benefits in “friendship” and “professional” types of schemes.

	Natural friendship	Professional/therapeutic relationship
Benefits	New friendship Someone to listen to concerns Feeling valued as an individual No pressure to “achieve something”	Clear goals for befriender Clear plans to achieve them Clear professional boundaries give structure to the relationship Befriender gains someone to listen to concerns
Risks	Emotional turbulence associated with natural friendship – friends may let us down, cross personal boundaries and say inadvertently hurtful things	Acting as a therapist without proper training and supervision may be harmful for client and an unfair responsibility for the volunteer

themselves as an individual without being under pressure to achieve anything. As you move down the continuum more towards the professional style relationships, a different set of benefits emerge. Here, the befriender’s primary focus is to set goals with the befriender and to help them plan and achieve numerous steps towards achieving those goals. The goals set with the befriender and action plans developed to achieve those goals allow both to have a clear idea of what is expected of each person within the relationship. In addition, the more professional style of boundaries put in place are an explicit acknowledgement that real friendships come with costs, as well as benefits, and that for some to derive some of the benefits of friendship, those costs need to be safeguarded against. There is little evidence on the type of relationships that are helpful in relation to a person’s mental health, and “bad friendship” might be detrimental. The boundaries and rules set in place by a more professional style of relationship may, for some patients, provide the kind of social contact that fulfils a desire not to be lonely without carrying with it the emotional risk that a true friendship entails.

Just as the differing styles of relationship have differing advantages, they also have differing disadvantages or risks. For the more “natural” friendship styles relationships, there are emotional risks to consider. While natural friendships are said to have many positive qualities such as reciprocity, equality, reliability and intimacy, the extent to which these qualities are dominant in any friendship is variable. Friendships can also be unequal, exploitative and at times humiliating. There is an inherent assumption that friendships are not governed by rules, and as such there are no “rules” against sexual intimacy or excessive emotional disclosure, which may result in emotional upheavals and a deterioration in someone’s mental health (Redmond et al., 2010). When we are offering a befriending service to someone who may already be vulnerable to problems in managing their emotions, this is not a risk that should be taken lightly. Moving along the continuum towards the more professional style of relationships again, we see a different range of potential risks. Here, the relationship is not conceptualised as being private or mutual, the parties do not have equal power and do not contribute equally to supporting each other or derive similar benefit. Indeed, it has been noted by Dean & Goodlad (1998) that the very existence of such schemes could be seen as an explicit acknowledgement that some people with mental illness are not perceived as having the ability to be “valued in their own right” (p. 5). In addition, such befriending relationships are frequently time limited to prevent the development of dependency, which may result

in disappointment or even significant sense of loss and the associate emotional turbulence for a befriender, who may be very isolated outside of that relationship. It is also possible this type of befriending may result in the befriender acting as an unpaid therapist. Befrienders in this situation will have received some training around boundaries and safeguarding, but it is not the remit of befriending schemes to provide formal psycho-therapeutic training, and as a consequence volunteers could unintentionally cause harm to the befriender by applying too much or inappropriate pressure to achieve those goals. This aspect of the role also may put unfair demands on the befriender, who after all is unpaid, and possibly untrained, in handling the responsibility of a therapeutic intervention. If therapeutic input is what the befriender needs, one might ask why this is provided by volunteers instead of paid professionals. Collectively, these concerns may be the motivating factor in the production of relationships in many papers that could be seen as falling along the central part of the spectrum, incorporating elements of both types of relationship.

Possible pitfalls with “befriending”

The term “befriending” strongly implies friendship, and this is how the phrase “to befriend” is understood by the general population. It therefore seems counter-intuitive for some organisations to label the practice this way, when friendship is not what they intend to offer. This may lead to confusion for the befriender, and there is some evidence to suggest this does occur. Mitchell & Pistrang (2011) reported that many befrienders and befriended viewed the befriending relationship as a friendship, and as having features such as mutuality and reciprocity. This finding also resonated with those of the Dean & Goodlad (1998) report, who found that befriended considered the relationship to be a friendship. This suggests that (possibly irrelevant to scheme type) participants experience some of the qualities of friendship within their befriending relationship, possibly with the expectation that the relationship would evolve into a natural friendship and that the enforced ending of those relationships may lead to disappointment, disillusionment and possibly to a failure of the intervention.

One possibility to overcome the difficulties of the term befriending might be finding new terms for similar schemes. Davidson et al. (2004) used the term “supported socialization”, and early befriending style schemes for inpatients used the phrase “companion program” (Fisher, 1970), which may be more appropriate for schemes providing the more professional style of relationship. On the other end of the spectrum,

Compeer projects use the term ‘‘intentional friendships’’, and explicitly state in their aim to create the circumstances, via a careful matching process, in which friendship may arise (McCorkle et al., 2009; Montclair, 2011). Developing a range of appropriate terms to suit the range of possible recipients would allow those people designing and delivering these schemes to explain what is being offered without developing inappropriate expectations from the outset.

Strengths and limitations

To our knowledge, this is the first systematic attempt to explore how befriending is being conceptualised in a mental health context. The papers used in this review all focused on research or reports that explicitly addressed the practice of befriending. The term befriending has specifically English origins and different terms may be in use in other countries. In particular, there may be a UK–Northern America divide in the use of terms describing the kind of one-to-one support encompassed by befriending (we know of at least two alternatives – ‘‘supported socialisation’’ [Davidson et al., 2004] and ‘‘companion program’’ [Fisher, 1970]) and as a consequence research papers describing similar work may have been excluded from this review.

When exploring how befriending interventions were delivered in a research context (as opposed to manuals), we found that various details commonly discussed in befriending manuals were not specified (see Table 1). This means it is difficult to look at how the conceptualisation of the befriending relationship impacted on the delivery of schemes across the full range of studies.

Conclusions

There are a range of concepts of befriending, ranging from a relationship that is very similar to a professional therapeutic relationship, to one that is very similar to a natural friendship. These differing concepts are linked to differences in the way that befriending services are delivered. It could be problematic that a service with the word ‘‘friend’’ in its title does not offer all aspects of a real friendship, and it may be appropriate to modify this terminology.

Some patients may benefit from a new friendship with all its emotional implications, while others may prefer some form of supported companionship in which the boundaries of the relationship are clear. For organisations running such schemes, the issue of risks to both volunteer and patient need to be considered, and may be more prominent if it is a more mutual relationship with less emphasis on boundaries and regulations. Different schemes may be appropriate for different contexts, and finding new labels may be helpful in allowing schemes to clarify whether they mean for their volunteers to befriend or to be a friend.

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Declaration of interest

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