Befriending older adults in nursing homes: volunteer perceptions of switching to remote befriending in the COVID-19 era

Running Head: Remote befriending of older adults in nursing homes

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Objectives: Residents in nursing homes are being isolated to prevent exposure to COVID-19. Many are prone to depression, anxiety and loneliness, and extra isolation leaves them vulnerable to compromised mental health. In this study, trained volunteers providing befriending for residents with symptoms of depression, anxiety and loneliness switched to remote befriending during COVID-19. The purpose of this study was to gauge volunteer perceptions of the switch.

Methods: A qualitative phenomenological approach was used to understand how switching to remote befriending impacted on volunteers and residents. A convenience sample of 18 participants responded to questions either in individual or group interviews.

Results: Volunteers adapted their befriending visits, switching from face to face visits to remote options. The format was decided collaboratively. Hearing impairments hindered phone calls. Residents sometimes felt uncomfortable with digital technology but on the whole, the change to remote 'visiting' was accepted.

Conclusions: Further research is being conducted to gauge mental health outcomes for residents. Most volunteers and residents accepted the switch to remote befriending as better than no contact.

Clinical implications: Volunteers can provide valuable support for residents living with social isolation during COVID-19. The format for social support needs to be decided collaboratively between volunteer and resident.

Keywords

befriending; nursing homes; COVID-19; volunteers; mental health

Introduction

Physical distancing has been one of the three cornerstones (physical distancing, handwashing and testing) supporting the public health response to the Coronavirus-19 (COVID-19) pandemic. We know that older people are more vulnerable to negative outcomes if they are infected with this virus (Shahid et al., 2020), so physical distancing and social isolation have been strongly recommended for people over 65 (Morley & Vellas, 2020). For older people living in long term residential care (referred to as nursing homes throughout this paper), Australian government guidelines in March 2020 (Communicable Diseases Network Australia, 2020) recommended restriction of visitors including family, friends, allied health and other non-essential visitors, which resulted in some instances having complete lockdowns instigated regardless of whether there were residents in the nursing home with a diagnosis of COVID-19. Subsequent revisions have allowed some loosening of restrictions according to government guidelines, but individual nursing homes are deciding on their own courses of action regarding visits, acknowledging that an outbreak of COVID-19 in nursing homes is likely to be devastating for residents and their families. Negative mental health outcomes of social isolation have been found such as loneliness, depression and anxiety outside pandemic conditions (Cacioppo & Cacioppo, 2014). Estimates suggest that up to 53% of people living in nursing homes in Australia have significant symptoms of depression outside pandemic conditions (Amare et al., 2020; Australian Institute of Health Welfare, 2013), so it can be hypothesised that the extra restrictions to social support during the pandemic may have led to worse mental health outcomes for this vulnerable group only offset by efforts on the part of friends and family to keep connected.

We have been studying the impact of befriending on depression, anxiety and loneliness for older people living in residential aged care (BEFRIENDAS study -

BEFRIENding for Depression, Anxiety and Social support in residential aged care; ANZ Clinical Trial Registration Number 12619000676112). Befriending is providing one-to-one conversation on a regular basis, avoiding health-related problems and talking about topics of interest to both parties (Doyle et al., 2017). During befriending the volunteer, or befriender, tries to avoid health related topics and topics that may cause distress to the befriendee. The focus is on topics that are interesting to the befriendee but do not focus on issues that may raise negative emotions in them. The befriender does not engage in problem solving with the befriendee, unlike what may happen in psychological therapy or counselling.

We found befriending from volunteers to be successful in alleviating depression and anxiety in community dwelling older people with Chronic Obstructive Pulmonary Disease in a previous study (Doyle et al., 2017). Van der Ploeg and colleagues (2014) found that volunteers were successfully able to provide support to residents in nursing homes who were isolated. Befriending has also been shown to have positive benefits on mental health in other settings (Coe & Barlow, 2013; Mead, Lester, Chew-Graham, Gask, & Bower, 2010), and is recommended in the National Institute of Health and Care Excellence guidelines on depression treatments to support people with mild to moderate depression symptoms and loneliness (National Institute for Clinical Excellence, 2009). While face-to-face befriending has not been possible due to visitor restrictions, volunteers have attempted to continue befriending residents by whatever remote means possible. Technology is being promoted as a solution to social isolation. Forsman et al (2018) found that technology-based interventions can improve psychosocial and mental wellbeing outcomes in older people. Gould and Hantke (2020) indicated that clinicians can facilitate technology use in older adults by facilitating access, promoting technology literacy, increasing patient buy-in and increasing their own familiarity with technology.

While the main purpose of the BEFRIENDAS study is focusing on whether befriending is effective and acceptable for older people living in nursing homes, the purpose of this part of the study was to explore the response of the volunteers to befriending, with a view to providing insights into how best to provide social support. During the pandemic volunteers continued befriending, and the purpose of this paper is to describe the perceptions of volunteers on the impact of switching to remote befriending to accommodate restrictions on face-to-face visiting.

Method

Study design

A qualitative design using a phenomenological approach was used for this study, with a mix of individual and group interviews to elicit views. A discussion guide was used to prompt conversation and guide the direction of the interviews. Data were collected between 6th April 2020 and 22nd June 2020. The COREQ checklist (COnsolidted criteria for Reporting Qualitative research; Tong, Sainsbury & Craig, 2007) was followed for reporting the methods.

Study Participants

Participants were a convenience sample of 18 volunteers who had been recruited via word of mouth, social media and media advertisements to participate in the BEFRIENDAS study. All participants were befriending a resident in a nursing home in Melbourne Australia during the COVID-19 pandemic. Of the 18 participants, 10 (two male, eight female) participated in individual semi-structured interviews and eight (one male, seven female) participated in a group interview.

The volunteers (three male, 15 female) ranged in age from 20 to 85 years (M = 55.9

years, *SD* = 23.7). The residents they befriended (10 male, 16 female; some befrienders befriended more than one resident) were all over 65 years (*M* = 84.5 years, *SD* = 7.5). All residents had symptoms of depression or anxiety and only up to mild cognitive impairment, as per the eligibility criteria of the BEFRIENDAS study. Depression was measured using the 15-item Geriatric Depression Scale (Yesavage & Sheikh, 1986), anxiety was measured using the 20-item Geriatric Anxiety Inventory (Pachana et al., 2007) and cognition was measured using the General Practitioner Assessment of Cognition (GPCOG) (Brodaty et al., 2002). Residents with a diagnosis of dementia or no depression or anxiety were excluded from the BEFRIENDAS study.

Procedure

Before commencing visits, volunteers had attended manualised training and information sessions to learn about befriending in nursing homes. This training consisted of information on how to conduct befriending conversations, topics to avoid, what to do if a resident becomes upset, key symptoms of depression and anxiety, how to communicate with someone with mild cognitive impairment and how much personal information to disclose.

They provided the research team and nursing homes with police background checks to ensure safety, befriending was monitored for quality control and they were provided with ongoing supervision and mentoring by the research team. For this qualitative study, participants were invited via email to participate in either a group or individual interview, whichever was most convenient for them. All interviews had to be conducted remotely due to COVID-19 restrictions. Two group interviews (one with five participants and one with three) and one interview were held via Zoom, an online video meeting function, and the other eight interviews were conducted over the phone. Interviews were conducted by MF, CD, RH and SS. An interview discussion guide

(Box A) was used for the group and individual interviews, with the same questions being used in both. The questions in the discussion guide were used a guide to the conversation and responses were probed to elicit more information. On average, the group interviews lasted 50 minutes, and the individual interviews lasted 15 minutes. All group and individual interviews were audio recorded, and transcribed verbatim by a professional transcription service.

<Insert Box A here>

Data analysis

Colaizzi's phenomenological data analysis steps (see Table 1) were used to describe the phenomena experienced by the volunteers (Rosa, Bagnasco et al, 2017; Sanders, 2007). Three researchers (MF, GMajor, RH) read the transcripts and extracted the important statements from them, formulated meanings to these statements and then found common themes. The researchers used a table to display and code this information. The table had the headings 'significant statement', 'formulated meaning', 'theme cluster' and 'emergent theme'. At least two researchers read and analysed each transcript.

<Insert Table 1 here>

Ethical considerations

Ethical approval was obtained from the Austin Health Human Research Ethics Committee (approval no. HREC/45941/Austin-2018).

Results

Befriending visits were initially planned to be face-to-face, weekly for a total of 16 weeks but were interrupted by lockdowns due to the COVID-19 pandemic. On

average, the volunteers had visited the resident in person 9 times (*SD* = 5.1) prior to the lockdown being called, with the number of in person visits ranging from 0 to 16 across the volunteers.

The volunteers used innovative means to keep in touch with the residents they were befriending to maintain contact while staying safe, and to reduce the risk of loneliness or social isolation. The volunteers considered the needs and preferences of the residents and what would best suit them as a means of keeping in touch. The main methods used to continue befriending remotely were telephone calls, video calls, such as Skype or FaceTime, letter writing, emails and text messages.

> "So we switched to telephone my resident, she provided me with her mobile number and I kept calling her once a week." (Group interview, female, 31 years)

> "The aged care facility offered the opportunity to speak to the resident via Skype which was good." (Group interview, female, 31 years)

> "But I am now sending her emails… doing the email with her is great because she's on email all the time." (Group interview, female, 76 years)

> "So even with the Coronavirus we still do (keep in touch) - because she preferred texting so I literally message her a couple of times a week. Whenever she reply to me I can reply her as well." (Group interview, male, 23 years)

Table 2 provides information about each befriender's age, gender, how many residents they have befriended and their chosen means for remote befriending. Although not limited to the younger befrienders, it was more common for them to use technology for befriending, such as Skype, text messaging or emails. Letter writing was more common in the older befrienders.

<Insert Table 2 here>

There were mixed opinions expressed in the interviews about the best way to keep in touch with the residents during the isolation periods, what helped with undertaking remote befriending or prevented it from working effectively, and what people's perceptions of remote befriending were.

Facilitators of remote befriending

Respondents reported on what helped them with undertaking remote befriending, including having the opportunity to do a face-to-face visit prior to starting remote befriending, using key staff at the nursing home to assist and finding the right time to get in contact with the resident.

Face-to-face visit prior to starting remote befriending

Many said that at least one face-to-face visit prior to starting remote befriending is useful. Volunteers reported that because they had met their resident and developed a rapport with them, knew what they looked like, and knew some of their interests, likes and dislikes by chatting with them and seeing their room helped to continue remote befriending in the most suitable and appropriate means.

> "I mean it was really valuable to, at least, meet him in person at least once, because I know what he looks like, and having this mental image of him helped me, in a way." (Individual interview, female. 25 years)

> "Because I had enough face-to-face sessions with her, I was able to write to her so that was okay...I actually start a letter then I go back and then I'll have a think about it and then I just drop something else in. And if there's something I know like she reads a paper each day or something like that, I might float that in as well. But that's why I put the little joke at the end of it, because it just sort of breaks the same old, same old" (Individual interview, male, 68 years)

> "Because I felt a connection with her, and she's been lots of fun it's been an easy thing to do..." (Individual interview, female, 70 years)

Visual cues from meeting previously face-to-face were identified as something that would help both the resident and the volunteer. One volunteer suggested that including a photo of themself in the letter they wrote to the resident would help prompt their memory of who they were. Other volunteers said visual cues from when they had been in the resident's room during face-to-face befriending helped them to communicate with the resident effectively during remote befriending and provided them with suggestions for conversation topics.

Using key staff to assist

Volunteers said that their remote befriending was also facilitated by assistance from the staff to ensure the resident was able to take the phone call, be ready for the Skype call or read the letter or email.

> "So, I've been able to get through to her by speaking to the staff, and they have taken a phone to her room and I've been able to have a chat with her like that..." (Individual interview, female, 85 years)

> "We were told we can't visit them and stuff, so I spoke to (staff member) and she was like, "You can send emails because anyways (resident) is not in a condition to speak", so I preferred emailing him too. So his first email went through and (staff member) – and then she said, "Yes, he has the email with him," because she'd printed it out for him." (Individual interview, female, 20 years)

> "The aged care facility offered the opportunity to speak to the resident via Skype which was good." (Group interview, female, 31 years)

Right time to call

Volunteers engaged in remote befriending, particularly those that did it via telephone,

commented that being flexible with their availability to call and knowing when was the best time to call the resident was an enabler to effective remote befriending. Residents were often busy with various activities and appointments and were not always in their room to respond to a phone call.

> "I called him at about 10 past two or something because I know most places have happy hour around 2:30 or 3:00 on a Friday, so I'm like right, he should be in his room hopefully, before. So just trying to time it." (Individual interview, female, 36 years)

Finding the best way to communicate

Befrienders spoke about different ways they provide remote befriending, noting that it is important to find a way that is suitable for the resident. Whilst it was common for befrienders to use the telephone, video conferencing or letter writing, others means were used, such as text messaging and emails as they were seen to be the most suitable for and preferred by the resident.

> "So even with the Coronavirus we still do (keep in touch) - because she preferred texting so I literally message her a couple of times a week. Whenever she reply to me I can reply her as well." (Group interview, male, 23 years)

> "But I am now sending her emails… doing the email with her is great because she's on email all the time." (Group interview, female, 76 years)

Barriers to remote befriending

The befrienders noted some factors that impacted on them being able to easily implement remote befriending with the residents, including apprehension from both the resident and volunteer about aspects of remote befriending, connection issues and health conditions.

Resident and volunteer concerns and apprehension

Some of the methods of remote befriending caused concerns to both residents and volunteers. Some residents were concerned about the cost of using video technology and the added burden remote befriending caused on staff as they were required to help set it up.

> "At some point she also mentioned that it (Skype) would probably be too expensive to have this sort of a conversation with the technology, and she I think felt it was a bit of a hassle that the workers had to set up the screen and everything, too much of work and she felt a bit uncomfortable, which is why I think this week I will just phone her normally." (Group interview, female, 31 years)

Some volunteers were apprehensive towards remote befriending as they were concerned about what they would talk about or what information they would share without the face-to-face cues.

> "Yes, it's much harder (writing letters vs face-to-face), you've got to sit down, and you don't want to go over the same topics each time you sit and format a letter." (Individual interview, male, 68 years)

> "When (researcher) asked people to phone, I thought I'm not going to do that because without the face to face interaction it's very difficult to gauge how somebody else is feeling." (Group interview, female, 74 years)

Connection issues

Being able to connect to a resident was a common barrier to remote befriending. Technological issues such as unstable internet connection caused issues with connecting via video calls.

> "Oh yeah, that (Skype) was a disaster…Oh, that was so bad… Oh no, it was laggy. It was really laggy. So, it was like he was talking underwater." (Individual interview, female, 36 years)

Connecting via telephone was also sometimes difficult. Some residents did not have their own phone in their room, or the befriender did not have their direct phone number, and therefore the befriender was required to call the nursing home. There were instances where a staff member at reception did not put the phone call through to the resident as they did not know the volunteer. Residents who did have their own phone did not always answer the phone (both landline and mobile) as they were not in their room or at different activities.

> "I went through the main aged care number, and they said they'd put me through. And the phone just rang out. So that happened each time." (Group interview, female, 73 years)

> "So, it's a bit difficult because it's very time consuming and I can't always get to the right person." (Individual interview, female, 85 years)

> "The hardest thing is getting hold of her because she goes to an activity every single afternoon, so I can't ring before 3:30, and in the morning it's physios and all sorts of thing." (Individual interview, female, 70 years)

Health conditions

Befrienders commented that some of the residents found some forms of remote befriending difficult due to health conditions, memory problems and hearing impairments.

> "But it's quite difficult to talk on the phone because of that he's laying down all the time, he doesn't sort of move out of the place, he's quite invalided. And because he goes to dialysis on Monday, Wednesday and Friday I have to avoid those days because I know that he's away." (Group interview, female, 76 years)

> "She's slightly deaf but doesn't want to wear her hearing aids, and it's probably tiring for her to just hold the phone up all the time." (Individual interview, male, 68 years)

> "I said to (staff member), 'Look, I'd love to be able to ring her but my personal feeling is she won't know who I am from a bar of soap if I'm on the end of the telephone.'" (Individual interview, female, 85 years)

Perceptions of remote befriending

Befrienders reported on their perceptions of remote befriending including the benefits and negative aspects of it.

Benefits of remote befriending

Befrienders reported on benefits of remote befriending, both for the resident and themselves.

Volunteers perceived that the residents were very grateful to hear from them during the isolation period due to COVID-19, with residents expressing their gratitude to them for taking the time to contact them.

> "But the phone conversation, she was terribly grateful that I rang and, 'Oh that's very kind of you, that's lovely' and I said, 'I'll ring you again next week', 'That would be lovely.'" (Group interview, female, 76 years)

Volunteers also reported on the enjoyment they experienced talking about the joy they received by writing a letter to the resident or receiving one in return.

> "And I remembered that my mother, many years ago, said of an old lady who lived in her street, 'I know her daughter phones her every Sunday night, but I do wish she'd write her a letter because then she would be able to read the letter and re-read the letter and show it to other people and remember things.' So I took the…for me the pleasurable way out because my idea of heaven is to do nothing but write letters…So anyway because she's interested in crosswords, every time I come across a crossword now I send it off to her with a letter." (Group interview, female, 74 years)"

> "The actual last letter she actually dictated a little thank you to (lifestyle coordinator) and she gave me a little lovely reply so that was good. And she said, what was it? Hang on, I think just open it up if you like. I think that's it, yes. 'Dear (befriender), thank you very much for your lovely letter again. I look forward to getting them, plenty of news as always. I am keeping fit, I don't like lockdown, but I am keeping busy. We did have a service for Anzac Day, it was a small group of 10 people. I represented the air force for (my husband), it brought back happy memories. As usual I loved your joke. I hope you and your wife are well, I am okay. Take care, all the best (resident).' That was terrific I thought." (Individual interview, male, 68 years)

Negative aspects of remote befriending

Respondents reported that having the befriending conversation over the telephone made it harder to change the conversation topic and steer clear from non-emotive topics as they could not use cues from the environment around them or watch the body language.

> "I think the face to face is much better because the face to face, when you're there, he's sort of thinking of other things. You know, and he might be talking of where he worked or this, that and the other. Whereas on the phone it was mainly about (his wife)." (Individual interview, female, 81 years)

Volunteers reported that some of their residents enjoy a gentle touch on the hand or a hug as a greeting when they visit them face-to-face. Remote befriending does not allow for this.

> "But with the not actually going there, she's actually quite affectionate with me and stuff, like she walks me out with her arm around me and stuff or touches my leg. So I think that the call thing, she's going to miss that little part because she does - yeah, she's become quite affectionate with me so that will make it hard." (Group interview, female, 41 years)

Face-to-face vs remote befriending

Even though many of the volunteers found different ways to keep in contact with their

resident, many appeared to prefer befriending face-to-face. Face-to-face befriending helped to facilitate good, effective conversation that usually lasted longer than doing it remotely.

> "I think the face-to-face sessions are nicer, there's no way of getting around that." (Individual interview, male, 68 years)

But there was a perception that remote befriending was definitely a good alternative to doing nothing at all during the isolation periods.

> "But I think a video call or a call is way better than not doing it at all." (Individual interview, female, 25 years)

Discussion

Previous research has suggested that a range of motivations underlie the decision to volunteer with older people receiving aged care services (Same, McBride, Liddelow, Mullan, & Harris, 2020). This study has shown that volunteers were motivated to continue befriending during the COVID-19 pandemic, and they were adaptable and willing to provide befriending in whichever format was preferred by the resident.

Despite encouragement to utilise technology that enabled face-to-face conversation through a screen such as Skype, Zoom or Facetime, many residents and befrienders preferred more familiar modes of communication such as phone calls and letter writing. One reason for their reluctance may have been that access to staff to facilitate technology use was not always as convenient. While in some homes staff were readily available to link volunteers with residents, other homes did not have the staff available to set up remote meetings. Another reason may have been that some residents were reluctant to take up new technology even if assistance was available.

Access to digital technology and internet access was patchy for residents in this study. Figures from the Victorian government indicated that 43% of people over 75 had access to the internet, compared with 98% of 18-24 year olds, but that those with access to the internet had higher wellbeing scores than those without access (VicHealth, 2013).

There were a number of limitations to this study. Participants were limited to the pool of volunteers who had experienced both remote and face-to-face befriending, and while common themes were raised in all interviews, confidence in data saturation may have been higher with a larger sample size. Secondly, all participants did not experience all types of remote befriending so their view of remote befriending may have been influenced by their limited experience. Furthermore, the pool of volunteers was heavily weighted towards more females, therefore limiting the number of males that were able to participate in the interviews and provide their perceptions. Another limitation of this study was that residents and staff were not interviewed about their perceptions of the remote visits. Further research needs to be undertaken into the perceptions of people living and working in nursing homes about alternatives to face-to-face contact. Future research is also needed to determine how accessible and acceptable technology is to older people living in nursing homes, and how digital literacy can be improved. This finding confirms other research that has indicated that while older people are willing to try technology access, they are often unfamiliar with it, and may view it as 'expensive'. Digital literacy remains lower among older adults than that reported for the rest of the community. Nevertheless, this research shows that volunteers are willing to assist supporting residents isolated due to COVID-19 restrictions.

Going forward, some recommendations that emerge from this study are shown in Box B. The next stage in this research is to determine the impact of remote befriending on mental health outcomes for the residents. In the meantime volunteers are

adapting their befriending techniques to whatever works best for individual residents. Volunteer training going forward needs to encourage adaptability in volunteers and to assist them to provide person centred volunteering remotely.

<Insert Box B here>

Clinical implications

- Volunteers can be a valuable support for residents living with social isolation during the COVID-19 pandemic
- Nursing home residents may be unfamiliar and uncomfortable using digital technology, preferring 'old fashioned' ways of keeping in touch such as phones and letters
- The format for social support needs to be decided collaboratively between volunteer and resident.

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Box A. Discussion guide for interviews

1. First of all, let's go around the table and say how many people you have befriended so far, and which residences you have been visiting.
2. How did you find it when you first started visiting the resident? How did the resident respond to you coming in to visit them?
3. How did your visits change as the weeks went by?
4. What were the benefits for you do you think?
5. What were the benefits for the residents do you think?
6. Were there any down sides to your visits?
7. Was there something that could have been done to improve the visits?
8. How well did you get along? What do you think helped you to get along, and what stopped you from getting along well?
9. What did you think of the frequency of the visits? Would you have preferred more frequent? Less frequent? Would a phone call be preferable, or even a skype call?
10. What about the length of the visits? Too long? Too short? Wrong time of day for you?
11. Were you able to visit the resident each week? If not, what prevented this from happening?
12. Were there enough visits? Do you think four months was enough time?
13. Would you have liked additional support or training to what you received?

Table 1. Process of data analysis using Colaizzi's phenomenological data analysis steps

Step	Description	Item in coding table
Step 1	The researchers became familiar with the data by reading through the transcripts several times.	
Step 2	The researchers identified all the statements in the transcripts that were of direct relevance to the phenomenon in this study.	Significant statement
Step 3	The researchers identified meanings of each significant statement.	Formulated meaning
Step 4	The researchers clustered the identified meanings into common themes and sub-themes.	Theme cluster (sub-themes) Emergent themes (common themes)
Step 5	The researchers discussed the common themes identified in step 4 and explored the data allocated to each of the themes. At this step, the themes and sub-themes were amalgamated to create a smaller number of themes.	
Step 6	One researcher (MF) developed a detailed description of the themes and sub-themes, utilising direct quotes from the participants to explain this. The other two researchers involved in data analysis (RH and GMajor) reviewed and commented on this until consensus was reached.	

Table 2. Participant characteristics

Volunteer	Gender	Age	Number of residents they have befriended	Type of remote befriending
1	Female	76	2	Phone
2	Male	23	2	Text message
3	Female	32	2	Skype (attempted) & Phone
4	Female	50	1	Phone
5	Female	42	1	Phone
6	Female	76	3	Phone & email
7	Female	72	1	Letter writing
8	Female	73	1	Letter writing
9	Female	84	2	Letter writing
10	Male	68	1	Phone
11	Male	68	1	Letter writing
12	Female	85	1	Phone
13	Female	38	2	Skype (attempted) & Phone
14	Female	25	1	Phone
15	Female	20	1	Letter / email via nursing home
16	Female	70	1	Phone
17	Female	81	1	Phone
18	Female	24	2	Phone & Skype

Box B. Recommendations for nursing homes incorporating remote contact into social support

1. Where possible arrange for a face-to-face visit prior to starting any remote befriending. This could be over a video call if visits are restricted. Exchanging a written short bio of the volunteer and the resident with details each is willing to share, including a photo, can assist with getting to know one another.

2. Assign a staff member to be a champion for remote befriending. Staff may need to assist the resident to be able to take a phone call, video call or other communications.

3. Help residents and volunteers to identify good times to connect. Ensure volunteers know how to pre-arrange video calls and how to liaise with staff to arrange calls.

4. Consider arranging education and awareness sessions for residents, families and friends on how to use digital technology to connect, and how to make the most of the time connecting when chatting without visual cues. A tip sheet on remote befriending is available from the authors.

5. Make sure volunteers are aware of how to communication with people with impairments such as memory of hearing difficulties. Training resources are available from the authors.

6. Provide headphones for residents to assist with hearing impairments.

7. Ensure residents have access to a personal phone that they can use for phone calls, or that a digital tablet or other technology is charged and ready for them for video calls. Assist the residents to find the best way to set up a regular chat. Resident preferences for the type of befriending need to be respected.