

Identifying the need for Befriending Support



December 2021

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Community
Partnerships



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Introduction

The Horsham District Befriending Support Survey aim is to learn, from people in the Horsham District of West Sussex, the impact of loneliness and isolation on health and wellbeing, including mental health, confidence, motivation, and social participation.

The survey went live on the 9 July 2021 for six weeks (until 22 August). 134 people completed or part completed the survey.

It was decided by the Horsham District Befriends Partnership to re-open the survey at the beginning of October and was live until the end of November (8 weeks), this increased the number of responses by 110 to 244.

Included in this report are five case studies provided by Horsham Central Primary Care Network, demonstrating why there is a need for a Befriending Support Service and highlighting the impact of the Social Prescribing Service.

Healthwatch West Sussex engagement team popped up at Horsham Library in November 2021 and captured some insight from new parents, which is also included in this report.

We would like to ‘thank’ all of the local residents who completed the survey, and shared their stories, to support this work.

What is Loneliness and Isolation

Our desire for social connections seems so strong that some authors have suggested that humans have a basic need to belong. (Baumeister and Leary 1995, as cited by ¹Hughes et al., 2004).

¹ Hughes et al., A short scale for measuring loneliness in large surveys.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2394670/pdf/nihms47842.pdf>

The words 'isolation' and 'loneliness' are used interchangeably by many people, but isolation can lead to loneliness, and for some, loneliness may intensify isolation.

A definition for loneliness as suggested by ²Benson et al., (2021), 'as the unpleasant experience that occurs when a person's network of social relations is deficient in some important way. [...] It can affect all ages.'

In other words, ³loneliness is the negative feeling we experience when the relationships we have do not match up to those we would like to have.

Loneliness can be classed as *social, emotional, and existential*.

- Social loneliness – a mismatch between the types of social relationships we want, a lack of a network of family and friends.
- Emotional loneliness – the absence of meaningful relationships, this could be due to bereavement of a partner or close friend.
- Existential loneliness – a disconnection from others, being with people but not connected.

However, ⁴social isolation is different, as not all people feel they lack social contact or even feel lonely, whilst others might do.

² Benson T, Seers H, Webb N, et al. Development of social contact and loneliness measures with validation in social prescribing. *BMJ Open Quality* 2021;10: e001306. doi:10.1136/bmjopen-2020-001306

³ Brief guide to measuring loneliness (2019).

<https://whatworkswellbeing.org/resources/brief-guide-to-measuring-loneliness/>

⁴ <https://whatworkswellbeing.org/wp-content/uploads/2020/02/V3-FINAL-Loneliness-conceptual-review.pdf>

Who is affected by Loneliness and Isolation

Feelings of loneliness and isolation can affect us all, regardless of our age, background, or experience. In fact, research by the BBC Radio 4, All in the Mind 'The Loneliness Experiment'⁵, showed that '16–24-year-olds are the loneliest age group in the UK'.

The effect of the pandemic for some has increased the likelihood of feeling lonely, due to the 'stay at home', shielding or self-isolating guidance or from being furloughed. This was due to a combination of staying safe, saving lives by not over burdening the health system, not being able to see family members, friends, not being able to attend clubs and groups, as these were temporarily closed or as employers managed the impact on their business.

Other effects of isolation and loneliness may have been caused, by key life events such as: relationship breakups or divorce, moving to a new location or home, going to university, starting a new job, or the death of a close friend or loved one.

What is the effect of Loneliness and Isolation

There are known links to health outcomes due to lack of social connections. Being socially connected is not only influential for psychological and emotional wellbeing, but also has a significant and positive influence on physical wellbeing. (Uchino, 2006, as cited by Holt-Lunstad et al. (2015).

There have been a lot of studies on the effect of loneliness and isolation on our physical and mental health. Many of these studies

⁵ BBC Radio 4, All in the mind 'The loneliness experiment'. Access via: <https://www.seed.manchester.ac.uk/education/research/impact/bbc-loneliness-experiment/>

suggest that while ⁶loneliness and social isolation are not equal to each other, both can exert a detrimental effect on our health through shared and different pathways.

Benefits of befriending type activities

Befriending, was initially introduced in the 16th century and was known as a process of 'act(ing) as a friend to, to help, favour, to assist and promote'.⁷

In 1962, befriending was redefined as the provision of 'companionship and support of a friend to (a client) especially in a lay capacity'.⁸ Befriending is principally provided by the voluntary sector and supports many thousands of people each year.

Befriending covers a wide range of interactions such as: telephone 1-2-1 conversations, 1-2-1 social relationships maybe meeting for a cup of tea and a chat, being a link to the local community, providing a fresh perspective, someone who listens and is able to build trust with someone, to help build confidence and motivation, supporting an individual to join a group or activity. Some befriending relationships are short-term some longer term.

⁹Research has shown that generally befriending is beneficial for both the volunteer and the individual.

⁶ Loneliness and social isolation during the COVID-19 pandemic.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306546/pdf/S1041610220000988a.pdf>

⁷ Oxford English Dictionary. *Oxford English dictionary*. Oxford: Oxford University Press, 2016. <http://www.oed.com>

⁸ Varah C. *The Samaritans in the '80s: to befriend the suicidal and despairing*. London: Constable, 1980.

⁹ Siette. J. et al., Effectiveness of befriending interventions: a systematic review and meta-analysis *BMJ Open* 2017;7: e014304. doi:10.1136/bmjopen-2016-014304



Summary

This report is based on the responses to the [Horsham District Befriending Support Survey](#), which shows a decrease in emotional, mental and physical health today compared with pre-pandemic lockdown self-reported levels– [movement from excellent, very good, good, to fair and poor](#). This is also supported by the words used to describe how respondents feel today: [broken, confident, challenged, fine, depressed, positive, overwhelmed, grateful](#).

Many significant life changes have occurred since the pandemic began for some respondents such as: [changes in health, working from home, changes in relationships, bereavement](#). Additional comments fall into the categories of life events (becoming a grandparent), loss of activities (closed due to the pandemic lockdowns), concern around COVID-19 (not wanting to go out or knowing who has been vaccinated). All well documented life events that are known causes of isolation and loneliness.

Over half of respondents answering the *Isolation and Loneliness* questions felt they [lacked companionship, felt left out of things, isolated or socially excluded](#). With the coding [value of 8](#) indicating [most likely to be lonely and isolated](#).

However, many showed resilience by finding other things to do – general activities –going for walks, reading, listening to music, calling friends. Some have joined groups and volunteered.

Some found the pandemic lockdown guidance tricky due to hearing loss, not being supported by work, and difficulties accessing NHS services for health issues.

It is interesting when comparing the confidence and motivation to go out and socialise levels as, 31% (n60) responders stated they have no or low confidence and 38% (n74) no or low motivation. This was further



confirmed by what is currently preventing responders from joining face-to-face groups – *32% (n62) confidence, 29% (n56) motivation, 27% (n52) nothing, and 25% (n49) having to go alone. Additional comments received include: been indoors too long and forgotten how to speak to people. One area of concern for some is not knowing if others have been vaccinated.*

The Horsham District Befriending Scheme question asked if they would like to be part of this project, 40% (n37) stated they would. However, it was noted, from conversations that this question may have had a higher response rate if clarification of what 'a befriender' in this case meant.

The things people liked about living in Horsham is: *open spaces, cafes, shopping, seating area and community groups.*

16% (n29) confirmed they use community transport, but most people have their **own transport** or live close enough to the town to be able to walk.

The new parents' questions were completed by 22 respondents:

The main concern, worry for new parents were the *lack of groups or knowing about local groups, as the centers were shut. Although some found the health visitors have been very helpful.*

Survey Information about the responders

94% (n230) people responded to the question about age. The main age of responders was 16-18 (n2), 19-34 (n25) 35-59 (n101), 60-69 (n54) and 70+ (n48).

The main areas of the Horsham District responders live (n227) is RH12 (107), RH13 (68), RH14 (18), and RH20 (12).

93% (n232) of responders reported they: worked full time (n57), part time (n54), are retired (n79) are unemployed (n20), student (n6), and new parents (n16).

Emotional, mental, and physical health

Prior to the pandemic lockdowns, 204 respondents self-rated their emotional and mental health as:

Excellent	26	Very Good	61	Good	62
Fair	38	Poor	16	Prefer not to say	1

Respondents self-rated their emotional and mental health currently as:

Excellent	14 ↓	Very Good	22 ↓	Good	49 ↓
Fair	↑ 67	Poor	↑ 50	Prefer not to say	2



These two questions show movement from excellent, very good and good to fair and poor currently.

In order, to gauge emotional health, we asked *what word or words would you use to describe how you are feeling today?*: We received 194 responses to this question.

More positive word or words.

- Adequate
- Busy
- Cheery
- Confident
- Content(n4)
- Determined
- Elated
- Energised
- Enjoying the Olympics
- Fine (n11)
- Good (n4)
- Grateful (n2)
- Happy, healthy, and content
- Happy (n2)
- Hopeful
- No problems
- Not bored
- OK (n17)
- Optimistic
- Positive (n7)
- Relaxed (n3)
- Safe
- The sun is out so all is well
- Tired but happy
- Upbeat



Positive that we are nearly out of the woods COVID wise.

Tired with usual 'life' stuff working full-time, being a single parent, but generally content.



Less Positive word or words:

- Abandoned
- Anxious (n13)
- Broken
- Challenged
- Up and down Irritated
- Lost
- Lonely
- Overwhelmed (n3)

- Confused (n3)
- Depressed (n4)
- Disheartened (n6)
- Disillusion
- Drained
- Exhausted (n5)
- Frustrated (n2)
- Sad lonely fed up (n3)
- Slightly lonely
- Stressed (n4)
- Scared
- Tired (n23)
- Unhappy(n2)
- Unheard



Currently fed up as I am unwell not with COVID but stress related.

Fatigued, emotional, irritable, lack of concentration.

Gloomy, tired and alone - struggling with motivation and anxious about the future - low self-confidence dealing with life.



We asked respondents (n201) to self-rate their physical health prior to the pandemic lockdowns:

Excellent	9	Very Good	55	Good	85
Fair	38	Poor	13	Prefer not to say	1

Then asked respondents to self-rated their physical health currently:

Excellent	6 ↓	Very Good	42 ↓	Good	65 ↓
Fair	↑ 50	Poor	↑ 37	Prefer not to say	1

Looking at these two questions there is a marked reduction in the self-rated current physical health compared to the self-rated prior to the pandemic lockdowns **from excellent, very good, good to fair and poor.**

These five questions show a marked reduction in emotional, mental, and physical health for those who responded during the pandemic period. Many of the words and comments received also support this.

The significant life changes questions were multiple answer and 173 responders replied to the question. 'What significant changes in responders' life have occurred since the pandemic.'

The top three areas: Changes in health 32% (n55), Working from home 24% (n41) and Changes in relationships 18% (n32).

Are there any significant changes in your life since the pandemic?			
		Percentage	Total
1	Changes in your relationships	18.5%	32
2	Moving away from home	4.6%	8
3	Working from home	23.7%	41
4	Reduced hours	4.0%	7
5	Loss of employment	7.5%	13
6	Being furloughed	4.6%	8
7	Made redundant	2.3%	4
8	Taken up new work role	12.1%	21
9	Bereavement	13.9%	24
10	Retirement	6.4%	11
11	Started new activities	11.6%	20
12	Changes in health	31.8%	55
13	Becoming a new parent	6.4%	11
14	Other	32.9%	57

A number of additional comments about life changes during COVID-19 were received. Key areas:

Life events:

- Became grandparent.
- Best friend has dementia haven't seen in months due to COVID.
- Caring for my mum three mornings a week so we can keep her at home. (n2)
- Coping with my daughters own health needs.
- Had a baby June 2021.
- Started college.
- I moved with my husband and new baby in to the Horsham area.(n4)
- My partner was furloughed, then made redundant and has now started a new job. I lost a relative to COVID.
- I retired in July 2020.

Loss of activities:

- Changes in activities and ability to socialise.(n6)
- Charity work now more time bound.
- Having to stay at home and all my previous group activities were cancelled. (n3)
- I have decided I should cut down on voluntary activities.

Concern around COVID-19:

- Concerned at coming into physical contact with people and also not knowing if they have been vaccinated i.e., might be anti-vaccination.
- A very close friend died. People did not visit as much due to lockdown. Scared to go out since lockdown lifted, no close friends. Scared to go on public transport.

Health concerns (this increased from the snapshot to final):

- I have experienced various health issues because of lockdown I couldn't get the help or reassurance I badly needed.
- You forgot to put unable to work due to health issues.



- Dealing with twins, two bereavements under horrific circumstances, endometriosis. Waited eleven months for NHS mental health support and ten months for gynaecological appointment. Still awaiting surgery. Mental health has plummeted and as a result, relationships and parenting skills heavily affected.

Relationships:

- Unable to meet lover during pandemic.
- Unlawfully evicted, abused by racist neighbours, ignored by all supposedly supportive care for adults with mental health problems.

“

I became High Sheriff in April this year, but I have been able to meet a large number of differing persons and groups, virtually and in person I have 3 jobs. None of them were furloughed, quite the opposite. Working from home, additional work tasks and responsibilities as well as home schooling my daughter.

”

Working from home:

- 16 months in the spare room with a laptop and a mobile is tough without colleagues and friends.
- Husband working from home. Just built a garden office which has helped immensely. Three children needing support with IT and isolation from friends, so have learnt a lot online. I have never been so physically fit as doing on line exercise classes.

Isolation and loneliness

To gauge isolation and loneliness respondents were asked to self-rate (n196) against three questions, based on the University of California, Los Angeles (UCL) ¹⁰ 3 item Loneliness Scale (2004).

1. How often they have felt a lack of companionship?
2. How often do you feel left out of things?
3. How often do you feel lonely, isolated, or socially excluded?

These questions measure three dimensions of loneliness: relational and social connectedness and self-perceived isolation.

Using the following coding to measure: Never =0, Hardly ever = 1, Some of the time = 2, and Often= 3.

Based on the responses received the value is 8 indicating **most likely to be lonely and isolated**. However, this scale is best used at several points of contact with an individual.

Least likely 3,4,5 –6,7,8,9 Most Likely

	Q1	Q2	Q3	These responses show that over half 65%, (n129) felt they lack companionship, with 62%, (n122) feeling left out of things and 58% (n115) feeling lonely, isolated, or socially excluded some of the time or often.
Never	38	24	29	
Hardly ever	30	50	52	
Some of the time	79	82	74	
Often	50	40	41	

¹⁰ <https://aims.uw.edu/care-partners/sites/default/files/UCLA%20Loneliness%20Scale.pdf>

118 responses were received highlighting the resilience and proactive responses that helped individuals feel less lonely, isolated, or socially excluded?

Yes	118	No	72
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Some of these things are:

General activity

- Actively found something to do – work – phone- email and reading.
- Booked fun stuff in to look forward to.
- Church attendance and we supported ourselves by telephone or social outside activities. Now that's different.
- Going into town to walk around, not necessarily to buy anything.
- Gone for walks or coffee with friends.(n11)
- Gone out for long walks, read more books, listened to music, and done more gardening. (n3)
- Got involved in the community. (n2)
- I also have some absorbing hobbies including model-making, which helps.
- Use telephone and email's to keep in touch with family and friends.
- Watched a lot of TV.

Joined groups

- I have joined reading and singing groups and do voluntary activities.(n4)
- I have joined several groups and am on the committees of some of them. (n20)

(Contd)



- I'm not good at joining groups but I have given myself a good talking to. Also, long walks with the dog and chatting to other dog owners. Set daily targets, even if it's just doing housework or gardening. Regular trips to visit a friend and my mother when that's been allowed.
- Only just joined new group for 20s/30s in West Sussex on Facebook in order to help meet new people.
- Therapy.(n2)
- Set up a phone tree between family members and friends.(n4)
- Joined home start who have connected me with a volunteer and a new parent connect group in Crawley.(n2)
- Joined an antenatal group which have met up regularly.
- Joined Horsham well-being exercise classes and a local volunteer conservation group. Try to make arrangements to meet friends at least once a week.
- Tried to join groups at college online.

Volunteered

- I volunteered for a charity shop. Unfortunately, most of these stopped meeting in person during the pandemic. Only slowly now are we getting back to normal.
- I have tried to participate online in helping others to overcome their fears and difficulties.
- Signed up to volunteering, groups and clubs but nothing available or suitable. (n2)

Meeting people

- I have tried to but it is so very hard, people I know have family of their own and family who live nearby.
- I regularly run outside, I am now meeting up with friends more regularly and family to help with isolation.
- I have a dog which helps with getting out and meeting people twice a day.

- I set up a charity and it has been incredibly life giving for me and all those around!
- Invited friends for coffee or tea.
- Made an effort to meet friends.(n24)

Accessibility issues

- I find communicating with people while wearing a face mask very difficult.
- I have tried to connect with zoom meetings, but find the lack of sound and vision connection very difficult as I wear 2 hearing aids.

Work

- I took on casual work but wasn't given much training, made a lot of mistakes and finally got into such a mess that I felt it better to give up.
- Miss working and meeting in groups.

Intimate relationships

- Met with paid sex workers (Escorts) for close intimacy. Works well but expensive.
- Online dating.

Health issues

- Tried and failed to access GP, NHS service, or charity support.
- Applied and referred almost everywhere that is supposedly there to support disabled adults or adults with mental health problems. Over two years on and instead of any support we just get treated like criminals or ignored.

However, from some of the responses it may be beneficial to consider the **words** people use when referring to isolation and loneliness, as individuals may use different words or phrases to those used by academia or healthcare. Some of the words and phrases used were:

- Feeling lonelier
- Try to get out
- Isolated
- Have tried things but it is very hard.

Confidence and motivation levels

How confident responders (n195) feel now to go out and socialise or attend a group?

1 No confidence	2	3	4	5 Full confidence
26	34	53	45	37

How motivated responders (n195) feel now to go out and socialise or attend a group?

1 No motivation	2	3	4	5 Fully motivated
23	51	57	39	25

It is interesting when comparing these responses that there are 31% (n60) no or low confidence and 38% (n74) no or low motivation, these are the areas where a befriending project could be supportive.

The next question asked what factors are currently preventing responders (n193) from joining face-to-face groups the top five were (n62) confidence, (n56) motivation, (n52) nothing, (n41) day and time of meetings, (n49) having to go alone. This further confirms the previous two questions for confidence and motivation.

What factors currently prevent you from joining a face-to-face group?

		Percentage	Total
1	Nothing	26.9%	52
2	Location	13.5%	26
3	Your confidence	32.1%	62
4	Your motivation	29.0%	56
5	Day and time of day of meeting	21.2%	41
6	Frequency of the meetings (weekly, monthly)	5.2%	10
7	Cost	15.5%	30
8	Family commitments	15.5%	30
9	Transport to and from the meeting	12.4%	24
10	Help from transport to venue	2.1%	4
11	Work	11.9%	23
12	Having to go alone	25.4%	49
13	Health issues	16.1%	31
14	Not sure I am ready to re-join face-to-face groups	15.5%	30
15	Other (please specify):	10.9%	21

A wide range of comments were received of factors that are currently stopping people joining face-to-face groups.



- Anxiety, mainly about driving.
- Lack of confidence. (n2)
- Autism.
- Been indoors too long and forgotten how to speak to people.
- Covid safety fears and guidance. (n9)
- Face marks and social distancing and booking.
- Few of my previous groups have restarted.
- Weight gain.
- I am quite strong willed and opinionated, so it takes time for people to accept me!
- I think I will need to work up to joining a group as have been on my own for some time now. Very much baby steps. (n2)
- I would be more than happy to re-join a face-to-face group.
- It is not a 'group' that I need but personal/individual contact of an intimate nature which has been impossible to initiate during the pandemic precautions. Now, I am not sure where to start! (n2)
- Most are not functioning now.
- Not happy with the large gatherings and restaurants pubs and other venues where large number of people gather.
- Not knowing if others attending have been fully vaccinated.
- Other people reluctance to meet.
- Prefer to go to events with a friend rather than alone.
- There are so many local activities, it's important not to over commit.
- Trains from Horsham are not reliable, and work keeps me busy most weekends.
- Also knowing about groups available. Lack of provision from local health visitors and children and family centres being closed.
- Currently there aren't many groups in my local area and having to take a new baby on a long journey is stressful, and the busses are not always very frequent.

Horsham District Befriending scheme

176 responders answered the question; if they would like to be part of a befriending scheme?

However, this question may have had a higher response rate if clarification of what 'a befriender' in this case meant.

Yes	37	No	139
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57 responders confirmed they would prefer face to face to virtual contact with a befriender?

Virtual	21	Face-2-face	36
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101 responses for preferred method of contact:

Email	71	e-newsletter	6
Telephone call	14	Social media	11
Face to face	26	Other, please state	4

Additional comments received:

“

*I would actually like to be offering support to others
Zoom/video/telephone meetings are dire! I need to be with people.*

”

Living in the Horsham District

We asked responders (n172), multiple entry question, what matters to individuals living in the Horsham District?

Green open spaces	138	<p>All of these have been restricted.</p> <p>All the above are valuable to any community but they are irrelevant to my particular difficulties.</p> <p>All those factors are needed to some extent or another.</p> <p>Amazing bus service to great town.(n6) As a non-driver public transport is vital to visit other areas.</p> <p>I deliberately moved to walking distance of the town center so that I was not reliant on public transport for day-to-day activities.</p>
Cafes	83	
Shopping	81	
Community or voluntary groups	66	
Seating areas	66	
Accessible spaces	61	
Sports/gyms	44	
Access to rubbish bins	41	
Other please specify	33	
Local church groups	29	<p>Enjoy helping out at village groups, local dementia cafe and messy church.</p> <p>Choir. Keep fit classes.</p> <p>Cost of parking is prohibitive and so groups, clubs, and classes.</p> <p>No working age support available for anything.</p> <p>Feel we need to develop social centres in and around the town e.g., pubs could become cafes or pubs and become more accessible for all.</p> <p>Freedom to live the life of our choosing is important.</p> <p>Horsham District Council staff to use common sense when dealing with parking issues close to residency! (n2)</p> <p>In my work role of a family support worker families in inappropriate accommodation suffered with their emotional wellbeing, increased tensions and stress with members in the household.</p> <p>I've lived in Horsham for longer than anywhere else and find it a delightful place, the people are friendly, the town centre is well</p>

maintained, not many places have a facility like Horsham Park, so central.

Mental health is improved by having close contact with nature, relaxing in the open air, and having suitable distractions.

Mental health support.

More social housing to be built.

More youth services and mental health services.

Much better pavements. Pushing a wheelchair is very difficult with uneven pavements and overgrown gardens and parks.

Needs recycle bin in every open space, as well as rubbish bin!

No seating in Swan Walk. Enjoy the cafes, some you can sit outside.

Lucky to have the park though sometimes overwhelm with youngsters riding skate boards, electric scooters, mums hogging pavement, not enough benches and tables to sit except near snack bar. This is outrageously expensive and very slow service with exclusive tables for drinkers and higher food scale customers, rip off for what you get.

Safety, cared for environment.(n2)

We need green spaces for exercise and social walking. Nice to meet up for a coffee etc., and to socialise within a community.

The plans to build thousands of houses are very worrying. Our environment needs to be protected, not destroyed.

We need an increase in schools, GPs etc., to manage the extra house building. Horsham is becoming very crowded.

Too many groups in Horsham are not inclusive.

It is also important to feel comfortable and supported to breastfeed out and about in the community.

When asked about using local community transport (n180) responded.

Yes	29	No	151
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The following reasons were provided for not using community transport.



- Bus sanitary conditions a joke during COVID rules, men hardly wiping the rails and no cleaning of seats or windows. People refusing to wear masks bus driver doing nothing to enforce rules so only took bus if I had to go to Crawley/Redhill to hospital.
- Didn't know about it.
- At the moment I can still drive but when I couldn't I was seriously depressed.
- Drive and walk everywhere. (n8)
- I can walk to places I need to go to.
- I don't go out.
- I find the ordinary bus services adequate.
- I do use trains when going to London.
- I have own transport. (n38)
- Illness.
- I'm not elderly or disabled.
- I'm not fit enough to carry my supermarket shopping on a bus.
- Lack of information on Community Transport, difficult to arrange and make use of.
- Local bus (n65) is OK for access to town centre as long as I can drive my car. But I have mobility problems. If I am unable to drive, I will be in serious trouble!
- Not available in my area.
- Scares me while COVID is here and more generally (n2)
- The bus service is very poor. Being of an age when walking long distances is not possible and where cycling is not an option, I am fortunate that my husband still drives. Others who do not have access to a car will find convenient public transport hard to find.
- There are buses and trains!
- Would not want to be in close proximity of people I didn't know.
- Disabled wheelchair user hence it's impossible.

When asked if having someone to travel with would be supportive, 79 responses were received.



- At the moment I can still drive but when I couldn't I was seriously depressed.
- I enjoy travelling alone.
- It would be nice, but not essential.
- Maybe for others but not needed for me.
- Most older people really need someone with them for support unless they are very active and fit.
- Not if they are terrified of fresh air or insist on restricting their airways with a mask.
- Not necessarily but reassuring.
- No (n30)
- Perhaps, haven't really thought about it.
- Yes (n3)
- Not in need of support as have supportive friends, acquaintances and family.

From these responses many of the responder live close to the town center – within walking distance or have own transport – needs will be different with regards to transport, to those living in the more rural outlying areas of the district.

When asked what would support:

- If I could answer that question I would not feel so lonely so often.
- People who don't patronise me and know my issues.
- I do not feel in need of support. Not in an overall sense anyway.
- I think life getting back to normal will help and not having to pre book to go everywhere. I mostly need that and to get my head around being retired and get back into some sort of routine rather than drifting. Aside from that, I look forward to going to local events that perhaps didn't notice when I was working, and I wish we had more and better local shops. The town centre has suffered both during the pandemic and before.

- A mental health service that will support you, not tell you to get your pain under control first which cannot be done, due to no medication working so I'm just stuck.
- COVID safety. More leisure facilities.
- Don't need any support, am a supporter.
- For everyone to take responsibility for their health and wellbeing.
- Generally speaking, I am fortunate. But like everyone else if problems arise it is good to know where to find a shoulder to lean on.
- Having someone to speak to about fears or worries –apart from friends as fear alienating or losing them if I burden them with my feelings and difficulties.
- Having ways to socialise with my age group. Often activities seem to be targeted to older generations and take place during the day, other than fitness classes. I wouldn't know how to meet people in my area who are younger adults.
- Horsham District Council should remember that many residents are not online.
- I am fine.
- I have health problems and can't stand for long, seating in shops like there used to be.
- Nothing.
- I wish I knew! My needs seem to be so personal that I do not know where to turn.
- It is difficult to say because my needs are so personal (in every sense).
- More frequent services and places to visit using Community Transport.
- More people volunteering to reduce my workload.



- Polite and courteous bus drivers and taxi drivers instead of miserable looks and agenda's. Bus drivers not speeding on the country lanes causing one to be jolted about.
- Someone that actually cares enough to do anything.
- Someone to walk with but I am very slow.
- That it all goes away.
- The only people I never have anything to do with are the other residents of this block of flats. It would be good to see more of them. Just being able to talk to people again.
- Time.
- Clearer and more connected public transport in the local area (like the city wide continuity in London).
- Having more frequent buses to surrounding villages as this is where most activities seem to happen.
- Someone who could see me when my mum is out doing Tuesday childcare, as that's when I am stuck indoors all day.
- If clubs met in places in central Horsham that were easy to access, if they published their activities on an easy to access web site.
- Definite regular phone calls from a consistent trusted "friend" would help a lot of isolated people. The offer of meeting up for a walk or a cup of tea at home or coffee in the village would go a huge way to improving health.

Are you a new parent:

Yes	22
-----	----

No	165
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Questions for new parents.

The main concerns or worries of new parents:

- The lack of parent groups or knowing about local groups. (n6)
- The health visitors have both been helpful as the centers were shut. (n3)
- Lack of access to children's services because they've been stripped back. I had to drive 20 miles to get my daughter weighed and measured with a health visitor. That's ridiculous.
- There are no drop ins for feeding and weight support and general advice.
- Cutting services to the extent that they've been cut is cutting a lifeline for new mums. (n2)
- Less face-to-face care with professionals since COVID compared with my experience with my older children.
- Lack of centres. Sure Start used to be absolutely brilliant and offer help and activities.
- Nurseries sending children home too often.
- No Breastfeeding groups.

Five respondents stated they had accessed support for their worries or concerns.

The support that new parents would find helpful:

- The Children and Family Centers being open.(n2)
- The motivation.
- Nothing - free childcare for aged 1 years even if only for 7 hours a week.
- What support is there to access for the lack of services?



- I missed a chance to attend a parent and baby group during the pandemic as they were closed and have gone back to work without meeting new friends.
- I do not qualify for any help because my partner and I work full-time.
- Would not know where or who to go to. (n2)
- It is hard to get hold of the minimal support offered despite seeking it.
- Health visitors are overrun and don't have capacity.

The support currently being provided to new parents:

- Home Start Volunteer and groups during (term time).
- All excellent. (n3)
- Breastfeeding consultant. Tongue tie clinic and osteopath.
- Church toddler groups. (n1)
- Family, friends, health visitor, GP and Nursery. (n4)
- Home start new parent group at Salvation Army. (n2)
- I attend locally advertised toddler groups.
- Toddler group and children's center.

Eight respondents were happy with the level of support currently being offered and seven respondent were not happy.

- The church support is great.
- Saw a health visitor once. Despite being on 'medium support level'.
- No support has been offered outside of a charity.
- There are not enough local free services.
- No support during weekends.



- The level of support offered now compared to pre pandemic is inadequate and completely unfair to children and families at this time.
- The nursery is too expensive.
- There was no breastfeeding support when I needed it.

Healthwatch engagement insight from Horsham Library

During November the Healthwatch West Sussex engagement team popped up at Horsham Library. These are some of the concerns from new parents.

- I am a new parent and used to use the Family Center and the Needles Center, but these have not restarted and am unsure when they will re-open. There is nothing on their webpage and we have heard that several of the Family Centers will be closing.
'I guess as they have not been used during the pandemic the council will think they are not needed – but they are'.
- As a new Parent during lockdown – I have missed out on the social aspects and getting to know other new mums as well as my children being able to play with other children to support their development and to just run around as normal.
- I have really missed that the Family Centers are not open as they used to hold Breastfeeding drop ins, check weights and size of the child. It has been very difficult being a new mum during lockdown. I have missed my friends who I used to meet at the Family Center.
- A new parent at the start of the pandemic (has a 4-year-old child and a 2-year-old child). The health visitor had not seen my 2-year-old during the pandemic so has missed out on weight checks,



height checks and general health checks. As a parent I have missed out on being able to ask questions that might be of concern.

“

As a new parent at the start of lockdown I feel I have not had the same experience as with my first child. I had just found out about the Needles Center and was attending prior to the lockdown – this was great for me as I spoke with other new parents and for my child who could play safely. The Needles nor the Family Center have not restarted and am unsure when or if they will reopen. I am on the waiting list for the library Rhyme Times and do not know when we will be able to re-join.

”

Case studies

The following case studies have been provided by Horsham Central Primary Care Network. The case studies are to help show why there is a need for Befriending Support service and highlight the positive impact of the Social Prescribing service.

“

Helping to rebuild confidence

A 66-year-old lady who lives on her own and has recently moved to Horsham after leaving an abusive relationship. She has been isolated throughout lockdown and lost confidence to go out. Because of her history she would only feel comfortable in female company but really does want to get out, socially to join clubs etc., but needs support to achieve this by herself.

”

How the Social Prescriber supported her: they referred her to Richmond Fellowship to support her mental health and to help build confidence. Currently there is an 8 week wait to be seen. The Social prescriber has been checking in with her every 2 weeks, but can only offer this for up to 6 sessions. They signposted her to the Women's Institute who have made contact but are not running anything during August. She was also referred to Safe In Sussex for further support. It would be fantastic if there was a female befriender who could support her and help to rebuild her confidence to go out and about and join some local groups for social support.

“

Helping with mobility

An 82-year-old lady living on her own. During the pandemic and self-isolating she has become very immobile. “She sits all day on her sofa staring out the window feeling isolated and quite depressed.”

She went out with a neighbour recently to a garden centre, as they borrowed a wheelchair and walked around the centre and had coffee.

“She informed that this had made her feel so much better, and she would love the chance to do this a couple of times a week.”

”

The Social Prescriber referred her to Age UK, but they have a 6 week wait and are restricted in what they can offer with regards to a befriender. They could support with a telephone call, which isn't ideal.

The Social Prescriber also referred her to Love Your Neighbour, a Crawley based project, but are unsure if they will accept referrals from the Horsham area. The Social Prescriber is visiting her at home fortnightly, to check in and have a cup of tea but can only offer 6 sessions. *It would be great if there was a befriender with a car who could get her out and about to see things and push her around in a wheelchair to help stimulate her and lift her mood.*



“

Helping with bereavement and emotional support

A young man whose uncle he lived with and cared for recently pass away. He fell out with his family and has no active friend network. He is feeling very low and isolated and would love the opportunity for someone to help him to get out and join some social groups. He also feels that he needs extra support to attend appointments with housing, job centre etc., as his confidence is low, and his anxiety has worsened during the pandemic and with the death of his uncle.

”

The social prescriber referred him to Citizens Advice for support with finances, housing etc. And for counselling with CRUSE. But they are still looking into what support can be offered with building confidence to help him to get out and about. The social prescriber (is only able to do so for 6 weeks) will follow up with him after his uncle's funeral.

Hoping that the Chatter Café might have a suitable befriender to help support.

“

Helping lady whose husband is in a care home and trying to come to terms with new life

A lady whose husband has recently gone into a care home, and she is feeling extremely lonely in the house by herself. She would love to have a visit weekly from someone – catch up and a cup of tea –with her. The aim being longer term to joining some social groups together. She loves the theatre and shows and feels that she cannot do this on her own.

”

The social prescriber referred this lady to Independent Age, but they are not taking any new referrals at the moment. They have passed her onto 'On Hand' who do not work in the Horsham area. Originally the social prescriber referred her to Age UK but there is a 6 week wait. She did not want telephone befriending. The local Women's Institute have been in touch with her and she is waiting for the face-to-face group to re-start. She has been referred to 'Love Your Neighbour' and is waiting for confirmation as do not normally work in the Horsham area as Crawley based. The social prescriber checks in every month to see how things are going. But only have 3 more sessions left. It would be great if she had someone to pop round and see her as she loves to paint and would be interested in joining some form of art group but hasn't got the confidence to go on her own. Ideally, she would like someone whose partner has gone into care home who will understands how she is currently feeling.

“

Helping someone to rebuild their strength after a stroke

82-year-old gentleman who recently had a stroke, the day before he was running up to 5K as was very fit. He is now sitting at home feeling very low and frustrated as he wants to get back out and mobile again. He uses a walker and would love the chance for someone to support, by walking with him every day outside to get fresh air. He does not feel confident enough to do this on his own but is determined to get out and about again. He is building up his strength doing his physio exercises but misses being outdoors.

”

The social prescriber referred to him to the Royal Voluntary Service as they are running a befriending service, but this is for only 3 visits. They are researching walking groups or something similar that may have someone to visit him during the week as a volunteer. The social prescriber (has completed 5/6 visits) at home and getting him to join the communal garden for fresh air. It would be great if there was a couple of befrienders to visit every other day to take him around the village for a walk.

Next Steps

This report has identified the need for Befriending Support in the Horsham District and will be circulated to the multi-agency Horsham Befriends Partnership. This report will support future developments for this project.

More About Responders

Gender (n183) Male (40) Female (136) Non-binary (3) Other (0) Prefer not to answer (4)	Is your gender different to the sex that was assigned to you at birth? (n175) Yes (5) No (164) Prefer not to answer (6)
Ethnic background (n182) White British (163) White Irish (1) White other (9) Prefer not to say (5) Any other Ethnic group (1)	Asian or Asian British <ul style="list-style-type: none"> Indian (1) Any other Asian background (1) Mixed White and Black Caribbean (1)
Religion or beliefs (n179) Buddhist Christian (all denominations) (76) Hindu Jewish (1)	Muslim Sikh No religion (78) Prefer not to say (10) Other (please specify) (13)

Sexual orientation (n177)	Heterosexual (133)
Asexual (12)	Lesbian (5)
Bisexual (5)	Pansexual (2)
Gay (2)	Prefer not to say (15)
	Other (please specify) (3)

Considered disabled, as set out in the Equality Act 2010 (n175)	Carer, have a disability or a long-term health condition (n180)
Yes (24)	Please tick all that apply
No (148)	<ul style="list-style-type: none"> • Yes, I consider myself to be a carer (25) • Yes, I consider myself to have a disability (21) • Yes, I consider myself to have a long-term condition (47) • None of the above (106) • I'd prefer not to say (4)
Prefer not to say (3)	

Appendix a) Footnote links

- 1 Hughes et al., A short scale for measuring loneliness in large surveys. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2394670/pdf/nihms47842.pdf>
- 2 Benson T, Seers H, Webb N, et al. Development of social contact and loneliness measures with validation in social prescribing. BMJ Open Quality 2021;10: e001306. doi:10.1136/bmjopen-2020-001306

- 3 Brief guide to measuring loneliness (2019). <https://whatworkswellbeing.org/resources/brief-guide-to-measuring-loneliness/>
- 4 Loneliness conceptual review (2020) <https://whatworkswellbeing.org/wp-content/uploads/2020/02/V3-FINAL-Loneliness-conceptual-review.pdf>
- 5 BBC Radio 4, All in the mind 'The loneliness experiment'. Access via: <https://www.seed.manchester.ac.uk/education/research/impact/bbc-loneliness-experiment/>
- 6 Loneliness and social isolation during the COVID-19 pandemic. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306546/pdf/S1041610220000988a.pdf>
- 7 Oxford English Dictionary . Oxford english dictionary. Oxford: Oxford University Press, 2016. <http://www.oed.com>
- 8 Redefining befriending Varah C. The samaritans in the '80s: to befriend the suicidal and despairing. London: Constable, 1980.
- 9 Siette. J. et al., Effectiveness of befriending interventions: a systematic review and meta-analysis *BMJ Open* 2017;7: e014304. doi:10.1136/bmjopen-2016-014304
- 10 UCLA 3 item loneliness Scale <https://aims.uw.edu/care-partners/sites/default/files/UCLA%20Loneliness%20Scale.pdf>

Talk to us

If you have questions about the content of this report, please either call **0300 012 0122** or email cheryl.berry@healthwatchwestsussex.co.uk

How this insight will be used?

We recognise that all health and care services are under pressure at this time and have had to adapt their ways of working. We will share this report with the local NHS, Local Government, and other providers to help them understand where things are working well and services are adapting to meet peoples' needs, and to help them identify any gaps. We see this as a continuation of discussions taking place and will continue to use this fresh insight and the solutions presented to challenge for a better future.

For help, advice, and information or to share your experience

We also help people find the information they need about health, care and community and voluntary health and care support services in West Sussex.



Here to help you on the next step of your health and social care journey

You can review how we performed and how we report on what we have done by visiting our website www.healthwatchwestsussex.co.uk



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