



Creating Connections

Evaluating Healthwatch Greenwich Befriending Service

healthwatch
Greenwich

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About Healthwatch Greenwich

We are the independent consumer champion for health and social care in the Royal Borough of Greenwich:

- We listen to people, especially the most vulnerable, to understand their experiences and what matters most to them;
- We gather service users' experiences through surveys, focus groups and face-to-face discussions;
- We act by carrying out Enter and View visits to talk to patients, service users, carers and staff;
- We empower and inform people to get the most from their health and social care services and encourage other organisations to do the same;
- We influence those who have the power to change services so that they better meet people's needs, now and into the future.

Introduction

From June to November 2024, we ran a befriending pilot project. This report captures our reflections on delivering the service and an evaluation of its impact, using observations and client feedback.

The service set out to address social isolation and improve client's wellbeing by fostering meaningful connections. To capture clients' experiences of the programme, we conducted interviews during our final visit. These interviews explored reasons for joining the befriending programme, the quality of relationships created with their befriender and the impact of the programme on their overall wellbeing.

Programme Overview

We supported clients based on referrals received from CACT. The initial agreement was to run the service for three months. However, this was extended by six weeks to accommodate support for clients who joined the service late and allow clients to find alternative support in preparation for the end of the service. All participants have been offered support from CACT to find alternative support.

Befriending Process

- After receiving a referral, we contact the client and schedule an in-person meeting. All clients are contacted within five days of referral.
- The in-person meeting is used to assess client's needs and preferences for befriending support. This allows us to determine the method of support, either accommodating face-to-face, telephone or virtual visits.
- We then match a client with their befriending volunteer or occasionally, a Healthwatch Greenwich staff member, based on details captured in their initial assessment. The matching process is normally completed within three weeks.
- Throughout the befriending process, we stay in contact with our clients, ensuring we can identify any changes that might affect their participation and ensure their needs are consistently met.

Client Background

We received a total of 15 client referrals from CACT over the five months.

Out of the 15 clients referred:

- All completed their initial needs assessment.
- Seven discontinued befriending support.
- Seven continued support until the end of the programme.

Age	Number of clients
25 to 49	3
50 to 64	4
65 to 79	3
80+	5
Long-term condition	
Yes	13
No	2
Ethnicity	
White British	9
Black; Black British; African	3
Black; Black British; Caribbean	2
Asian or Asian British	1
Gender	
Female	7
Male	8

Successfully Addressing Challenges

Throughout the programme, we successfully navigated a wide variety of challenges, reflecting our commitment to providing effective support for residents with complex needs, within a short-term service.

Programme Duration

Delivering meaningful support to residents, many with complex health and social needs, within three months required creativity and adaptability. Our befrienders quickly built strong, trusting relationships, demonstrating the power of positive connection. Recognising that some residents needed additional time to develop these bonds, we extended the programme where possible, allowing for deeper engagement and progress. While long-term improvements in wellbeing often require ongoing support, the programme laid a solid foundation for positive change.

Client Engagement and Accessibility

We proactively adapted our approach to maintain resident engagement despite occasional challenges. Some residents were unable to continue due to health reasons, while others chose to step back from the service. To encourage participation, we diversified our communication methods and remained flexible with visit scheduling, ensuring those who could engage received the support they needed. Our adaptable approach allowed us to reach a wide range of residents effectively.

Volunteer Participation

Our programme leveraged the support of our volunteers. While many dedicated a lot of time to the programme, they often balanced this commitment with ongoing work, study, and family commitments. This created some challenges around scheduling support for residents. When scheduling conflicts arose, Healthwatch Greenwich staff readily stepped in to ensure continuity of support. This collaborative spirit strengthened the programme and ensured no resident was left without assistance.

Communication and Cultural Understanding

We took proactive steps to address and learn from cultural differences experienced during the programme. When misunderstandings occurred, we facilitated open conversations to promote mutual respect and understanding between residents and befrienders. Our team also supported befrienders who faced discrimination, ensuring they felt valued and respected in their roles.

Complexity of Needs

Many of our residents live with complex needs, including significant physical and mental health challenges. They were often under the care of Oxleas or were awaiting other formal mental health support. Some shared challenges getting through to or contacting these services, often leaving them without the support needed. Moreover, residents were often confused about the role of formal support services and felt their needs were often overlooked or ignored. This made it difficult for them to understand care processes or to know who to turn to for support.

“I have so many people calling that I don’t know which service they are from. I feel I am just being passed from service to service”.

For others, housing was a significant issue affecting their day-to-day life. James, a client living with significant mobility and eyesight issues, struggles to navigate his home without the necessary adaptations, putting him at risk of accidents, and making it harder to manage his mental wellbeing. Richard, a wheelchair user, lives on the second floor of his building which has no lift. This has left him completely isolated. In the event of an emergency, Richard cannot evacuate, posing a significant safety issue.

“When I go for dialysis, they have to carry me to the ambulance. Nobody asks me what will happen in case of a fire”.

By working closely with CACT and other services, we were able to help residents receive the care they needed. We helped clarify service roles and facilitated clearer communication channels, meaning that residents were able to better understand care processes and access the right support.

A few of our male residents wanted more specific support, such as male-focused groups or more opportunities to engage with like-minded people in their community. We signposted to suitable groups and activities, fostering a stronger sense of belonging within their communities.

Findings

Residents' Perspective on Our Impact

We interviewed all residents to understand their experience of our support. Interviews were held either in person or by phone and followed a semi-structured format. This approach allowed us to gather insight into residents' experiences and perspectives while ensuring we gathered enough information about what worked well and what could have been improved.

Our interview questions focused on three areas:

1. Impact on wellbeing – Understanding how befriending influences overall wellbeing.
2. Quality of relationships – Examining the depth and quality of the connection with the befriender.
3. Suggestions for improvement – Gathering ideas for enhancing the service.

A consistent theme across the feedback was the emotional relief the service provided, especially for residents with limited personal support networks. Many described the service as a "lifeline,". Lacking family or friends to rely on, and often feeling disconnected from their community, our befrienders provided much-needed interaction and comfort. Some reflected on how a lack of social interaction was affecting their cognitive ability and highlighted the importance of regular conversations for their overall mental health.

"It was vital. If you didn't come, nobody else would be here. I'm lonely and will be lonely again. This is the highlight of my week".

"Chatting was lovely, being by yourself can be very lonely and affects your brain [negatively]".

“I have no one to talk to, nowadays I don’t even have the money for a cider. You’ve given me more than all the social workers, nurses, doctors and hospitals have altogether”.

The positive influence on mental wellbeing suggests the service is addressing more than just social isolation; it is contributing to preventative mental health support. Regular human interaction helps reduce feelings of despair and emotional stagnation, among those experiencing prolonged isolation.

Meaningful Relationships

Residents expressed how meaningful their relationships with their befrienders were, often describing the connection as one of the most significant relationships in their lives at that point. The ability to engage in genuine conversations, share stories, interests, memories and aspirations fulfilled a fundamental need for connection and allowed them to feel seen, heard and valued. These relationships often extended beyond basic companionship—they provided a sense of validation, dignity, and emotional security.

“We got along really well. We shared the same ideas. It was really nice knowing I had a friend out there who understood me”.

“It’s nice to have someone who listens and cares”.

Fostering Resilience

In addition to emotional support, the service actively contributed to personal growth and a more optimistic outlook among residents. For some, their befriender was a source of encouragement and positivity, helping them to navigate challenges they often faced alone. Befrienders often acted as motivators, inspiring residents to make positive lifestyle changes, such as healthier eating, improved self-care, and a focus on personal goals.

“...having someone to talk about the things that stress me out helps”.

“Talking to you makes me think more positively about the future”.

“[The conversations were] very motivating and helpful. I’m happy to know I should keep up my hopes despite my physical and mental challenges”.

“I’m eating well and looking after my health more responsibly now”.

Ongoing Support

All residents worried about the ending of the service, fearing the emotional void that could follow.

“[I want the befriending project] to continue, I don’t like that it has to end”.

Many expressed a desire for expanded support that could help them engage more actively with their community. Suggested included:

- Facilitated Local Walks: To promote gentle physical activity and social engagement.
- Support for Visits to Shops and Cafes: Encouraging greater independence and participation in everyday community life.
- Community Event Access: Providing structured opportunities for social interaction beyond one-on-one befriending.

Conclusion

Addressing Health Inequalities Through Befriending Services

Residents' feedback suggests our befriending service is more than a social support initiative—it's a powerful intervention that directly addresses key health inequalities. By reducing loneliness, fostering emotional security, and encouraging positive lifestyle changes, befriending plays a role in contributing to addressing some of the structural and social barriers that contribute to poor health outcomes.

Emotional Wellbeing as a Health Determinant:

Chronic loneliness and social isolation are widely recognised as social determinants of health, linked to increased risks of cardiovascular disease, cognitive decline, depression, and premature mortality. The emotional support described by residents suggests that befriending acts as a protective factor against these risks by creating sustained emotional connections. For residents who lack family support or strong social networks, befriending reduces stress and anxiety that, in turn, can have long-term health consequences.

Reducing Health Disparities:

Several residents reflected on limited access to other forms of care and support, indicating a gap where statutory services may be struggling to meet the holistic emotional and social needs of vulnerable populations. This disproportionately affects older adults, those living with disabilities, and those from economically disadvantaged backgrounds, compounding existing health inequalities. By offering personalised, relationship-based support, befriending reaches those who may face exclusion from mainstream health interventions because they are housebound or unable to engage with community spaces independently.

Encouraging Positive Health Behaviours:

Befriending promotes healthier behaviours and self-care practices. Many residents described how regular contact with their befriender inspired healthier choices. This motivational support mirrors health coaching models, which are increasingly recognised for their effectiveness in behaviour change strategies.

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