



One Conversation at a Time: How Befriending Reduces Loneliness

September 2024

healthwatch
Greenwich

Introduction

Loneliness and social isolation are widespread. In the UK, nearly 50% of adults report some level of loneliness, with more than 7% experiencing chronic loneliness¹. Although loneliness and social isolation can affect anyone, it affects some groups more than others. People living in the most deprived communities are at greater risk than people in the least deprived areas², and loneliness is more common among marginalised and disadvantaged groups such as racially minoritised people, migrants, LGBTQ+ people, people living with disability or poor health, carers, unemployed people, and those living in poverty. Loneliness and social isolation reflects and interacts with broader structural inequalities and contributes to health inequalities.

Social isolation and loneliness have a negative impact on mental health and well-being. Research shows that people who feel lonely are more than twice as likely to be diagnosed with depression³. While the link between loneliness and physical health is less clear, some studies suggest it may increase the risk of conditions such as dementia, Alzheimer's, and heart disease⁴ and can be as harmful as smoking 15 cigarettes a day, increasing overall risk of death by 26%⁵. And it has an economic cost, severe loneliness per person is equivalent to nearly £10,000 per year⁶.

¹ <https://www.campaigntoendloneliness.org/facts-and-statistics/>

² <https://ilcuk.org.uk/experts-warn-of-loneliness-trap-in-deprived-communities/>

³ <https://www.campaigntoendloneliness.org/health-impact/>

⁴ <https://www.gov.uk/government/publications/mental-health-and-loneliness-the-relationship-across-life-stages/mental-health-and-loneliness-the-relationship-across-life-stages>

⁵ <https://pubmed.ncbi.nlm.nih.gov/25910392/>

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https://assets.publishing.service.gov.uk/media/602fcb91d3bf7f72154fab3/Loneliness_monetisation_report_V2.pdf

To combat loneliness and social isolation locally, Healthwatch Greenwich (HWG) partnered with Live Well (CACT)⁹ to deliver a short-term befriending service for up to 15 residents from June to September 2024. Unlike some other befriending initiatives, this service was inclusive, accepting referrals from Live Well coaches for residents across all age groups, offering access for those in need of support. The service offered personalised companionship and assistance, designed to reduce feelings of isolation and promote mental well-being. Through a team of trained volunteers, HWG provided support in a variety of formats—including in-person visits, well-being calls, and online interactions—ensuring that residents could engage in ways that suited their preferences and circumstances.

Befriending Pathway

The befriending pathway began with a referral to HWG from our partner, Live Well (CACT) for an individual they had identified who could benefit from companionship and support. Once a referral was received, an in-person home visit with the resident was arranged.

During the home visit, our trained staff met with the resident in the comfort of their home, creating a relaxed environment for open conversation. This visit allowed us to assess their befriending needs, preferences, interests, and any barriers faced in building or maintaining social connections. It also provided an opportunity to identify concerns related to their health, mobility, or living conditions, all of which were important for offering tailored befriending support. Building rapport during the visit was essential, as it laid the foundation for a trusting relationship between the resident and the befriending service.

After the initial visit, the HWG team reviewed the gathered information and carefully matched the resident with a befriending volunteer. The matching process considered the resident's preferences and interests, to provide a volunteer able to offer meaningful companionship.

⁹ [Live Well Greenwich | Healthy living activities around Greenwich, London](#)

While residents were waiting to be matched with a suitable befriending volunteer, we maintained regular contact through a series of telephone well-being checks. These calls served as a link for residents with the befriending service during the waiting period. Through our well-being checks, we provided support through listening, helping to reduce feelings of loneliness, even before they were paired with a volunteer. Additionally, well-being calls helped build rapport and trust, which facilitated a smoother transition when they were matched with a befriending volunteer. Our well-being calls made sure residents felt supported throughout the process, rather than simply left waiting.

Befriending Clients

Our 15 residents came from a range of backgrounds, ages, and ethnicities, reflecting a wide variety of people in need of companionship. Many were living with long-term health conditions, including chronic illnesses such as diabetes, heart disease, and respiratory issues, which limited their ability to take part in social activities. Others faced significant mobility challenges, making it difficult for them to leave their homes and join existing groups or take part in the community. Nearly all disclosed mental health issues, such as anxiety or depression, and most had or were receiving treatment for this.

Befriending and Additional Support

Many residents had a wide range of needs beyond loneliness and social isolation, with their consent, we raised these needs with Live Well who then took responsibility for further action. In some cases, we were also able to provide additional support and signposting. ¹⁰Margaret, aged nearly 90 and living with significant mobility issues, had problems with her glasses. Unable to get to the opticians, with her consent, we contacted Specsavers who were able to do a home visit and adjust her glasses. George, a wheelchair user, started to feel a bit more confident after a few of our befriending sessions and wanted to get more involved in his local community. Based on his interests, we were able to give him information on nearby groups.

In the process of talking to and visiting clients in their homes, we were able to proactively identify safety and safeguarding risks. All concerns were escalated to safeguarding agencies and statutory services as appropriate.



Impact

All residents receiving befriending told us how much they valued the human contact it provided. For some, our volunteer was the only person they spoke to regularly. The regular conversations with their befriender allowed them to feel seen, heard, and valued. Having someone to chat with—whether it was about shared interests, daily experiences, or simply enjoying a casual conversation—fulfilled a very human need for connection.

While many of our clients faced long-term health conditions and lived with challenging personal circumstances, befriending offered a source of companionship. These interactions brightened their day and offered a sense of comfort, reminding them they were not alone. While it is not a solution to many of the deep-seated and long-standing issues they were managing, befriending is a tool for creating more connected lives, one conversation at a time.

¹⁰All names in the report have been changed to protect the confidentiality and privacy of the residents.

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