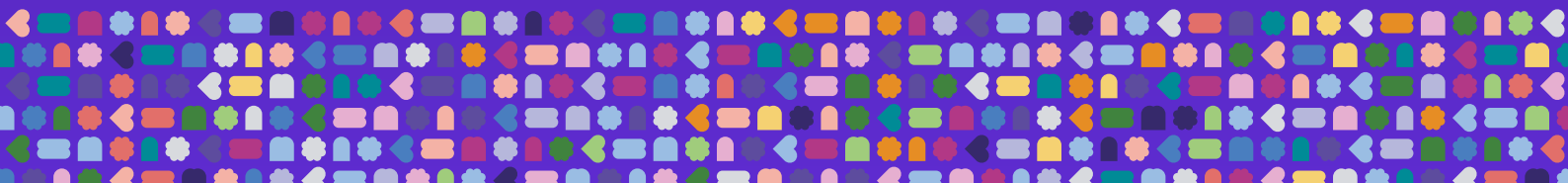




Building Connections

Insights into the older
community of Southwick

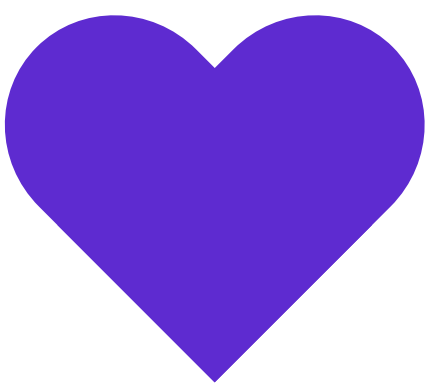




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Our mission at Keychange

At Keychange, we believe that every individual deserves to feel connected and supported within their community. This report, *Building Connections: Insights into Southwick's Older Community*, reflects our commitment to understanding the real experiences of older residents and addressing the challenges they face.

The findings shared here will inform our Community Connectors project, a pilot initiative designed to reduce isolation and help people living at home stay engaged with local life. We hope these insights will be valuable to anyone working with or alongside older people in Southwick, whether you are a community leader, service provider, volunteer, or simply someone who cares about making a difference.

Isolation is not just an individual experience; it is a community challenge. These findings remind us that small changes can make a big difference. We invite everyone - churches, local businesses, volunteers, and families to use this report as a resource for shaping a more inclusive Southwick.

Benjamin

CEO, Keychange



Executive summary



This report provides an insight into the responses received from the community questionnaire conducted in Southwick which was aimed at older residents aged 55 and above in October 2025. The intention is to share these insights with the Southwick community to support planning and collaboration across the area and therefore does not include recommendations or action plans. Within Keychange, these findings will help inform the pilot of the Community Connectors project, which aims to reduce isolation and support people living at home to be more connected.

The questionnaire reached 95 respondents via local hubs such as libraries, churches, GP practices and community services. Most were aged 76–85 with many over 85. A small number of men participated and 11 respondents reported caring responsibilities.

Isolation emerged as a significant theme with 41% of respondents feeling isolated either sometimes or often. Carers were particularly vulnerable, with isolation rates nearly double those of non-carers. Comments from participants reveal the human dimension behind these numbers: “I just like to talk to people, then I don’t feel lonely.”

Barriers to participation are multi-dimensional, spanning practical, emotional, and informational challenges. Lack of transport was the most common obstacle, followed by mobility issues, confidence concerns and limited awareness of available activities.

These barriers often overlap, with many respondents facing two or more simultaneously. Transport and mobility constraints dominate across all isolation groups. Although over half of respondents said easier access would increase participation, nearly a third were unsure, suggesting that logistical improvements alone may not fully address deeper constraints such as anxiety. This highlights the need for tailored, multi-faceted solutions rather than one-size-fits-all approaches.

Survey results show no single preferred communication method among older people in Southwick. The oldest group (85+) strongly favours word of mouth and other traditional channels, while 66–75 shows the most balanced mix, including some digital use.

These findings paint a picture of a community with strong ties but gaps in accessibility and information. They highlight the importance of collaborative efforts to reduce isolation and ensure that every individual feels connected and supported.



41% of respondents felt isolated either sometimes or often

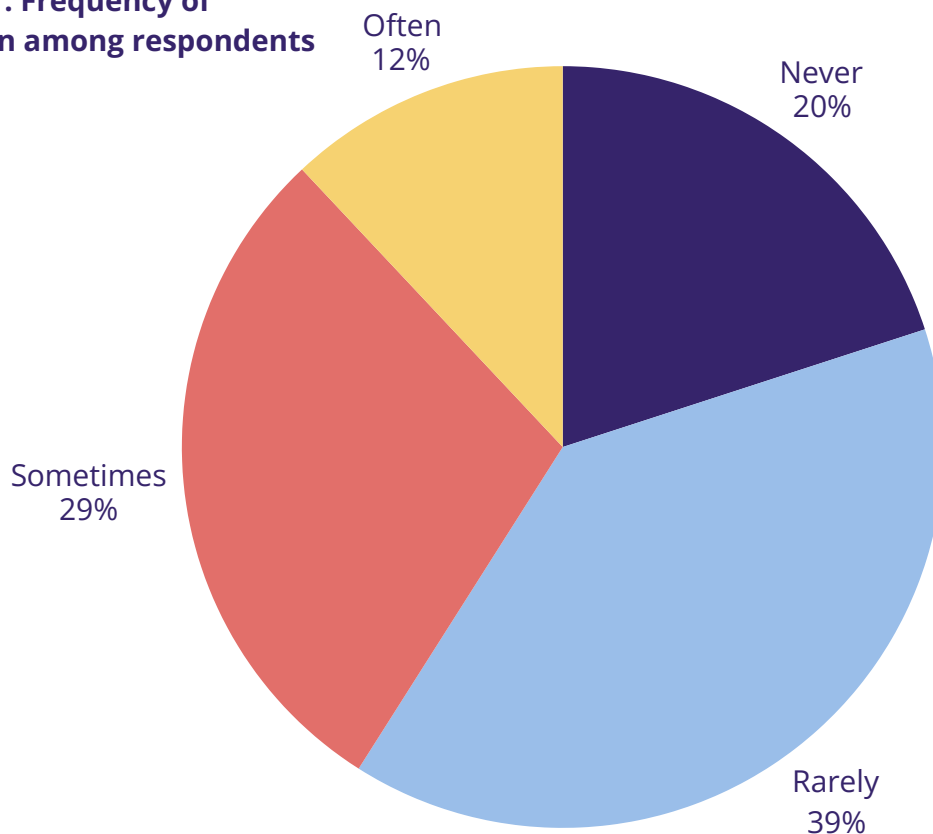
1. Profile of respondents

We received 95 completed questionnaires via different hubs including the local library, community centre, churches, GP practices and services such as Age UK and Home Instead. Most of those who responded were women, with only 11 men taking part. The majority were in the older age brackets, mainly between 76 and 85 and many were over 85. We had limited engagement from the younger cohort (ages 55–65) receiving only 3 responses. Across all responses, 11 individuals reported having caring responsibilities.

2. The experience of isolation in Southwick

Isolation is something very personal and can happen for many different reasons. The majority of respondents (37 out of 95) reported feeling isolated either 'Sometimes' or 'Often'. The narrative feedback underscores the human need for connection, as one resident simply put it: "I just like to talk to people, then I don't feel lonely".

Figure 1: Frequency of isolation among respondents



3. Unpacking the barriers to connection

To effectively address isolation, we must first understand the specific obstacles that prevent community members from engaging in local life. The survey results reveal a set of barriers that often overlap, creating significant challenges for residents.

Analysis of responses to ‘what makes it difficult for you to take part in local activities?’, a multiple choice question, shows that practical, emotional and informational challenges dominate:

- Lack of transport or affordable transport was the most common barrier cited by 35 respondents (27%), making it the single greatest obstacle to participation.
- Mobility issues affected 28 respondents (22%) which could be linked to physical health and aging.
- Confidence concerns were reported by 20 respondents (16%) with one respondent commenting “I don’t feel confident going alone”, while anxiety or nervousness was mentioned by 9 respondents.
- Awareness gaps remain significant with 16 respondents saying they “don’t know what is available” or similar.

Figure 2: Barriers to participation by isolation frequency

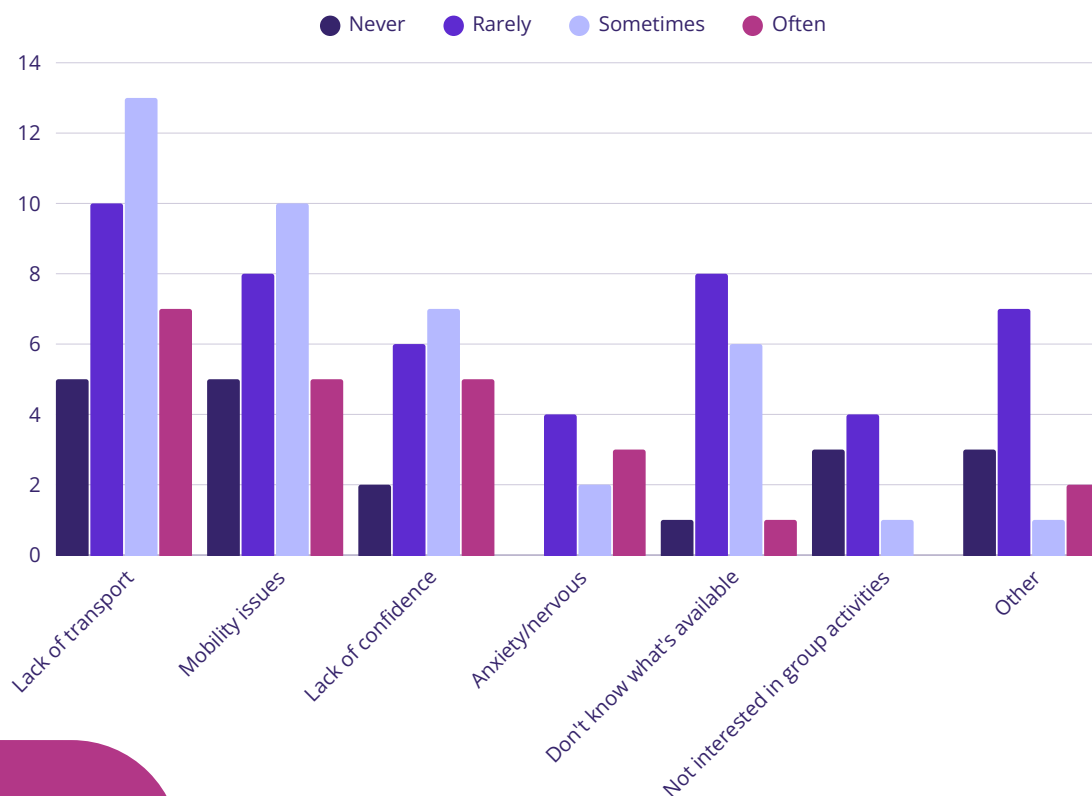




Figure 2 shows that transport and mobility issues dominate across all reported isolation groups, with both barriers particularly significant among respondents who feel isolated sometimes. This suggests that physical and logistical challenges have a strong correlation with social disconnection. Mobility also stands out as a barrier even among those who report never or rarely feeling isolated, indicating that some individuals manage to stay socially connected despite these limitations. Confidence emerges as another factor and suggests that emotional barriers can compound practical ones.

A small number of respondents mentioned reasons outside the main categories. These included limited time due to volunteering or family commitments, health-related challenges and being already engaged in other activities. Additional comments mentioned personal transport, lack of appealing local options and personal preferences such as "If I'm interested, I will go."

Analysis shows that barriers often occur together rather than in isolation with many respondents experiencing two or more of these challenges simultaneously. When transport and mobility are limited, it can make people feel less confident about joining in with activities.

Figure 3 - Overlap of transport, mobility and confidence barriers among isolated respondents

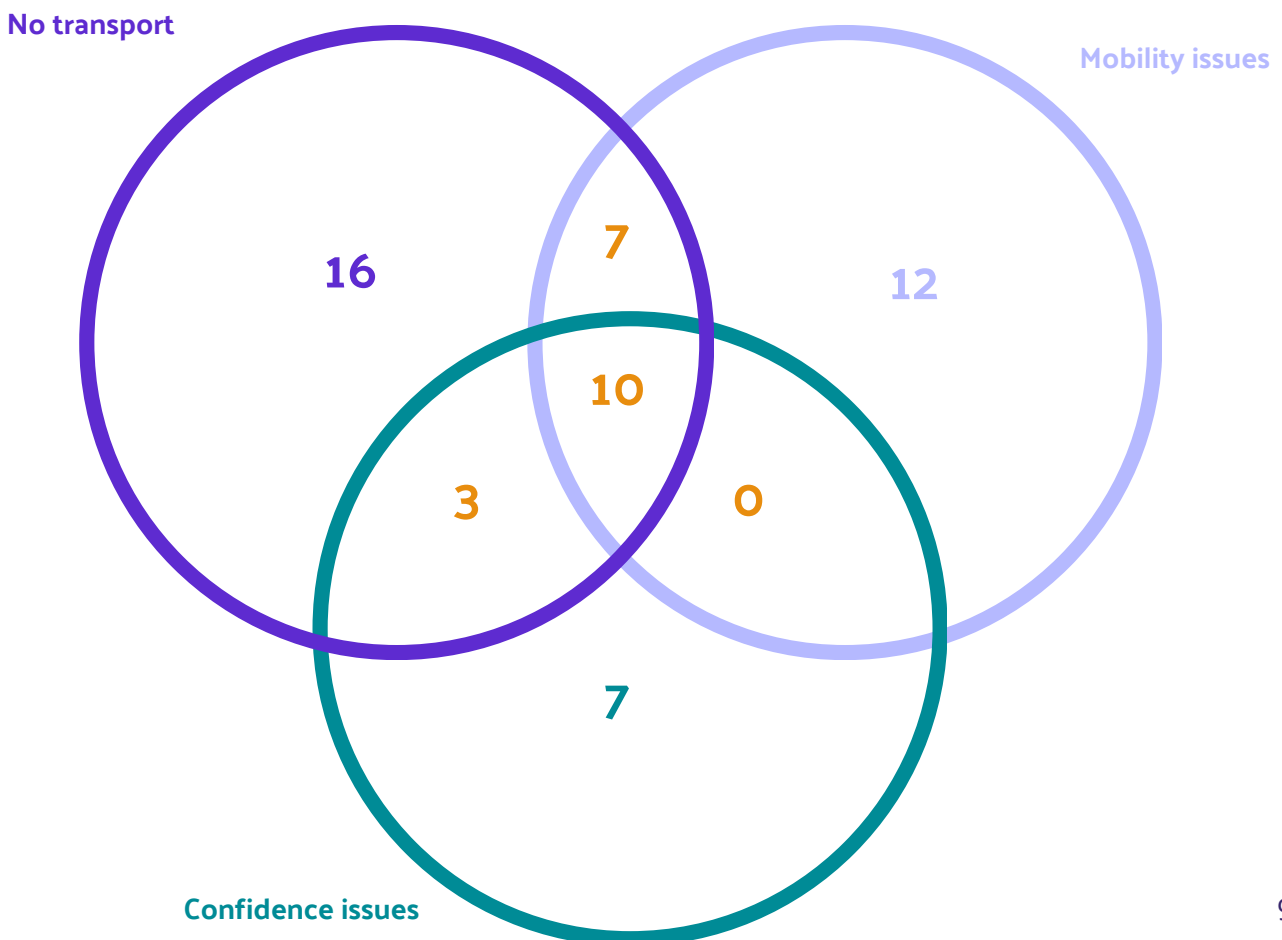




Figure 3 focuses on the respondents who reported feeling isolated sometimes or often, a combined total of 37 individuals and illustrates how likely they are to experience the overlapping barriers of transport, mobility and confidence issues. This shows:

- Transport is the most common standalone issue, affecting 16 individuals.
- Mobility issues affect 12 individuals exclusively, while confidence issues affect 7 individuals exclusively.
- Overlaps reveal that 7 individuals experience both transport and mobility issues and 3 individuals experience both transport and confidence issues.
- Interestingly no one reported having both mobility and confidence issues without also having transport problems.
- A significant group of 10 individuals (27%) reported facing all three barriers simultaneously making participation especially difficult.

This data is brought to life by the comments from residents, who articulate the practical and emotional dimensions of these challenges: “Transport is too expensive”, “I don’t feel confident going alone”, “No community transport available for trips out.”

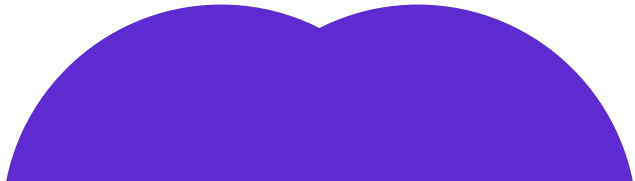
To understand the potential impact of removing barriers, we asked respondents whether easier access to activities would influence their willingness to take part. Nearly half (48%) said they would participate if access improved, suggesting that logistical changes could unlock engagement for many. However, 31% said no and 15% were unsure, indicating that easier access alone would not change participation for a significant proportion, with a further 8% leaving the question unanswered. The reasons behind this are unclear, it could relate to health, lifestyle or personal preferences. However the data shows that removing barriers will not necessarily lead to automatic participation.


4. Specific group insights

Beyond the overall trends, the data reveals differences among specific groups in the Southwick community. Looking at carers and male respondents helps us understand how experiences and barriers vary.

The unique pressure on carers

The data from the 11 respondents with caring responsibilities indicates that this group faces a greater risk of social isolation, with 18% (2 out of 11) of carers reporting they often feel isolated, compared to just 10% (8 out of 80) of non-carers. This is nearly double the rate for carers, highlighting that isolation is not only more persistent but more acute among those with caring responsibilities.





This group also has a lower likelihood of attending activities, with only 27% (3 out of 11) saying they would participate even if activities were easier to access. This could suggest that logistical improvements alone are unlikely to overcome the deeper constraints carers face, such as time pressures and emotional demands.

In their responses carers described how their responsibilities can impact their life with comments like “Too involved with husband in home” and “Managing my husband’s diabetes”.

Perspectives from male respondents

While the overall number of male respondents is small (11), their feedback highlights specific barriers that differ from other groups and influence their engagement with community activities.

27% (3 out of 11) of men reported feeling isolated sometimes or often, suggesting that isolation may not be the primary challenge for this group compared to carers. Instead, practical and attitudinal barriers appear more significant, with 36% (4 out of 11) citing transport difficulties and 27% (3 out of 11) reporting a lack of interest in group activities compared to just 6% among women. This highlights a notable gender difference in attitudes toward participation, with one male respondent stating, “I am not interested in group activities.”

In addition, 36% of men reported caring responsibilities, compared to 11% of women. As noted earlier, carers in this survey face a higher risk of isolation. These insights underline the need for tailored approaches that consider both practical barriers and personal attitudes, as a single, uniform approach is unlikely to address the varied needs of these groups.



5. Current awareness of activities

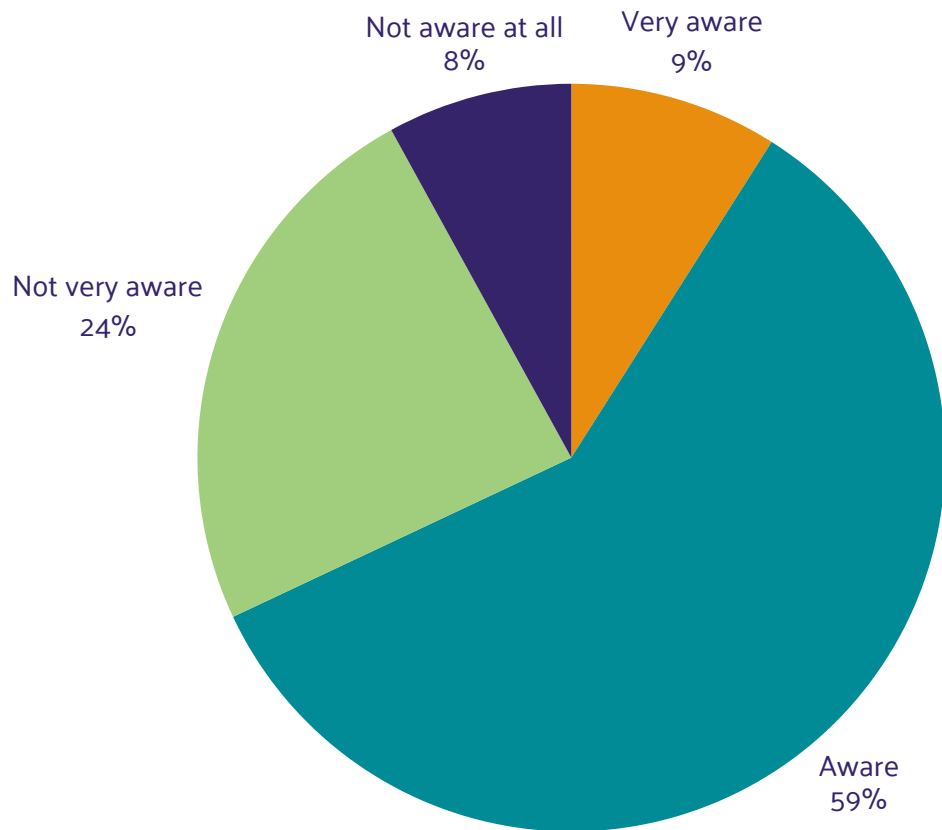
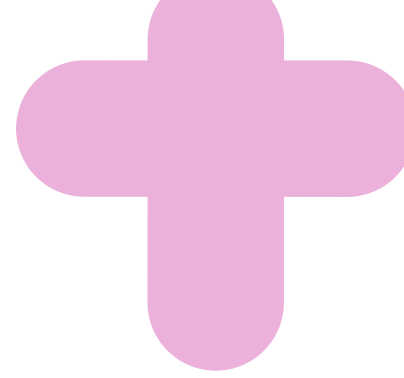


Figure 4 - Awareness of activities or services in the community

Overall, most respondents reported being aware of local activities. A smaller proportion described themselves as not very aware. The group who said they were not aware at all was very small, but these responses were concentrated among the oldest age bracket (85+). No respondents aged between 55 and 75 reported being completely unaware. This suggests that the lowest awareness levels are primarily among the oldest residents, highlighting a potential gap in communication for those who may be most isolated or less connected to informal networks.

Figure 5 shows how the older community of Southwick currently hear about activities and services. Word of mouth is the dominant way respondents hear about local events across all age groups. Community centres and church noticeboards follow as significant sources, while digital channels like social media and newsletters play a smaller role. This suggests that interpersonal and community-based communication remain the most effective method for reaching residents, particularly older age groups.



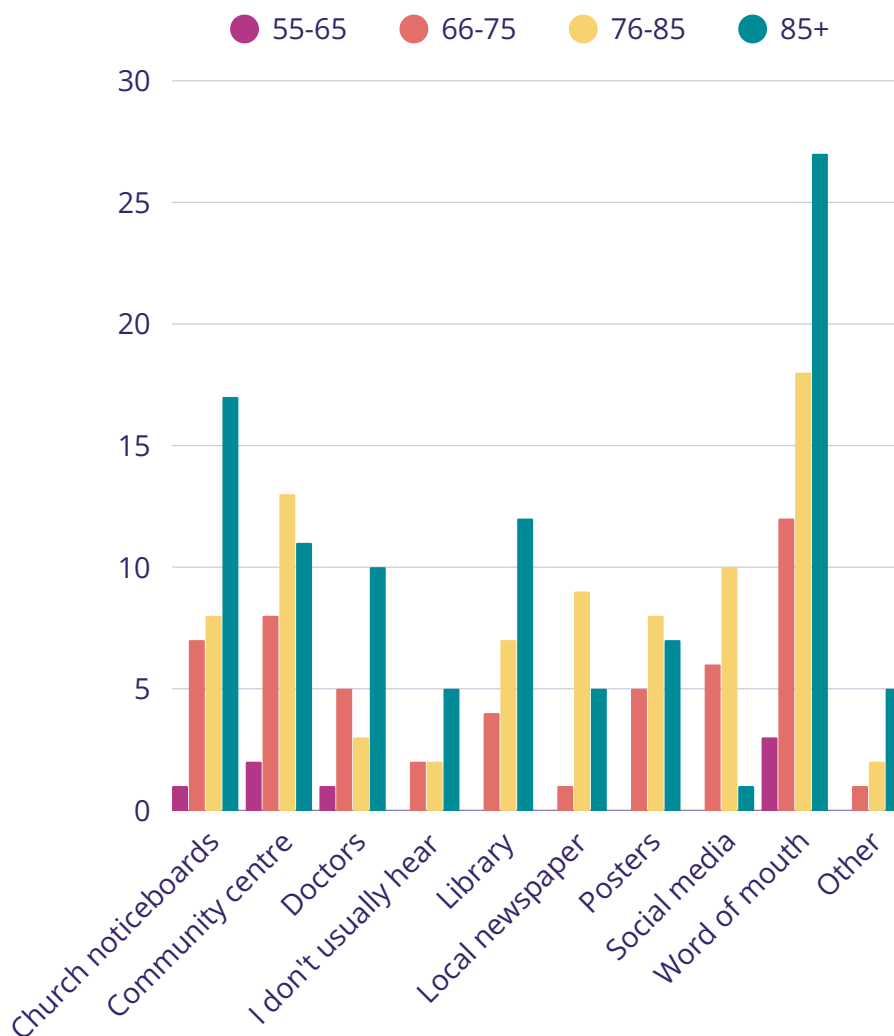


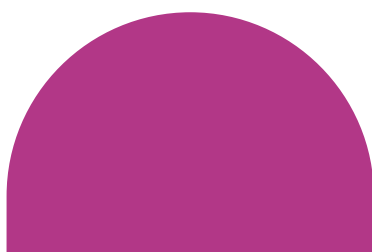
Figure 5 - Information sources for local events and services by age group

Among respondents aged 76–85 and 85+ the most common current source of information is word of mouth (45 respondents across both age groups). This reliance on informal networks suggests strong community ties but also highlights vulnerability for those who are socially isolated. Other frequently mentioned sources include:

- Church Noticeboards (25 mentions)
- Community Centre (24 mentions)
- Library (19 mentions)
- Posters in local shops or cafes (15 mentions)

This suggests that older residents primarily depend on physical community spaces and interpersonal communication rather than digital channels.

Respondents aged 66–75 reported accessing information through digital channels, including email newsletters (7 mentions) and social media (3 mentions), showing slightly higher digital engagement compared to older age groups.



6. Reaching our community: Communication preferences by age

To inform how best to communicate with the older people in Southwick we asked the question 'how do you prefer to receive information?' (figure 6). Effective engagement begins with effective communication and the survey data confirms that there is no single approach that will suit all age groups.

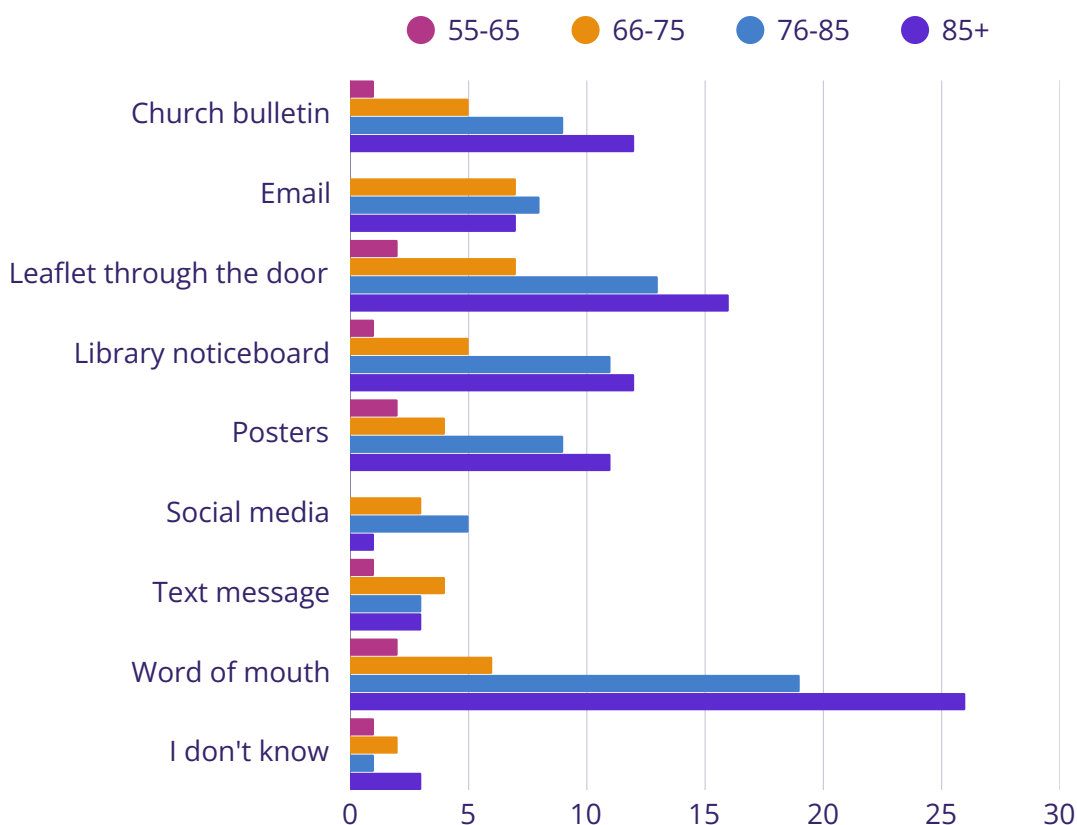



Figure 6 - Preferred communication methods by age group

For those aged 85 and above, traditional methods dominate. word of mouth is by far the most desired communications channel, followed by leaflets through the door and church noticeboards. This group shows minimal engagement with digital platforms, reinforcing the importance of offline communication for the oldest residents.

Among respondents aged 76–85, word of mouth remains the leading method of engagement, followed by leaflets received at home however there is a stronger presence of social media and email in this group. This suggests that respondents in this age range are beginning to use digital communication alongside traditional methods.



The 66–75 age group demonstrates a more balanced mix of preferences across all channels. While traditional forms of communication like leaflets and noticeboards are listed, email newsletters and social media are also listed, indicating growing digital adoption among younger seniors.

In the limited number of responses received from the 55–65 age group (3 in total), none selected social media as a preferred communication channel. While this may seem surprising, the small sample size means we cannot draw firm conclusions. Possible factors include the context of survey engagement, much of which took place at church events where attendees may favour traditional communication methods, but the reasons for this pattern remain unclear.

7. Activities and venues

To help inform future initiatives and services we asked ‘what types of activities would interest you?’. The responses received show that coffee mornings were the most frequently selected option, 63 times, indicating strong community interest in informal social gatherings. Arts and craft was mentioned 29 times, followed by faith-based gatherings (25) and non-religious social events (21), highlighting a mix of spiritual and secular preferences. Walking groups (13) and book clubs (8) were less common but still notable. These patterns suggest that sociable, low-cost and creative activities are most appealing to the community. Other suggestions made by respondents included “Keep fit, line dancing and choir”, “Free activities – swimming, aqua aerobics etc.”, “Knitting groups” “Musical, especially singing. Something with a varied programme that is not totally static” and “Outings”.

When asked about attending activities held in churches, the majority expressed openness: 76 responses indicated “I am happy to go.” A smaller group preferred alternatives, with 8 saying they are not interested, 2 preferring non-religious venues, and 1 expressing concern about religious content. This suggests that while most residents are comfortable with church-based activities, offering a mix of secular options remains important.

8. Conclusion

The insights gathered in this report are not an endpoint but a foundation for action. Keychange invites all stakeholders to engage with these findings, share feedback and work together to create meaningful change. Together, we can help ensure people have opportunities to feel connected and supported.

Transforming lives through
the power of community

