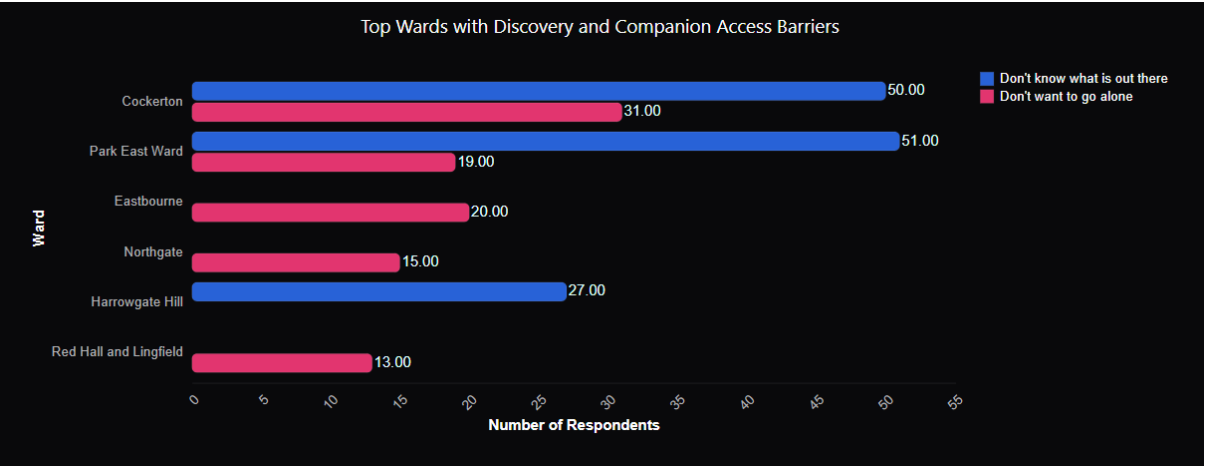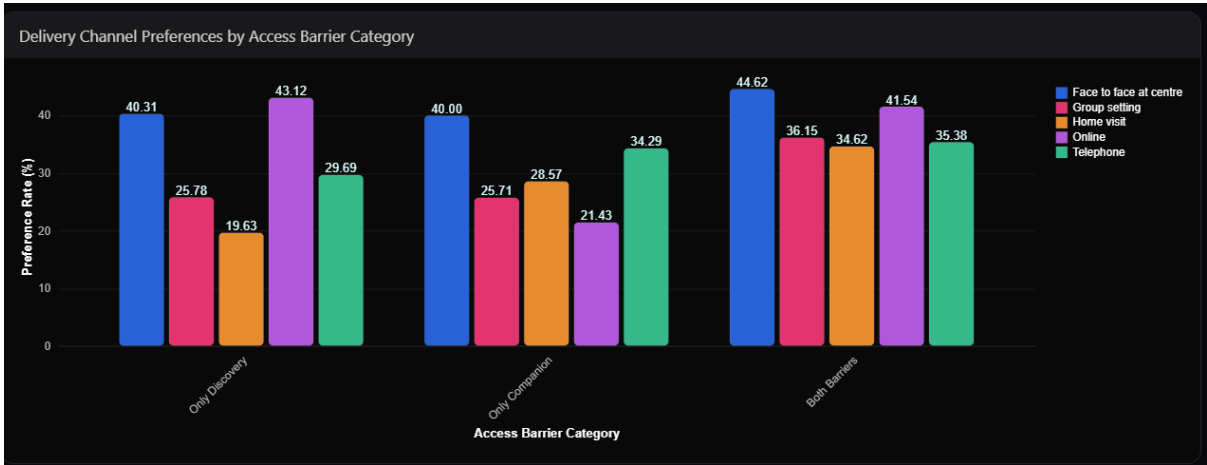# Data Analysis: Key Areas Affecting Service Access

Analysis of Darlington's 450 respondents (18.9%) facing service discovery barriers and 200 respondents (8.4%) hesitant about going alone reveals a critical gap in access enablement. Significantly, 130 respondents (5.4%) face both barriers simultaneously, creating a vulnerable cohort requiring integrated solutions. These overlapping challenges are concentrated in specific wards—Cockerton and Park East Ward account for 23.8% of the 'don't know' barrier cases and 23% of those 'afraid to go alone'. These two barriers show strong correlation: 65% of those afraid to go alone also don't know what services exist, suggesting information gaps fuel social anxiety.
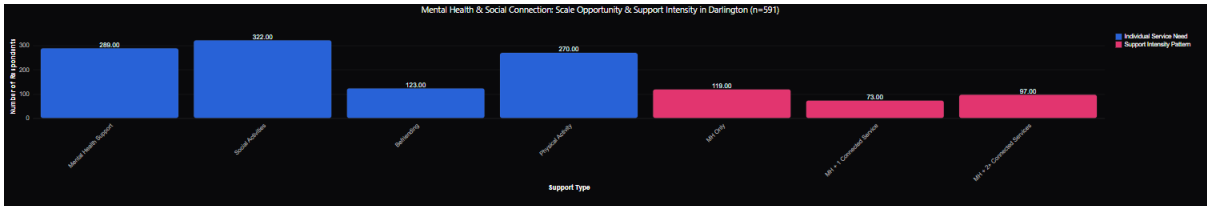
Those facing discovery barriers most need Social activities (41.8%), Mental Health Support (32.4%), and Physical activity (32.4%) — not basic necessities, indicating these are socially isolated, high-functioning individuals with unmet wellbeing needs. Critically, respondents with both barriers show even higher concentration in these needs, with 54.6% wanting social activities and 44.6% physical activity, demonstrating that companionship-enabled engagement is essential to their recovery pathway.

Preferred support delivery modes reveal two distinct strategies: those with discovery barriers prefer Online (42.7%) or Face-to-face at a centre (41.6%), suggesting they're willing to try group-setting introductions once informed. Those afraid to go alone prefer Face-to-face at a centre (43.0%) over online, indicating they need human intermediation and structured environmental support. The 44.6% of dual-barrier respondents choosing centres over online underscores that while digital awareness is crucial, transitioning into community participation requires trusted, physically guided support. Darlington's data suggests 180-270 respondents could be reached immediately through localised ward initiatives pairing information hubs with volunteer companion programs.

Top Wards with Discovery and Companion Access Barriers

The data also reveals a substantial cohort of 591 respondents (24.8%) seeking integrated mental health and social connection support. Of these, 289 (12.1%) specifically request mental health counselling, 322 (13.5%) seek social activities, and 123 (5.2%) seek befriending—demonstrating a clear desire for group-based interventions combining these. Critically, 39.6% of this cohort report anxiety/stress barriers preventing help-seeking, while 48.9% lack awareness of available services, with 20.1% facing both barriers simultaneously highlighting why hybrid, low-barrier access models are essential. Delivery preferences show 143 respondents (24.2%) explicitly want hybrid multi-channel access (online + face-to-face or face-to-face + telephone), while 229 (38.7%) prefer purely in-person delivery across various settings. The integration of mental health with social activities is particularly notable: 170 respondents (28.8%) state a need for mental health support combined with at least one social/befriending/activity service, indicating strong demand for 'linked group programs' that address isolation as a mental health intervention. The service gap is acute: 48.9% state that they 'don't know what's available', suggesting that awareness through multiple channels (digital + traditional) and accessible entry points via online platforms could unlock participation among currently unserved populations experiencing anxiety and related issues.

Furthermore, survey reveals substantial unmet demand for integrated financial and housing support services. 386 respondents (16.2% of all survey participants) require Financial Advice, Benefit Advice, or Housing support - representing a significant population segment. Among this cohort, 118 respondents (30.6% of the support-seeking group) face money worries as a barrier, and 91 respondents (23.6%) cite cost of support itself as a constraint, creating a critical 'catch-22' where those most in need of benefits/financial advice are least able to afford or access it.

The most pressing challenge emerges in multi-barrier vulnerability: 56 respondents (14.5% of the financial/benefits/housing group) face 2 or more simultaneous barriers, indicating complex support needs requiring coordinated intervention. The top three barriers are: Money worries (30.6%), Cost of support (23.6%), and contextual issues like not knowing what services are available (from prior analysis, 48.9% of those facing barriers don't know services exist).

Delivery channel preferences strongly support a hub-based model: Face-to-face at a centre (41.7%) is the most preferred method, followed by Telephone (40.4%) and Online (39.6%), indicating that respondents value accessible, blended-channel provision rather than single-modality services. Geographic analysis shows housing support needs concentrated in Park East Ward (highest dissatisfaction), Northgate, and Bank Top & Lascelles wards. Current open-ended responses also reveal gaps in debt management support, pension advice, and general knowledge about available services - suggesting that a one-stop cost of living hub addressing these specific unmet needs would fill a critical service gap. The relatively low awareness combined with high barriers to access suggests an opportunity for an integrated hub model combining money advice, benefits navigation, and housing support in accessible formats (phone, online, in-person).

Barrier Complexity Profile: Money and Cost of Support Constraint Combinations

Legend: Money & Cost Combined, Multi-Barrier (2+), Multi-Barrier (3+), Multi-Barrier (4), Single Barrier

- Money worries only: 36.00
- Cost of support only: 15.00
- Money worries + Cost of support: 83.00
- Money/Cost + 1 other barrier: 86.00
- Money/Cost + 2 other barriers: 69.00
- All 4 barriers: 25.00

Unmet Financial & Housing Support Demand by Ward

- Eastbourne: 52.00
- Cockerton: 47.00
- Park East Ward: 43.00
- Northgate: 28.00
- North Road: 26.00
- Bank Top and Lascelles: 25.00
- Harrowgate Hill: 24.00
- No Ward Specified: 24.00
- Pierremont: 22.00
- Red Hall and Lingfield: 19.00