



Portsmouth Mediation Service



The Hidden Impact of Conflict on Health and Wellbeing in Portsmouth

Is Conflict a Health Inequality? - Community Research Report



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Foreword

In the summer of 2024, we learned that Laura, our part-time fundraiser, had successfully secured NHS grant funding to carry out community research into the health inequalities faced by marginalised communities. At the time, I must admit I wasn't sure how this connected with Portsmouth Mediation Service's restorative vision. In fact, I worried it might lead us into "mission creep" and distract us from our core purpose.

But every step forward requires both risk and faith. We agreed that Laura would serve as one of our researchers, and, in line with the funding requirements, her partner would be chosen from among our community volunteers. Nadiya stepped into that role, and together they launched the PMS Community Participatory Action Research project in Portsmouth, focusing on how conflict and disputes affect health and wellbeing.

Our research team received excellent training and mentoring from the organisations whose logos you'll see on the front of this report. Although I held the responsibility as host lead, I often found myself a few steps behind Laura and Nadiya, trying to keep up. I'll never forget being asked to fund cake and poetry workshop supplies and thinking, "Really?!" But as the project progressed, it became clear how powerfully creative approaches like this could bring people together and unlock insight.

It was midway through this year, when they presented early findings to our team, that I truly saw the connection. Their work didn't just support our vision of Portsmouth as a Restorative City; it strengthened and elevated it. At PMS, we've long known that even low-level disagreements can take a serious toll on people's health. But suddenly, what we had always assumed was backed by powerful evidence: conflict is not just a social problem, it is a significant health issue.

This realisation was sobering. The Portsmouth Health & Wellbeing Strategy rightly places restorative and relational practice at the heart of addressing social disconnection. Yet conflict itself, the disputes within families, workplaces, and communities is not even listed among the wider health factors typically recognised by government, such as:

- Air and water pollution
- Food security and diet
- Housing and homelessness
- Access to green and blue space
- Income
- Employment and working conditions
- Transport methods
- Social inclusion
- Climate change

And yet, conflict so often runs alongside these challenges or even drives them. Without naming it, we risk overlooking one of the root causes of anxiety, depression, and poor wellbeing. Consider someone visiting their GP with symptoms of depression. If the underlying issue is an unresolved workplace conflict, a prescription or sick note might not only fail to help but even worsen the problem. Already, as a result of this research, we are exploring pathways for GPs and Social

Prescribers to refer people experiencing conflict directly to restorative services, so that harm and hurt can be repaired and relationships restored.

There is a real sense that this report is not an ending, but the beginning of a new journey of understanding. I want to pay tribute to Laura and Nadiya for their professionalism, persistence, and care in bringing this work to life. I am also deeply grateful to the partner organisations whose support and mentoring helped make this possible.

Steve Rolls
Portsmouth Mediation Service
Manager



Research Proposal

Exploring Conflict as a Driver of Health Inequality in Portsmouth

Our research sets out to explore conflict as a significant and often invisible determinant to health inequality. Through community engagement, lived experience interviews, and local data collection, we uncovered the profound impact that unresolved conflict has on people's physical and mental health. Whether it occurs in families, neighbourhoods, or within public systems like healthcare or housing, conflict creates stress, anxiety, sleep disruption, and longer-term conditions such as high blood pressure and burnout. We chose conflict because it crosses every social and physical boundary and disproportionately affects people in communities already facing disadvantage. By shining a light on this everyday experience, we aim to spark more inclusive conversations, drive better support systems, and ultimately influence how public services respond to the root causes of poor health.

Laura Rook & Nadiya Al Samerai



Echoes of Conflict:

The Hidden Impact of Conflict on Health and Wellbeing

Introduction & Background

Health inequality refers to the differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work, and age. Health inequalities are shaped by a complex set of social, environmental, and psychological factors which impact poor health, including differences in geography, education, race and ethnicity, gender and gender identity, disability etc. One area often overlooked is the experience of unresolved or chronic conflict whether at home, in neighbourhoods, or within public systems. Through the work of **Portsmouth Mediation Service (PMS)**, we see firsthand how conflict can deteriorate wellbeing, reduce access to services, and increase isolation and stress, particularly for those already facing social and economic disadvantage.

This research builds on the deep relationships and trust PMS holds with communities across Portsmouth, using their unique insight to examine how conflict functions as a driver of health inequality and what support and systems are needed to change that.

Research Aim

Our focus for the research was to investigate how interpersonal, community, and institutional conflict contributes to health inequalities in Portsmouth, particularly among individuals accessing support from Portsmouth Mediation Service.

Our Objectives were:

To gather lived experience of conflict and its physical, intellectual, emotional and social impacts.

- To identify patterns of conflict types (e.g. family, neighbour, workplace/public services) and their associated health outcomes.
- To explore community understanding conflict, coping strategies, and access to help.
- To inspire a network of services to help and support people in all types of conflict.

Our research questions were:

What types of conflict are most experienced in Portsmouth, and by whom?

How does unresolved conflict affect people's physical, intellectual, emotional, and social wellbeing?

What are the barriers to resolving conflict in underserved communities?

What role can community mediation, public health, and system partners play in prevention and early resolution?

We used mixed research methods which included:

In-depth Interviews: With individuals who have experienced long-term conflict or struggled to access support.

Community Writing Workshop: Through creative writing activities we got the group to share how conflict impacts their lives.

Surveys: Collected quantitative data from a broad cross-section of PMS service users and the wider community. We collected data both online and hard copy. The survey was available to the community from 1st Feb to 31st March 2025.

Focus Groups: Guided discussions delving into community members lived experiences of conflict and the ongoing work at Portsmouth Mediation Service (PMS).

Data Analysis: Identify correlations between conflict types and reported health outcomes.

Community Context and Research Objectives

Portsmouth is a vibrant coastal city with areas of both affluence and significant deprivation. In neighbourhoods like Paulsgrove, high levels of social isolation, poor access to services, and entrenched disadvantage correlate with higher levels of reported conflict and poorer health outcomes. PMS serves these communities directly, offering mediation and restorative support to individuals and families often at breaking point. This research is an opportunity to give voice to their experiences and surface the structural barriers that keep conflict unresolved and health inequalities deepened.

Outcomes & Impact

We hope that over time our research will produce several important outputs, these are:

- A detailed report highlighting how conflict contributes to health inequality.
- Community-informed recommendations for early intervention and trauma-informed support by social prescribers.
- Practical tools and training approaches for service providers.
- A platform for ongoing collaboration across health, housing, community and mediation services.

Funding & Sustainability

This research will form the basis for funding bids, to support further community-led inquiry and the development of local mediation and wellbeing services. By evidencing the hidden cost of conflict, we aim to secure investment in preventative and equitable approaches to health and community care. Some of the costs are highlighted below:

- Staff turnover was the single largest expense for employers, with the total cost of ending employment relationships either through resignation or dismissal and replacing employees amounting to £2.6bn a year. Nearly half a million (485,800) employees resign each year because of conflict, it said.

<https://www.peoplemanagement.co.uk/article/1743002/workplace-conflict-costs-employers-30bn-a-year>

We have chosen to focus our research on conflict as a significant and often overlooked, determinant factor in health inequality.

Conflict, particularly when unresolved, can have a profound impact on physical, intellectual, emotional and social health, contributing to anxiety, depression, isolation, chronic stress, and even physical illness. It also creates barriers to accessing services and support, further compounding disadvantage in already vulnerable communities.

This inquiry draws on the experience and expertise of our team. Laura has over 15 years of experience with Portsmouth Mediation Service, supporting individuals and families navigating conflict across the city. Nadiya brings 3 years of experience as a volunteer with PMS, motivated by supporting Portsmouth community and returning to the workplace sustainably.

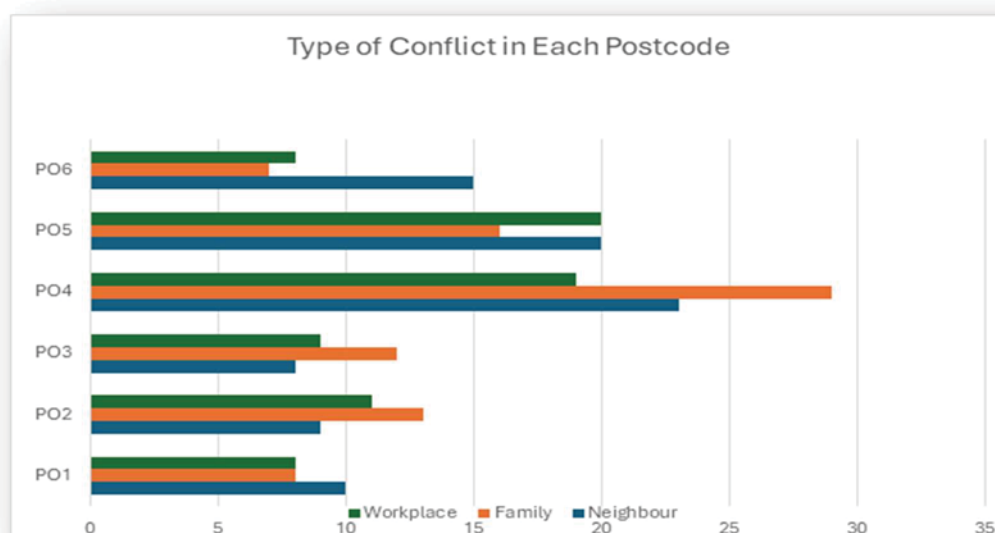
Through this research, we aim to build a deeper understanding of the impact of conflict on health outcomes in Portsmouth, particularly in underrepresented areas, but to explore ways to strengthen early support, advice and intervention. Funding will allow us to continue this important work, broaden participation, and develop tools and resources that empower communities to respond to conflict in healthier, more sustainable ways.

Key Findings: Conflict in Portsmouth

General Research Findings (All our statistics have been rounded to the closest whole numbers).

Our survey of 231 individuals revealed that 77% (178) have experienced conflict, and 23% (53) have not experienced conflict. We felt 23% seemed unlikely as everyone experiences some form of conflict in their life at some point. We asked one of the respondents about their answer. They said they hadn't considered daily family stress as "conflict." That told us a lot, not just about people's experiences, but also how they interpret the word. Next time, we'd include a sentence to make it clearer we mean all kinds of conflict. However, 77% is still a high percentage of conflict in Portsmouth. When it came to the type of conflict, it was an even split between family 34% (85), neighbour/neighbourhood 35% (87) and workplace/council/NHS 31% (76). Indicating that conflict doesn't stick to one part of life, it's spread evenly across. Note respondents could select more than one type of conflict.

Type of Conflict by Postcode



Neighbour conflict is more prevalent in PO1 and PO6

In PO1, this may be linked to the high concentration of social housing, particularly maisonettes and flats with shared communal areas. Living in close proximity and sharing spaces can heighten tensions and increase the risk of disputes between neighbours.

PO6 presents a more complex picture. Paulsgrove, which falls within PO6, is predominantly social housing, but the properties are more spaced out compared to PO1. This may reduce the frequency of direct interactions, but not necessarily the potential for conflict. PO6 also includes more affluent areas such as Cosham, Drayton, and Farlington, where homes tend to be larger, with private gardens and driveways. While these features reduce shared space, they may also lead to a stronger sense of territoriality and a reduced sense of community connection, both of which can contribute to neighbour disputes.

Family conflict is more prevalent in PO2, PO3, and PO4.

These areas are largely made up of semi-detached and terraced homes, with some flats and apartments. The housing type may attract more families, which could explain the higher levels of family-related disputes. The nature of family life, combined with close living arrangements, can contribute to tensions within households.

PO5 shows a balance of workplace and neighbour conflict.

This area features a wide variety of housing types including semi-detached and terraced homes, maisonettes, flats, and apartments and a mix of private renters, homeowners, and social housing. PO5 also contains a significant number of Houses in Multiple Occupation (HMOs) and student accommodation, alongside many local businesses. These overlapping residential and commercial dynamics may contribute to both workplace and neighbour disputes. One research participant from PO5, who attended our writing workshop, shared her experience of conflict at home, involving both local businesses and their customers.

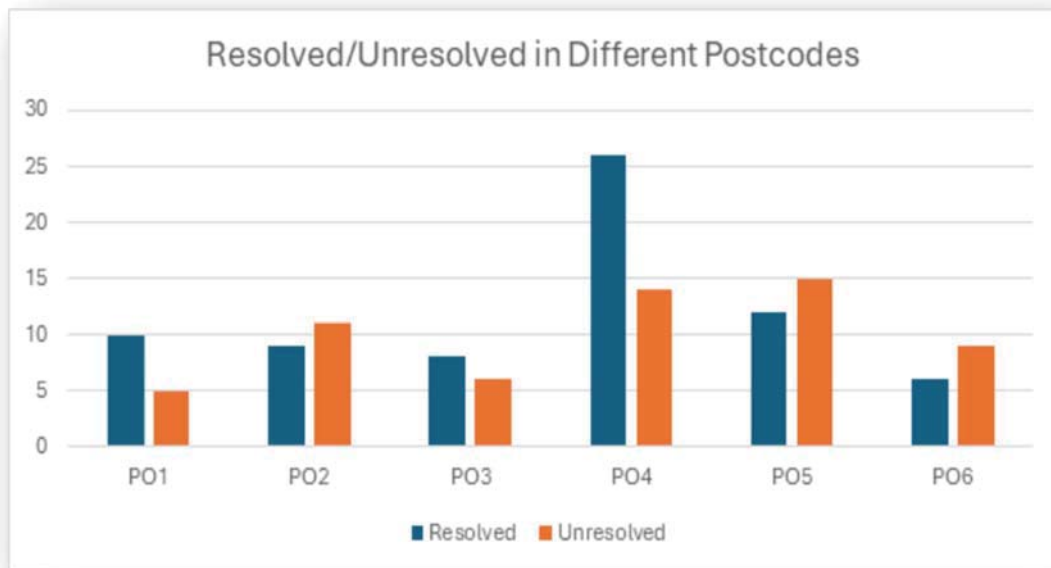
Here is what she said *"My main problem from stress is anxiety and problems with my neck and shoulders. All the time I loop through stressful situations, being on edge, waiting for the next issue with noise means my nervous system is in a constant state of flight or fight".*

Student housing and neighbour conflict

According to the *Student Housing and Housing Targets Update – Background Paper* (2021), around 31,000 students were living in Portsmouth between 2019 and 2021 a figure that has likely increased. In our mediation work, we frequently hear firsthand accounts of conflict in social housing involving students both as the subject of complaints and as those raising complaints. Common issues include property conditions (such as noise and leaks) and clashes in lifestyle. One participant in our writing workshop, who lives in PO5, shared how she experiences conflict with student neighbours almost every year. In response, she now introduces herself to each new group of students and offers a small gift. Her aim is to personalise the relationship and open a positive line of communication early on, recognising the importance of building relationships to prevent conflict and/or ease resolving future conflict.

Conflict Resolution Status – by Postcode

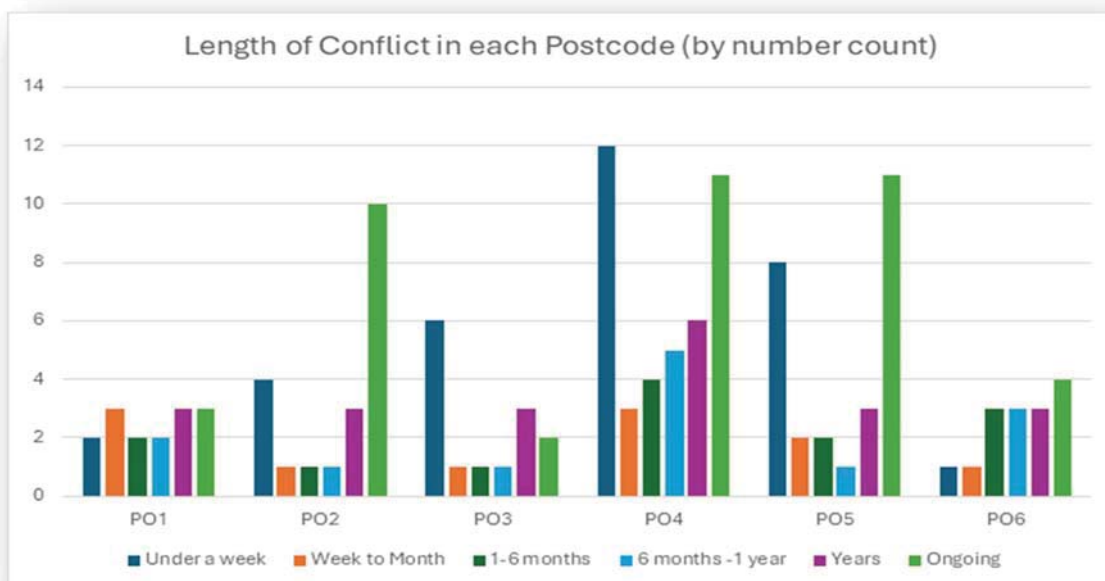
Among those who reported experiencing conflict, 46% (60) said their situation had not been resolved. When asked about the duration of the conflict, 30% (52) said it was still ongoing. These figures highlight the persistence of unresolved issues across communities and the need for accessible, effective conflict resolution support.



- **Higher resolution rates:** PO1 67% (10) resolved, PO4 65% (26) resolved, and PO3 57% (8) resolved.
- **Lower resolution rates:** PO2 45% (9) resolved, PO5 44% (12) resolved, and PO6 40% (6) resolved.

Why the divide? These variations may reflect differences in how communities communicate, how connected residents feel, cultural attitudes toward conflict, awareness of local support services, and how people access help. It's also possible that people who are newer to the area may feel more isolated, which could affect how they respond to and manage conflict.

How long does the conflict last



Five of the six postcodes show high levels of *ongoing* conflict, highlighting a widespread issue across Portsmouth. PO3 stands out with most of the conflict lasting *under a week*, yet it also reports significant levels of disputes lasting *years* and some that are *ongoing*. PO4 and PO5 both show high percentages of *under a week* and *ongoing* conflict. These patterns suggest that while some conflicts are resolved quickly, many persist pointing to deeper, unresolved tensions within communities.

Response to conflict



When we looked more closely at how each postcode responds to conflict, some interesting patterns emerged particularly in relation to resolution outcomes.

Below are the percentages of people who said they spoke directly to the person they were in conflict with, which appears to correlate with higher resolution rates in some areas:

- **PO5:** 43% (20)
- **PO4:** 40% (29) *also higher resolution*
- **PO3:** 55% (12) *also higher resolution*
- **PO2:** 50% (15)
- **PO1:** 48% (14) *also higher resolution*

These figures suggest that direct communication may play a role in achieving resolution, especially in areas like PO3, PO4, and PO1 where resolution rates are notably higher.

We chose to pay close attention to PO1(Charles Dickens) and PO6 (Paulsgrove) because these areas are within the most deprived 10% of small areas in England. (Indices of Multiple Deprivation IMD2019). Looking for any patterns and correlations between deprivation, conflict and resolutions.

When we look more closely at PO1, the data suggests that higher resolution rates may be linked to the way residents approach conflict directly. Nearly half of respondents reported that they had spoken to the person they were in conflict with a significant indicator of personal responsibility, confidence, and possibly stronger social networks.

This willingness to engage may reflect a community culture that encourages openness and resolution, rather than avoidance. It could also point to a sense of community support, where individuals feel safe and supported enough to address issues themselves.

Interestingly, properties in PO1 often lack private outdoor space, but instead feature shared communal gardens and courtyards. These shared environments may play a key role in fostering frequent social interaction, informal support systems, and a sense of collective responsibility, all of which can contribute to more successful conflict resolution.

In this way, PO1 provides a compelling example of how shared space design, strong community relationships, and everyday social norms can collectively shape how conflict is experienced and resolved and how these relational factors may contribute to supporting health and wellbeing.

PO6 stands out responding differently to conflict than the rest of Portsmouth. Only 24% (5) of respondents in PO6 said they spoke directly to the person they were in conflict with the lowest across all postcodes. Instead, 38% (8) sought outside help, a much higher percentage than any other area. Additionally, 29% (6) reported avoiding the conflict altogether much higher than the other postcodes. Just 9% (2) spoke to family or friends again, significantly lower than the other five postcodes.

This shift in response suggests that PO6 may be facing deeper challenges. Residents might feel unsafe, unsupported, or lack confidence and conflict resolution skills. The low levels of confiding in family and friends could point to weaker social networks or lower trust, making it harder for individuals to seek informal support. The high rates of help-seeking and avoidance indicate a community under strain, one that may benefit from targeted support and relationship-building initiatives.

In contrast to PO1, residents in PO6 (Paulsgrove) report lower resolution rates and are more likely to seek external support when dealing with conflict. While reaching out for help is a positive step, this pattern may also reflect a lack of confidence, skills, or supportive relationships needed to address conflict directly.

An important environmental factor to consider is that Paulsgrove consists largely of social housing, which often provides more private outdoor space compared to other areas of Portsmouth. This may contribute to territorial disputes over gardens, driveways, and boundaries, which can be harder to resolve due to a sense of ownership or emotional attachment. Additionally, the more spread-out housing layout may reduce opportunities for casual interaction, limiting the chance for neighbours to build trust or resolve issues informally.

The type of service contacted also plays a critical role in resolution outcomes. For example, approaching the Police about a neighbour dispute may unintentionally escalate tensions, especially if no criminal offence has occurred. While the behaviour may stop, the emotional

impact often remains unresolved. In contrast, accessing mediation services or receiving restorative conflict training could equip residents with the tools to address issues constructively leading to more sustainable resolutions, stronger community relationships, and ultimately contributing positively to health and wellbeing across the community.

PO3 and PO4 are among the more affluent areas in Portsmouth, with a higher proportion of property owners and private rentals. This socioeconomic context may shape a different experience of conflict, with residents potentially feeling more equipped to confront and resolve disputes due to greater access to resources and housing stability.

Both areas show higher resolution rates, but their approaches differ. In PO3, 55% (12) of respondents said they spoke directly to the person they conflicted with, suggesting a more open and communicative approach. In contrast, PO4 had a lower rate of direct engagement 40% (29), despite similarly high-resolution outcomes. Property ownership may influence how neighbour disputes are experienced and resolved. While ownership can heighten territorial concerns over boundaries and outdoor space, it may also encourage resolution, as residents have a vested interest in maintaining peaceful living environments and protecting property value.

Both PO2 50% (15) and PO3 55% (12) show high levels of direct engagement, with many residents choosing to speak to the person they're in conflict with. In PO3, this approach appears more effective, with a resolution rate of 57% (8). In contrast, PO2, an area with some deprivation, shows a higher rate of unresolved conflict 55% (11). This contrast highlights that while communication is important, the context and support surrounding conflict including trust, stability, and access to resolution tools play a crucial role in whether issues are successfully resolved.

PO5 shows the second lowest rate of direct engagement in conflict 43% (20) and a lower resolution rate 44% (12), raising questions about the nature and complexity of disputes in this area. As a diverse part of Southsea, with a mix of cultures and a transient population including students' conflict may be shaped by cultural differences, communication styles, and frequent movement, which can make resolution more challenging.

There may also be an overlap between workplace and neighbour conflicts, particularly in shared or multi-use housing, adding layers of complexity. In such contexts, residents may feel less connected to their neighbours or less confident in addressing issues directly, which could contribute to lower resolution outcomes.

How Conflict Impacts Emotional Health

Emotionally, conflict hits hard:



38% (66) feel moderate impact ongoing anxiety, sadness, frustration. 33% (56) feel mild impact stress that comes and goes. 19% (33) report severe impact depression, panic attacks, feeling overwhelmed. Only 10% (17) said conflict had no emotional effect but as before is this people's resilience. The stories behind these numbers are powerful people feeling unsafe, unheard, pushed to the edge, even suicidal.

Some of the residents said:

"Not being heard left me feeling angry, frustrated, helpless and disappointed. I have cried and felt on edge and easily triggered".

"My wife has had therapy to try and stop her from taking her own life".

"The conflict that happened almost a year ago is fresh in my mind each and every day I sit down at my laptop. This has impacted me, my family and my first few precious months of motherhood. It's robbed my joy! I feel emotionally not present".

"I come from a very dysfunctional family system and have been diagnosed with complex PTSD. Two years ago, it led to estrangement. When conflict occurs, I disassociate, I shut down for hours on end and have brain amnesia".

"I broke down at work in front of a staff member and had a terrible panic attack. I haven't told anyone this but after leaving that staff member I drove to the seafront (it was late at night) I wanted to walk into the sea and disappear".

How Conflict Impacts Physical Health

The Body keeps score:



Conflict doesn't just stay in the mind—it shows up physically.

People reported:

Sleep problems 30% (45)

Headaches/migraines 18% (27)

Long lasting tiredness 17% (25)

High Blood Pressure/Heart Related issues 13% (20)

Throat/Stomach/Bowel Issues 12% (19)

Other 7% (10)

Only 3% (4) said they weren't physically affected.

These symptoms reflect the toll that stress and tension can take, especially when conflict drags on.

Here are some quotes from the focus group:

"I was conflict adverse...there would be times my face would puff up in an almost aliphatic way...my feelings were coming out on my skin!"

If I see the neighbour I don't sleep, I am sick and tearful for a couple of days. If there's a confrontation with the neighbour, this impact lasts much longer.

How conflict impacts Daily Life



This data reflects how conflict tangibly interferes with everyday life for individuals in Portsmouth:

Work/Study 24% (50) The most affected area, showing that conflict often disrupts focus, attendance, and performance. This could stem from workplace tensions or personal stress spilling into professional or academic environments.

From the interview: *"If he wasn't semi-retired, he wouldn't be alive due to the missing sleep or be able to keep his job!"*

Family/Friends 24% (49) Close relationships are nearly as impacted, suggesting that conflict frequently strains emotional support systems and home life potentially leading to breakdowns in communication and increased stress.

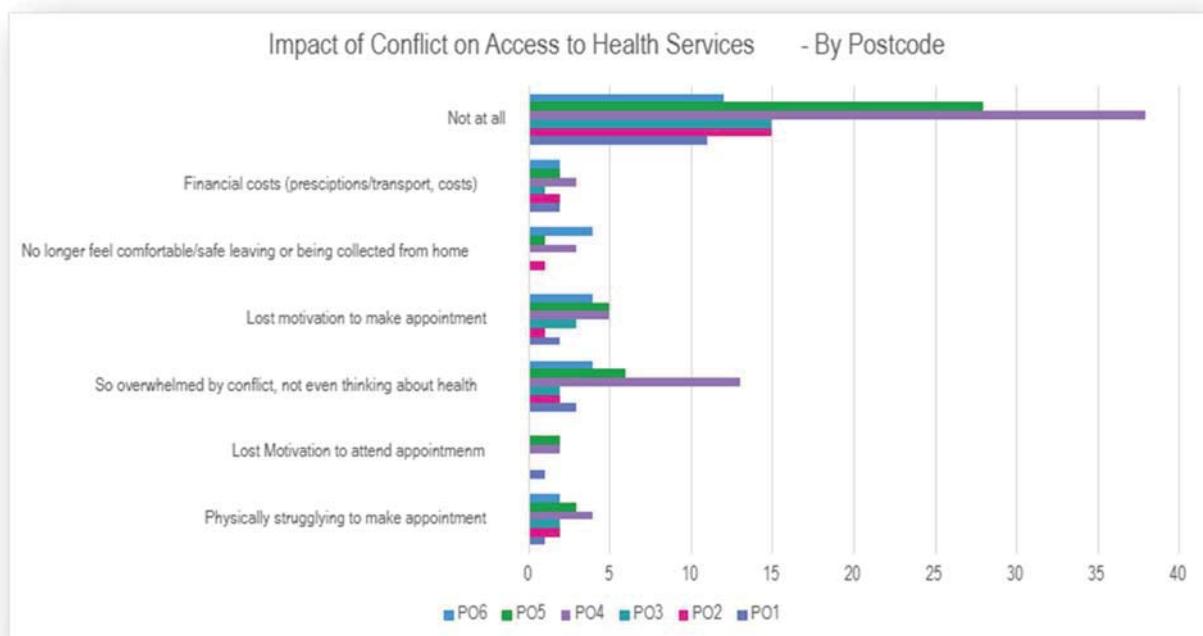
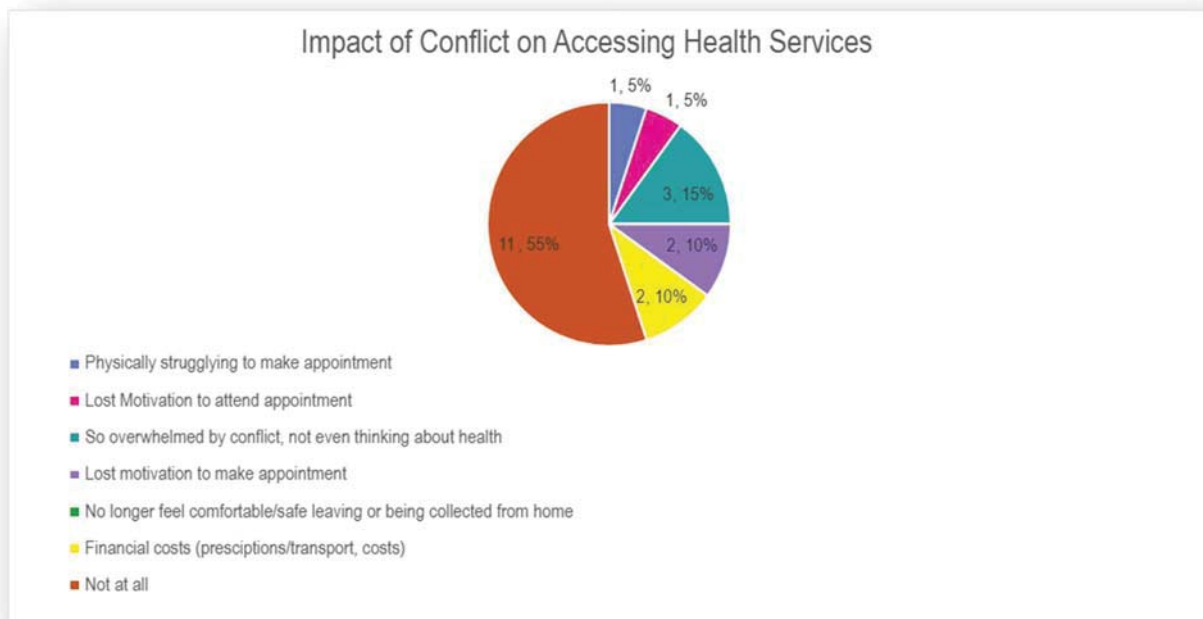
Social Life 44% (21) A significant number of people report withdrawing from social activities, which may reflect feelings of isolation, anxiety, or avoidance triggered by conflict.

Eating 16% (33) & Exercise 14% (30) These figures show that conflict affects basic self-care routines. Disrupted eating and reduced physical activity are common signs of emotional distress and can contribute to longer-term health issues.

Quote from writing group referencing a work conflict: *"Lunch is an attempt at being healthy, which is then cancelled out by boredom snacks... counting down the hours until I can go pick up my daughter"*.

Hobbies 1% (3) The least affected area, possibly indicating that leisure activities are deprioritized during times of stress or that people have limited access to hobbies. Alternatively, it may suggest that hobbies are underutilized as coping mechanisms.

How Conflict Impacts Access to Health Services



This chart reveals how different types of conflict-related barriers vary across communities, offering insight into relational dynamics and postcode-specific needs:

PO4: High Emotional and Practical Disruption

PO4 shows the highest levels of *emotional overwhelm* and *physical difficulty*, along with notable reports of *lost motivation* and *feeling unsafe* - signs of a community under significant relational and environmental stress.

PO5 & PO6: Mixed Barriers

Both areas show moderate emotional and motivational impacts. PO6 stands out for reports of feeling unsafe, likely linked to neighbour conflict or wider community tension. PO5, by contrast, has a relatively high number of people reporting no impact, suggesting some resilience.

PO1 to PO3: Lower but Present Impact

These postcodes show lower across most categories, but emotional overwhelm and financial barriers are still present. Notably, PO1 had no reports of feeling unsafe, which may reflect stronger community cohesion or different conflict dynamics.

'No Impact' as a Relational Indicator

PO4 and PO5 have the highest no impact counts, suggesting that many residents still maintain access to care and support. PO6 has the lowest, reinforcing its vulnerability and need for targeted intervention.

These findings show that conflict affects health differently across the city, shaped by emotional, physical, and social factors. Feelings of safety and motivation appear closely tied to neighbour conflict and community stress. Place-based responses - like trauma-informed care, mobile services, and local mediation - could better meet the specific needs of each area.

What is Portsmouth Saying

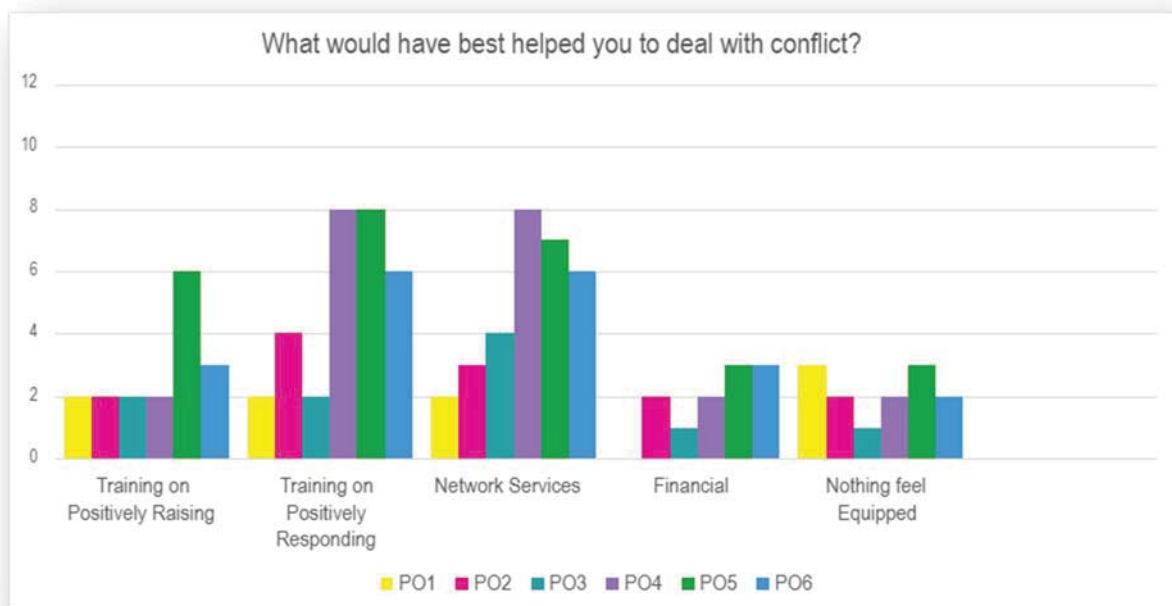


A Desire to Learn and Respond

The survey revealed a strong appetite for learning how to handle conflict more constructively.

- 16% (34) want to learn how to raise conflict in a positive way.
- 27% (56) want to learn how to respond to conflict constructively.
- 27% (55) want to know which services are available to help.
- 7% (14) want financial help for practical solutions.
- 23% (48) don't want anything, feel equipped.

These findings are encouraging. They show that many people in Portsmouth are not only affected by conflict but are actively seeking tools, knowledge, and support to deal with it better.



What Communities Want: Conflict Support Across Postcodes

Our survey revealed the following:

Training on positively raising conflict - PO1 22% (2) and PO5 22% (6) both showed the highest interest.

Training on positively responding to conflict - PO4 37 % (8) and PO2 31% (4) showed the highest interest. But PO5 30% (8) and PO6 30% (6) also revealed a strong interest.

Awareness of conflict service - PO3 40% (4), PO4 36 % (8) and PO6 30% (6) have the strongest desire to know about conflict services.

Financial Help - PO2 15% (2) and PO6 15% (3) revealed some financial needs. It would be good to delve deeper as to what PO2 and PO6 need help for. Interestingly no one from PO1 (one of the most deprived area's) said they needed financial help.

Feeling Equipped to Handle Conflict - PO1 34% (3) reported feeling equipped to manage conflict, the highest across all postcodes. Resolution rates in this area support that confidence. However, 22% (2) still express a desire for training in how to positively raise conflict.

Unexpected Engagement with Sensitive Topics

We anticipated that conflict would be a sensitive subject something people might avoid discussing, especially in surveys or group settings. We expected low participation, limited disclosure, and reluctance to engage.

Yet, the response was unexpectedly strong. Across interviews, surveys, writing workshops, and focus groups, people were honest, open, and willing to share deeply personal stories. This suggests that when conflict is approached with **trauma awareness, restorative approaches, creativity,** and **trust,** people are not only willing but eager to talk.

The relaxed, supportive environment complete with drinks, cake, and a skilled facilitator helped reduce emotional barriers. For some, the experience was therapeutic; for others, it was a first step toward seeking help. This challenges assumptions about silence around conflict and highlights the power of **community-led, relational spaces** for dialogue and healing.

Conclusions

Conflict is a significant issue affecting communities across Portsmouth. **30% of surveyed individuals** reported being currently stuck in ongoing conflict. This persistent tension is taking a measurable toll on **physical, intellectual, emotional, and social (PIES)** health and is impacting access to health services.

If we apply this percentage to Portsmouth's total adult population, it equates to approximately **51,690 adults** living with unresolved conflict. This is likely contributing to new health problems or worsening existing conditions.

Our research focused exclusively on adults and did not include children. Yet the impact on children is likely to be just as serious if not greater. We know the pandemic affected both adults and children, and conflict during this time would have been a contributing factor. The impact of conflict on children's health and their ability to access services is a critical area for future research.

Despite the severity of the issue, there is hope. People in Portsmouth are ready to engage. They want to **learn conflict resolution skills, know about local services**, and are **willing to talk about their experiences**.

Recommendations

1. **Community Restorative Learning -Equip residents with the skills to raise and respond to conflict constructively.**
2. **Raise Awareness of Local Conflict Resolution Services - Ensure people know where to go for help.**
3. **Community Circles - Create safe spaces for people to share experiences and build understanding.**
4. **Funding - Secure investment to make these actions sustainable and accessible**

Four key actions have been identified. These should be tailored to the needs/characteristics identified in each postcode.

Appendices

Appendix A - Source of Information

Appendix B - Survey Questions

Appendix C - Focus Group Plan

Appendix A

Portsmouth Health Watch

www.healthwatchportsmouth.co.uk

People's Management:

<https://www.peoplemanagement.co.uk/article/1743002/workplace-conflict-costs-employers-30bn-a-year>

Student Housing and Housing Targets Update

Background Paper (2021). [Student-housing-and-housing-targets.pdf](#)

Director of Public Health Annual Report: Portsmouth Population Health Summary

22. [Director of Public Health Annual Report: Portsmouth Population Health Summary 2021/22](#)

[Public Health Annual Report 2023 - Poverty and the cost of living crisis in Portsmouth – Needs Assessment](#)

Indices of Multiple Deprivation (IMD2019)

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

Appendix B - Survey Questions

Hello! At PMS we believe that home should be a safe and restful space. When it's not, it can lead to mental stress, physical ill health and significant disruption to your overall well-being.

By filling out this survey, you are providing insights that will help us identify key issues and develop actionable changes.

Your voice is needed!

1. What is your age group?

- 18-24
- 25-34
- 35-54
- 55-64
- 65-79
- 80+
- Prefer not to say

2. Please specify your gender.

- Woman
- Man
- Non-binary
- Prefer not to say

3. What Postcode do you live in?

- PO1
- PO2
- PO3
- PO4
- PO5
- PO6

4 Have you experienced conflict? CONFLICT is where two or more people have a disagreement, dispute, argument or have opposing views.

- Yes
- No

5. Where was the conflict? Tick all that apply.

- Neighbour/Neighbourhood
- Family
- Workplace/Council/NHS

6. What is the most recent conflict that has impacted on your life?

7. How long did the conflict last?

- Under a week
- Week to a month
- 1- 6 Months
- 6 months - 1 year
- Years
- Ongoing

8. How did you deal with the conflict? Tick all that apply.

- Ignore and hope it goes away?
- Talk to the person you are in conflict with
- Talk to someone, friend or family, or a family member of the person you have conflict with?
- Outside Help (school, mediator, counsellor, HR or police)

9. Was the conflict resolved? If so, how? If you are still in conflict and require some help, please leave your e-mail below.

10. How do you think it affected your Physical Health? Please tick all that apply.

- Headaches or Migraines
- Sleeping Problems
- High Blood Pressure Heart related issues
- Throat/Stomach/Bowel Issues
- Long Lasting Tiredness
- Not at all
- Other

11. To what extent did conflict impact your mental or emotional health?

- No effect
- Mild impact (occasional stress or worry)
- Moderate impact (persistent anxiety, sadness, or frustration)
- Severe impact (depression, panic attacks, or feeling overwhelmed)

12. Did conflict affect any of the following aspects of your daily life? Tick all that apply.

- Relationships with family or friends
- Ability to work or study
- Social participation or engagement in community activities
- Physical activity or exercise routine
- Eating habits or nutrition
- Other

13. Did the conflict make it harder for you to access healthcare services? If yes How?

- Physically struggling to make appointment
- Lost motivation to make appointment
- Lost motivation to attend appointment
- No longer feel comfortable/safe leaving or being collected from home
- So overwhelmed by conflict, not even thinking about health
- Financial costs (prescriptions, transport costs).
- Not at all
- Other

14. What would have best helped you to deal with the family/neighbour/neighbourhood/workplace/Council or NHS conflict?

- Training on how to positively raise an issue with a family/neighbour.
- Training on how to positively respond to conflict
- Knowing which services help with family/neighbour conflict
- Financial help for practical solutions (i.e carpet and underlay to reduce noise)
- Nothing - I feel equipped and aware of local provisions
- Other

15. Thank you for completing this survey! All responses are anonymised and kept confidential. We will keep the information for research purposes only. This information will be deleted once all data has been gathered and analysed. As a THANK YOU we will add your e-mail to a prize draw experience and if you would like to be entered, please add your e-mail below. There are 5 buyagift.com prizes worth £49.99. This survey closes on the 8th of March, and the 5 winners will be drawn in July.

16. If you would like to share your experience in more depth in our creative sessions, please leave your e-mail below.

Appendix C

Focus Group Plan 1.5 Hours

Introduction

1. Thank them for coming
2. Explain the Purpose
3. Explain everything confidential – Everything said in the room stays in the room. If there are any quotes, we would like to use we will anonymize.

Ice Breakers

- B) We have been using the word conflict in our research, but we're wondering what other words are used for conflict.
- B) Their Story - What does conflict mean for you?

Further Research Questions:

1. What has been the hardest part of your most recent conflict?
2. How do you feel (emotionally/physically) when you see the person you're in conflict with?
3. How do you feel (emotionally/physically) when you think about the person, you're in conflict with?
4. How did the conflict impact your health?
5. How do you deal with conflict?



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