



**CONNECT
HACKNEY**
ageing better

Community conversations – social connections as we age



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CVS

Community conversations – social connections as we age

Background

Connect Hackney is a programme aimed at improving the wellbeing of people aged over 50 by preventing loneliness and isolation. It is one of 14 schemes funded through the Big Lottery Fund's Ageing Better programme and will receive £5.8m over six years.

We are working with older people and our partners to understand the different things that can help over 50s stay connected and active in their communities in ways that suit them. It is managed by Hackney CVS.

We are now moving into the second half of our six-year programme of work and we have the opportunity to learn from the work we have already carried out with the 2,600 local older people who have been involved in the programme so far. In the first stage of the programme we funded 23 community projects and evaluated them so we can learn which approaches work best in reducing and preventing isolation among Hackney's older people. We will also use the evidence from our work and our knowledge of social isolation to influence the way local services and activities for older people are designed in future.

Our understanding of the difficulties and opportunities for older people who are trying to stay socially connected is informed by many different sources – statistical data, including information from the national census, the population profile for the London Borough of Hackney and sociological research, such as the English Longitudinal Study on Ageing.

Our understanding of the interrelated issues affecting older people – and the importance of adopting a holistic and person-centred approach – is driven by the experiences of older people and the expertise of our strategic partners, including colleagues from the fields of public health, the NHS community commissioning group and adult social care services.

As part of our work to prepare for starting the second half of our programme, we have been adding to our understanding of social isolation and its prevalence in Hackney. To support this we commissioned local organisations to host “community conversations” – focus group discussions with local over 50s about ageing in Hackney, using questions developed in conjunction with older people (see appendix). We also commissioned individual interviews and ran an online survey, publicised in the local press. The research took place between September and November 2017.

This report presents an analysis of our findings from the community conversations, interviews and survey responses. We would like to thank all the older people who took part in our research and the following organisations:

Age UK East London • Alzheimer’s Society (City & Hackney) • City & Hackney Carers Centre • Connect Hackney Senior Citizens’ Media Group • Friends of Woodberry Down • Greenwich Leisure Ltd (GLL) • Hoxton Health • Interlink Foundation • Mind in the City, Hackney and Waltham Forest • MRS Independent Living • Natural Presence • St Joseph’s Hospice • Triangle Community Services • Wick Award

Executive summary

Our focus groups presented a mixed picture of older people’s experiences of ageing in Hackney, with some people enjoying good social lives and pursuing their interests while others were disconnected and frustrated, seeing opportunities that they felt unable to seize.

Others appeared to have given up hope of enjoying later life and had accepted loneliness and isolation as an inevitable part of growing older. But these conversations also confirmed that making and maintaining friendships and social networks takes time and effort – something that is true whether you are five or 85 years old.

For most people, social networks develop in education and employment, through hobbies or personal relationships with a partner. In these situations people can stay socially connected without having to exert themselves too much, as there is a structure in place that keeps them in regular contact with others. For people who are in a long-term relationship, in work or studying, social contact is often a routine part of daily life.

But as we meet the challenges of ageing, higher levels of confidence, optimism and motivation are required to maintain and initiate social relationships. Staying active while experiencing ill health or disability, or

‘It becomes a state of mind. We are good at justifying why we can’t go out: no-one to go with, it’s cold, dark, wet, etc’

coping with bereavement, requires adequate social systems and a great deal of physical and psychological determination.

We wanted to use the community conversations to develop a better understanding of both the structural elements and the subjective factors that can increase the likelihood of an older person staying socially engaged.

We acknowledge that the nature of the exercise means that we did not hear from very isolated older people. But the discussions did include the question of whether participants knew anyone who was isolated and what they believed the causes were. The participants' responses enabled us to identify a clear set of barriers that affected both the participants themselves and their more isolated neighbours and relatives.

Ill health – including physical vulnerability and general aches and pains – being disabled, having low confidence, a lack of support to help people get out and about, caring responsibilities, inaccessible or unreliable transport and a lack of information were the barriers mentioned most often.

Demographic and economic changes to the borough have also had an impact: many older people said they felt less welcome as the built environment has become more gentrified and Hackney is marketed at affluent young people. Many participants also perceived society to be less friendly than it used to be and felt they couldn't rely on members of the public to help them if they hurt themselves or found themselves in trouble when they were out.

However, despite the distrustful view of society that emerged from some participants, the degree of community feeling and togetherness varied widely. Many participants were in touch with their neighbours and those who weren't were mostly keen to get to know them.

Interestingly, participants rarely cited lack of money as a barrier to socialising or joining in activities. Rather than assuming that poverty plays no role in isolation we should consider whether participants were unwilling to disclose their financial situation due to the stigma of living in poverty or due to cultural and generational attitudes that discourage discussing finances.

National research suggests that after the age of 75, wealth no longer protects against isolation. While personal finances were not mentioned, wider economic issues were certainly on the minds of participants. Cuts to public and voluntary sector funding were regularly cited as reducing services or forcing their closure, making it harder to stay active.

This reduction in support and leisure opportunities coincided with the rise of a youth-oriented culture and rapid gentrification in the borough, compounding the sense that Hackney is now less welcoming of older people than it once was.

Despite feeling unwelcome in newly gentrified areas, respondents largely

thought of London as a city with lots of positive things going on, although they often felt unable to access its attractions on their own. Some people lacked the motivation or confidence to venture far from home, but most participants were keen to enjoy London's museums and art galleries, although they often required physical or logistical support to do so.

There was a general enthusiasm for sharing skills and interests with others and a strong demand for creative activities such as dancing, painting and learning musical instruments. Many participants still took pleasure in the activities they enjoyed when they were young and wanted to have more fun and keep active for as long as they could.

For some people the support required to get out of the house is significant and there was a strong demand for more support to enable people to get out and about more regularly. Those who needed a high level of support did not have a great interest in exploring whether technological innovations – such as online book clubs, Skype, video games etc – could make being at home a more enjoyable and less isolating experience. More generally, resistance to digital technology was fairly widespread: lack of confidence, suspicion of digital technology and lack of money put people off learning to use new technology. Few respondents had a computer to use at home.

A large number of older people are engaged in exercise classes and other activities where they form loose social networks that have the potential to be strengthened into self-sustaining friendship groups. The mechanisms for achieving this require further consideration and are beyond the scope of this report – but providing time and space for people to meet socially after an activity or some measure of facilitation could enable these budding relationships to grow into self-sustaining friendships.

Providing low-level logistical support – such as navigation advice or group trips – for those who want to access London's attractions could also open up a world of opportunities and enable older people to access institutions and activities that might otherwise seem out of reach. While the barriers to staying active in later life are significant, the responses to our questions show that in later life, with the right support in place, there is still time for fun.

Demographic profile

Through a combination of focus groups, individual interviews and an online survey we heard from 337 older people, of whom 243 were women (including one trans woman) and 93 were men. Of those who gave their ages, the largest group was aged between 70 and 79, with the next largest age group being those between 50 and 59.

Half the respondents considered themselves to be disabled. Around a third of respondents were white, with black Caribbean people the second largest group and Jewish people making up the third largest. Almost all were heterosexual and had English as a first language. Around a fifth of participants were carers.

Our findings

1. Physical issues

Frailty – Physical vulnerability made many people less inclined to go out. For many respondents being out and about required a lot of strength and energy, which they felt had diminished as they aged.

Being in pain drained both energy and confidence, and feeling frail made some people more self-conscious and reluctant to leave the house.

Being out in public could also make people more aware of their physical limitations, which could be frustrating and upsetting. Darkness increased people's feelings of vulnerability, with respondents less willing to go out in the evenings or on winter afternoons. There were concerns about falling when outside and a worry that no one would be there to help them.

Mobility – Many participants were restricted by physical issues that meant they required additional support to get out of the house.

The lack of available support meant they were unable to do many things they used to enjoy, including visiting family outside London, going to sports events or going on holiday.

For some people, mobility issues were more severe and prevented them getting out of the house with any regularity. Mobility issues and the need for support stifled their spontaneity, requiring them to plan outings well in advance in order to secure the support they needed.

‘To go out you have to feel safe and feel well, you have to have confidence to go out’

2. Perception of ageing

Low expectations – Some respondents considered loneliness and sadness to be an inevitable part of growing old and had very low expectations of later life. Even when their current situation was good – where they were healthy and enjoying a good

social life – some participants anticipated that the future was all downhill

‘As you get older there is no time for fun’

and were resigned to the idea that hard times lay ahead. Others who were less happy with their current situation felt that they ought to get used to it, rather than try to improve it.

Youth culture and cultural norms – In the midst of a youth-centred society some participants felt more self-conscious, while others felt invisible. Some people from black and minority ethnic communities felt restricted by the “rules” of their community, which had clear expectations of how older people should behave.

Freedom – Some participants felt liberated by no longer having to work and were enjoying older age. They felt they were able to have fun and spend their time as they wished – meeting friends, going shopping, volunteering and taking up hobbies. The Freedom Pass, which gives free travel in London and free bus journeys nationally, enabled them to get out and about without having to worry about transport costs. Retirement had improved rather than diminished their social life.

‘I get out and about more now than ever. I have my bus pass and I use it. I go everywhere, get to Southend in summer and up to Wood Green’

3. Perception of society

Crime and hostility – A negative perception of the borough as a dangerous place led some people to withdraw from society, exacerbating feelings of vulnerability and increasing anxiety about leaving home, especially when it is cold and dark.

A recurring theme was that society is less friendly than it used to be and that Hackney has changed, becoming less welcoming generally.

Some participants were nostalgic for a past in which they knew their neighbours and there was a greater sense of community. A fear of gangs and crime existed alongside low expectations of the public, who older people felt could not be relied upon to help if they fell over or encountered other difficulties when they were out.

Gentrification – Participants repeatedly commented that the borough had undergone a transformation and, while there was an abundance of new buildings and developments, these places weren’t for older people.

‘The area has changed so much and is changing all the time. You can’t believe what’s going on here. It’s a building site. We don’t know what they are building – but it’s not for us’

Cafes and pubs were felt to have changed significantly: while people used to know the bartender and the locals they now felt uneasy and out of place. The loss of local meeting places, particularly pubs, was lamented. New cafes and bars were felt to be too noisy and dark and participants felt that there was greater pressure to drink and spend money.

4. Attitudes and motivation

‘Sometimes I just get fed up being with old people. I don’t feel old’

Different attitudes – Some people had always been actively engaged in society and had large social networks, while others were more introverted. These patterns continued in later life, with some people keen to seek out new activities and roles while others were pessimistic about what was on offer, were

not on the lookout for new opportunities and were reluctant to attend new activities, especially if they had to attend alone. People’s responses to retirement varied significantly: some found it liberating and felt more able to have a social life, while others had lost the social network and structure provided by work. Not everyone wanted support to get out more – some people were happy to stay at home, watching TV or doing a craft project.

Motivation – Some people were highly motivated and felt they got out and saw people or got involved in activities as often as they were able – for example, going fishing or swimming regularly. A few undertook regular trips to other areas of the city to meet friends or go shopping.

‘In winter I’m happy to sit in cafes. I always have my breakfast in Leo’s at least once a week – they know me there’

People who were motivated to get out acknowledged that it required more effort than when they were younger and in better health, but felt it was important to do as much as they could. They also commented on their attitude, identifying themselves as positive or easy-going.

Responses to living on a low income also differed: several participants were proud of the fact that they could seek out low-cost or free activities while others felt constrained by having little disposable income.

Going to a new venue or a new activity for the first time, especially alone, required a lot of confidence and motivation: most people did not want to attend alone, some saying they would not go to a new group alone even if it was recommended by someone they trusted.

Fear – A suspicion of strangers, and fear of young people, gangs and crime in general contributed to a reluctance to go outside. For some, ill health presented not only physical challenges but also a new set of anxieties, including fear of falls, strokes or seizures occurring while they were out.

5. Barriers to socialising

Transport – London’s public transport system was widely felt to be inaccessible. Some people could get to a bus stop but found the vehicle itself difficult or inaccessible, while others struggled to get to the train station or bus stop. Lack of adequate seating at bus stops and on buses was a big issue.

Other transport options such as Dial-a-Ride were felt to be unreliable, inefficient or oversubscribed.

Travelling outside Hackney was felt to be difficult, although some participants left the borough regularly and highly valued their Freedom Pass.

LGBT issues – Most community projects and events for older people were felt to be aimed at heterosexual people, while LGBT venues were perceived to be for younger gay people. The closure of gay bars and pubs has left some local older LGBT people feeling like they don’t have a place to socialise.

Homophobia – Experiences of homophobia meant that older LGBT people felt especially unsafe on the streets, something that might contribute to their isolation and to unwillingness to identify as lesbian, gay, bisexual or trans.

Lack of respite for carers – Caring responsibilities were frequently cited as a cause of isolation. When older carers were able to take a break and go out they felt guilty or worried – or couldn’t find support for the person they cared for. However, carers felt it was important for both parties to have some time away from each other.

Grandparent childminders – Many older people provide childcare for their grandchildren. While this can build bonds within the family it can also make older people less available to their friends and diminish their social network of peers. Many participants felt that other older people were busy with their grandchildren and not around to socialise as much as they would like.

‘You don’t get gay bars any more because we are all in together. It’s good that the world has changed but it’s hard for older lesbians who were used to having their own space’

6. Sources of information

Information – The most common ways to find out about activities were through the council’s newspaper *Hackney Today*, word of mouth, religious groups, signposting by voluntary sector or public sector staff, including health professionals, and leaflets or posters.

The internet and digital exclusion – Most participants did not use the

internet and few respondents had a computer to use at home. Responses suggest that people at the younger end of our age group and LGBT older people used the internet more frequently than other segments of the older population. Where people wanted to learn to use a computer they felt access to it should continue (preferably at home) after the course ended and that drop-in support for those with their own computers should be available on a continuing basis.

Resistance to technology – There was a fairly widespread resistance to learning about how to use the internet among the participants in our community conversations. People gave lack of confidence, suspicion of digital technology and lack of money as factors that put them off learning. There was not a sense that Skype or other digital technology – such as online games, films or forums – could be a way to have fun or keep in touch with others for people who had difficulties leaving their homes independently.

‘I know some guys who are very lonely. They don’t have wives or partners, and don’t know what to do. They don’t have any confidence. They are ill and not working’

7. Risks

Dependency on structured provision – A significant portion of participants said their main social contact came through structured group activities provided by community groups, public sector bodies or religious organisations. However, taking part in these activities did not necessarily lead them to develop new friendships that could be sustained independently, nor did their involvement prompt them to engage in other leisure activities, such as going to cafes or museums.

Dependency on a single relationship – Rather than being part of a social network

some participants were reliant on a single friend or neighbour, without whom they said they would feel lost.

Funding cuts, short-term funding and closure of services – Many people were aware of funding cuts and their effect on services and activities provided by the public and voluntary sectors. They had seen activities ended or scaled back due to cuts. Participants found this hard to cope with if they had especially enjoyed the activity or relied on it as their main source of social contact. The experience of having had support services withdrawn or reduced made people more sceptical of what the voluntary sector could provide.

Good times don’t need planning, bad times are best not thought about – It was apparent in the community conversations that for some people, the negative connotations of ageing and the challenges associated with it could make it harder for people to plan for older age. They assumed it would be a painful, difficult period that they would rather avoid thinking

about. Conversely, but with just as many risks attached, people could also think of retirement as a purely positive experience, which wouldn't require much thought or preparation.

Segregated provision – There is a sense that activities that are tailored toward families are not welcoming for older people, despite many older people stating that they would enjoy being around people of different ages. It was felt that more families and couples were being moved into social housing and that this meant there were fewer people around on local housing estates during the day and less demand for social activities to be organised by housing providers.

Morale and engagement – Participants acknowledged that getting people to attend events, even those that had been requested, could be difficult. Several activity groups had been set up and then closed due to lack of attendance, including a film club and an exercise class. People died, moved away from Hackney, had worsening health or started caring for grandchildren. This meant that any long-term group activity required continuing work to make activities accessible, along with support to sustain interest and enthusiasm.

‘If I have a group to go to, I’ve taken myself away from the pain for a while’

8. Opportunities

Demand for leisure activities – There was a high demand among our participants for arts and creative activities, such as music, dance, painting and crafts. Outings both in and outside London were also popular. People generally preferred activities with a shared focus – such as creative projects, exercise or talks on religious or intellectual themes – over purely social gatherings. This feeling ties in with research showing that creative activities are especially good for wellbeing and that cultivating shared interests enables people to form social bonds.

London – The city should be considered an asset with lots of free attractions that older people would like to get out and enjoy. There was a high demand for days out and visits to attractions such as museums and galleries. Respondents were motivated to go out of the borough but didn't want to go alone. Facilitating such outings using public transport would be a low-cost option that older people would value highly.

‘I get out and about more now than ever. I have my bus pass and I use it’

Local, low-cost and low-key – Some of the interests or activities that participants cited, including walking groups, puzzle groups, book clubs, playing cards or sitting outside in the summer cost very little and could be led by older people, and there was some interest from older people in running their own groups. However, other

responses show that continuing facilitation of this type of group is needed to keep up morale and attendance. Participants were also keen on small-scale local activities, such as going shopping or to a cafe and would do this more if they had someone to go with.

Safe and supported means of getting out – Where confidence going out alone was the issue, participants suggested ideas including side-by-side cycling, befriending and an extension of the personal alarm “pendant” scheme, giving more people a wearable personal alarm button that they could use when out and about. It wasn’t clear whether being with a group

of older people or with other people from the community would make participants feel safer and more confident to go out, or whether they wanted professional support.

Volunteering – While some people were put off by volunteering and wanted to have fun and enjoy themselves in a group rather than feel they had to work, others enjoyed volunteering and felt it helped them maintain

a social network and a sense of purpose.

Tailored activities for men – Participants repeatedly called for specific activities “just for men”, including sports activities. Being the only man at an activity or group felt uncomfortable.

The same as ever – Many older people still enjoyed doing what they enjoyed as a child or young person, especially creative activities. Many loved music and dancing and, while their physical abilities had changed, they still liked to dance as much as they could. A few respondents missed having parties and wanted the chance to be out late, having a good time. Many people missed going to the pub with a group of friends.

Almost friends – Participants in group activities such as exercise classes formed social ties, and for some it was the only socialising they did each week. However, these groups rarely generated self-sustaining relationships that continued outside of the activity. The staff running such activities could be unaware of the significant social function of the service or activity they provided. But it is possible that more solid social links between people taking part could be built with minimal investment and a reorientation of the outcomes that these services seek to deliver.

Neighbours – Some communities are very tight-knit, with people regularly checking in on each other, while in other areas the older people didn’t know their neighbours and felt the area where they lived was anti-social. However, the number of participants who were regularly visited by their neighbours was significant.

Some older people used the fact that they were at home during the day to help their neighbours by, for example, dog-sitting or taking in packages for people who were at work – a particularly in-demand service given the rise of online shopping. Other participants helped their neighbours with opening

‘Since I retired
I’ve really enjoyed
volunteering – I’ve met
so many people’

their post, paying bills or going shopping for them. They felt valued by the people that they helped in this way and felt it was a good way to get to know their neighbours.

Some people who didn't know their neighbours were keen to get to know them at community events. But they felt that street parties were geared towards families and young people, which put them off.

Conclusion

The experience of ageing in Hackney varies widely and is affected by a variety of factors, including cultural and social norms, economic issues and people's own feelings and attitudes.

The diversity of experiences means there is no single approach that will suit every circumstance – this makes it all the more important for services that aim to tackle isolation to identify exactly which issues they seek to address.

This is especially true in relation to transport, which covers a wide variety of issues, including barriers to leaving the house, the inaccessibility of vehicles and difficulties navigating the transport system.

Retaining a focus on the different physical, emotional and social causes of isolation and withdrawal is the key to designing successful ways to overcome the problem. But while people's situations vary widely, it is significant that many respondents could identify activities they would enjoy doing if the right support was on offer – even those people who faced significant challenges.

The widespread acceptance of ageing as a time of loss and physical decline should be rethought – and while we need to maintain our awareness of the very real difficulties faced by older people, we should also make room for a more joyful and fun conception of older age. The responses to our conversations show that even for those facing serious difficulties the impulse for creativity, staying connected and enjoying life still prevails.

‘I was happy to retire: now I'm free to do what I want and see who I want to see – it's a relief. I can choose where I go and I go to places where I know I'll feel comfortable’

Appendix – Community conversation questions

The questions below were developed in consultation with older people and used to structure the focus groups and interviews.

- 1) How often do you meet people /socialise /get together with people at the moment? (Use whichever form of words seems best for your client group)
- 2) Are you involved in any social activities at the moment? What are they and what would you like to do?
- 3) Would you like more opportunities to meet people at community events like street parties or other social activities? Are there other kinds of events or activities you'd like to see organised?
- 4) Has your social life changed as you've got older? Why do you think this is? (Please draw out what makes it easier or harder for participants to socialise)
- 5) What activities did you enjoy as a child? Do you still enjoy these things?
- 6) How do you find out about social activities or events?
- 7) Do you use the internet to keep in touch with people or to find out about social activities or other services? If not, why not?
- 8) Do you know any isolated people? What makes them isolated?
- 9) Is there anything else you'd like to share about staying socially connected in Hackney as you get older?
- 10) Have you heard of Connect Hackney before? How did you hear about it?